A study of South African gay male psychotherapists' experienced subjectivities

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Declaration

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Abstract

Primary objective: This study's primary objective was to investigate the subjectivities of gay male psychotherapists, with a particular focus on how they conceive of their identities, specifically their gay and psychotherapist identities, the potential overlapping of these identities, and how the overlap may play out intersubjectively in the privacy of therapeutic settings between gay male psychotherapists and their patients.

Research design: The research design used a psychosocial approach focused on uncovering how intrapsychic life and work are influenced or mirrored by wider social constructions, using a sample of practising gay male psychotherapists.

Methods and procedures: Ten self-identified gay male psychotherapists with at least three years of clinical experience were asked to participate voluntarily in semi-structured interviews. The transcribed data were analysed, using psychosocial methods, and paying particular attention to reflexivity.

Main outcomes and results: This research illustrated how the subjective contemplation of overlapping gay and psychotherapist identities ran through the lived experiences of this sample, in terms of their meaning-making and understanding of their professional and personal lives. Themes that emerged around what it means to be a gay male psychotherapist were othering and feeling othered, which closely mirrored developmental considerations and their lived experiences of othering, the complexity of self-disclosure by gay male psychotherapist and problems of erotic countertransference and, finally, powerful novel vulnerable and colliding aspects of considering reflexivity that emerged for both gay psychotherapists and the researcher in the research encounter.

Keywords: gay identity; psychotherapist identity; gay psychotherapist; gay subjectivity; relational psychoanalysis; psychosocial

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Table of Contents

Chapter 1:

Introduction

Today it is a commonplace in the Western world that gay sexuality is an ordinary variation of sexuality. Nevertheless, data from a recent English study, for example, reveal that homophobic hate crimes tripled in the four years prior to 2021, leading up to the publication of that study's results (Ellis, 2021). The continued struggle for acceptance and the normalisation of gay sexuality is also reflected in its grim journey under the psychoanalysis watch. It should be acknowledged that the history of psychoanalysis' engagement with homosexuality has been fraught, because being gay has been postulated to signal developmental arrest, formulated as becoming fixed at an oral stage of relating (Cohler & Galatzer-Levy, 2013; Lewes, 2005; Newbigin, 2013). Until as recently as the early 21st century, in some analytic communities, psychoanalysis has considered the same-sex object choice as narcissistic, inevitably leading to problematic ways of relating (Newbigin, 2013). However, attitudes and theoretical positions are beginning to change, particularly thanks to research and clinical work on gay psychotherapists and gay patients, and the difficulties facing these populations.

Despite the strides taken to resolve the relationship between homosexuality and psychoanalytic thinking, the status quo has yet to address deeper dynamics, in theory and in practice, which allowed for such longstanding intolerance (Becker, 2016; Lewes et al., 2008; Miller, 2010; Schwartz, 2022). A growing alternative voice exists, but there is still a dearth of rigorous psychoanalytic research investigating psychoanalytically informed gay psychotherapists and their patients. There is thus a need to develop research that broadens this burgeoning area, which is only beginning to dismantle entrenched claims that gay sexuality is indicative of pathology.

The still limited literature in this field covers a number of topics. These include reformulations of oedipal dynamics (Goldsmith, 1995; Mitchell, 2013; Phillips, 2000), the developmental trajectories of gay individuals (Corbett, 1996; Drescher, 2002a; Phillips, 2003), and "coming out" in therapy for both gay therapists and gay patients (Feldman & Wright, 2013; Moore & Jenkins, 2012). Further topics are transference and countertransference issues focussed on the sexuality implications for both therapists and patients (Balick, 2007; Belkin, 2018, 2021; Mohr et al., 2015; Porter et al., 2015), the complexity of self-disclosure of psychotherapist and patient sexualities (Coolhart, 2005; Drescher, 2003, 2013; Kronner, 2013; Kronner & Northcut, 2015; Lea et al., 2010; Satterly, 2005), therapy considerations with gay male couples (Allan & Johnson, 2017; Brown, 2015; Rutter, 2012), psychotherapy with older gay men contemplating ageing (Suen, 2017; Suth, 2009), and homophobia and sexual stereotyping in psychoanalytic theory and settings (Prunas et al., 2018; Sandmeyer, 2019).

There is, however, a paucity of work investigating the lived experiences of psychoanalytically-oriented gay male psychotherapists, particularly within the intimacy of therapy spaces, where the identities of being gay, male and a psychotherapist overlap. The question then remains how this overlap may play out if the therapist, and also the patient, cannot simply leave their sexuality at the door.

Aim, Objectives, Theoretical Underpinnings and Focus of the Study

The overall aim of this research is to investigate what it means to be gay and a psychotherapist. I am interested in how gay male psychotherapists – particularly those who hold an allegiance to psychoanalytically informed ways of working and identify as psychoanalytically-practising clinicians – understand their unique subjectivities. The study

therefore explores how this particular subjectivity matrix interacts and potentially collides with the equally distinctive subjectivities of patients of all sexualities.

This research is interested in a psychoanalytically-informed approach, which Smith (2014) describes as a hybrid set of psychoanalytic theories and models that developed across a multitude of contexts, countries and settings, and that does not adhere strictly to the classically understood psychoanalytic approach. This is especially important in a context such as South Africa, with its diversity of voices and adapted approaches, where psychoanalytically informed ways of working must be understood in the context of historical, social and political constructions of identity, and how this might affect a gay male psychotherapist.

The focus on gay male psychotherapists, and not gay women, or other representations of queer psychotherapists across the LGBTIQ+ (lesbian, gay, bisexual, transgender, intersex, queer or questioning) spectrum, was a deliberate choice in order to narrow the focus of the research and to address the social sanctions placed on gay men. For example, homosexuality in males is more common than in females; male homosexuality has been subject to more scientific inquiry; and, male homosexuality has been more morally scrutinised than female homosexuality (Jannini et al., 2010). Gayness and being male, in this project, are not separated out or explored singularly. Aspects of masculinity are subsumed within the experience of being gay. It is not that masculinity is not of import to this study, but rather that in my enquiry, I regard it as folded into the experience of being a gay male psychotherapist. Hence, the primary interest in this research in the overlapping of gay and psychotherapist identities (this may differ, for example, from the experiences of gay female psychotherapists). This research thus focuses on gay maleness and its implications in the context of moral scrutiny, shame and shaming, and the dynamics of hiding gay maleness, which are of particular importance to the experiences of gay males. The research also distinguishes

between the terms “gay” and “homosexual”: the term “homosexual” has become associated with psychopathology and how a homosexual “type” has been constructed socially, politically and psychiatrically, whereas the term “gay” resists this pathologising master narrative and reimagines being gay as the aliveness, and the pleasurable and agentic aspects of inhabiting an alternate sexuality (Cohler & Galatzer-Levy, 2013).

The objective of the research was to capture the subjectivity of gay psychotherapists – how are their identities as gay psychotherapists significant in the therapeutic room – particularly in interaction with their patients? This research, as discussed above, is anchored in a psychoanalytically informed approach, and specifically in relational psychoanalytic theory. A reason for choosing relational psychoanalytic theory is that this theory holds strong implications for subjectivity, and reflects the belief that meaning is bidirectionally made and co-created in the shared analytic space between the psychotherapist and the patient (Harris, 2018; Kuchuck, 2018, 2021; Jaenicke, 2011; Perlman & Frankel, 2009).

The subjectivity of gay psychotherapists is an area of research that holds specific interest for me as a gay male psychotherapist, and aligns with my interest in the intersections of identities with and between other gay male psychotherapists (Owen & Long, 2022). As a gay psychoanalytically-oriented psychotherapist, patient and researcher, my subjectivity was also under investigation, particularly how I understood my own subjectivity and how it informs my work as a psychotherapist. For the purposes of this study, I define subjectivity as encapsulating psychotherapists in their entirety – all that is physical and intrapsychic (Kuchuck, 2018). This raises the questions of how these attributes of the psychotherapist affect the therapy process and of how, conversely, the patient’s subjectivity affects the therapy process in the same bidirectional interchange between the therapist and patient (Kuchuck, 2018). As a gay male psychotherapist investigating other gay male psychotherapists, the research encounter had specific meanings for me and for the gay

psychotherapists under investigation, in respect of navigating both the research and psychotherapy spaces.

Another objective was to investigate gay psychotherapists' lived experiences – how they understand their overlapping identities and how this unique meeting has a bearing on their clinical work. Context is an important consideration, as no prior South African research was found on what it means to be a gay male psychotherapist, apart from gender and sexuality research conducted by psychologists and researchers writing in this area (for example, Maake, 2021; Ratele, 2006, 2013, 2014; Rothmann, 2017). There is some research that investigated the intersection between sexual identity and race. In some of these examples, the intersection between being South African, Black, male and gay (Livermon, 2012, 2014; Msibi, 2009) was investigated, and in others reflexivity considerations were explored when the researcher was a Black gay man (Maake, 2021), or a gay White man (Rothmann, 2017) and neither being psychotherapists. The current research, however, focuses on the intersections of being a gay male psychotherapist and the subjective experiences of this group.

There is only a small pool of South African gay male psychotherapists, and these mainly reside in urban settings. Hence, this population was under consideration in terms of the unique intersection of identity, and how it imbues individual subjectivities. The study also attempted to give a voice to the subjective experiences of this nearly invisible population in South African research. Even though being gay is constitutionally protected in South Africa, and this progressive protection differs from the situation in neighbouring African countries, it must be acknowledged that gay rights and protection for this population are still a major challenge and a work in progress (Louw, 2005).

The cultural location of the participants and the pseudonyms chosen aligned with the geographical spread and make-up of psychotherapists in South Africa. Most South African

psychotherapists work and reside in urban settings, and most of those who are in private practice are White (Matee et al., 2020; Pillay & Nyandeni, 2021). The sample from whom the data set was collected included only one Indian psychotherapist, and the rest were White psychotherapists. This sample is thus not fully representative of South African gay male psychotherapists, but these were the only psychotherapists who agreed to take part in this research. Intersections of race and sexuality therefore did not feature extensively in this research. Nor did contextual discussions come up, other than speaking to the question of safety, which has contextual concerns in a country such as South Africa. Partly because the group was made up mostly of White psychotherapists, the urban pattern reflected here is not surprising. The data collection section in Chapter 3 below explores in detail how the data were collected and the implications of the data collection method.

Rationale for the Study

Gay subjectivity, particularly gay psychotherapist subjectivity, has been afforded almost no space in research. At the time of submission of this thesis, little work had been published on the subjective experiences of gay male psychotherapists – apart from my recent article on the investigation of the identity intersection of a group of gay male psychotherapists (Owen & Long, 2022). The current study thus contributes to the limited literature on the specific implications of working as a gay psychotherapist from a gay analyst's perspective, for example, Sherman's (2005) and Isay's (2009) work. Four memoir-styled reflections (Benedetti, 2015; Halderman, 2010; Isay, 2002; Owens, 2013) are among the few published works that speak to the personal experience of being a gay male psychotherapist. These important contributions, by their autobiographical nature, offer a vivid account of the challenges of being a gay psychotherapist. However, they do not, as this research undertook, provide an interview-based analysis of how a sample of gay male

psychotherapists understand their subjectivities and how they contemplate their subjectivities when navigating the relational space with their patients.

There is a dearth of research of the uniqueness of gay psychotherapists' subjectivities, in the bidirectional engagement with the subjectivities of patients. This research, then, is centred on the idea that gay psychotherapists inhabit a unique intersection of identities (male, gay and therapist), but when the psychotherapist and patient come together, they are both positioned at the intersection of one another and have to navigate the potential collision of their subjectivities.

Relational psychoanalytic theory is interested in intrapsychic processes and how identity functions as a core part of individual subjectivities formed not solely by instinctual drives, but through the complex influences of interpersonal interactions of the historical past, brought vividly into the present, and how this plays out in the privacy of therapeutic interactions (Harris, 2018; Hollway, 2010; Kuchuck, 2021; Perlman & Frankel, 2009; Watchel, 2017). This research endeavours to capture the complexity of the relational meeting between a gay therapist and their patient and what happens at this unique meeting of subjectivities through an exploration of what occurs in interaction, rather than solely focusing on the level of individual identity. It is proposed that relational psychoanalytic theory offers a theoretical framework where gay therapists' subjective, intrapsychic experience has an impact on what is created in the "thirdness" of the psychotherapeutic space with their patients, which is then constituted by all the other psychic material of their union (Benjamin, 2004; Gerson, 2004; Ogden, 2004).

Smith's (2014) argument, as described above, posits for a pluralistic psychoanalytic approach that challenges its classical insistences to incorporate contextual, social and linguistic issues, particularly in a country such as South Africa. This position strengthens the argument for the use of relational psychoanalytic theory as an appropriate vehicle when

exploring the socially constructed therapeutic relationship – in considering race, gender, and/or class in the South African context, for example. This is particularly relevant with regard to how these markers directly affect individual subjectivities. It therefore also informed the exploration of my own research engagement with gay psychotherapists and what meaning was made at the point where my subjectivity interfaced (and sometimes collided) with the subjectivities of a cohort of gay psychotherapists during our interactions, as well as the methodological considerations around reflexive-oriented research and its impact on the research encounter. As a gay psychotherapist, my interest in this research is to make sense of what it means to be a gay psychotherapist – mirrored in the subjective experiences of other gay psychotherapists – particularly what this looks like in interactions and how this is understood intrapsychically.

There has been some prior investigation into the unique meeting of gay therapist and patients – in these accounts, gay patients (Drescher, 1998, 2003; Guthrie, 2006; Herlands, 2006; Isay, 2009; Jones, 2001; Sherman, 2002, 2005; Silverstein, 2011). However, almost no work has been published on the relational experiences and meanings created with a cohort of gay therapists in communication with their patients in a therapy setting. The discipline has been slow in producing research that investigates the gay experience – and even less research has explored what it means to be a gay psychotherapist. The absence of these accounts in psychoanalytic discussion is apparent. This research therefore attempts to fill a research lacuna in a space that predicates heteronormativity, as a societal construct, and as an enduring master narrative and over-arching signifier in the therapy room, as the unchallenged, default position.

The data obtained from gay psychotherapists produced detailed and rich accounts of psychosocial issues surrounding identity and experience, particularly through extensive grappling with what is created in the "third space" between the therapist and the patient. This

third space has many permutations. In this case, the "thirdness" created between myself as a gay psychotherapist researcher and gay psychotherapist participants was also under investigation. Straddling many reflexive positions, my insertion into the research had methodological, professional, personal and political implications, which needed careful consideration.

One of the central intentions in conducting this research was to act as both witness and a joiner with the voices of subversion of the perverse position homosexuality has endured historically and psychoanalytically. Historically inherited narratives have claimed to find the cause of gayness in bad parenting, or faulty genetics. Psychoanalytic techniques have aimed to "cure" and change gay individuals. Homosexuality has become a placeholder for projected fear of and anxieties around the unknown, so this research extends the existing canon as a further counter testament to the long "accepted" pathologising of homosexuality. Therefore this research attempts to overturn this reductive process. Instead of adopting an essentialising mode, the study understands the unfathomability of psychic life and presents it (as psychoanalysis has always hoped it would be presented) in a manner that promotes freedom and acceptance, rather than intolerance (Miller, 2010).

Structure of the Thesis

The literature review in Chapter 2 consists of two sections, namely psychoanalysis and homosexuality, and the relational psychoanalytic theory developments which theoretically underpin the research in its entirety.

Chapter 3 explores and discusses in detail the choice of a psychosocial methodological approach and why this approach was deemed suitable. I argue that psychosocial methodology investigates how identities are constructed through the complex interweaving of intrapsychic processes and social influences. This is relevant to how gay

male psychotherapists' overlapping identities affect their individual subjectivities and the impact of this overlap in the relation between the therapists and their patients.

The four thematic chapters (Chapters 4 to 7) depart from the traditional structure of presenting only the results of the study. Instead, each thematic chapter starts with a literature review specifically tailored to the theme under discussion, followed by a findings section and then a discussion section. This structure, similar to the structure of the journal article, allows for an integrated consideration of each theme in relation to the relevant literature and to the implications of the findings. Four main themes: Chapter 4 investigates what it means to be a gay psychotherapist; Chapter 5 explores the process of othering that colours the lives of gay male psychotherapists; Chapter 6 looks at the complexity of self-disclosure considerations for gay male psychotherapists and provides some recommendations for them; and, lastly, Chapter 7 shows how reflexivity imbued the project in its entirety – both for the therapists under investigation and for me as the researcher – and the complexity of the encounter between the researcher and the researched. Finally, Chapter 8 concludes the research and provides recommendations for future research, and well as a brief consideration of the limitations of the current project.

Chapter 2:

Literature Review

Any investigation of the subjectivity of gay male psychotherapists must include a perspective on how gay male sexuality has historically been viewed and theorised by psychoanalytic thinking and practice. The literature review in this chapter has two foci.

Firstly, the review begins with an exploration of the troubled relationship of psychoanalysis and homosexuality, charting Freud's conceptualisation of homosexuality, the rise of homophobic analytic theorising, and the (only fairly recent) attempts at destigmatising homosexuality in analytic thinking. Secondly, the chapter addresses relational psychoanalytic developments as the theoretical underpinning for this research, particularly relational thinking as central to the subjectivity considerations that underlie the project in its entirety. It presents relational psychoanalytic theory – and its interest in subjectivity, reflexivity and its positioning within the psychosocial (as the chosen methodology of the project) – as a robust theoretical foundation for the exploration of gay male psychotherapist subjectivity.

Although the history of psychoanalytic understandings of gay male sexuality has been well documented, it is important to frame and discuss when this theorising began, how it has evolved, as well as the impact of this evolution on the subjectivity of gay male psychotherapists and on their conception of the impact of their gay identities on their lives and work. Relational psychoanalytic theory, in a similar vein, charts the evolution from a classical understanding of a two-person analysis with the analyst as "expert" to the messy intersubjective creation of a "thirdness" where the analyst and the analysand co-create in the collision of their intertwining subjectivities. The review acknowledges that these two evolutions mirror each other, and their import for gay male psychotherapists' consideration of subjectivity.

As discussed in Chapter 1, the structure of this project begins with an exploration of the literature to provide a framework for the entire project, followed by four thematic chapters, each containing its own literature review in order specifically to frame each theme theoretically, followed by the findings and a discussion of those findings. The discussion of the literature relevant to those chapters is not repeated in this chapter.

Psychoanalysis and Homosexuality

Narratives and discourses surrounding homosexuality, mapped historically, are inextricably linked to the social milieu of their time (Becker, 2016; Drescher, 2008, 2010; Fisher & Funke, 2019; Flanders et al., 2016; Green, 2003; Hodges, 2011; King, 2011; Lewes, 2002; Lingiardi & Capozzi, 2004; Schwartz, 2022). The first use of the term "homosexual" has its origins in mid- to late 19th century Western European journalistic narratives. The term was first used by Karl Ulrichs and then Karl Kertbeny, to describe and defend an innate, unalterable character presentation, in defiance of Prussian laws, which would eventually criminalise homosexuality (Connolly, 2017; Drescher, 2010; Wahlert, 2012). Early sexologists and journalists of this time advocated for same-sex desire and behaviour to be recognised as an ordinary and normal sexual variation, in an attempt to protect gay individuals from legal and social stigmatisation (King, 2011).

Despite these early efforts, social power in an increasingly secular society meant amplified scrutiny of homosexuality across disciplines, including law and psychiatry (Drescher, 2010). The construction of male homosexuality was dogged by the deep anxieties around paedophilia, and allusions to the presumed corrupting influence of older men on young boys and adolescents (Fisher & Funke, 2019). The resultant theories of degeneration that abounded in the late 19th century and into the early 20th century – in the print media, psychiatric thinking, the public trials of homosexuality (most infamously Oscar Wilde's

trial), and the revision of sodomy laws – solidified the discourse that proclaimed homosexuality to be aberrant and abnormal (Drescher, 2010; King, 2011). Sexual science, in parallel with other sciences, law and literature, constructed innocence as a state that has the potential to be corrupted and abused, both physically and morally, by homosexuals (Fisher & Funke, 2019). The psychiatric thinking of this time, spearheaded by German psychiatrist Krafft-Ebing, put forward a theory that homosexuality was innately degenerative, a constitutive disorder (Donnelly, 2017; Drescher, 2010). It was, however, psychoanalysis that took it upon itself to problematise homosexuality as a pathology, or developmental arrest, and it was psychoanalysis whose methods was believed to be amenable to the alleged treatment, correction, or cure of this supposed constitutional anomaly (Becker, 2016; King, 2011; Lewes, 2005; Lewes et al., 2008; Schwartz, 2022).

Contemporary theorists, such as Becker (2016), Lewes (2005) and Schwartz (2022), reflecting in retrospect on psychoanalysis' stance on gay male homosexuality, describe this historical journey as blatantly homophobic. In line with its historical moment, which mirrors social attitudes, psychoanalysis would, with dedication, pursue and scrutinise homosexuality as problematic throughout the 20th century, and into the 21st century. The dominant theories that developed out of early psychiatric thinking, and that were taken up by psychoanalysis, vacillated between a hypothesised primitive fear of heterosexuality, unresolved pre-oedipal and oedipal anxieties, narcissistic defences against psychotic conflicts, and "normal" object-seeking gone awry (Becker, 2016; Downey & Friedman, 2008; Lewes et al., 2008; Newbigin, 2013; Schwartz, 2022). As already mentioned, there has been a shift away from such homophobically oriented thinking in 21st-century psychoanalysis, but the residue and scars of the past remain all too visible. Some analytic communities, as recently as the 21st century, have retained a stance that still affirms homophobic views (Ellis, 2021).

It continues to be perplexing that a theoretical and applied practice that purports to respect individual expression and liberties would uphold a position that defies and curtails fundamental freedoms (Miller, 2010). It also remains curious that the development of homophobic thinking and theorising grew out of a discipline that began with Freud, who was (then notoriously) progressive about, yet also bewildered by homosexuality. He famously stated:

> Homosexuality is assuredly no advantage but it is nothing to be ashamed of, no vice, no degradation, it cannot be classified as an illness; we consider it to be a variation of the sexual function produced by a certain arrest of sexual development. Many highly respectable individuals of ancient and modern times have been homosexuals, several of the greatest men among them (Plato, Michelangelo, Leonardo da Vinci, etc.). It is a great injustice to persecute homosexuality as a crime, and cruelty too. (Freud, 1935, p. 27)

While Freud was decidedly sympathetic, it is generally accepted that Freud held ambivalent views on homosexuality. Nevertheless, importantly, he regarded homosexuality as non-pathological (Herzog, 2020; Hodges, 2011). It has been argued that the persistence of homophobic psychoanalytic attitudes in subsequent psychoanalytic thinking arose from the fact that Freud's position was widely misunderstood (Flanders et al., 2016; Green, 2003; Hodges, 2011; King, 2011; Lewes, 2002; Lingiardi & Capozzi, 2004; Roughton, 2002a).

The quotation above exemplifies the relative openness of his thinking, but it led to some confusion. Powerful and misguided positions which have unfairly interpreted his "arrest" hypothesis grew out of Freud's contemplation of homosexuality. Freud did not actively pathologise homosexuality, but his theorising was seen as presenting gayness as a juvenile sexuality (Becker, 2016; Drescher, 2008). What is often overlooked is the complexity of his attitude towards homosexuality; it has been described as incomplete and seemingly contradictory. In fact, Freud's intention was to create a practice and theory uninhibited by moralising or soft science, but the denigration of homosexuality occurred regardless (Flanders et al., 2016; Roughton, 2002a; Schwartz, 2022). Green (2003) notes that

if one reads Freud's output on sexuality in its entirety, one can detect Freud's unfinished struggle to make meaning of the complex variations of human sexuality, particularly homosexuality. Freud was unwavering in his disapproval of discrimination and wrote about homosexuality with respect, curiosity and humility; he was adamantly opposed to legal sanctions against homosexuality and the banning of homosexuals from psychoanalytic training (Lewes, 2002).

The contradiction in his thinking has to be understood as a reflection of the social and scientific context of the early 20th century in which Freud found himself. Newbigin (2013) describes Freud's position on homosexuality as "two Freuds" (p. 280). On the one hand, he advocated for all sexual freedoms and challenged conventional notions on human sexuality, while at the same time he was also influenced by Darwinian ideas of reproduction as the chief aim of sexuality (Becker, 2016; Roughton, 2002a). Freud's infamous position on polymorphous sexuality – the argument that humans are innately bisexual and a little bit perverse – is in contradiction to his biological thinking that species survival relies on heterosexual intercourse. Homosexuality would not fulfil this biological function and thus ultimately falls outside the classification "normal" in terms of such an argument (Roughton, 2002a). However, it must be noted that Freud seemed decidedly unconcerned about resolving these two opposing views (Roughton, 2002a).

It appears that one of the main muddles around Freud's thinking is taxonomic: his use of "inversion" is sometimes confused with his later thinking about "perversion". If one follows Freud's development and usage of the term, "perversion" refers to certain sexual activities and an altogether different phenomenon in object-seeking gone wrong (Green, 2003; Lewes et al., 2008; Newbigin, 2013). The word "inversion" is problematic to the modern reader; it has been suggested that Freud thought about inversion as a turning upside-down, changing the playing field (Green, 2003). An inversion in sexuality is "to have

contrary sexual feelings" (Newbigin, 2013, p. 278). There are multiple inversions: some are total, others provisional, and there are many forms of bisexual variations in between (Newbigin, 2013). Freud argued that homosexuality was not a perversion (that is, pathological) but rather an inversion, which he stated was not pathology (Schwartz, 2022). He insisted that inverts are capable of whole-object-relating in enduring relationships, while perverts remain stuck in part-object dynamics (Flanders et al., 2016; Roughton, 2002a).

An unpacking of and debate on Freud's incomplete thesis on homosexuality would require a thesis on its own. It is not possible to give it the full treatment it deserves in the current project. For the purposes of this study, it suffices to state that his position on human sexuality, as expressed in *Three Essays on Sexuality* in 1905, holds firm, namely that all forms of sexuality are the outcome of the rich, complicated and deep interplay of evolution and development over time (Flanders et al., 2016). While it is arguably impossible to make definitive conclusions about his position on homosexuality, his undeniably unprejudiced yet distanced view on the subject is clear (Flanders et al., 2016).

Freud posited certain factors as possibilities, not as conclusive explanations, of male homosexual development. These were unresolved oedipal negotiation, enmeshment with the maternal figure, arrested development due to a narcissistic object choice, and the negative oedipal drama (Becker, 2016; Lewes, 2005; Lingiardi & Capozzi, 2004). These possibilities arose from musings about inverted or inhibited "normal" development – a certain arrest – but psychoanalysis read this argument as proclaiming development gone wrong. Psychoanalysts took that to imply that for gay individuals, the "normal" journey to heterosexual relating needed recalibration, using psychoanalytic techniques, where heterosexual development is regarded as the only destination (Green, 2003; Lewes, 2005). Psychoanalysis, after Freud, was adamant in regarding homosexuality as malleable to self-correction "back to" heterosexuality. Theorists following Freud would have serious, detrimental and long-lasting

effects on the treatment of gay individuals (King, 2011; Schwartz, 2022). The argument of developmental arrest or retreat, perhaps too easily aligned with Freud, gave rise to the thinking that gay individuals rejected their biological purpose, solidifying a pathological understanding of homosexuality (Lingiardi & Capozzi, 2004; Schwartz, 2022).

From the 1920s onwards, the predominance of *the* homosexual, as a reified construct, was used to uphold beliefs of narcissistic pursuits, and allusions to psychosis, which formulated gay men as primitive and unnatural (Schwartz, 2022). During this time, gay men were relegated to an underclass, and they were viewed as dangerous predators (Schwartz, 2022). Punishment was prescribed as the preferred treatment, making sterilisations and castrations commonplace in American institutions (Schwartz, 2022). From the 1930s, the rise in the interest of disturbed patients' pathology linked to non-heterosexual orientations began (Lewes et al., 2008). Kleinians theorised homosexual development as aggression towards the object that obstructed psychosexual progress (Lingiardi & Capozzi, 2004). Kleinian and post-Freudians regarded homosexuality as a retreat to earlier positions of juvenile psychosexual developments (Becker, 2016). The expansion of these ideas extended well into the 1950s, with theorists such as Thorner and Rosenfeld linking homosexuality to primal schizophrenic, paranoid and narcissistic anxieties (Lingiardi & Capozzi, 2004). Up until the 1980s, there is no record of any dissenting analytic voice pitched against the vitriol directed at gay analysands (Lewes et al., 2008; Schwartz, 2022). The tide had not yet turned, as "the homosexual" was typecast either as a morally corrupt invalid, or as a disgraceful, manipulative psychopath intent on disrupting the homeostasis of society (Lewes, 2002; Schwartz, 2022). From the Second World War onwards up to the 1980s, psychoanalysis produced prominent homophobic analysts such as Rado, Bieber and Socarides, whose arrogance and cruelty towards gay patients, along with extremist medical and religious thinking, resulted in unthinkably inhumane outcomes, such as testicular transplantation,

reparative techniques and the exclusion of any gay candidate from psychoanalytic training (Becker, 2016; Green, 2003; King, 2011; Lewes, 2002; Lewes et al., 2008; Schwartz, 2022).

It is only in the last 20 years that psychoanalytic thinking has confronted its inherent prejudice towards homosexuality. However, as late as the start of the 21st century, Auchincloss and Vaughan (2001) still vociferously rejected the idea that a new theory of homosexuality was even needed, claiming that new thinking is ultimately misguided. They claimed that creating a new theory, and its implications for a "different" way of treating gay patients, again highlights an unnecessary divide that pushes psychoanalysis away from its treatment of homosexuality (Auchincloss & Vaughan, 2001). Roughton (2002b) concurs that creating new theory may miss the mark, but advocated for the application of existing psychoanalytic tools in an unprejudiced manner that puts aside heteronormative assumptions about internal life. Kernberg (2002) agreed that psychoanalysis' stance on the study of homosexuality was a glaring and shameful example of how harmful ideology can skew intellectual pursuits.

Subsequently, a handful of theorists have developed ways of thinking which present homosexuality as a normal trajectory for sexual development. Isay (2009) was one of the first to present his theory of homosexuality as a natural, legitimate developmental journey that charts a different, not abnormal, oedipal negotiation. Theorists such as Drescher (1998, 2002), Corbett (1993, 1996, 2001), and Roughton (2001, 2002a, 2002b) have written extensively on homosexual development in ways that reject heterosexuality as the only, or preferred, developmental destination. Their output covers a range of topics that challenge normative and rigid views. Corbett (1993, 1996, 2001) attempted to revise the accepted developmental line; Frommer (2000a) challenged narcissistic issues that have dogged homosexuality theorising; Goldsmith (1995, 2001) tackled head on the formulation of the negative oedipal drama. Phillips (2003) presented his seminal paper on the overstimulation of

gay boys in everyday life; and Shelby (2003) highlighted the misunderstanding of sexual orientation and sexualisation. Furthermore, Drescher (2002) suggested that it is not possible to follow a single developmental line that leads to a gay orientation, particularly in a cultural narrative where a normative heterosexual analytic position goes unchallenged.

Contemporary psychoanalytic models of homosexual psychosexual development have thus attempted to subvert dominant pathologising narratives (for example, Becker, 2016; Corbett, 1996; Goldsmith, 2001; Isay, 2009; Lewes, 2005; Mitchell, 2013; Phillips, 2003). These contemporary theories challenge the accepted oedipal drama that predominated psychoanalytic theory and begin to imagine a new developmental theory of male homosexuality. Becker (2016) insists on a complete reconceptualisation of the importance and upholding of oedipal theorising, while Schwartz (2022) advocates including the history of psychoanalytic homophobia and social criticism as part of training syllabi. Although these theories have begun to alter the theoretical terrain, Mitchell (2013) notes that these contributions are still primarily descriptive in nature and need empirical testing.

This work has begun to imagine gay life as legitimate, ordinary and meaningful, but the literature explored above remains a continuation of the subversion of preceding narratives and an attempt to debunk gay sexuality as anomalous and perverse. It also highlights the need to undertake research that can rewrite and reimagine the gay experience for both gay patients and their psychotherapists within psychoanalytic thinking.

Relational Psychoanalytic Theory Developments

This research investigates subjectivity, as well as the possible meaning made in therapeutic interactions through subjectivity collisions. Hence, relational psychoanalytic theory is well positioned to be the theoretical foundation for this research, because of its core belief that intrapsychic processes are fundamentally relational (Berman, 1997). Below, I

briefly explore the genesis of relational psychoanalytic theory and why its use was deemed appropriate for this study of gay male psychotherapists' understanding of their subjectivities and the possible effects of those subjectivities on patients in their clinical work.

Relational psychoanalytic theory is first and foremost both a reaction to and a reimagining of classical psychoanalysis (Kuchuck, 2021). Reliance on classical understandings and practice is therefore viewed by relational theory as limiting, because they are problematically associated with concerns such as authority, hierarchy, misogyny, racism, homophobia and dualistic understandings (Kuchuck, 2021). These are the very concerns that this study is deeply invested in and is attempting to subvert. Relational psychoanalysis does not fall under a traditional school in the psychoanalytic theoretical canon but is rather thought of as a movement made up of a diverse collection of theoretical voices and opinions, which includes Freudian, Kleinian, Interpersonalist, Ego Psychology, and Kohutian influences, as well as feminist, post-modernist, social constructionist and queer influences (Harris, 2018; Kuchuck, 2021; Perlman & Frankel, 2009; Ringstrom, 2010). Classical psychoanalysis has been challenged by the advent of feminist and queer theorising, and relational theory both responds to and aligns with these theoretical stances, particularly regarding how power is conceptualised and plays out in the therapy room (Kuchuck, 2021). There is not one cohesive theory, approach or technique in relational psychoanalysis. Instead, it is based on a reconceptualisation of analysts' personal stance and an understanding that their active subjective immersion in the treatment has an effect, be it from an object relations, self-psychological or interpersonal perspective (Perlman & Frankel, 2009). Relational theory rejects the idea of existing as a doctrine, but sees itself as an approach that continues to evolve in complex ways (Kuchuck, 2021).

Harris (2018) and Perlman and Frankel (2009) have traced its roots to Mitchell and Greenberg's (1983) seminal work *Object Relations in Psychoanalytic Theory*. Interestingly,

the precursors to this book were earlier publications by Mitchell in the late 1970s. He took a critical stance regarding the inadequate and didactic approach of psychoanalysts' treatment of homosexuality (Harris, 2018). Mitchell was critical of traditional drive theory's pathologising and judgemental treatment of gay analysands (Harris, 2018). His work pioneered a fundamental and paradigmatic shift in the introduction of a relational perspective into psychoanalysis: a comingling of various psychoanalytic perspectives that value the importance of interpersonal relating which moves away from an overriding reliance on the theory of instinctual drives (Harris, 2018; Kuchuck, 2021; Perlman & Frankel, 2009). At its heart is the understood messiness of the relational, where the intrapsychic collides and co-constructs with the interpersonal, where the complexity of interior life includes the muddled intermixing of the individual with the social, and of the private with the public (Harris, 2018).

Relational psychoanalysis believes that human beings have a fundamental need for relating to and communicating with other beings – this profound requirement for relating is central where relational thinking posits the social rather than the instinctual as the organiser of psychic life (Perlman & Frankel, 2009). Relational theorising is contemporary in its inclusion of attachment theory, infant research and neuroscience in understanding how the mind is formed; again, not only at the behest of instinctual drives, but rather through early relational experiences with primary caregivers and subsequent strivings in interpersonal relationships throughout life (Jaenicke, 2011; Perlman & Frankel, 2009).

This is then the basis for psychoanalytic treatment in the relational tradition: the clinical picture is fashioned by the mutual collision of the analyst and analysands' subjectivities, one that defies the traditional one-person psychology; instead, there is an acknowledgement of a dyadic two-person interplay of shared influencing (Harris, 2018). Relational theory is deeply interested in both the subjectivity of the analyst and the analysand, and the intersubjective activities that result from the subjectivity collisions of the

two (Kuchuck, 2021). The analyst's subjectivity, in relational terms, imagines the totality of the analyst's experience – all that he or she is, as an agent in the world outside of the therapy setting – and is brought to bear on the therapeutic process as a form of influence (Kuchuck, 2021). Rather than upholding the "blank screen" model of early psychoanalytic thinking, where the analyst remained the receiver of analysands' projections, relational thinking inserts the analyst into the treatment in its fundamental belief in the primacy of mutual influencing between the self, the object in the "third space" where the two intermingle (Avila, 2016; Benjamin, 2004; Gerson, 2004; Jaenicke, 2011; Kuchuck, 2021; Perlman & Frankel, 2009).

Two-person relating, for both the analyst and the analysand, was and is "an aspect of oneness" (Harris, 2018, p. 47). The self cannot be positioned externally from social and interpersonal arenas; rather, it is the very site of a combination of historical imprints internalised from relationships with others, the current ones that exist, as well as those that reside in the imagination and memory (Perlman & Frankel, 2009). Winnicott, as an object relationist, has played an important role in advancing understanding of the self in relation to the other; more specifically, the notion that human beings are receptacles of subjectivity, and not merely rapacious need-seeking sites of projections (Perlman & Frankel, 2009).

Subjectivity lies at the core of relational psychoanalysis (Kuchuck, 2021; Jaenicke, 2011). Jaenicke (2011) explains that everything we do as human beings, especially when it comes to working with patients, is wholly coloured by subjectivity, both our own and that of our patients. While the therapeutic relationship remains asymmetrical with regard to the needs of the patient and the training of the analyst, the bidirectionality of mutual influencing is both inexorable and fundamental (Jaenicke, 2011). Jaenicke (2011) describes empathy as "vicarious introspection" (p. 3); this does not, however, capture the analyst's role in the treatment picture, where every bit of psychic material has to be perceived through the lens of the analyst's subjectivity. To understand what is happening internally with the other, the

analyst has to look powerfully within, and understand the impact of the analyst's own subjectivity (Kuchuck, 2021; Jaenicke, 2011). As discussed, the treatment – the two-person psychology or the "indissoluble unit" (Jaenicke, 2011, p. 2) – then becomes a working through and interpretation of how this plays out relationally, using the analyst's subjectivity and insight as a guide.

Benjamin (1988, 2004, 2010), who is a major contributor to relational psychoanalysis and who is known for her position on the influential relational analyst, takes her cue from Winnicott's introduction of the notion of mutual recognition in her understanding of intersubjectivity (Benjamin, 1990), which is of great interest to relational psychoanalysts. Benjamin (2004, 2010), like Jaenicke (2011), Kuchuck (2021) and other contemporary relationists and intersubjectivists (see Gerson, 2004; Ogden, 1994, 2004), describes the notion of complementarity or, rather, of another way of relating, entering into the subjective world of the other, and vice versa, in the messy business of navigating objectivity and subjectivity (Harris, 2018).

The breadth of intersubjectivity cannot be given the detailed treatment it deserves in this literature review, but one area of great importance that needs to be mentioned is the analytic third (Benjamin, 2004; Ogden, 2004). The analytic third is wholly concerned with subjectivity, and is referred to above as "thirdness" or the "third". It refers to a new kind of subjectivity – one that is co-created in the space between the patient's subjectivity and that of the analyst. Intersubjectivity is central to the analytic third – it is in this co-created space where the analyst and the analysand conduct their work, where a shared connection is forged, while individual separateness is still maintained (Kuchuck, 2021). It is a co-created subjectivity that merges both the shared subjectivities of the analyst and the patient and becomes a thing of its own in the analytic setting. It ultimately changes the way that both parties understand each other, and gives shape to the shared healing project (Jaenicke, 2011).

Relational psychoanalytic theory has been selected as a suitable theoretical orientation for the project, primarily because of the inherent messiness of the theory. As a psychoanalytic theory, its interests and influences extend to social constructionism, feminism, post-modernism and queer theory. Intermingling these powerful theoretical positions informs the discussion throughout of relational psychoanalysis' interest in the bewilderment arising from interior life. Its social constructionist leanings inscribe the positioning of power, confirming that the psychological cannot be separated from the social and the political (Harris, 2018). In postmodernist terms, relational psychoanalysis wonders if people are able to know others fully as they present themselves, because they can only be perceived from our unique, and perhaps limited, subjectivity; truly to know someone is practically impossible (Perlman & Frankel, 2009).

Queer theory is another influence on relational psychoanalysis. It aligns well with relational psychoanalysis, as it, too, was born out of a need to problematise accepted social and cultural presumptions. Queer theory's chief interests are politics, power and activism (Hodges, 2011). Queer theory attempts to magnify how language, authoritarianism and heteronormative power regulate individual life in the creation of binaries, categories and regimes to police and oppress (Hodges, 2011). Queer theory, as Hodges (2011) succinctly points out, brings to light "the ways in which power gets inside our bodies, our hearts and our heads" (p. 33). Psychoanalysis' incorporation of queer theory is gaining traction, particularly through the incorporation of psychoanalytic concepts, or rather, how the practice and doing of psychoanalysis and queer theory's activist leanings in enacting change overlap in an active way (Giffney, 2017). Queer theory, as Hodges (2011) explains, provides psychoanalysis with the apparatus, in the form of theory and technique, to expose the privileging of heteronormative assumptions and authoritative claims to truth. He argues that queering psychoanalysis theoretically will assist in queering what occurs in clinical settings, where

psychoanalytic concepts and tools can effect change, and provide comfort and meaning, by countering pathological discourses that oppress and control individual experiences and life.

Kassoff (2004) comments that relational psychoanalysis and queer theory are strange but complementary bedfellows. Queer theory emerged from gay and lesbian studies as well as feminist thinking that challenges patriarchal and heteronormative assumptions. By contrast, relational psychoanalysis charts the move from a one-person to two-person therapeutic understanding, as described above, where the analyst is an active ingredient in the treatment picture (Kassoff, 2004). Many of the theorists that have influenced this research are gay relational and interpersonal theorists, such as Corbett, Drescher, Isay and Schwartz, who all consider themselves queer theorists too (Drescher, 2010). Queer theory aligns comfortably with relational psychoanalytic thinking in its challenging of authority, binaries and dualities, and the taken-for-granted assumptions on which norms are based (Drescher, 2010). Queer theory is suspicious of traditional psychoanalysis, so it directly challenges inherited traditions and practices, and, in the analytic realm, defies and rejects psychoanalysis' enduring pathologising of sexual minorities (Giffney, 2017; Hodges, 2011). Relational and queer theory are both criticisms of modernist thinking that imagine a known or accepted "reality" by an expert practitioner.

Both theories reject taken-for-granted dominant assumptions and narratives about gender and psychotherapy – both have been marginalised by inherited views, which they challenge persistently (Drescher, 2010; Kassoff, 2004). As an extension of feminist and gay liberation studies, queer theory treats gender and sexuality as social constructions that are conditional rather than mutative (Belkin, 2018; Drescher, 2010). Belkin (2018) notes that queerness is ultimately subversive and a celebration of difference, entirely personal and entirely political. Queerness is wholly dependent on the interpersonal context in which it is understood, so that it may be described as the ultimate floating signifier. The meaning of

"queer" is constantly shifting, as Belkin (2018) shows; however, its political and theoretical understanding of itself is unwavering in its radical rejection of binaries, and one-dimensional definitions of identity, gender and desire. Similar to the analytic third, queerness is a thing in itself that occupies the space in-between binary conceptions of sexuality and identity.

Dynamic Centring and the Application of Relational Psychoanalytic Theory in this Study

In the spirit of the messiness of the theories described above, this introductory literature review is an attempt to summarise and condense enormous bodies of work. It understands the risk of not presenting enough but trying to account for everything; however, it hopes to achieve what Collins (2008) proposes, when considering relational thinking as an influence, in her concept of dynamic centring. This is a strategy in studies of difference that focus on two or three markers of difference, without privileging them above other important or intersecting identities or areas of research (Collins, 2008). Just as Collins's (2005, 2008) work dynamically centres the intersections of race and sexuality, where she foregrounds racism and heterosexism, this research foregrounds sexual identity and psychotherapy identity as markers of difference, without privileging them over, for example, gender, race, class and able-bodied experiences, or any other indicators of difference (Belkin, 2018). The concept of dynamic centring takes its lead from intersectionality, another broad area of theoretical inquiry, which functions very much in the province of relational psychoanalytic theory and queer theory. Belkin (2021) notes that while psychoanalytic enquiry tends towards exploration, for example, of race, gender and sexuality separately, these identity markers speak to one another and intersect in lived experience and therefore enter therapeutic spaces as such.

Intersectionality and relational theory are deeply intertwined because both attempt to disrupt inherited binary categorisations and understand that binaries (race, gender, and sexuality, as examples) are socially, culturally and historically located (Belkin, 2021). Intersectionality, imbedded in relational understandings, looks to queer theory too, which has entered the psychoanalytic conversation chiefly through its interest in the interplay and intersection of gender, sexuality and race, and how these talk to one another in the therapy room (Belkin, 2021). Queer understandings are central to how this research is positioned, as a theory that is interested in practice, and how providing space for those who have been marginalised and voiceless aligns with queer theory's activist stance.

Given that relational psychoanalysis is a cauldron containing a potent mix of numerous psychoanalytic ingredients, as described here, the chief interest of this research is to investigate the chaotic, messy and unfathomable nature of subjectivity in trying to understand interior life, and to capture what this looks like for gay male psychotherapists.

This literature review has explored how psychoanalysis has aided and abetted the rise of homophobic theorising and caused a great deal of harm to those who suffered under its heteronormative authoritarianism. It has also discussed how psychoanalytic thinking and theorising is attempting to reimagine its shameful past and present gay life as an ordinary variation of sexuality that needs no correction back towards heterosexuality. It has proposed that relational psychoanalytic theory attempts to imagine exactly this, particularly in its inclusion of feminist, queer, intersectional and intersubjective understandings where psychoanalytic theory and practice can be reimagined as a site of resistance to enact change in the lives of those who have been marginalised and othered.

Chapter 3:

Methods

Research Design

This research is located in the qualitative research tradition. It employs a psychosocial approach, which is a method interested in locating subjects as both socially constructed and psychoanalytically understood. Broadly speaking, the psychosocial method investigates the interaction between the psyche and the social world (Froggett & Wengraf, 2004). To put this into more practical terms, it endeavours to understand the mechanisms of how people internalise their social environment and make sense of it (Froggett & Wengraf, 2004). Psychosocial studies' interest in the interaction between social, external forces and psychic, internal ones has meant a more dedicated focus on psychoanalytic understandings of how the outside gets in (Frosh & Baraitser, 2008).

Psychoanalytic interest in subjectivity coincides well with this research's subjectivity interest, particularly how an inner world is conceived as socially constructed, even when it is being interpreted using psychoanalytical methods (Hollway & Jefferson, 2005, 2013). A psychosocial approach was selected because of its central focus on the lived experiences of research subjects, or, more specifically, an understanding of subjects' interiority and the effects this has on their environments (and vice versa) without reducing the one to the other (Hollway, 2009).

As discussed in Chapter 2, psychoanalysis has been criticised for its history of normative viewpoints on sexual, gender, and social understandings. This critique has been valuable and necessary as a rewriting and rethinking of psychoanalysis' problematic past, noting its heterosexism and colonialism as two major examples, in order to incorporate influences and teachings from queer theory and post-colonial thinking (Frosh, 2018). Current

psychosocial studies do embrace psychoanalysis as a useful vehicle for exploring the intersection of the human, the social and the cultural (Frosh, 2018). Like queer theory and post-colonialism, psychosocial study is committed to presenting the human subject as the interplay of the psychological and social: while the subject exists and is formed by the social, this subject is still understood and presented as inhabiting agency and an internal world (Frosh & Baraitser, 2008).

Psychosocial methods, as a discursive practice, are deeply influenced by psychoanalysis, as well as by social constructionist understandings (Eagle, 2020). The psychosocial method was chosen because of its relevance to understanding gay male psychotherapists, and particularly how social constructions of homosexuality (the way in which social understandings of homosexuality mirror particular social milieus, as explored above) have affected the way gay men experience themselves internally. This is particularly relevant when one considers how gay male psychotherapists have been socially constructed by psychoanalysis itself.

Homophobia and psychoanalysis are historically interwoven, resulting in collective shame among gay men. Vestiges of this historical positioning still lurk in the shadows of contemporary understandings. As I noted in Chapter 2, psychoanalytic thinking produced a homosexual "type" who was socially envisioned and historically constructed as the antithesis of a productive member of society: low functioning, inhabiting an underdeveloped superego and a distorted internal organisation (Lewes, 2002). The manner in which gay male psychotherapists understand themselves can, even now, not be separated completely from the way they have been historically constructed and psychoanalytically understood, or from how this may continue to be experienced subjectively in our current psychoanalytic climate. What is of interest is particularly what this may look like for South African gay male psychotherapists.

A distinction must, however, be made between how psychoanalysis has historically framed "homosexuality", on the one hand, and how the current study used psychoanalysis to aid a nuanced reading of the data. Furthermore, the choice of psychosocial studies – and its use of psychoanalytic principles – offers a rigorous platform to explore human experience thoroughly, encapsulating both the interior and external aspects of subjectivity (Eagle, 2020). A psychosocial approach, then, is an appropriate methodological vehicle to navigate the ways in which gay male psychotherapists have been understood and currently understand themselves internally and professionally. Drescher (1998) and Lesser (2002) argue that psychoanalytic theories and practices have been centrally positioned to uphold cultural standards – a cultural policing of sorts – and the mirroring of psychoanalytic attitudes with social constructions of male homosexuality is perfectly situated in the psychosocial methods realm, both as a tool to understand the cohort of gay male psychotherapists included in this study and how they may have inherited ways of being thought about, or, more profoundly, how they think about themselves.

Hollway (2009) describes the psychosocial approach as an alternative and important method that foregrounds lived experiences, focusing on a particular subject's psychic resilience, or difficulty, in engaging with that subject's world and actions in an attempt to make meaning. In addition, the relation between participant and researcher is central in psychosocial methodology, which requires researchers to insert their own subjectivity into the process in the service of fully understanding the interaction (Hollway, 2009). Psychosocial methods present the relationship between the researcher and subject as central, however it foregrounds the importance of subjectivity as the tool to understand interactions, or, rather "using the researcher's subjectivity as an instrument of knowing" (Hollway, 2009, p. 463).

Qualitative researchers working in this sort of paradigm reject scientific objectivity and instead focus on what occurs in interactions – foregrounding the subjectivities of both the

researcher and the subject as profoundly interconnected (Shaw, 2010). Reflexivity is of the utmost importance in considering subjectivity, particularly in trying to present what occurs in interactions (Frosh, 2018; Shaw, 2010). Reflexivity acknowledges a researcher's awareness of an implicit role in the construction of research data, and how the researcher's identity and involvement may influence the research process (Berger, 2013). Reflexivity implies self-evaluation and a continuous acknowledgement of the power discrepancies in the research dyad, particularly by clarifying how the researcher is positioned, and whether this positioning affects the outcomes of the research (Berger, 2013; Rodriguez-Dorans, 2018) – reflexivity is an unflinching assessment of the self. A reflexively-aligned research study assumes that subjects and the world are interconnected and in constant dialogue with each other (Shaw, 2010). Power discrepancies in the dyad call for continuous engagement, so a reflexive stance in research takes for granted the co-construction of meaning in a socially constructed research setup (Shaw, 2010). There are two main tenets for reflexively orientated qualitative research. The first is that meaning-making is at the heart of human endeavour, but making sense of our experiences and those of the people around us is constrained to the world in which we find ourselves. Secondly, being socially situated, we are unable to get away from this subjectivity (Shaw, 2010).

Reflexivity is a core feature of this research, because, as a gay male psychotherapist, I have inevitably inserted myself into the research. A reflexive approach therefore has to be taken, particularly in understanding how the data were collected and analysed. Such an approach was vital to explore the implications of the relationship co-created between me, as the researcher, and my subjects (the sample of gay male psychotherapists), while simultaneously investigating how this co-creation occurs between the research subjects and their patients. This process entailed a deep and multi-layered consideration of the research

process, the co-creation of meaning in the research encounter and the inescapability of subjectivity considerations.

Psychosocial studies are committed to foregrounding reflexivity, both as a philosophy and as a practical tool – an active practice that is alert to its own claims to knowledge, and therefore constantly and vigilantly critiques itself (Frosh & Baraitser, 2008). Reflexively understanding the researcher's role in the research has far-reaching implications for research methodology (Hollway, 2009). Therefore, the approach taken here of embedding me into the process, as the researcher, expanded on the ways in which qualitative methods are applied.

Reflexivity is appropriately aligned with a psychosocial methods approach that is rooted in discursive research. It uncovered the ways in which gay psychotherapists understood and thought about themselves in relation to their patients, and how this process continues to play out subjectively in the shared project created in the intimacy of therapy rooms, as well as how it evolved in the research encounter. This research is interested in exploring subjectivity and meaning-making for gay psychotherapists through in-depth interviews with a cohort of identified gay male psychotherapists that allowed an exploration of their subjectivities.

Sampling

Non-probability purposive sampling was used in this study. This is a sampling strategy where the researcher intentionally selects participants who meet specified criteria in a particular population (Ritchie & Lewis, 2003), in this case, gay male psychotherapists registered with the Health Professions Council of South Africa (HPCSA) as practising psychologists. This project is an extension and expansion of my Master's project, so some participants who were included in the previous project were contacted again to ask whether they would be willing to take part in this new study as well. These identified individuals were

contacted individually via email. Of the original six participants who took part in the Master's project, four agreed to be re-interviewed for the current project. To find new participants to broaden the study, purposive sampling was achieved by sending out online invitations through established networks (reading groups, professional emailing lists). Moreover, the four identified and already included participants were asked whether they would be willing to identify potential candidates they knew, to allow for the widest possible cohort in terms of age, race and professional experience to be reached.

The initially proposed number of participants was approximately eight to 15, in order to elicit a broad and deep data set. However, saturation was reached at 10 participants. This sample size is in line with the tendency in qualitative studies to use smaller sample sizes (Hennink & Kaiser, 2022). The overall number of openly gay male psychotherapists working in South Africa is small; a sample size of 10 is therefore large, relative to the total number of possible participants.

In addition to purposive sampling, I used a snowball sampling technique, which is a technique which aids in locating hard-to-reach populations (Johnson, 2014). Snowball sampling relies on already-sampled respondents to suggest other participants whom they know or believe to meet the same criteria (Johnson, 2014). This was the process that was undertaken where the four already included participants were invited to suggest other gay male psychotherapists that they thought may be comfortable with the suggestion, that is, other psychologists who openly identify as gay. Despite such suggestions, all participants' identities were kept confidential from one another, and no information was shared with any of the participants about who had agreed to participate, or had declined to do so.

The final sample included qualified male psychotherapists who had at least three years of therapeutic experience and identified as gay. Coming out as gay before entering their Master's training programme was considered a prerequisite, in view of the complications that

could have ensued if psychotherapists did not openly share their identity, nor identified as gay in training. This criterion was met, as all 10 participants were openly gay during their training years. Three years of experience for a South African psychologist was regarded as an adequate amount of experience to inform the study, as the participants would have completed the community service prerequisite, or would have been practising for at least one year after their internship if they were not clinical psychologists, and would identify as a working psychologist, as well as be formally registered as one. All 10 participants were trained and registered as clinical psychologists.

An interest in psychoanalytic ways of working was an important consideration in the selection of the sample, in order to align with the aims of this research. All the participants in this study had an interest in analytic thinking. Most were trained psychodynamically. Two of the participants had a more eclectic training, but still held analytic interests.

The final sample was made up of eight Johannesburg-based psychotherapists and two Cape Town-based ones. Although a wide recruitment net was cast, the sample consisted of urban participants, largely because of the purposive and snowball sampling techniques described above. No rural-based gay male psychotherapists were found or referred. It must be acknowledged as a limitation of the study that the urban-rural distinctions in South Africa, with its wide divides regarding resources, had an effect on the data and the themes that emerged.

The sample was initially intended to reflect a range of ages and races, in other words, to be a broad and multi-faceted South African sample. However, only one participant was of South African Indian heritage, and the other nine participants were White men (as reflected in the pseudonyms used in Chapters 4 to 7, where the findings are discussed). This demographic is indicative of the small pool of gay identified male South African psychologists, but it should be noted that three Black therapists who had been identified as gay by other

participants chose not to take part in this study. One stated that he did not identify as gay, but rather as queer, and the other two did not reply to the email request, so their non-response was respected. It can only be conjectured why these men declined to participate. This poses another limitation in that this research cannot speak for the experiences of Black gay therapists in South Africa. It must be remembered that self-identification as gay was central as a criterion for inclusion, and that the research was committed to including only participants who had been approached in an ethical manner, and whose rights as participants were respected, which included voluntary participation, and no coercion to participate. It was important that participants were not imposed upon or made uncomfortable in discussing their sexual orientation, as well as that they have an interest in using a psychoanalytic lens in their work.

Data Collection

In-depth, open-ended individual interviews were conducted with a sample of gay male psychotherapists. The researcher asked each identified participant whether the interview could be conducted in the participant's practice, to ensure confidentiality and ease of interview for participant, which was mostly possible. The two participants who did not reside in the Johannesburg area but in Cape Town were interviewed online, using Zoom as a platform.

After a participant had granted consent to be interviewed and recorded (using the letter of informed consent in Appendix B, and the consent form in Appendix C), data collection consisted of one interview of approximately one hour in length, using an interview schedule (included as Appendix A) as a guide. Interviews were recorded (see Appendix D) and transcribed verbatim by me, as the researcher. Once all the data had been collected, and saturation had been reached, no second interview was deemed necessary, given the extensive

data obtained from the group. A second interview might have elicited an interesting response on the participants' reflections on their interview experiences, but a reflexive question was already built into the interview schedule (Appendix A), and participants' reflections on the research process provided rich insights.

The interview schedule was designed to allow for a focused thematic inquiry into how gay male psychotherapists understood their subjectivities and how these affected therapeutic encounters. The open-endedness of the interviews uncovered how gay male psychotherapists understood themselves and how their subjectivities are used in communication with their patients. As the approach chosen was psychosocial in nature, free associative interview methods were used. These were developed in line with a psychoanalytically informed approach, inspired by authors such as Hollway and Jefferson (2013), Holmes (2013), and Saville-Young (2009). These free associative techniques elicited rich data from participants. The aim of this study was to gain insight into and an understanding of gay male psychotherapists, inter- and intrapsychically, as well as personally and socially, and how this interacts subjectively in therapeutic spaces with patients, as well as how this type of inquiry could potentially play out in the interaction with the researcher.

A free associative interview values a psychoanalytically informed, reflexive approach in an attempt to understand the psychosocial implications of a participant's subjectivity (Hollway & Jefferson, 2013). It uses open-ended questions to elicit responses in line with psychoanalytic thinking around producing "storied" responses from participants, but, unlike other narrative traditions, the free associative technique avoids "why" questions (Holmes, 2013; Saville-Young, 2009). The decision to avoid asking participants "why" aligns with psychoanalytic thinking that regards the subject as defended, particularly against anxiety (Saville-Young, 2009). There is a risk that asking "why" may prompt intellectualising from the subject, which is considered as unhelpful, as the true motivations of responses are then

hidden and defended against (Saville-Young, 2009). The free associative interview technique allows the subjects' own phrasing and vocabulary to mirror their ways of framing meaning (Hollway & Jefferson, 2013) with as little interruption as possible, in order for a gestalt, or order, to emerge (Saville-Young, 2009). This gestalt is thought of as mirroring unconscious processes, in line with free association originally conceptualised by Freud (Saville-Young, 2009).

Pre-set themes in line with the aims of this research, as described above, and included in Appendix A, were used in an accommodating manner in order to draw stories from the participants (in line with Holmes, 2013). It elicited participants' stories of how they understood their subjectivity, how they thought about their subjectivity affecting their psychotherapeutic work, how they experienced being a gay psychotherapist, and how they viewed and experienced their engagement as gay psychotherapists with their patients.

Data Analysis

Once the interviews had been conducted, the data were analysed using a psychosocial methods approach in line with the data collection strategy discussed above (Hollway & Jefferson, 2013; Holmes, 2013; Saville-Young, 2009; Shaw, 2010). I transcribed and analysed the interviews as a method to understand gay psychotherapists' subjectivities, but also subjectivity considerations relating to their own clinical work and the subjective experience of being a research subject. As the researcher, and in the tradition of psychoanalytic thinking, I analysed the data in such a way as to make sense of the subject, and to highlight affects, internal dynamics and conflicts, subjectivity considerations and other ways of being that have a bearing on an individual's internal world (Hollway, 2009).

Psychosocial data analysis is influenced by psychoanalytic procedures, but is adapted to a research setting that differs from therapeutic psychoanalytic traditions (Hollway, 2009).

A psychosocial reading of the data offers both a psychoanalytic and a social constructionist reading, and in this research I was committed to that, in order to keep this dual lens in balance, as recommended by Eagle (2020). It was important to note the criticism directed at the psychoanalytic stance of psychosocial research (see Frosch & Baraitser, 2008). This critique highlights the need in valid and ethical research practice to reflect on the distinction between how psychoanalysis is practised in the consulting room versus how it is practised in research (see Harvey, 2017b; Saville-Young, 2009).

This research adopted what Hollway (2009) describes as a "psychoanalytic sensibility" (p. 463) in approaching data analysis. This sensibility used psychoanalytic principles within psychosocial methods to analyse the data, while reimagining principles as contextually and interpersonally located (Holmes, 2013). It is a combination of psychoanalytic thinking with discursive research methods to take into account the criticisms aimed at a purely psychoanalytic approach. It foregrounds the need to investigate critically the following: the power dynamics between the researcher and the subject, the attempt at portraying the fullest truth rather than one potential interpretation, and, as noted, the difference between research and consulting room settings (Holmes, 2013).

Psychoanalytic tools were employed when analysis of the data was in line with the guidelines provided by Frosh and Baraitser (2008), Hollway and Jefferson (2013) and Holmes (2013), and further elaborated on and conceptualised by Berman and Long (2022). The psychoanalytic method of analysis paid close attention to opposites and binaries, as well as the ways in which these binaries were undermined unconsciously by the participants. The data were filled with ambivalences and dilemmas, and this became part of analytically reading the data wherever it was evident that dilemmas became uneasy to articulate, particularly regarding contradictions, which are tools that a psychosocial reading employs (Berman & Long, 2022). A psychoanalytic, psychosocial reading of the data also offered this

project a way of listening to conflicts and tensions around sexuality juxtaposed against a social constructionist reading of how gay sexuality is constructed, in order to explore the interplay of the personal and the social. This type of analysis and reading also allowed for an exploration of how social rules are introjected or internalised into a populated object world. A final analytic tool used was to highlight humour and irreverence, and interpret what potentially lay beneath, in the understanding that humour can serve as a device that says something about a person's internal and social world.

In addition to the psychoanalytic tools employed to analyse both the research encounter and the data, including the focus on my countertransference, this research explicitly employed researcher reflexivity as a research tool (Holmes, 2013; Rodriguez-Dorans, 2018). Reflexivity in research, especially in data analysis, uses both transference and countertransference and posits that a researcher's reflexivity is significant in the particular ways in which the data are co-created and analysed (Saville-Young, 2009). A reflexive approach takes for granted the co-creation of meaning between the subject and the researcher, situated in a socially imagined research setting (Shaw, 2010).

Holmes (2013) provides a process to follow when employing a reflexive stance in data analysis. First, the researcher records personal emotional responses after the first contact with the participant, before, and then after the interview, and then listening to the recordings several times. This is followed by the transcription of these recordings, including any pauses, changes in tone or hesitations. Then the transcripts are read and personal emotional responses after reading transcripts are recorded. The fourth step is creating notes on each participant's story. The fifth step is extracting themes from each individual interview; and the last step is comparing the recordings. It is envisioned that using reflexivity in this way will promote access to the data that are not available in other conventional ways of conducting research (Holmes, 2013). At the heart of this research approach is the use of researcher reflexivity,

paying particular attention to countertransference; recording and paying close attention to emotional responses during interviews; and, deep immersion in transcription processes (Holmes, 2013). Holmes (2013) presented this method as bringing to light both unconscious and defensive processes both in the researcher and the participant.

In order to maintain ethical and valid psychosocial research, Saville-Young (2009) suggests two ways in which to overcome ethical tensions during data analysis phase: avoiding "wild analysis" (p. 32) when analysing and constantly engaging in "reflexive subjectivity" (p. 32). It is hoped that this deep emotional engagement both during the interviews and in the subsequent analysis presented a rich and complex representation of how gay psychotherapists understand and make meaning for themselves internally, professionally and socially.

Credibility and Trustworthiness

In qualitative research, the inherent credibility and trustworthiness of qualitative research are essential for establishing the reliability and validity of the insights generated through such inquiries. In order to establish trustworthiness, two central elements have been acknowledged, namely transferability and dependability. Dependability refers to the reliability of the research findings and the transparency of the process and reflecting the "truth". Transferability defines the degree to which the output of findings of research inquiry can potentially be applied to or extended to other contexts and other populations (Rezapour Nasrabad, 2020).

To ensure the credibility of this study, I disclosed my initial thoughts and subjective reactions when reading the transcribed data. These thoughts and reactions had the potential to interfere with the emergence of more complete interpretations. Prolonged engagement with the data stands out as a foundational practice to enhance credibility. Moreover, additional

insights, intellectual integrity and further rigour were achieved through the support of my supervisor, Professor Carol Long. In tandem, in a process of triangulation, we were able to establish and objectively formulate the themes noticed in the data set. Triangulation, the approach involving multiple data sources and researchers, serves the intent of enriching and bolstering the reading of and analysis of the research (Flick, 2004). This process of triangulation and engagement with a collaborating researcher to identity and formulate themes has ensured a reliable reading of the data rather than relying on a single perspective. It also promoted the identification of the confluence of themes and counter patterns.

Extensive direct quotations from the responses of the gay male psychotherapists have been included in Chapters 4 to 7, as another means of ensuring transparency, and therefore bolstering the trustworthiness and credibility of the research. One of the most significant elements of qualitative research is reflexivity. Reflexivity, as described above, lies at the heart of this project and is extensively explored in Chapter 7.

Ethical considerations

Before the interviews commenced, the researcher obtained ethical clearance from the Human Research Ethics Committee (Non-medical) of the University of the Witwatersrand (see Appendix E).

Interviews conducted with research participants are understood to be confidential. This was discussed with each participant before each interview commenced. The researcher made it known to participants that any personal information collected was confidential and would only be accessible to the researcher and his supervisor (moreover, pseudonyms were already used in the transcribed interviews so that the research supervisor could not identify participants).

As discussed, participants consisted of psychologists who are registered with the HPCSA and have completed their community service prerequisite, or have worked for a year as a qualified psychologist, *and* identify as gay. A sample size of 10 participants was obtained. I, as the researcher and a clinical psychologist in private practice in Johannesburg, conducted all the interviews. Interviews were recorded after signed consent had been obtained from the participants. As mentioned above, confidentiality was upheld through the use of pseudonyms, and all personal information was removed so that final anonymity could be ensured. All the participants included in the research agreed to be interviewed, which implies that they understood the nature of the project as an exploration of sexuality and identity – both their own and that of their patients, regardless of the sexual identities of their patients – and before the data collection commenced, they agreed to discuss these topics.

This research adhered to the latest ethical protocols as defined by the Human Sciences Research Council (2011) used as a guide when conducting research with participants. With regard to the outlined guidelines, this research upheld the values of respect and protection, transparency, as well as scientific and academic professionalism. The respect and protection principle respected the participant's autonomy, and protected each one by obtaining written informed consent. As the cohort was not conceived as vulnerable (children, the aged or disabled), and they understood the nature of the research, their rights and interests were understood and protected. The researcher respected the right of the participant to withdraw from the process at any stage without any negative consequences, but none of the participants withdrew from this research.

As discussed, confidentiality, particularly regarding participant identity, was upheld with the utmost sensitivity, and the reporting of findings was undertaken, bearing in mind each participant's right to privacy and personal dignity. As the cohort was small, protecting their identities was paramount.

In respect of the principle of transparency, each participant understood and was briefed on the aims and implications of the research, and each was provided with the Participant Information Sheet (Appendix B) before the interviews commenced. The researcher understood that total anonymity was not possible, because the researcher either knew or met with the participants, and this was explained to each participant. The researcher acted in accordance with scientific and academic professionalism and did not use his position as researcher for personal gain or power and endeavoured to strive for the highest level of quality in the findings below.

The following four chapters each present the four dominant themes to emerge from this research. Each chapter presents an integrated literature review, presentation of findings and discussion.

Chapter 4:

Being a Gay Psychotherapist: Findings and Discussion

This chapter focuses on how participants subjectively experienced themselves as both gay and a therapist, focusing on the intersection between their internal world and the social world that frames them. To date, almost no research appears to have been published sampling a cohort of gay psychotherapists in order to investigate how they subjectively experience their identities as gay and as a psychotherapist.

In a recent article, I investigated whether and how meaning is made at the intersection of gay and psychotherapist identities (Owen & Long, 2022). In that article, we adopted a narrative analysis to investigate the lived experiences of six gay male psychotherapists to understand how they storied the unique intersection of their identities. What emerged was a complex intermingling of their gay and therapist identities, which was conceived of as a journey on which a participants' gay identity and therapist identity spoke to one another and constantly intersected. This intersection was adopted from a unique marginal position that created both an outside position for these men, and simultaneously allowed them to critique and challenge their own position from this unique outside vantage point. The current project is an extension of this work, in an attempt to deepen the investigation. The objective is an exploration of the intersections of gay and psychotherapist identities, and also to provide an expanded understanding of gay male psychotherapists' subjectivities as reflecting a convergence of psychoanalytic and social experience, as well as how this is navigated in psychotherapeutic spaces.

Review of the Relevant Literature

There is a dearth of prior research sampling a group of gay male psychotherapists. Porter et al.'s (2015) study provided some insight into gay psychotherapists' experiences, but

focused specifically on the relational dynamics between therapists on the one hand, and both gay and straight clients on the other. Their research investigated the position of gay therapists, especially how a gay orientation affects the therapeutic encounter. Their study's main focus was on how a gay therapist's relating to clients can be disrupted through negative, discriminatory encounters in the therapy room. A particular focus was how homophobia and heterosexism are experienced, and the resultant drawbacks for therapy. Rather than primarily offering a reflection on gay psychologists, their research attempted to supplement an identified gap in research, namely the impact of homophobia on therapeutic effectiveness. Apart from that article, two further studies that recruited a group of gay psychotherapists were those of Satterly (2006) and Jeffrey and Tweed (2014). Both those studies focused on decision-making processes around self-disclosure. They are explored more fully in Chapter 6.

The prior work that does exist on the experiences of being gay and a psychotherapist tends to be first-person, memoir-like accounts that narrate the personal journey of becoming a therapist while negotiating a gay orientation. These research endeavours chart how a gay identity interconnects with a psychotherapist identity, particularly a coming-to-terms with a gay identity alongside a coming-into-being as psychotherapist. Because the corpus is limited, it is helpful to examine each of these memoirs in detail.

Isay's (2002) personal testimony, entitled "Becoming gay: A personal odyssey", explores his journey of trying to enter the psychoanalytic community to train as an analyst during its most homophobic years. He begins his reflection with his exploration of how he would only later in his journey understand that his interest in the mind was chiefly a result of his confusion and distress at trying to make sense of his gay identity. Isay (2002) was first drawn to psychological graduate work as a way of addressing his emotional anguish and the conviction that beginning treatment would diminish, and potentially cure, his feelings of attraction towards men. Entering into a decade of analysis in an attempt to suppress his

homosexual feelings – and in order to qualify as a psychoanalyst – Isay explored the effects that this denial and suppression had on his private life (he would go on to marry a woman and have children, but would ultimately relinquish this heterosexual lifestyle after being unable to maintain the veneer of passing as a straight man and closeted analyst).

After 1973, when homosexuality was no longer listed as a pathology in the DSM-III, Isay (2002) was able to engage fully with what antigay prejudice in psychoanalysis meant to him, as well as in relation to his own work as an analyst. He records his decade-long analytic treatment, and the homophobic framework in which he was being treated, showing how it prohibited him from understanding why he had been suppressing his gayness. Isay (2002) goes on to claim that the difficult experiences of his earlier years, the bigotry of the world he grew up in and his psychoanalysis all contributed to his denying his gay identity, as he came to know that his understanding of "homosexuality as a sickness" (p. 63) resulted in an internalised hatred and an ongoing repetitive process of self-esteem injury.

The most lamentable area of disavowal for him was the destructive outcomes this denial would have on his therapeutic work. His inflexibility around sexual identity, which he conceived as a self-protective measure, meant that he could not be therapeutically authentic, so that it interfered with his ability to connect empathically with those that sought therapeutic relief and to provide them with the appropriate clinical spontaneity they deserved (Isay, 2002). Isay's moving account mourns those lost years, especially the therapeutic opportunities squandered as a result of his denial of his authentic identity. He declares that self-acceptance lies at the heart of effective psychotherapy. Moreover, his article is a testament to the deep fears of being professionally overlooked and made to exist on the margins due to his gay identity, which were also evidenced in the darker years in which he trained. The impact of psychoanalysis's homophobic attitudes, despite its alleged neutral

position, are acknowledged by Isay (2002) as an issue that continues to trouble every gay psychotherapist.

In a similar vein, Benedetti (2015) discusses how his personal history affected the manner in which he passively attempted to hide in his personal and professional life. He reports how essential it was for him to embrace his identity in order to live and work authentically. Benedetti (2015) muses on his private experience of "existing by not being found" (p. 402), his defensive manoeuvres of denial and accommodation in an attempt to stave off rejection. As explored in Isay's (2002) account above, Benedetti suppressed his gay identity during his psychology training, but began to research psychotherapeutic practices and methods that reject mainstream psychoanalytic practice, because he deemed psychoanalysis to be "the enemy of gay folk" (p. 401) despite his disavowal of his own homosexuality.

As with Isay (2002), Benedetti's (2015) interest in psychology is positioned as his private grappling with identity, as he describes his interest in practising psychotherapy as inextricably linked to understanding his own interiority. Grappling with what it would mean to practise psychotherapy effectively, Benedetti had to deconstruct the inherited patterns relating to how he viewed himself, particularly the ways he understood others wanting him to be, with regard to remaining marginalised and silenced as a protective mechanism to avoid rejection. Benedetti (2015) draws on Corbett's (1993) ideas of the gay analysand in confrontation with the paternal analyst, whose unconscious wish for the "son" to be shaped into the image of the "father" results in censure of the father (Corbett, 1993). This then is associated with empathic lack, dismissing the "son's" natural, yet passive, longings and aligning him with his destructive repressions. Benedetti's (2015) use of Corbett's (1993) ideas highlights Benedetti's alienation during his training, and the strong influence this experience ultimately had when he began his career as a young therapist while hoping to avoid censure from the psychological community. In deep retrospection, he recalls the

humiliation, shame and disgust he felt, as well as his fear and confusion as a response to his non-normative positioning in the world. Benedetti (2015) attempts to write the truth to understand his paradox: successfully practising psychotherapy means to attempt to exist as an integrated whole. He reports the deeply difficult internal work associated with internal integration and individuation, enlightenment and acceptance, which he believes is centred on authentic, integrated living. Benedetti (2015) concludes that, in the Winnicottian tradition, the impingements from his environment had a damaging effect on his private development. His article ultimately bears witness to accounts "of the ravages of the dispossessed" (p. 406), which, he claims, are still not adequately represented in psychoanalytic spaces.

Owens's (2013) brief article reflects on his inability to split off his sexuality when he entered therapeutic spaces. He muses on the negative psychic effects of growing up gay in a heteronormative world, which he describes as significantly isolating. Understanding that heterosexuality is the established normative position, Owens explores the resultant psychic effects this experience had, not only on his development, but also on how "being born in enemy camp 2" (p. 2) became infused into the way he conducted himself during his training and later, working with patients. He argues that his sophisticated and practised "art of passing" (p. 3) as straight was damaging to him and those he would work with: he sees not self-disclosing or inhabiting his sexuality by those who assumed he was heterosexual as a dire disservice to his identity, which needed celebration rather than disavowal. Owens (2013), whose process was similar to Benedetti's (2015), as described above, muses on the therapeutic downsides of inhabiting a sexual minority position, particularly in considering themes of distrust, internalised homophobia and an attempt to avoid rejection, which he suggests is incongruent with successful psychotherapy practice. Owens's article investigated the importance of personal narratives, with a particular focus on surviving private pain and how this can affect a sense of belonging in the world of psychotherapy. He concludes that he

is unable to "separate [his] story and experiences from the therapy room" (Owens, 2013, p. 2).

Lastly, Haldeman's (2010) personal account explores his "diversity status" (p. 177) and its potential effects on the psychotherapy space. He examines the intersection between all his identities (male, North American, partnered, able-bodied and financially secure), but he believes that his sexual identity is the most significant in his professional life. Haldeman (2010) writes that the overlapping of various aspects of identity with a person's private life is an area in which gay psychotherapists are distinctively positioned.

He uses case material to show how intersectionality intermingles with the therapeutic process, and provides examples of how he was able to empathise with "heterophobic clients" (Haldeman, 2010, p. 181). He also unpacks the power he felt as a gay psychotherapist sought out by heterosexual male clients. He notes the interrogation needed around hegemonic masculinity, which was upheld as the dominant paradigm within which Haldeman, too, was expected to operate. In these clinical cases, Haldeman (2010) investigates how his gay and therapist identity constantly interact. While psychologists are predicted rarely to reveal their private therapeutic experiences, Haldeman (2010) points out that belonging to a sexual identity minority has a definite bearing on the therapeutic relationship, and that more conversation on the relationship between therapy and sexuality is needed. He addresses the ways in which his sexual identity had an impact on his clients, focusing on vulnerability and sensitivity to minority stress. These affected his diverse patient population. He asserts that his own outsider status can be used as a treatment mechanism (Haldeman, 2010). Rather than only focus on gay patients, Haldeman aligns himself – and gay therapists – with farther-reaching minority groups and insists that his minority sexual identity continues to frame his experience of the world fundamentally, how it infuses his every interaction, and the significance this holds for his professional life.

These accounts investigate the pursuit of a professional life in psychology as indistinguishably connected to identifying with and surviving private pain that, as the current study argues, inexorably comes with inhabiting a minority status (Benedetti, 2015; Haldeman, 2010; Isay, 2002; Owens, 2013). The aim of these narratives is to act as testimonies, which these four authors posit can fill a gap in the psychological canon. The decision to pursue a career as a psychoanalytic psychotherapist, as these gay therapists did, is intimately linked to sexuality, particularly the survival and reparation of historical hurts within the examined realm of psychotherapeutic spaces. These memoirs focus on the conflict and the tension inherent in this identity overlap, but our paper (Owen & Long, 2022), which is not a memoir, includes an exploration of the potential power that comes from being outside looking in. To integrate sexuality and therapist identity is not only to create spaces of safety for gay individuals to be held and heard in ways they may not have experienced in predominantly heteronormative spaces, but it also potentially provides an example of what it may look like to exist in an authentic and integrated manner.

However, it became evident in the data that this process is neither straightforward nor uncomplicated requiring careful navigation of what is concealed or revealed, as how therapy and sexuality integrate, and are held in tension or actively separated. The participants' responses are reported in the section below. Verbatim quotations are given in italics.

Findings on Being a Gay Psychotherapist

For all psychotherapists, inhabiting a psychotherapeutic role involves a complex internal negotiation and intermingling of their personal and professional identities. These collide and interact with patients' internal identity constructions in the unique construction of the psychotherapeutic space. Each relationship between the psychotherapist and the patient is deliberately asocial in nature, in order for the psychotherapist to receive the patient's

projections, create a space for reflection, promote transference, as well as encourage the creation of a shared thirdness that could potentially ignite in the space between the patient and the psychotherapist. Psychotherapy, for psychotherapists of all sexualities, encourages a bracketing of the therapist's self, in order to make space for the patient's material. This was found to be a fraught territory for gay male psychotherapists, who inhabit a non-normative or non-mainstream sexuality.

The asocial nature of the psychotherapeutic relationship for a group that inhabits non-normative sexuality – or what is generally understood as non-normative sexuality in a predominantly heterosexual world – is, understandably, something that gay male psychotherapists would potentially contemplate. However, when the participants were asked to interrogate their gay identities in the psychotherapy space, it was curious that some felt, at least initially in the interviews in the current study, that non-mainstream sexual identity needs not be foregrounded or given too much thought. David, Ernie and Don provided their thoughts into their gay sexuality's seemingly insignificant impact on their individual psychotherapy practices:

> *I don't really think it has crossed my mind when I'm working, to be quite honest with you. It's hard to know because I've never identified as straight. And it really doesn't…it never comes up. No one…I don't think anyone has ever asked me in all the years that I've been practicing whether I'm gay, straight or whether I'm married.* (David)

> *For me, it feels like it seldom comes up. It doesn't feel like it's foregrounded that much.* (Ernie)

> *I don't really think about it much, because it doesn't really come up in a way that I have to think about that aspect of my identity.* (Don)

All three, musing on whether they think about being gay in the therapy room, unequivocally declared that their gay identities are barely contemplated in the therapeutic space, largely because they think their patients do not seem to attend to this. Perhaps in the

experience of psychotherapy and the normative way in which these particular participants inhabit their sexualities, they need not consider too deeply the comingling of sexuality and therapeutic identity.

Alternatively, their gay identities are kept separate or outside of the consulting room, for whatever reason, be it because they minimise any potential transference implications or because the secrecy and mystery of the therapy encounter implies that gay male psychotherapists believe it necessary actively to separate their sexual identities from their professional identities. In this regard, Ira noted:

> *I wonder if I, um, at some level, consciously or unconsciously, have kind of tried to disidentify from, um, from being a gay male or a gay male therapist, and the therapist. Somehow try to keep them in different spaces.* (Ira)

Ira's comment on disidentification or compartmentalisation speaks to a potential difficulty and the messiness of the interaction, and the overlapping of gay and therapist identities. This hints that a process is underway that calls for active separation of the two identities.

Compartmentalising gay identity in situations where it is believed to interfere with or interrupt the therapeutic process reverberates deeply. The participants' responses above were their initial responses, but it became apparent over the course of the interviews, when the interview process deepened their observations, that being gay and a psychotherapist is far more complicated than simply stating that sexuality need not be, or is not, foregrounded. What provoked these initial responses was a deliberately broad question around what each participant's experience was of being a gay male psychotherapist.

Although each participant had been briefed that the initial question ("what is your experience of being a gay psychotherapist?") would be broad, and that a narrowing down process would follow, for some, this opening resulted in a bemused reaction and difficulty in articulating a response:

> *[Laughter] That's such a broad question [laughter]. What is my experience with being a…um…in what sense? [laughter]* (David)
>
> *That is broad [laughter]. Um, it's funny when I was thinking about, uh, when I was thinking about this yesterday and before a bit.* (Rich)
>
> *I mean, I've been thinking about that as a…a broad question. Um, and I thought that by the time I meet with you, I might have some sense of, of clarity around that. I don't know whether or not it's something that I, um, that I don't do much thinking about.* (Ira)

David, Rich and Ira believed that their sexualities did not necessarily enter into the therapy space, but when they responded to an open-ended question about their experiences of being a gay psychotherapist, a different and more baffled reaction emerged. David insisted that he rarely thinks about being gay in the therapy room, but he could not initially articulate his subjective experience of being gay and a therapist. Rich was similarly stumped when asked directly about his experience. David and Rich's laughter was significant in revealing their bewilderment. Ira suggested that while he was not consciously preoccupied with the inherent meaning in his identity overlap, it was still difficult to articulate or capture the subjective "*clarity*" of what it means to inhabit these co-existing identities.

Initial contact with the participants had been made and all knew the basic premise of the research, specifically that they were going to be asked about their subjective feelings and experiences of being gay and a psychotherapist, yet they still found a response difficult to articulate. Ira had hoped that by the time of the interview he would be able to provide a thoughtful and clear response. However, he reported that it was difficult to find the words. Most of the 10 participants acknowledged that they had sat with the question for some time in preparation for the interview. A sense of self-consciousness surrounded this initial bewilderment, centring on the fact that, despite their thinking about the question of being a gay therapist, the essence of the experience was still extremely difficult to capture.

Along the same lines, Simon spoke about the difficulty of articulating his lived experience. He revealed how "*provocative*" the subject matter felt, particularly when he was confronted with the decision about whether to take part in this research:

> *Because I've thought about it a lot since I got your email. Um, and I'm not sure what to say. Um, I'm like, it's…I'm thinking or I thought that…and then I questioned myself on this. It wasn't hugely provocative [getting the email asking to participate] but it did…put a thing in my head of like 'who, who confirmed?' And again it's not a problem but I would be curious to know who confirmed. So it's part of…that's part of an answer. I would maybe say it was provocative, but it's not bad.* (Simon)

While his answer was tentative, there was a sense of something quite anxious in Simon's contradictory and even ambiguous response. He experienced the invitation to participate itself as both provocative and not really provocative, and being outed in the process stirred a nervous vulnerability in him, leaving him feeling potentially exposed. He claimed throughout his interview that he was unconcerned about being "outed", yet pushed to uncover the identity of the person who had named him. Simon's anxiety about being named as gay has a similar flavour to the compartmentalising of a gay identity from a therapist identity, as explored above. Being named as a gay therapist has conflated his identities, which has resulted in unease about the fact that these two could not be kept separate in the minds of his colleagues (or, rather, in the mind of the fantasised other who had named him). Simon, like other participants, insisted that a gay identity and a therapist identity need not cohabit, particularly in the therapy space. He also argued that they remain distinct from each other when thinking about being a gay psychotherapist, in line with Ernie and Ben:

> *I feel like I keep saying…the gayness of me, I feel is in the periphery of me as a therapist. So it'll be interesting to see what others experiences are.* (Simon)

> *I think of myself as a psychologist who also happens to be gay. I don't think of myself as a gay psychologist.* (Ernie)

> *I don't think of myself as a gay therapist…I'm a therapist.* (Ben)

Simon, Ernie and Ben are not claiming that gayness is not significant, but rather that it exists either on the periphery of who they are as psychotherapists or that being gay is an inconsequential detail of their lived realities as psychotherapists. What is important here is that the therapist identity is wholly foregrounded, and gayness either exists in the background or it is kept separate for private life outside of the therapy room. Interesting too is Simon's fantasy about the other participants in the cohort, which again highlights an anxiety about his own visibility and participation. Similar to Simon's sentiments above, Ernie and Ben's thoughts, too, capture anxiety, as well as an assertion of how they think about themselves as gay therapists or, rather, as therapists who happen to be gay.

Conflating gay and therapist identities, or existing in the therapy room as a gay therapist, seems to flout an accepted way of being or to deviate from the "rules" of practising as a psychotherapist. These rules emerge constantly in the narratives of these gay male psychotherapists, and are presented throughout these findings as a central tenet in the lives of these participants, who have inherited and internalised a version of how psychoanalytically oriented psychotherapists should conduct themselves in the service of others in their psychotherapeutic spaces.

Becoming a psychotherapist and inhabiting this professional identity comes with an idea of how one needs to be within the established psychotherapeutic tradition, as Jim suggests:

> *I think initially the idea of becoming a psychologist,… I felt like I needed to be quite normative. It was getting into the long-term relationship, buying a house, having dogs. Doing this very heteronormative thing. And I think really the pressure of…like the stress of getting into Masters almost made me feel like that was needed.* (Jim)

There is an existing prototype that has been inherited and internalised of what is required in order to enter the profession. The gatekeepers of the profession, initially the selection committees and then the idealised (or fantasised about) working psychotherapist is thought about in a very specific way. It is assumed that this "accepted" prototype is the one

that is granted access into the profession, and hence is understood as a normatively constructed ideal. Jim implies that there is little room for non-normativity in the psychotherapeutic profession, which results in pressure to conform in order to be accepted.

This cohort of gay male psychotherapists grapple with the opposites presented here. Some participants initially stated that being gay and being a psychotherapist have little bearing on each other, and do not require much interrogation, but this research and involving them in it has certainly foregrounded this identity cohabitation – which is discussed at length later in this chapter. However, for other participants, such as Jim and Ira, who captured this succinctly in his comment below, concerns with identity juxtapositions came to the fore much more quickly:

> Michael: *Is it a thing? [being a gay therapist].*
>
> Ira: *Mmm. Yeah, I guess for me the answer…it's a thing because it's imposed on one by another. Uh, in relation to who one is by the other. So that's what makes it a thing.*

This imposition, it is argued, is the established tradition of needing to conform or of a belief in compulsory heteronormativity. Normativity has been reflected on by some of these gay male psychotherapists, such as Ira, who believe that being gay means to be apart, outside. He ascribed this situation to a pre-existing and perhaps impenetrable edifice constructed on the foundation of heteronormativity. Thinking about being a gay psychotherapist is moulded in relation to the heteronormative model: being other is the accepted consequence of being set apart from the mainstream. These participants proposed that being a gay psychotherapist is a "*thing*" because it is contrasted and weighed up against the expected rules and traditions of the profession, that is, the heteronormative tradition.

There is a self-consciousness and awareness about how gay psychotherapists should conduct themselves. For example, Rich contemplated how a gay psychotherapist working with heterosexual patients has to negotiate that space:

> *I do think about it all the time [being a gay therapist], it's interesting because I think about it as much as when I'm with straight patients than I am with gay patients. I think it makes it more difficult for me when it comes to the erotic transference of straight patients. I can't be this…I can't be this, uh, sexual, erotic, uh, romantic object for this patient. I'm not supposed to be, I'm supposed to be a therapist. Which, of course, is my anxiety about being an object to them. It's not like we're having sex or enacting anything. So, so it's terrifying for me and I still have to learn how to work with it. And I'm struggling with it.* (Rich)

Here the rules are clearly defined: Rich believed that a psychotherapist is not allowed to be a certain type of object – especially a sexualised object – in the patient's internal world, as he seemed to suggest that this resides too closely to other parts of his gay identity and therefore could threaten his psychotherapist identity. The complexity here is evident – was he speaking to a prohibition against sexuality in therapy in general, linked to the disembodiment of the traditional psychoanalytic stance presented above, or something about his particular sexuality and not allowing himself to be a heterosexual object for his patient? He appeared to suggest that he is supposed to align with the expected ideal, the heteronormative fantasy: to be, think and feel in a particular kind of way.

There is an allusion here to the more dangerous associations of a gay identity interacting with a therapist identity in relation to patients' interiorities: a more general social fear of gay sexuality, which, these participants intuit, is not experienced by heterosexual therapists and how they inhabit their spaces and identities. In a similar vein, however, with a gay male patient, Rich also recalled a very particular moment when that patient presented him with a gift, and Rich's response to this gesture. This particular patient presented in an overtly sexualised manner in how he dressed, the manner in which he conducted himself in the therapy with Rich, and in how his loving or seductive feelings towards his therapist manifested in his offering a gift which was loaded with symbolic meaning. Rich felt he had treated the way he received this gesture clumsily and incongruously:

> *I did a terrible job of it [interpreting the gift]. It was a terrible job and he got very angry, and he felt very hurt and very rejected. And then he also felt like he was a dirty person, because somehow I didn't help him to see that it's okay. You know, because I was struggling with it.*

This recollection appears to be closely linked to the strict "rules" of psychotherapy that have over time been instilled into the psyches of gay male psychotherapists: Rich, for example, was caught between an authentic response and a "proper" and "therapeutic" response. In this case, his authentic response would be to note his unease in interpreting what the gift might symbolise in their working relationship. For Rich, perhaps the giving and acceptance of the gift felt "too close", considering the boundaries that he felt needed vigilance, so as not to confuse erotic feelings with mirroring closeness, which may have included his own sexuality. A "proper" therapeutic response, which implies keeping to the "rules" that Rich feels are inscribed into the discourse of psychotherapy practice, left him feeling stuck. There is a serious dilemma at play here: Rich was caught between inhabiting the realness of wanting to do right by his patient and responding to him in an authentic way (one that would perhaps be closer to Rich's own gayness and, in turn, perhaps better align with his patient's gayness and the truthfulness of what the gift represented) versus responding in a manner he regarded as therapeutically "correct". The "proper" response distanced and shamed both Rich and his patient.

Such dilemmas pervaded these gay male psychotherapists' experiences and are something they constantly tussle with in the therapy space:

> *Do I think about being gay? Yes…um…because on the one hand is there something helpful in it…maybe…but I think that it also could be problematic. Perhaps that too much focus will go to one thing…without seeing the person in his or her totality*. (Ben)

As with Rich's response, ambivalence is evident in Ben's divided response. He begins by saying that there might be something useful about being a gay psychotherapist and then

appears to change his mind. This *volte face* captures the ubiquitous unease noticed in this cohort of gay male psychotherapists. They worry that gay identity will be boxed in and stereotyped, reduced to a cardboard cut-out – highlighting a fear of being stereotyped. Ben, and gay psychotherapists generally, are concerned about not being understood and accepted in their totality.

The journey of the interviews with the cohort of gay male psychotherapists deepened the themes that have been explored above. These themes – being gay in the therapy room, being a gay therapist, and the experiences of being gay *and* a psychotherapist, all variations on the same theme – elicited illuminating responses. It is clear that these are tricky waters to navigate, with responses varying from a perception that the topic is initially barely contemplated, to a need to keep gay and therapist identities separate, to a problematising of the cohabitation of the two, and to a sense of how being gay and a therapist contravenes the "accepted" rules of normativity. Ambivalence, and the anxiety that follows, is deeply evident for these gay male psychotherapists: being fully and unselfconsciously gay and able to work and treat patients psychotherapeutically is perceived to be in conflict with an entrenched idea that there are proper ways of being a psychotherapist. This finding mirrors the interview process for these participants. They agreed to take part in this research, but that dredged up conflicts and ambivalences that hold significance for these participants, but are not given much space. Taking part in this research and being interviewed resulted in a deeper confrontation with what it means to be gay and a psychotherapist. For example, David considered what had emerged for him as he reflected on the interview process:

> *It's been really, really hard actually [laughter]. I think it's like I've never…I haven't really thought about these concepts, these questions and I…you know, it's really kind of triggering me to say 'well, I need to start thinking about this a little bit more often'. I feel like I should be thinking about my gayness in the room and whether that plays a role. I feel like I should be thinking about these things now that I'm being asked about*

it. And I feel bad, because I haven't been thinking about them as much as I thought I should [laughter].

The recurrence of the modal verb "should" in David's statement echoes the superego sentiments above regarding what and how a psychotherapist should be. In this instance, it is a further problematising of the issue, as the "should" here represents how one is "supposed to be" a good gay therapist, and in turn the pressure that comes with this ideal. As the comment here and above suggest, David initially felt that being gay and a therapist is something he barely considers, yet when he was directly confronted with the question and asked to comment on the interview process, he acknowledged that he believes a level of self-scrutiny and examination needs to be in place.

The interactional nature of this research also clearly highlighted and foregrounded the issues for these gay psychotherapists that are explored in this study. Here David attributed to me, as the researcher, the power of discerning that this subject is worth study and scrutiny. The fact that research is being done on gay psychotherapists evoked a superego response in some of these men, nudging them to suggest they should be thinking deeply about these issues and foregrounding them more pointedly in their lives as gay psychotherapists.

The propensity to "err" when striving to be a model psychotherapist adds a level of self-censure and monitoring, in which it is made apparent that the participants believed that one has to be mindful of being (and in order to be) a good gay therapist (and this also makes the issue more complex). Rich expressed this sense as follows:

I think I just realised that, you know, shit, I have this part of me that feels comfortable with being gay and like it's trying to and beginning to be comfortable with what it means to be an analytic therapist, you know, and I don't think that I've ever had to mix them together as much as I have today. And the mix that it made is really quite turbulent. It's actually quite all over the place. Which is that we maybe don't think about it as much as we or should be, you know.

The mix Rich referred to – becoming comfortable in both his gay and psychotherapy skin – captures the dilemma. His allusion to this mix also speaks to the interview process as a process of articulating something that was much more difficult to articulate in the beginning of the interview than towards the end of the process. The quandary is multi-faceted for these gay male psychotherapists – they suggested that one does not or should not think about being gay in the therapy room, yet, once they did think about it, they believed that these co-existing identities infuse the work in its entirety. Some participants believed that gay psychotherapists should align themselves with the perceived epitome of psychotherapeutic practice as an asocial space – the inherited and taught gold standard of psychotherapy – but a gay therapist then also has to be constantly attentive to (and mindful of) what it means to be gay and a psychotherapist, and how this mix could affect their work.

Don provided another example of how, being confronted with the probing questions in the interview process, he was able to reflect on how being gay could inform his work as a therapist, when he said that he thought about the issue "*maybe to some extent, in that being gay has forced [him] to be open to all the kinds of…operations that come with...minorities*". Don was alluding to what was explored, that being a gay therapist may be overlooked by him and his fellow participants, and perhaps the wider psychotherapeutic community. However, when he was challenged about whether being gay informed his work, this elicited in him a response that he was not initially able to reach – an alignment with the pain of embodying a minority status and the ability for empathic understanding and alliance – which was only revealed in retrospective contemplation of how he experienced the interview.

Despite the struggles and complexities explored above of being a gay male psychotherapist, participants widely believed that there are benefits in this mix too. One of the advantages of being gay *and* a psychotherapist is an intimate understanding of struggle

and pain, and the development of a heightened sensitivity towards such experiences, and a deepened empathy which enabled them to recognise struggle and pain in their patients:

> *Yeah, I don't know whether it's…so it sounds incredibly stereotyped what I'm about to say now. But I'm wondering whether it gives me a little bit more empathy than perhaps a heterosexual male therapist. Something about who we are as gay men, that makes us more attuned and in touch with our own stuff by the mere nature of the process we followed to become therapists. But also the…,I guess, the journey we've had to take in order to come to terms with our sexuality. But also, you know, being attuned to our feminine side. Maybe there is that kind of sense that we've got a deeper empathy. I'm really, I'm generalising here. I just think that we are more attuned to our emotions, our feelings, our stuff. And thus we can connect in a different way, perhaps less defended and more at ease*. (David)

Although David was reluctant to generalise and stereotype, he spoke passionately about being more in touch. He connected this propensity to the value of the co-existence of gay and therapist identities, which provides a sense of having deeper access to something of which heterosexual psychotherapists may not necessarily have had an experience. He was deeply aware that he was generalising, but he argued that the specific and painful journey of coming out and living authentically could sensitise and prepare gay men to understand the pain and suffering of others, particularly those that feel they exist in minority positions.

The lived experience and reality of outsider positioning allows a gay therapist to step into the world(s) of the troubled other, to have intimate knowledge of their pain. Thus their own experiences of coming out and living authentically is a baptism by fire for these gay psychotherapists, where gayness is continuously reinforced by the external world as dangerous, shadowy and other.

Alex commented on a similar idea:

> *I think we have a responsibility, and, maybe…maybe some gay men – gay therapists – are at an advantage here. And that's, you know, we've spent our lives having to be reflective and think about our sexuality. That of who we are, and how do I impact the world? Maybe that's why we are drawn to become therapists…it's that we understand*

> *something. And there's a level of depth that we get to that I don't…I don't know if I even get to that with my heterosexual patients. Maybe it's an understanding of the world. And I'm not sure if that's this reflexive thing that we are talking about. Where this is its own sense of internal prejudice that we've had to kind of negotiate our whole lives that we see in each other, that's mirrored.* (Alex)

Many psychotherapists have a deep understanding of pain. Without that knowledge and experience they are not likely to be working as psychotherapists, or to have chosen to enter the profession. However, Alex and David were speaking to a shared experience that all these gay psychotherapists have gone through and continue to negotiate, primarily because they exist as minorities. Alex called this a "reflexive mode", an inexorable and constant reflexive state where gay male psychotherapists are carefully watchful and vigilant about taking up space in the world – a learned position, and one that is constantly negotiated, he believed, for self-preservation and safety. And this, in turn, allows them to create spaces of safety and comfort in psychotherapy, particularly for others who may have similar experiences in inhabiting their minority status, as Alex and Jim revealed:

> *And it's about a self-hatred that has to be witnessed and seen and spoken about…you know…and what that means. And there's a comfort in going there.* (Alex).

> *I think it's actually quite a comfortable space, I think…it's probably one of the reasons I wanted to be a therapist. So I think, kind of, I suppose my own coming out process and then wanting to share that. And I think working with other queer people. Being in private practice, being in quite a feminised profession, um, it feels very comfortable to be gay. And I think I sometimes forget kind of speaking to friends or colleagues just what it's like to be gay in other spaces.* (Jim)

Alex was speaking to creating uniquely safe spaces for gay patients to work through their traumas, where they perhaps feel, in the transference, that their psychotherapist has knowledge and experience of what they have endured, and that he too understands the repercussions, such as self-hatred. Jim agreed that psychotherapy, as a traditionally more feminised profession, is a safe space for alternate sexualities to work through painful

experiences, suggesting that being gay in therapy is a far kinder place than other professional spaces.

There are interesting opposites that have to be held here. There are pockets of safety and pockets of anxiety about a lack of safety, which may be the gay experience, but it is through tolerating their own opposite experiences that these gay male psychotherapists are able to help others to do the same. While being a gay male psychotherapist involves acknowledging and processing these opposites, this territory is problematised through the universal, unavoidable experience of othering, which is explored in depth in the next chapter.

Discussion

The complexity of how gay male psychotherapists subjectively conceive of the cohabitation of their gay and psychotherapist identities was clear from the findings. It appears from the findings above that the central dilemma for gay male psychotherapists centres on holding and inhabiting ambivalences and opposites. Inhabiting a dual identity, and the need to separate these two identities (or not to do so) manifests in anxiety around being either hidden or exposed, around incorporating a gay identity into a professional identity or actively keeping them separate, and around the perceived potential effects of how these opposites are held when considering the therapy process. The interviews showed that there are distinct difficulties in the overlap between gay and therapist identity in therapeutic spaces.

Some of the cohort of gay male psychotherapists who were interviewed insisted that this overlap was something that they (and their patients) barely contemplated, while others believed that the two identities needed to be actively separated. Across the cohort, the participants problematised the comingling of these two distinct identities, and there was consensus that being gay and a therapist appears to flout the accepted “rules” of normative ideals of “proper” psychotherapeutic practice.

The difficulty in articulating what it means to be a gay psychotherapist, as well as the self-consciousness that arises in contemplating this overlap speaks to the complexity that pervades the professional lives of gay male psychotherapists. It can be argued that this complexity is largely due to what it means to traverse this world as a gay man. This research is an investigation of the professional psychotherapeutic realm inhabited by gay male psychotherapists – an exploration of their professional positions as they subjectively understand these positions in how they conceive of the overlap between their gay and therapist identities. The findings make it clear how powerfully the private enters the professional, and the personal intersects with the political.

The decision to frame this research psychosocially was a deliberate one. The choice was evidently appropriate, in that it mirrors the inherent dilemmas faced by this group. An exploration of how the intrapsychic interacts with broader social configurations is necessary in understanding the phenomena described here, namely the messiness, ambivalences and opposites explored above in identity considerations and their intermingling. Recognising the impact of the social on the psychic to enable greater understanding of the social construction of normativity, pitted against non-normativity, needs investigation (Frommer, 2007). This binary, which is not determined but socially constructed, allows for the creation of difference (Frommer, 2007).

In the context of the findings reported in this chapter on being a gay psychotherapist, being gay is considered being on sexuality's "wrong" side of the normative/non-normative binary (Frommer, 2007). There is a clear division between what is "normal" and what is labelled "non-normative", and being gay has evidently fallen into "enemy camp number 2" (Owens, 2013, p. 2). How is normativity, and heteronormativity, then conceived as the more favourable position, and who gets to decide? This is a debate that continues to concern psychoanalysis.

The persistence of the debate has been argued as chiefly due to the continuous privileging and immutable grip of patriarchy (Gilligan & Snider, 2017). Patriarchy favours division and categorisation; it needs to separate out the superior from the inferior, those who have voices and those who are silenced, in order to maintain its position of power and privilege (Gilligan & Snider, 2017). Patriarchy's divisions infiltrate cultural forces, even though it is itself a social construction, and ultimately become internalised psychically (Frommer, 2007). These divisions are therefore seen across socially constructed categorisations, particularly along gender and sexuality distinctions.

Human gender and sexuality are split up into two distinct binaries that presuppose that one must fit into one or the other (Drescher, 2002). In respect of binaries and definitions, Layton (2006) has described this as "normative unconscious processes", considering how socially constructed hierarchies become internalised psychically, particularly along the lines of class, gender and sexuality. Despite greater tolerance and a liberalising of non-normative sexualities, particularly with regard to homosexuality, heterosexism and homophobia continue to govern socio-culturally (Rose, 2007). A world that favours hegemonic masculinity and its corresponding heteronormative sexuality is able to police social and psychic processes in powerful ways (Frommer, 2007). There was evidence of an awareness of this throughout the data in the taken-for-granted position that the world prefers heterosexuality, and in the participants' resultant ambivalence around what it means to practise psychotherapy as a gay man.

It cannot be denied that the social and cultural messages received by these participants (and their patients) are infused with heterosexism, where opposition to homosexuality is still regarded as the "last acceptable prejudice" (Rose, 2007, p. 67). To align and conform with social expectations is to feel safe and approved of. Conversely, there is discomfort, pain and the danger of shame and humiliation if one's internal experience does not match what has

been socio-culturally prescribed (Frommer, 2007). Experiences of hatred, loss and corresponding shame can be argued to be the consequences of unselfconsciously inhabiting an "out" gay identity (Sand, 2015). Loss and failure are highly likely consequences for gay men who choose to bear the consequences of existing outside of mainstream gender expectations (Frommer, 2007; Sand, 2015). To inhabit this position as a homosexual man is often regarded as failure (Corbett, 2001).

Corbett (2001) shows how the expletive "faggot", for example, relegates gay men to a particular position, and epitomises a designation of multiple failures: failure to occupy the "correct" gender, failure to perform normatively in that socially prescribed position, and failure over and over within culturally prescribed standards that value heterosexuality as hierarchically valuable and excellent. Psychoanalytically, the gay male experience and development has been either completely overlooked or continuously theorised around the idea of loss: to be gay is to lose phallic potency and power, to be relegated to the less desirable passivity of (stereotyped) femininity, to be small and ineffectual in this relinquishing of power (Corbett, 2001; Drescher, 2002). Similarly, for Drescher (2002), the label "sissy" (p. 83), too, is a marker of failure – this appellation is a dangerous offence in the context of the gendered binary when someone inhabits the incorrect side of the binary.

Otherness is coded into such messages of what constitutes appropriate sexual identity and what does not (Drescher, 2002). The corresponding shame, silence and threat of hatred associated with the other is consequently internalised as embodying a repugnant and inferior identity (Sand, 2015). In the case of the gay male psychotherapists included in this study, a certain defensiveness was present chiefly when they contrasted something with the sentiment that being gay does not matter or is irrelevant. A sense of shared pain resulting in an "us versus them" dynamic can be argued to serve as a protective defence against painful feelings

of being relegated to these inferior, lost and hated places. This exists powerfully under the "othering" banner which is extensively explored in Chapter 5.

It became clear that gay male psychotherapists are not immune to these powerful forces. They constantly navigate whether to contemplate being gay and a psychotherapist or to keep the two separate, and whether the two can be incorporated with each other. This strategy is developmentally taught and reinforced where both "closeted" gay men and those who have "come out" have had to negotiate the painful experience of being hidden and hyper-vigilant of separating out certain aspects of the self in order to achieve perceived self-preservation and protection (Drescher, 2002).

Using strategies to bracket the private self in therapy spaces is a commonplace experience for all psychotherapists (to be explored extensively in Chapter 6) particularly in respect of self-disclosure decisions which attempt not to interfere with patients' processes. The strategies employed by the gay male psychotherapists explored here are crucial to this study. These ideas mirror the literature of how gay male psychotherapists understand their gay identities to comingle with their psychotherapist identities.

For most gay male therapists, the message that something had gone awry internally began at an early age. Benedetti (2015) wrote of the ubiquitous and overpowering messages that the world was communicating to him that something was profoundly wrong with him. Owens (2013) concurs that throughout his early life, when gay individuals were not openly ridiculed, they were kept hidden. He described how these messages were constantly reinforced and internalised for him, leaving him with a strong sense that the world does not want gay men, that it prefers heterosexual men, and he would need to make his way towards this position. Haldeman (2010), too, experienced the pain of hatred and prejudice directed at him, which he described as reinforcing his realisation that he was different from those that are privileged by the mainstream. Isay (2002) states that the combination of his childhood

experiences, the messages received from society and later his own analysis, depicted gayness as being “sick”, which resulted in feelings of self-hatred and worthlessness.

What comes through strongly in these accounts, and what was experienced by all the above authors who would later become psychotherapists, is a sense that they needed to change their sexual orientation in order to be accepted. Interestingly, however, the participants of this study reported that this experience elicited more ambivalence. They commented on sensing a possibility of being accepted in a profession accustomed to pain, which appeared contradictory in respect of not being accepted versus being accepted. Acceptance and non-acceptance are constantly struggled with: their fear is that being gay may equal automatic non-acceptance, yet being inducted into a profession that prides itself on acceptance and non-judgement could mean acceptance. It was apparent from the findings that these men vacillate between these positions and wonder about absolute acceptance, not from the world, but from the safety of their professional standing.

Something that may be emerging and was alluded to here are changing times of greater acceptance and a less fraught attitude around sexuality considerations. However, the situation is still very fraught in that paradoxes and opposites still prevail. Benedetti (2015) believed that he would only belong and be treated as a human being if he changed his sexual orientation. Similarly, in order to fulfil his desire to train as an analyst, while he was analysed by a man who declared homosexuality to be pathological, Isay (2002) convinced himself that he needed to change and, with considerable determination, began to date women. There is consensus among these authors that mainstream hegemonic society and its accompanying heteronormativity held all the rights and privileges, and dictated to them who they needed to be in order to enter the profession. This opinion is echoed in the data on having to conform to be accepted. Haldeman (2010) would later come to understand that what he had in common with his gay patients was that they (and he) developed in a heterocentric society which

actively made them feel bad just for being themselves, resulting in continuous internalisation of messages of homophobia.

It is evident that such fear and ambivalence would have bearing on the therapy process and how gay male psychotherapists make sense of their identities in psychotherapeutic spaces, and also on how these experiences are represented by these gay male psychotherapists. This finding aligns with the literature. For example, Owens (2013) suggests that existing in a society that openly favours heterosexuality has had an impact on how he related to himself and others, particularly patients. Isay (2002) hid his gay identity while he was training and after that – in retrospect, he recognises the severity of the effects on both him and his analysands: his ability for self-reflection was impeded by his attempts to protect himself, in case he was discovered and was then rejected. He explains the resultant exhaustion arising from this process, and its effects on his capacity for genuine and spontaneous empathic responding. Benedetti (2015) also reflects on his attempts at avoiding rejection, and remaining hidden as a result. This was his response to what he believed others needed from him. He came to recognise that this passive accommodation would become thematic in his private work with patients. His tendency to conform externally and to remain non-confrontational (which did not match what was going on internally) would contribute further to his already conflicted sense of self and what he thought was desirable professionally.

In the case of Owens (2013), publishing his musings on what it means to be a gay psychotherapist was a response to the urgency of making sense of the consequences of living as a gay man. Living with internalised homophobia, issues with trust, avoiding rejection, the pressure of appearing "straight" – these can have a damaging effect on the psychotherapeutic process. In a darker moment in the consulting room, a patient used the word "faggot". Owens (2013) was saddened by the fact that he remained silent and non-confrontational, while he

experienced profound anguish internally. In this context, he describes his past as making the decision for him in the form of his non-responsiveness.

The findings of the current study do not speak as directly to the more painful aspects of heteronormativity as those described in the literature mentioned in this chapter. But the ambivalence and messiness that emerged fall in this territory. Being gay is being different, existing on the outside, on the margins, looking in (Owen & Long, 2022). Gay male psychotherapists are able to enter sensitively into a patient's world, and inhabit a position of knowing in terms of the potential social and cultural traumas the patient has endured particularly if they are gay (Haldeman, 2010; Owen & Long, 2022). This outsider status has powerful valency, particularly, as seen above, in creating spaces of safety for gay patients to explore the more painful aspects of living as a gay person, and a sense of sharedness between a gay therapist and patient in respect of living in a world that thrives on division.

To be good is to be accepted, and to be a good gay therapist is preferred practice. Yet the ambivalence of being gay and a therapist and how the two can co-exist is constantly problematised. This can be seen in the ambivalence and somewhat contradictory views of the gay male psychotherapists included here. The participants believed that there is a way of being, an inherited and preferred normativity, against which they measure themselves. To deviate from the internalised (normative) expectations of what it means to be a psychoanalytically oriented psychotherapist is seen as erring. The participants are aware that the combination lurks close to the dangerous and shadowy aspects of gay identity, which some believe should not enter the therapy room, or, if it does, it has the ability to sully that space.

Initially some of the participants claimed they did not contemplate being a gay therapist, but this changed as the interview process deepened. It became apparent how deeply – understandably – they inhabited their gay identity. While they did not initially think about

it, their arrival at the depth and importance of how they inhabited both their gay and their psychotherapist identities was striking. Some participants described actively separating their gayness from their therapist role, but others spoke about a sense of difficulty in articulating what it means to be a gay therapist, and their self-consciousness around this. They mentioned the meaning that is made around an overlap between the sexual and professional identities.

This chapter has highlighted how powerfully and ineluctably gay and therapist identities live together, and how powerfully and contradictorily they speak to one another in the service of others.

Chapter 5:

Gay Subjectivity and Othering: Findings and Discussion

Being a gay psychotherapist, and inhabiting both gay and psychotherapist identities, has been explored in the previous chapter as a complex and contradictory embodiment that affects both the private life of gay male psychotherapists and their work with their patients. Inhabiting this unique intersection of identity was further problematised by the experience of othering and being othered in various contexts.

Being and feeling othered has been described as an inescapable reality for gay men. Hence, the comingling of this othering with their psychotherapist identity – and how this plays out in therapy rooms with patients – was a central theme uncovered in this research. Chapter 5 explores how othering enters into both the private and professional lives of gay male psychotherapists, and the strategies employed by these men in which they accept, or reject and push against dominant othering tactics that they have both inherited and endured. The literature which is reviewed in this chapter argues that gay subjectivity can be closely related to experiences of othering, particularly when gay psychotherapists are either spoken for or misrepresented by others. How this was experienced by the cohort of gay men included in the current study is explored in the findings, particularly how deeply this runs in the lives and work of these gay male therapists.

Review of the Relevant Literature

In the literature review to follow, research on gay subjectivity in psychotherapeutic literature is shown to be aligned with othering processes, that is, being a gay therapist is to be othered – a fear that emerged and was addressed in the current research. The necessity of gay visibility in research is acknowledged. The literature review is divided into two sub-sections. Firstly, gay subjectivity in psychotherapeutic literature is explored, along with the multitude

of variations in the ways in which gay psychotherapists are presented – from a gay analyst's perspective, from a gay patient's perspective, from a combination of the two, as well as from a straight analyst's viewpoint when working with queer patients. Secondly, the literature covers othering as theoretically relevant to how gay male psychotherapists perceive their often inevitable positions both in the therapy room and in their lived experiences as gay men in the world. The literature, both on how othering works and how "studying" gay subjectivity is a form of othering in itself, reflects data similar to that which emerged from the interviews with the cohort of gay male psychotherapists included in this study and whose comments make up the findings reported in this chapter. Key issues are how othering is experienced as profoundly inevitable, how it seeps in internally, how these men contemplate becoming othered in training and professional communities, and how being spoken for or grouped under one homogenous banner of experience has deeply affected the ways in which these men think about themselves and the ways in which they work. An exploration of how this was conceived and experienced by these men is the focus of this chapter.

Gay Subjectivity in Psychotherapy

There is still a dearth of research on the subjectivities of gay patients and gay psychotherapists. Some research has been done on new theoretical understandings of gay identity formation (Feldman & Wright, 2013), and developmental considerations (Corbett, 1993, 1996, 2001; Drescher, 1998, 2002; Roughton, 2001, 2002a, 2002b). Several topics have been explored in an attempt to broaden the psychological study of treating gay patients and being treated by a gay psychotherapist. These include technical considerations when working with gay patients (for example, Drescher et al., 2003), micro-aggressions in the therapy setting (Shelton & Delgado-Romero, 2011), and gay-affirming ways of working

(Johnson, 2012; Rutter, 2012). The largest output in the literature appears to be on self-disclosure considerations, which are discussed extensively in the Chapter 6.

In this literature review section, prior studies focusing on gay subjectivity in therapeutic settings is explored, and how this work has attempted to reclaim and rewrite the othering narratives that preceded these studies in which the gay subject was treated as an object of investigation of "where things went wrong". While such work may be profound in its purpose, it is arguably in the "study" of gayness that binaries, categories and differences are exposed in the context of the over-arching heteronormative psychological and psychoanalytic canon that such studies hope so desperately to eschew. The complexity of othering and being othered, and the projective elements included in this process are discussed in relation to how gay male psychotherapists understand and experience their own subjectivities and, within these, the pervasive feelings of being othered that this investigation evoked.

The relational turn in psychoanalysis has broadened the scope for research into what happens between patient and analyst, and allows for the contemporary exploration of this nexus. Drescher's *Psychoanalytic Therapy and the Gay Man* (1998) is an early but seminal contribution exploring psychoanalytic psychotherapy and gay men. It asks fundamental questions about psychoanalysis and homosexuality. Drescher's (1998) rigorous investigation provides comprehensive coverage of several topics and concerns, such as defining a gay identity, several theories on the aetiology of homosexuality, as well as psychoanalytic theories of gay development, and reparative therapies and the stance of the therapist. Drescher (1998) calls for resistance. By this he means clear subversion of and resistance to the pathologising narratives and inadequate portrayal of gay individuals by early psychoanalytic thinkers. Drescher (1998) combines first-person testimony with clinical situations and with literary sources to examine the experiences and conflicts of gay men. His

exploration covers clinical settings, how gay men have been perceived, and continue to be socially constructed, namely as oedipal failures and as developmental delinquents rather than as subjects of respect, as they should be.

The literature in this chapter on gay subjectivity considerations in psychotherapy differs from the literature explored in Chapter 4. There, the focus was on memoirs of what it means to be gay and a therapist, and how these identities overlapped for the gay men who wrote them. By contrast, in Chapter 5, the focus is on subjectivity themes, how gay analysts understand their unique subjectivities and how this might have bearing on their clinical work, with both gay and straight patients.

Sherman (2005) explores the importance of gay therapist subjectivity (his own) in interaction with patients' subjectivity. Sherman (2005) is one of very few psychotherapists that have contemplated the unique positioning of their overlapping gay and psychotherapist identities. He dedicated a chapter in his collection *Notes From the Margins: The Gay Analyst's Subjectivity in the Treatment Setting* that focused solely on his subjectivity, while charting the history of countertransference from Freud, through Bion and arriving at the relational and intersubjectivity schools. He shows that countertransference and subjectivity are inextricably linked, and acknowledges his understanding of the reality that a psychotherapist and a patient co-create in the thirdness of their collective project. Sherman (2005) decisively shows that countertransference does not originate solely when the analyst receives the analysand's projective material, but rather occurs in the shared experience when the analyst and the patient come together in a mutual creation of all their subjective psychic "stuff", which then creates the unique thirdness of the countertransference between them.

Sherman's (2005) collection used clinical material to explore a range of topics. He dedicated a few chapters to his understanding of how shame is perpetuated by self-disclosure – either withholding his own sexual orientation (and the shame that results for him from that

choice) or revealing his orientation and the shameful implications that he imagined could ensue (linked to the shame of his own coming out experience). An important consideration explored by Sherman (2005) is that withholding or revealing a gay orientation puts sexuality directly into the room. Where it is assumed that the psychotherapist is heterosexual, sexuality needs no announcement, so it is argued that heterosexual self-disclosure may not have direct or immediate impact on the psychotherapeutic work done. By contrast, self-disclosure of a gay orientation, for Sherman (2005), involves a tricky confrontation with patients of all sexual orientations, where both analyst and patient are then obliged to confront "issues of sex, and sexuality, gender conformity, homophobia and definitions of love and family" (p. 20). Sherman's work is a rich exploration of the topics investigated in my current study. However, it must be understood that Sherman hones in on his individual experiences as a gay analyst and does not claim to address the perspectives of a group of gay psychotherapists navigating this terrain.

Sherman (2002, 2005) offers rare glimpses of a gay analyst contemplating the possible advantages and drawbacks of being gay and how an analyst's "gay" subjectivity could affect his work with both gay and straight patients. As discussed above, his work is interested in the implications for transference and countertransference, homoerotic countertransference, and potentially shameful encounters when his gayness was revealed.

Countertransference is a theme that has been afforded some space in contemporary research on sexuality, and the links between therapist subjectivity and the terrain of countertransference. Herlands (2006) looked at a clinical journey of a gay analyst and his gay patient and wondered whether working in the transference was all about sex. Herlands's (2006) article explored the implications of therapy with a gay man when Herlands's (2006) gay orientation was revealed at the time of referral, and how this affected the treatment. His article explores themes such as collusion with the patient and homogenisation of the patient's

view of his own gayness. He reported an inevitable impasse in the therapy, because of a fortification of sexual stereotyping that the patient defensively assumed, knowing his analyst was gay, and how they worked through this by attempting to find an impartial position to allow the patient to work though his unconscious defences. Herlands (2006) wonders whether sex and the sexual content that his patient brought, albeit defensively, was an inevitability because both the patient and the therapist were gay, but he argues that the therapeutic process is about reclaiming or refinding the neutral position, away from the defensive use of sexuality, that helped the patient-therapist dyad move through the impasse.

Flower (2007) investigated the possible relational difficulties and challenges that may arise when a heterosexual analyst confronts a gay patient in treatment. Flower posits that straight psychoanalytic psychotherapists rarely comment on their countertransference responses when they are confronted with gay male patients' often difficult and complex material. He describes how several "uncomfortable endings" (p. 431) and a feeling of inauthenticity led him to investigate the probability that potentially homophobic and associated countertransferences need deeper contemplation by straight therapists when they work with gay patients.

Belkin (2018) explored the therapeutic work between him (a white gay male psychotherapist) and a heterosexual female of colour. He raises several questions around moving beyond binary ways of relating and how the interpersonal space allows for the patient and analyst to bump up against both their experiences of privilege and living on the margins. Belkin (2018) investigated the intersubjective and intersectional elements of this therapy, not only how his sexuality impacted the therapy, but also the intermingling of all identity markers – race, sexuality, gender – and the effects that this amalgamation had on the countertransferential aspects of the therapy.

Rosiello's (2000) article expanded on analysts' countertransference around homoerotic elements of treatment with women of varying sexual orientations: straight, gay and bisexual. Her work explored her own erotic subjectivity, postulating that the patient's erotic transference cannot be separated from a therapist's countertransference, as these are mutually constructed. Cohler and Galatzer-Levy's (2013) article looked at the historical changes in ideas about same-sex desire and potential consequences of dissonance on the treatment picture.

Orange (2000), Roughton (2000) and Shelby (2000) have all presented responses to Drescher's seminal work *Psychotherapy and the Gay Man* (1998) in the journal *Gender & Psychoanalysis*. Orange (2000) discusses her thinking on intersubjective systems theory as her work with gay men – using Drescher's principles as a guide – to elucidate how she conducts this type of therapy. She described being indebted to Drescher's influence particularly in her description of the three pillars of her systems theory, namely, the patient's emotional, organising principles; the analyst's subjectivity in engagements with the patient's subjectivity; and pushback against any forms of absolute truth(s) where authoritative attitudes have done harm to gay men. Shelby (2000) pays tribute to Drescher's work in a discussion of a deeper understanding of analysts' own rage when attempting to assist gay analysands experiencing unprocessed rage at having suffered in heteronormative society, as a way of working through developmental difficulties and ongoing repetitions in analysands' present life that baffle the possibility of contentment, not only for gay men, but also for analysts of all sexualities. Roughton (2000), in the same issue of *Gender & Psychoanalysis*, and as a response to Drescher's important work, comments on respect for the gay analysand as a principle of the utmost importance. He explores case studies where four gay men attempted, either privately or through force, to change their gay sexual orientation at the expense of normal and appropriate gay expression, and his attempts to assist these patients' integration

of their natural desires and normative sexuality. It is significant that these articles were published together in 2000, which, although they are regarded as contemporary, are now read as early work on the depathologising of gay men by psychoanalysis.

The literature reviewed here is an acknowledgment of the work that has been done by and on gay analysts and gay analysands, as well as their heterosexual allies, whose work has also attempted to destigmatise and bear witness to an analytic life that is often overlooked or not given much space. Although this literature is not particularly extensive, its richness and importance in countering the pathologising narratives that preceded these studies must be seen as trailblazing work, while acknowledging that much more inquiry is needed and that many more voices need to be added.

Theoretical inquiry into gay subjectivity and intersubjectivity is important in this depathologising project, but one might ask whether the foregrounding of gay subjectivity in this literature that presents it as "other", non-normative and an object of curiosity itself does not in turn need explication and study. A conundrum exists here: gay subjectivity must be researched, yet there is concern that the studying of the gay subject inevitably others this subject in analytic investigation, particularly when one considers psychoanalysis' blatant and still relatively recent pathologising of homosexual life. Hence, othering is discussed separately below.

Othering

Othering, and how othering operates, is a topic that has been scrutinised in the psychotherapeutic literature, particularly in respect of minority experiences, for example, experiences of race and gender in therapy rooms and in the therapeutic encounter. However, at the time of writing, little research could be found on gay psychotherapists' subjectivity and how this plays out in the theory of othering (bar the implications of relational considerations

of the analysts' work described above), particularly investigating how a group of gay psychotherapists understand and make meaning of their subjectivity and its effect on their work with their patients. The work explored above on gay subjectivity themes in psychological and psychoanalytic research is a direct response and pushback to the preceding pathologising narratives that positioned gay life as "other". It has been widely discussed that positioning the gay subject as an object of study involved an attempt to reimagine preceding homophobic rhetoric which held developmental trajectories and familial, environmental influences to be likely causes of a pathological sexual orientation (Downey & Friedman, 2008; Lewes et al., 2008; Newbigin, 2013).

There is contemporary research that strives to subvert pathological theorising. However, it is a matter for concern that contradictory narratives persist which conceptualise the gay male subject in ways that continue to promote homophobic and heterosexist agendas, even though these narratives are seemingly benign in their attempt to depathologise and normalise gay life (Flowers & Langdridge, 2007). Much contemporary inquiry appears to exclude the heterogeneous, rational and agentic aspects of gay life, that is, normal, attached, relationally healthy and purposeful. In Flowers and Langdridge's (2007) opinion, such inquiry often propagates – in the Ricoeurian tradition – a hermeneutics of suspicion. A hermeneutics of suspicion should be understood in the way its literary origins purport: what is presented is not taken at face value but rather sceptically interpreted. These authors suggest that while gay life may apparently be presented in a certain way – perhaps as valuable and ordinary – something pernicious lurks beneath and must not be wholly trusted, for example, gay sexuality is regarded as inconsequential, while the gay subject becomes the subject and is therefore that difference is put under the spotlight.

Lugar (2018) concurs that in the last three decades of radical change in the representation of gay people in research, the continued investigation into attempts to

categorise homosexual identity is suspect, in that it masks psychoanalysis' defence of its own discomfort on the subject. Richards (2019), too, predicted that this continued hermeneutics of suspicion is an attempt by psychoanalysis to make meaning of, or perhaps master that which is fundamentally mysterious, despite its professed humane position as a profession that addresses the unfathomability of interior life.

It must be noted that my current research could also be viewed as posing a risk of potentially contributing to this slippage. Foregrounding and highlighting gay life as the topic of the research comes dangerously close to what the above authors warn against by turning the subject into an object of enquiry. However, this project is mindful of this potentially othering process. I propose that this tension needs to be held in mind, and that the gay subjects included here – the participants and I – are not viewed as objects to be studied. Nor does this study theorise about where gay identity may have developed from. Rather, it presents gay life as an ordinary variation of sexuality, while attempting to add to the limited literature presented here.

Psychoanalysis's othering of gay sexuality, particularly in the second half of the twentieth century is widely acknowledged; however, this tendency remains an unsettling reality (Watson, 2019). As recently as 2019, the American Psychoanalytic Association (APsaA) formally apologised for its role in pathologising homosexuality and its continued role in the active harming of gay analysands (Watson, 2019). Psychoanalysis' part in othering processes relating to same-sex sexuality differs from its exclusionary and omitting practices as felt by other minorities, such as people of colour, in a significant way. Racist and sexist othering, for example, were undeniably and historically present, but racism and sexism were largely silenced and excluded from the psychoanalytic conversation. This is different from psychoanalysis' othering of gayness, which was openly presented, vigorous and extraordinarily virulent (Schwartz, 2022). Contemporary analysts now ask how this

purportedly humane profession could have been so outwardly and consciously harmful and for such an extended period (Becker, 2016; Schwartz, 2022; Watson, 2019).

Homophobia, and the mirroring of homophobic attitudes in psychoanalysis, was a product of its time, but psychoanalysis has played a strong part in the promotion of the hatred, prejudice and othering that continues to be felt in the socio-historical present (Becker, 2016). Becker (2016) hypothesises that this process is twofold. Firstly, oedipal theory is a cornerstone of psychoanalysis that upholds heteronormativity, and thus others any alternate sexualities. Moving beyond oedipal theorising would require moving beyond categorisation and binaries. As has been explored in Chapter 4, binaries are akin to paranoid-schizoid states of mind (Fonagy & Allison, 2015). To categorise is to split, so oedipal theorising's triangulation is based on categories which ultimately play into the primitive splitting of paranoid-schizoid states. Secondly, it can be argued that the dominant psychoanalytic theories of homosexuality serve a defensive function where split-off parts are projected into the hated other, and can therefore be kept at a distance.

The theory of othering is an entire project in its own right, and cannot be afforded the space it deserves in this thesis. However, it has already been investigated by Riker (2022). His brilliant and succinct creation of a much-needed psychological theory on othering integrates the Hegelian master-slave dialectic and Kohutian self-psychological theory to provide an erudite elucidation of why humanity others those who are not like the dominant group(s). He argues, firstly, using Hegel, that it is through the acquisition of self-consciousness that humans are able to objectify one person as distinct from another; and, secondly, drawing on Kohut, he shows that otherness arises as a threat to the continuity and omnipotence of our subterranean, unconscious narcissism (Riker, 2022). While my summary is a radical reduction of Riker's (2022) sophisticated thesis, his point is clear: othering lies at

the very core of humanness, and understanding its mechanisms requires continuous and dedicated theorising and action.

There is a body of work whose chief aim is to write against othering, not only gay othering as presented here, but the process of othering in research across different minorities and groups. That literature covers the processes of othering and the importance of understanding who can speak for whom, of representation, and of perfidious power structures that uphold othering practices (for example, Brons, 2015; Jensen, 2011; Krumer-Nevo & Sidi, 2012; Papadopoulos, 2002; Steyn, 2012; Traustadóttir, 2001). The current study hopes to contribute towards this literature. These works are important contributions to the research on othering, and my study attempts to show how othering unfolds both in the private and professional lives of gay male psychotherapists. The findings discussed below explore othering as an inevitable part of gay life which then becomes infused into psychotherapeutic practice, and the strategies gay psychotherapists employ to counteract these processes and advocate, not only for themselves, but for their patients too.

Findings on Gay Subjectivity and Othering

A universal and decidedly complex theme for this cohort of gay male psychotherapists is the experience of othering. It emerged in various ways across the data, and across all participants, that othering collectively infuses all the participants' subjective experiences. This theme is explored in respect of their intrapsychic understanding and experience of their developmental histories, their professional identities as psychotherapists, and their private lives as gay men. Moreover, the findings and discussion position these gay men as inescapably existing within broader social structures – conceived by the participants as predominantly normative structures – that affect these gay male psychotherapists in various ways.

In the analysis to follow, I show what othering entails for the participants, and how it has been experienced by these gay male psychotherapists. I also investigate the implications of this for the participants, and their responses to it. The findings have been grouped into sub-sections to clarify the ubiquity of their experiences of othering for these gay male psychotherapists, how they experienced othering by those who trained them and continue to endure being othered by the profession, and how assumptions of homogeneity or being grouped under a preconceived universal banner is experienced as profoundly othering. The consequences of being othered are also presented, as well as the push-back strategies employed by these men, conclude the findings.

"It Seeps in": The Experience of Being Othered

It was striking how the experience of being othered has permeated these participants' lives. It was powerfully evident in its impact across the sample – to be gay for these participants is to be othered:

> *I think that no matter where you are, no matter what context you live in, no matter how supportive, um, and cherishing or, the converse of that, no matter where you are in the world, in terms of what you were, um, taught about yourself, as a young gay person, you always know everything else. It seeps in, you know. Everything else about, about…um, hatred of your otherness. You always know it. It always registers no matter what kind of life you've lived.* (Ira)

Ira's reflection encapsulates the experience of what it means to grow up gay in a predominantly heterosexual world. His response speaks to an inexorable othering by the mere fact of existing as a person with an alternate sexuality. Regardless of the potential for different and perhaps more accepting experiences of being gay in a changing world, and irrespective of what the individual may have been taught, lived through or countered by loving and attuned environments, the insidious and inevitable internalising of being and feeling other is a reality for these gay individuals. Gayness is constantly reinforced – through

the messages received from a world that appears to prefer heterosexuality – as existing on the margins, being outside, and decidedly other. This experience of othering unveils the mechanisms of this process: othering was experienced by these participants as exclusion from the mainstream and invalidation through existing as different and non-normative. This is an experience that was widely shared among this cohort.

Alex's musings below speak to the consequences of the process described above, of something playing out in his present life that harks back to the past, requiring constant monitoring in the present, a hyper-vigilance around the visibility of gay identity:

> *I've always been the outsider, you know…something I've realised it's something I play out. And something I'm working with my own analyst is about how do I put myself into the centre, rather than seeing myself on the outside, you know? It's a constant negotiation I have…* (Alex)

Alex alluded to the difficulties of his own personal developmental history, where an internalised outsider status continues to need constant confrontation and active dismantling in his private work with his analyst. This potential hyper-visibility appears contradictory: to exist on the margins is to disappear or become invisible, yet gayness is then put under the spotlight as other through these marginalising and exclusionary processes.

Ira, Alex and Ernie, as can be seen in their comments below, all captured this complex dilemma at play. Their dilemma consists in challenging an internalised idea of how they are positioned in the world as gay through developmental histories that have been forged by the experience of being gay – amidst a world perceived as unaccepting – yet insisting or striving for legitimacy:

> *Your explicit desires are more easily frowned upon, more easily side-lined…when desire and attraction can only take place in private. Um, and that there's always on some level, the threat of…sanction. That maybe straight people don't have to navigate. So maybe for gay people the psychosexual developmental line is more fraught in that you have to navigate what the external world does with your internal desires. And maybe with*

> *straight people their internal desires align more easily with external, um, what is allowed or not allowed.* (Ernie)

Ernie referred to what effects a predominantly straight world can have on gay desire, and how this may have an impact on the gay psychosexual developmental trajectory. He also captured eloquently what has been explored above regarding internal feelings not matching external social structures, processes and messages. The "*threat of sanction*" is the feared and "*fraught*" outcome for gay individuals, where gay desire is perceived as being policed by heteronormative power structures. These sentiments were shared across the cohort.

In the response below, Rich reinforced the ideas explored here and provided another example of the tension between naming broader social power dynamics and talking about his own individual experience. He, too, identified how developmental histories can be skewed by systems of power – another example of sanctioning:

> *And when you grow up gay, I think you come with more baggage. You know, it's not…it's not true of everybody. It's a very big generalisation. But I don't think you can live in a society that doesn't accept you and not be affected by that.* (Rich)

Rich here did not allow himself to generalise or avoid responsibility, but confirmed what the participants already quoted above described, namely that the developmental histories of gay individuals are fraught, and deeply affected by a perception of the world as unaccepting. Rich's tentativeness is significant. He elaborated on his thinking, not only speaking about what it meant to grow up feeling you do not belong, but also expressing the expectations or performative aspects, in his understanding, of being a gay man in a hypermasculine world:

> *Feeling of somehow not belonging, because I don't embody something that…that is the kind of masculinity that gay men are supposed to embody in my head or in society's, you know, a mixture of both.* (Rich)

In this comment, Rich tried to convey his grappling with aspects of othering, particularly what it means to embody masculine bits of gender identity and how gay men can be othered

in multiple and complicated ways. This is a complex navigation: he referred to an idealised (and projected) performative gay masculinity (gym-bodied, ageless, affluent, hypermasculine are some of the stereotypes) which he felt gay men have been told to subscribe to in order to "fit in" within desired (and accepted) hypermasculine gay spaces. This, then, mirrors the more hegemonic masculinity that gay men, again, need to subscribe to in order to be accepted. Rich explored the complexity of feeling other in *all* spaces – not masculine enough for society's definition of the masculine ideal and then perhaps also not masculine enough for the gay community's "gay ideal" – due his internalised ambivalence about his own gayness:

> *It's something that as a gay person, um, we can become afflicted with, which is sort of the idea that our sexual identity has to involve – it has to be involved in every aspect of life. But at the same time, when I think about it, how can it not be? It's libidinal life force. I suppose it has to be in some way or another.* (Rich)

Here again Rich hinted at his own internalised ambivalence about his gayness, when he noted that gay people become "*afflicted*" by having to incorporate gayness into "*every aspect of life*". Is it rather that he felt afflicted by having to be acutely aware of gayness in every aspect of his life due to a hypervigilance against rejection?

Feeling othered is historically linked to being rejected or fearing rejection for these gay male psychotherapists and pervades all aspects of their life, from earlier experiences of feeling othered to confronting the possibility of being othered in both their private and professional lives. Understanding the impact of othering on the developmental trajectory of gay individuals has profound reverberations in the experiences of gay men who then go on to train as psychotherapists. The next sub-section explores how othering enters into the training and professional lives of gay male psychotherapists.

Othering by Training and the Profession

As discussed in the previous chapter, the pressure to conform in order to gain entry into training as a psychotherapist, and ultimately the profession, was reinforced and resonated for some of the participants:

> *This is stuff I could have projected onto the programme, but [there was] this weird sense of needing to be heteronormative in order to prove yourself as a valid human being, in order to be taken seriously.* (Jim).

Jim was aware of the possibility that he might be projecting in response to the perceived ideals for a candidate to be selected to train, but his comment highlights his belief that an othering process was underway. Jim's statement also indicates his possible awareness of his hesitancy in trusting that his own experience was valid. In order to be taken seriously by the selection committee, a candidate needs to subscribe to normative standards. To present as other, or not to conform to this standard, is to risk being invalidated and thereby not deemed worthy as a trainable candidate. This intense self-scrutiny around what is expected and acceptable in order to enter the profession, and various iterations on this theme, emerged in all the participants' experiences.

Alex described what he was taught in his clinical training about how one becomes a homosexual and the stages of homosexuality as theoretically conceived by his training site:

> *We were taught the stages of homosexuality. I didn't realise there were stages. This is 'how homosexuals become homosexuals'. It was literally like that. I was like 'what the fuck is this bullshit?'* (Alex)

Alex's humour and irreverence about the absurdity of the content being taught made light of something perniciously othering at play. Here is another othering device where gayness becomes objectified. While "normal" development would have been part of his curriculum, Alex derided any claim that homosexuality can be studied and broken down into "stages" in

order to be understood. Theories of homosexuality taught to Alex – and historically in academia around "where things went wrong" – were about objectification and othering in an academic inquiry into how a potentially aberrant process can be understood.

Matt, too, described his disdain for his clinical training with a cohort dominated by heterosexual women:

> *I didn't enjoy my Master's experience. There were a whole lot of blonde girls in my class. And they…they formed this monolithic structure. And whatever they said was kind of like…so we focused on like children and that crap.* (Matt)

Matt enacted a powerful challenge to heteronormativity in this example, ridiculing the focus on reproducing the norm through this group of "blonde girls" and their pointed focus on child development and heteronormative content. While his frustration and disappointment and the feeling of being othered was subverted, the sense of a lone (and silent) voice within this monolithic structure left Matt feeling excluded and othered. His pushback took the form of the way he talked about this experience in the interview, where he seemed to project feelings of derogation through his derogatory tone, as feeling othered seems to have pervaded his clinical training experience.

Working as a gay psychotherapist and interacting with the broader community of psychotherapists – a group that participants felt would or should be accepting and progressive – the experience of othering appeared to trail in the wake of what they endured in their clinical training, as Alex attested:

> *In a community that one thought one was safe, I was made to feel like an outsider again. Like I was the perverse object. I was quite angered by that. And I had to kind of sit with my rage.* (Alex)

Alex described a moment in a clinical seminar where his gayness was spoken for him, on his behalf, by a heterosexual male colleague. Similarly to Matt in his experience above, Alex "*sits with his rage*" – an internal and private skirmish with his anger. Again, what is

significant is the mechanism of othering: the invalidation of identity, the removal of agency and an experience of objectification by a heteronormative voice that purports to know better.

Another darker example of feeling othered by those in the profession was Simon's working relationship with a referring psychiatrist who would occasionally refer patients to him within a larger referral network. The two were discussing a gay patient that the psychiatrist had consulted with. While Simon had a sense of the psychiatrist's potentially homophobic stance, it became markedly clear that he could never reveal his own gayness in response to the psychiatrist's feelings about this particular gay patient:

> *It left me thinking 'Oh, I can never tell her that I'm gay, or she can never find out'. Because I don't think she would, I don't think she would stop referring to me. But privately, she would be thinking, oh, the issues, the problems that,.. that whole traditional type of thing.* (Simon)

The profession can be inclusive, as Jim attested, where he claimed that his calling to psychology was in part an attempt to find a "safe home" in an accepting and open-minded community. Others, like Simon, as seen above, faced blatant homophobia. In this example, the situation was not only about professional status but held implications for material consequences too. It is striking in both Alex and Simon's examples that they endured these experiences in private, and how gayness remained hidden, both when gay men were spoken for and in order to work successfully in the profession. The responses to these othering tactics are explored more extensively below.

It is apparent that othering can be experienced quite generally in the profession, but it was most keenly felt in the community of psychoanalytic psychotherapists. The analytic community's potential othering of gayness – ignoring the egregious historical psychoanalytic stance on homosexuality that preceded contemporary psychoanalytic circles and the current rejection of that stance – is particularly troubling given that perhaps this community claims to rely on a greater self-consciousness, self-scrutiny while also embodying hierarchy, along with

more classical "normative" theories and assumptions. In such a setting, when a potentially malign stance is disguised as benign, it has serious consequences for gay male psychotherapists who encounter these spaces. Alex spoke about this, remembering his analytic training interview:

> *We have to go through a series of interviews to get into the training, um, to become a candidate. It irritates me that there are questions about being gay that comes into it. I couldn't turn around to them and say 'You wouldn't ask one of my heterosexual colleagues that question about their sexuality'. You know, so I had to…you go into those processes going 'Don't be defensive, don't be defensive, be thoughtful'. But, but you're attacked.* (Alex)

Alex found himself in a bind. He told himself not to be defensive, but in actuality this meant that he did not want to come across as defensive to the heterosexual other, or face sanction and possible rejection.

This reveals an insidious process that speaks to the personal and collective traumatic histories of gay candidates attempting to enter training, which understandably creates an expectation of being attacked. The anticipation of attack, ironically, does play directly into psychoanalytic understandings of pathology, for example, paranoid-schizoid states of mind, so that individuals such as Alex here find themselves in an invidious Catch-22. To collude with the split would mean inhabiting a paranoid-schizoid state of mind to some extent, but to confront it would be perceived as defensive and then these candidates risk being denied entry into these analytic circles. Something of the insidiousness of the situation is also sensed in Alex's inability to articulate his question about the interviewers asking heterosexual candidates these same questions – that part of the experience, as it was explored above in the other examples, was silenced in the process. Alex seemed to suggest that psychoanalytic encouragement of self-scrutiny may collude with experiences of othering. As with the pathological states of mind described above, this is a complex territory to navigate. It could be argued that these gay candidates needed to inhabit a state that moves beyond thirdness, or

even beyond an observing ego, where psychoanalysis' expectation of complete non-defensiveness itself creates a defensiveness – and therefore an othering process – where these candidates feel that they have to remain silent to avoid sanction and rejection.

Jim is another participant who encountered this othering mechanism, particularly in thinking about psychoanalytic spaces:

> *And I think often, power dynamics are really prevalent in psychoanalytic spaces. They are often like really tense spaces, really anxious spaces. There's a weird dogmatic following of certain figures. I think it does relate to the kind of gay stuff, but in a broader sense*. (Jim)

Jim went on to say that these power dynamics, and the fixed ideas that exist within them, become "*justified through psychoanalysis or through a certain defensiveness or through a certain purism*". He appeared to suggest that these fixed ideas related to approval-seeking by those in psychoanalytic communities who are projected into parental "authority" figures. Linked to "*gay stuff*" within these places of power, he thought, is the propensity to police issues of sexuality:

> *But I think then there's a strange, um, I still think there is a kind of policing or…I don't know, there's a weird, um, I think on the surface it feels like particularly psychoanalytic communities there's a weird kind of…we need to accept gay people and I think an over… overcompensation.* (Jim)

Jim may have been referring to feelings of inauthenticity in these communities, and a sense of distrust where policing is required in case something untoward is thought or expressed.

This was a sentiment shared by many in this cohort of gay male psychotherapists. It captures another double bind. Members of the psychoanalytic community's attempts at being sensitive were distrusted and felt to be inauthentic. There is a defensiveness in this policing, a censorship of sorts: rather than leaving them feeling safe and included, it evoked feelings of mistrust, suspicion and otherness.

Assumptions of Homogeneity as Othering

Another othering mechanism that became evident across the data was the process of othering through an assumption of sameness. Understanding and thinking about gay life and gay experience as homogenous, as depicted through the eyes of the heteronormative majority, might seem non-defensive and benign, but it was experienced by this cohort as decidedly othering. This sense permeated the experiences of everyone in the cohort in different ways. As I have explored above with regard to being attuned to pain, particularly the experiences and knowledge of growing up gay in a primarily heteronormative world, gay male psychotherapists may understand aspects of the painful experiences of other gay men; this, however, does not necessarily mean that these experiences are similar, as Ernie pointed out with reference to transferential experiences with gay male patients:

> *If I see gay patients…yes I can access, I can imagine their struggles. I'm…I'm always careful to…to not get myself in a position of because you're gay I know your story…because I'm gay and all our stories are the same.* (Ernie)

Conflating gay experiences, especially the hardships endured and then brought by gay patients into psychotherapeutic spaces, perpetuates the homogeneous generalising that these gay male psychotherapists want to avoid. Assuming homogeneity – particularly the similarity of difficult gay experiences – among gay individuals is reductive and unhelpful. Ernie checked himself in this comment, highlighting the othering experience that gay psychotherapists can sometimes find themselves caught up in.

As explored above, it is again in the psychological and psychoanalytic communities where this othering process was exposed as problematic, as discussed by Ira, Rich and Ernie:

> '*Refer the gay person to the gay therapist.' What is that? And it feels a bit like, like an othering.* (Ira)

> *'You know Rich will know what to do with a gay patient', which I think is interesting. Because that's also entirely a projection from the broader community*. (Rich)

> *It's not homogenous, so don't, don't project your idea of what a homogenous homosexuality is…um…don't foreclose.* (Ernie)

A noteworthy element in these comments is the projective process at play, as these participants pointed out. The assumption that all gay people need to be referred to gay psychotherapists and that all gay stories are the same is undoubtedly othering. In thinking of Jim's ideas about over-compensation and policing, as explored above, a similar process is underway here where members of the psychological community's beneficence inadvertently becomes othering where gay life – here gay patients being referred to, and only understood by, gay psychotherapists – is boxed and compartmentalised. Ernie spoke of this as a "foreclosing" – a shutting down or minimising, rather than an opening up of possibilities around the uncertainty and mystery of psychotherapy and psychotherapists, where difference may potentially be more valuable than sameness. Alex and Rich both described similar moments endured in reading groups and professional settings:

> *And it was one of those awful things where every time they would say something, they would look at me for my response. Like I represent all gays in the world. Like we're the same. Like being gay is homogenous, you know, and…it really angers me.* (Alex)

> *I think that's really the illusion, this assumption that because I'm gay, then I must know…I must know what other people's gay experiences with being gay must be like…or just, uh, maybe being different. Do I let them go along with this idea that…that we must know, we must be similar in some way just because we're gay or that we have shared experiences. You know, which may be very real, but may also be very, very much a fantasy.* (Rich)

It was significant again how private and solitary the contemplation of this othering process was for these participants. They endured these experiences by turning inward. Perhaps to speak up or engage with othering processes would be to highlight difference, which mirrors

the self-scrutiny that psychoanalytic spaces encourage, as explored above, and to create an impossible no-win situation, where getting angry and outspoken could be viewed as defensive, contrary and difficult.

Responses to Othering: Hiding, Loss and Shame

The process of othering had consequences for these gay male psychotherapists. Linked to their own histories, and how they had to learn to adapt to their environments, participants spoke about having to hide in order to protect themselves both from the feelings of being othered and a world that has shown them that they ultimately do not belong. When they were asked quite generally how they understood their early experiences as having an effect on their present lives, if at all, participants spoke about having to hide, and the corresponding feelings of loss that accompanied this process:

> *We've had to learn to hide our identities. And so any interview asking about who I am or what I think about the world, I've had to negotiate that for myself.* (Alex)

Having to hide a gay identity is a process that is learned and navigated alone. Hiding identity is closely linked to self-disclosure mechanisms in psychotherapy, which are explored at length in the next chapter. Hiding, for these participants, was associated with a loss of experience, feeling left out and not able to explore topics in spontaneous and ordinary ways when they compared themselves to their heterosexual counterparts, who experienced their nascent sexual identities unselfconsciously and freely, as Matt and Rich described:

> *Kind of maybe it's sadness or loss. You know, a sense of loss and grief for my late teens. I wasn't doing …having the experiences that my, well, my heterosexual friends growing up back then were having. What did that feel like? Awful. I mean that is where the shame enters. You…there was kind of like some sort of like disgust with myself, you know. I mean, especially in my teen years when I didn't necessarily understand it. I saw my friends having fun and being authentic. And I felt kind of like stunted, different, and there was something wrong with me. I think it impacts me still today.* (Matt)

> *Much of my kind of emerging identity of what it meant to be gay, um, means that, of course, I had to hide. I had to remain hidden, which I think has made it hard for me personally, to work with things where I feel exposed.* (Rich)

Again, a complex dilemma was playing out, particularly when they recalled having to hide in order to remain safe, and how these dynamics could play out later in the therapy room. To be "out" is to be exposed and potentially in harm's way, yet to hide identity is to censor and lose the creative and spontaneous bits of identity. The complexity of this conundrum, and how this is ambivalently navigated, was noticed across all of these gay male psychotherapists' experiences. The variations on this theme were explored in many ways – what it means to be a gay therapist, wanting acceptance but fearing exposure, striving for authenticity but having to conform in order to stay safe or be accepted – and the resultant shame that is universal to these participants. Feeling othered, having to hide and the loss attached to this process resulted in an ever-present and all-encompassing experience of shame. Shame is at the centre of being othered and is expressed in various ways, yet was shared by this cohort.

Matt expressed in an interesting moment in our interview that knowledge of gay pain and the corresponding shame was known to him and allowed him to enter into this familiar world with his gay patients in order to be of assistance:

> *So I think you walk into the space, um, kind of knowing in some ways that you are helpful, and how it's helpful and you can empathise with, uh, the person who's in the space. Either because they're alienated or they're a minority or othered. Or they've experienced shame in a particular way.* (Matt)

Soon after this comment, Matt shifted from his ability to empathise towards the shame he described as "*imped[ing]*" – he appeared to be enacting exactly the process he had just critiqued:

> *We're defective, we're not good enough. Um, we maybe don't need to be here. And certainly if I were to bring it into the space, and I think it would impede in some ways*

> *because I wouldn't be fully present to my client. It's very difficult to sit with that…with a client because of how uncomfortable it feels in the body.* (Matt)

Shame works in insidious ways, as unconsciously enacted here by Matt. Shame pervades all aspects of gay life; it enters into that life wholly, both historically and developmentally.

For those who choose to confront and process these experiences, this must eventually be wrestled with in the therapy room, as Ira and Ben described:

> *It's just everywhere. Uh, you cannot exist in this world as a gay person without registering shame, and turning it into whatever you do, and whatever you see, and perceive. Perceiving in the life of someone who takes delight in their sexuality, and take delight in, in making love and having sex and having it safely and plentifully. And perceiving in that something bad, it's just so sad. And so unnecessary.* (Ira)

> *And you will know this from the therapy space…how agonizing that feeling is for patients and how broad it is…having to come to terms with one's sexuality…um…coming out, having to deal with that…certainly when I did…it may be less stigmatising for young people now…gosh there are massive amounts of shame.* (Ben)

Shame is an ineluctable and inescapable consequence of being gay. All the participants continuously grappled with how shame has shaped them, particularly as a concomitant of feeling othered by existing as a person with an alternate sexuality. Shame lives and breathes in therapy relationships with gay patients. Constant vigilance around its effects evoked painful feelings for these gay male psychotherapists. Some said that they barely think about being a gay psychotherapist, and others discussed it as entering into every aspect (albeit unconsciously) of their professional lives, especially in their treatment of gay patients, but there was consensus that shame and its egregious effects cannot be avoided. Hence, the next subsection discusses mechanisms employed by gay male psychotherapists to counter shame and subvert the processes of othering that have been explored above.

Protest

Othering and the resultant hiding, loss and shame are negated and subverted by these gay male psychotherapists in numerous and powerful ways. They understand protest and resistance to be complex, and the process of protesting is both self-conscious and inconsistent.

Describing his experience as the only gay person and the only man in his reading group, Ira speaks to the complexity of how he internally navigates this terrain:

> *Another, um, negative experience that I also am not quite sure, I quite understand, um, it's to do with being a gay man. There's something that happens in the space that, that leaves me feeling quite other. Feeling like I want to be quite other, um, and leave me feeling that both at the level of being gay, which I am, I'm the only gay person in this group and at the level of being a man, um, I feel quite other. What I choose to do with that is inconsistent from time to time. Sometimes I disinvest from it or disidentify from it. Sometimes I overidentify with otherness and become a little defensive. Um, so it's complicated and complex.* (Ira)

It is again striking how this negotiation takes place as an internal process, as Ira has to perform internal adaptations and manoeuvres. An interesting contrast emerges where he can either disinvest from leaning into what it means to be the only man and gay person in the group, or feel defensive around his gayness and masculinity othering him. At times, feeling like an outsider in this group, Ira speaks out vociferously from his othered position on the ridiculous measures his reading group go to in order to protect the father of psychoanalysis:

> *To find a way that feels like the people who are, um, presenting material can find integrity to…talk about Freud in a way that's not just blatantly homophobic. I don't know how to do that with integrity. So, in a sense I've treated it quite defensively, quite quizzically. And most of these people are trying to save this man from the ridiculousness of some of what he said…they are really trying. Bless their hearts, you know, for trying so hard. It's that playful condescension.* (Ira)

This "*playful condescension*" is contemptuously blasphemous with regard to the originator of Ira's profession as a psychoanalytically-orientated psychotherapist, but it is also a feisty pushback to feeling othered in his group. The anger that motivates his pushback is anger at having to endure the manifestly homophobic content of the reading material and the seemingly oblivious responses towards this from his female colleagues. Ira may be entangled in his own projective processes, but being the only man and gay person in his reading group sets him up to be othered through his visible maleness and outspoken gayness. In a sense, he turns the tables in relation to who is patronising who in his colleagues' apparent acceptance or non-challenging stances. The pushing back strategy that Ira explored was an antidote to othering, as well as a complex defensive manoeuvre. Such pushback is conceived of in a variety of ways across the participants.

Visibility and wanting to be heard is a form of protest that can be achieved through various mechanisms. One of these mechanisms is research – and taking part in this research as discussed above – and striving to take up space in a world dominated by heteronormative voices that are louder and more abundant:

> *But as gay therapists our…I don't want to say our voice is silenced. I don't think that's accurate at all. But it's something along the lines that our voice is muted…in terms of what we say, our mode of being should be very tentative, very speculative. So me doing my own research I get to have a voice…and, and a strong voice. Because we've had to struggle, because we've gone through all this shit, we tend to be a little bit more assertive I find.* (David)

> *Because I think we are forced to be activists by the nature of our sexuality. Does psychoanalysis force us to…to be activists to advocate on our behalf to say 'don't reject us. We're gonna write dissertations and papers so you can include us, so you can understand us.'* (Alex)

David and Alex's impassioned statements focused on visibility and being heard – using their gay voices in research to reach the other in an attempt to be understood.

Research is a call to arms of sorts, in that becoming more visible requires producing more output on what it means to be gay and a psychotherapist, which is also one of the current study's chief aims. Being more visible is a form of activism and a form of pushback against the dominant discourses that speak on the other's behalf and leaves these gay men feeling othered. These dominant social discourses have positioned these men as outsiders and it is argued here to be one of the principal reasons for pursuing a career in psychotherapy. Activism is not only about writing the gay experience, but also about being an activist for gay patients who have all suffered destructive othering experiences:

> *It's actually frightening and terrifying to be the outsider, because you just have this awful anxiety of not being able to fit in. And at times, actually, it's very useful…when you've suddenly become the activist for someone because you can use all that rage. And you can sublimate it in very healthy ways.* (Alex)

Sublimated rage is positioned by Alex as a healthy and favourable consequence of feeling othered and marginalised.

Channelling rage, through processing othering experiences in therapy, is a challenge to more classical, psychoanalytic psychotherapy stances. Alex is suggesting that a gay psychotherapist may need to step away from the blank canvas position he was taught to uphold, and may need to become more directive and active with gay patients who are struggling with feeling othered. Ernie concurred and described how he uses erotic, bodily transferences to help his gay patient with overwhelming feelings of shame:

> *'Can you just lean into your kink a bit more?' Which…which he did and then in a session or two later, I had for a moment…I had an arousal response, when he spoke about something sexual. And when I had that response, I knew his libido was less repressed.* (Ernie)

Ernie used his "*gayness*" to attune closely to what was happening in his own body to understand what could be happening inside his patient's. He actively flouted the classical

"rules" of psychotherapy when he invited his patient to activate his "*kink*" as a way of unbinding his repressed libidinal feelings. Moreover, when Ernie was transferentially aroused, rather than interpreting this as potentially dangerous territory for him and his patient to be moving into, he used it to understand that something had become unlocked in his patient. Erotic transference and countertransference were used here to disrupt the dominant discourses and sexuality was used in an unashamed way.

Protest is about disruption. Understanding and accepting difference means becoming agentic and powerful. Leaning into gayness and opening up possibilities for understanding otherness and difference, not as pathology, but as power, means entering a place that actively dismantles heteronormative notions of how to be in the world, as Jim attested:

> *I think a lot of my own gay identity stuff has become a lot more in depth around actually challenging things, talking about casual sex, talking about hook-ups, talking about open relationships. Things like that, I wouldn't actually have been comfortable. Wanting to actually queer up things a bit. Kind of stirring it a little bit or pushing back a little bit. Because I do feel like there's stuff that needs to be disrupted. I think there's many ways of being and being a queer psychologist. Wanting to continuously disrupt things and question things. I think taking on needing to push back a bit, needing to take up a bit more space.* (Jim)

Wanting to disrupt, to take up more space and "*queering up*" spaces imply dismantling the normative status quo by pushing back. This has been explored above as profoundly complex – particularly in the context of the psychoanalytic psychotherapy "rules" that have been learnt and internalised. This pushing back is thus infused with ambivalent and complicated ideas and feelings and powerful projective processes.

Discussion

As these men have shown, being and feeling othered is a pervasive experience for all 10 gay male psychotherapists in this group. The data show, and it is therefore safe to

generalise, that othering is ubiquitous in the lives of gay individuals. This shared experience begins in early development, extends into adult life and, according to this cohort, continues to haunt the professional lives of gay men who go on to train as psychotherapists. In line with the discussion in the previous chapter, and as I explore again below, it is clear that understanding othering within the subjectivities of gay male psychotherapists is not something that can be navigated as a straightforward process, but rather requires a complex wrestling with ambivalences, opposites and projective processes.

It is irrefutable that gay male psychotherapists, particularly those who trained and already worked in the later part of the 20th century, suffered under the strictures of psychoanalysis (Becker, 2016; Schwartz, 2022). Although the landscape has changed, it is evident that the shadow of the past continues to infiltrate the hearts and rooms of gay psychotherapists. Again, rather than attempt to capture the full history of othering theory in its entirety, I focus only on the psychological or psychoanalytic understanding of othering, and how it appears to be playing out for the gay male psychotherapists included here.

As Riker (2022) notes, "the problem with difference is that it is not sameness" (p. 103). He argues that the primary reason that human beings other "others" is that they are not like us and therefore different. They pose a potential threat and, as history has manifestly and horrifyingly shown in extreme cases, there may be a perceived need to eradicate them. Humans seek pariahs in this process of othering: they project the unwanted, vile and hated parts of the self onto those that are seen as other to alleviate and unburden the self of these unbearable aspects (Jensen, 2011). In order for this to be achieved, the other must exist as a whole, on the margins, and be able to hold powerful projections and not upset an ancient prescribed and harmoniously established status quo. Benjamin (1998), who pioneered thinking on the projective processes of othering, theorised how the other, through projection, is used as the unconscious repository of our undesirable psychic material, so that the other

becomes the othered part(s) of our split off selves. Her earlier work centred on gender, but the implications of the intersubjective experience of self and other is relevant to understanding this process for gay male psychotherapists. Its implication here is that gay male psychotherapists may risk holding on to hateful projections, as scapegoats and pariahs on to whom unwanted, intolerable and unbearable aspects are projected.

Viewing this process through a self psychology lens, Kohut (1971) posits that narcissistic transference is used in an attempt to repair narcissistic injury, that is, the injured individual uses benevolent "sameness" to heal. The idealised individual, or idealised "other" – in Kohut's case, the analyst – understands that injuries are created by unattuned environments and therefore mirrors sameness to recorrect and assuage historical hurts created by difference (Kohut, 1971). So what is not the same, is different, and therefore other. Where this Kohutian understanding can become complicated is that, in psychoanalytic parlance, the concepts of other and othering are completely separate concepts (Becker, 2016). What is complicated in that one process is healthy, while the other process is regarded as pathological. The healthy other, the one that we separate from and learn to be in relation with, is explained by the Kernbergian process of whole object relating, whereas othering is seen as the pernicious operation of projecting split off, contemptible parts into an other (Becker, 2016). This appears to be the process that affects the gay male psychologists of this study, where they believe that they are the recipients of the unwanted aspects projected from a world that has deemed them other, outside and unacceptable.

As discussed in the previous chapter, when binaries are set up in a patriarchal, heteronormative world, this process creates an "us versus them" dynamic that plays out both in the external and internal othering arena of which these men feel they are the victims. This situation is further problematised by the performative aspects of masculinity characteristic of many heterosexual men. The terrain becomes even more complex when these gay male

psychotherapists contemplate the perceived hypermasculine markers that they feel pressured to adopt in order to be accepted by the masculine "gay ideal", which appears to align with hypermasculine heteronormative ideals, in an attempt to avoid sanction and rejection. They described as unequivocal and relentless the feeling of being othered, experienced from their early lives onward, then taken into their training and ending up in their therapy rooms. These men feel they have been othered by a heteronormative world and continue to grapple with how this affects their private and professional lives. It is evident that these men struggle continuously with the difficulty of believing or rejecting the notion that they need to conform to a heteronormative ideal in order to be accepted, particularly to enter the profession and to be accepted by it. The profession is presented as being and is felt to be homogenously constructed, a fixed prototype that needs emulation in order for them to be granted access; over and over, they feel that difference is not tolerated, despite the fact that the profession proclaims the values of inclusion and acceptance.

As the data have revealed, these gay male psychotherapists' feeling and being othered is not only something that occurs in the province of their therapy rooms: it is a journey that they have to contend with from their early private lives onward. They confront the issue in being selected and trained as psychotherapists. They must then continue to withstand othering among their peers in the psychological and psychoanalytic communities. As is mirrored in their lived through and survived gay developmental histories, these men tentatively embrace their gay identities in the face of a world and profession that they perceive to be unaccepting. Some believe these parts of their identities must remain hidden, as to be gay could result in rejection. Growing up gay and then wanting access to a profession that purports to promote inclusion but remains suspicious of gayness is still a fraught undertaking. Some participants felt that the proclaimed stance of psychoanalysis is an example of overcompensation by a community whose superficial protestations of acceptance and inclusion conceal an othering

process. Many of this cohort who tried to find a "home" in a progressive and welcoming community reported a sense of distrust despite professed acceptance.

There is a sense that opposites need constant monitoring, so that gay male psychotherapists' acceptance of othering requires them to strive for legitimacy as agentic individuals whose power as psychotherapists pushes up against what they perceive to be an unaccepting world (Owen & Long, 2022). These men must constantly claim agency and legitimacy in their psychotherapist identities. It may appear that being a psychotherapist is not troubled by their gayness, however, it is evident that to be gay is to be othered. There is thus some ambivalence in this complex process, which underlines the divide between the identities of therapist and a gay self. The overlap between their gay and therapist identities clearly has meaning for this group of men. The intrapsychic experience of this identity comingling can be thought of as a claiming of power, which is then stripped away by a world of binaries that puts the spotlight on this divide and others these men in the process. Pushing back and protesting against the mechanisms of othering is a complicated and ambivalent task, requiring projective manoeuvres in an attempt to step out of the shadows, to subvert shame, to avoid loss and to claim legitimacy.

Hiding, loss and shame were revealed to be consequences of othering. While some acceptance of these consequences was noted, particularly referring to how they were understood and processed historically, this group of gay male psychotherapists conceived of ways of pushing back and protesting against the inherited positions that a heteronormative world presupposes gay individuals should inhabit.

In line with the findings reported in Chapter 4, there are several mechanisms that these gay male psychotherapists have adopted that appear to flout the rules inherited from a more classical and (as the participants argued throughout) heteronormative tradition. One such mechanism was again a deviation from the classical psychoanalytic stance on the need

for a blank screen neutrality: participants used bodily arousal with gay patients as a way of reawakening libidinal energies in order to create shifts within gay patients whose desire appeared stifled by the norms and expectations of a homogenous world. In this regard, Sherman (2014) has explored how gay analysts can transferentially use their desire to rekindle dissociated longings in their gay analysands. In such a case, desire is purposefully activated in order to invigorate deadened patients and suffuse the treatment with renewed vigour and purpose. A powerful example in line with what has been presented here is where the power of the bodily erotic, which may not align with inherited ideas of practice or which may be perceived as breaking the rules, allows for shifts in gay dyadic psychotherapeutic impasses.

Another method of protest described by participants was their rejection of being silenced. One way in which this was conceived was to act as an activist – a choice which can again be considered a rejection of the classical stance regarding the psychotherapist's role in patients' lives outside of the consulting room. The participating gay psychotherapists believed that they become activists chiefly by embodying alternate sexualities. This was envisioned in various ways by the participants, but mainly centred around using their gay voices to overturn silencing tactics by advocating for gay patients and increasing gay visibility, particularly in research. Writing against othering is a powerful tool to expose pernicious processes of othering, especially in who should be speaking for whom (Brons, 2015; Jensen, 2011; Krumer-Nevo & Sidi, 2012; Papadopoulos, 2002; Steyn, 2012; Traustadóttir, 2001). These participants believed that an increased presence of gay voices in research may overthrow dominant discourses that collude with the silencing, marginalising and misrepresentation of gay experience. The purpose of this kind of activism is envisaged as a normalising of gay experience and assisting with the complex ambivalences (described here) that trouble this group of gay male psychotherapists.

Another othering process that was raised by this group of gay male psychotherapists was the problem of assumptions of homogeneity and sameness among gay men. “Sameness”, as captured in the data, is multifaceted – the homogenisation of experience for these gay individuals is complex. Firstly, any presumed sameness of gay experience and gay stories is decidedly othering. Becker (2016) notes that when those who are othered are also presented as homogeneous, it allows for an eradication of unique individual differences: massing an entire group into a sea of sameness promotes the process of othering. If there is no differentiation from another, this removes individuality and sets the stage for what these gay male psychotherapists vociferously rejected: the allegation that gay stories are the same, that gay patients can be seen by only gay psychotherapists, and that gay lives are undifferentiated. Sameness must be rejected and then the difference encountered in psychotherapeutic spaces can perhaps become more meaningful than similarity of experience. This finding aligns with what has been explored above, particularly around what these men rejected in the world and saw embodied in the history of psychoanalysis. They oppose the process of othering where an undifferentiated gay other becomes the receptacle for the unwanted and hated projected parts of the heteronormative majority (Becker, 2016).

Another nuance that emerged was the rejection of othering through derogation. Here, the converse process that gay male psychotherapists espouse becomes projective in another way, or rather in the opposite direction. The essentially defensive process of how gay male psychotherapists get caught up in this othering project aligns with the concept of an “us versus them” dynamic, as mentioned above. As has already been pointed out, Riker (2022) hypothesises that seeking out sameness is fundamentally human: those who are not like me are different and therefore a threat. This other can then hold all the unwanted projected aspects of me that feel ugly and threatening. Sameness, Riker (2022) argues, is primally expressed in an attempt to continue being; the need to group together in sameness is

connected to survival, and chiefly the survival of social rather than fundamental self identities. The constructed dialectic of "us" as a gay minority versus "them" as a heterosexual majority allows for a silent derogation and mockery of heteronormativity in which these gay men find their power. Rather than accept a position of powerlessness, they embraced this undermining of heteronormative power. An interesting bind was once again noticed: silent acceptance of perceived homophobic moments was internally thwarted in silent, disdainful ridicule; to interrogate or make visible the othering underway would be to take centre stage and potentially invite disapproval and rejection.

A type of defensive othering was also noticed, as described by Suen (2017). Othering has been defined throughout chiefly as the process of a dominant group bringing into being an inferior group that the dominant group deems and constructs as inferior. The inferior group is then widely discredited as embodying universal traits attributed to it by a hegemonic power. These traits are then proclaimed to represent the group in its entirety, rather than acknowledge any differentiation between members regarding their individuality and autonomy. Hegemony is then reinforced as powerful because it is not challenged and the "inferior" group remains in its designated, marginalised position. Understanding defensive othering processes (Suen, 2017) for gay male psychotherapists occurs not in the traditional othering sense, where a minority group's resistance to impositions by the majority result in complicity with the dominant group – instead, these gay male psychologists comply with the silence prescribed by the status quo, where their silencing and minority status remain intact. Rather than subvert dominant power structures, these men are relegated to the positions that they so desperately want to overthrow: being marginalised, silent and ineffectual. Their attempt to use their voices and claim their visibility becomes a defensive tactic, a superior and derogating "us" that ridicules the dominant "them", which, ultimately retains the order of things and emphasises the dominance of heteronormativity.

While this process could be potentially underway, and perhaps experienced in therapeutic practices and social life, speaking up and becoming (b)othered by participating in this research has undermined potential defensive othering, or perhaps conscientised these men to these processes at play. They may indeed use some defensive manoeuvres, but the protest presented here was alive and real, disdainfully ridiculing, and not just defensively so, but also as an agentic middle finger to the patriarchy, to heteronormativity, to the "blonde" monoliths. This process has powerfully foregrounded the dialectic between being silenced and finding an authentic gay voice; while heteronormativity strives for its retention, these men are exploring ways of undermining it.

Othering, as has been described, has always existed and has been argued to be alive and potent in both the private and professional lives of gay male psychotherapists. The acknowledgement of gay subjectivity, and how closely this is linked to processes of othering, are important and necessary subjects in research – these are crucial for giving space and a voice to the experiences of gay psychotherapists, who have only recently begun to be seen as relevant and noteworthy.

This chapter, in alignment with the protest themes described above, bears witness to the fact of gay life (here, gay male psychotherapists' life and work), which is not being spoken for by another or misrepresented in research. The chapter has voiced the difficulties of working as a gay psychotherapist while navigating feeling othered as a gay man. A dilemma, though, that needs constant vigilance is the tenuous and perhaps inevitable slippage that could occur by speaking for, and perhaps misrepresenting these men. This research actively attempts to challenge this slippage, not only by adding to the limited body of work on the topic, but also by exposing the othering processes that gay male psychotherapists endure and the conundrums that exist for them.

Chapter 6:

Gay Male Psychotherapists' Navigation of Self-disclosure: Findings and Discussion

Self-disclosure continues to be strongly debated as a psychotherapeutic technique. It was originally an unchallenged analytic orthodoxy from which psychotherapists should abstain, but contemporary thinking posits that there are beneficial therapeutic effects if self-disclosure is used judiciously (Alfi-Yogev et al., 2021; Richards, 2018). Self-disclosure is thus a complicated and technically unresolved area of psychotherapy that theorists continue to muse upon, starting from Freud's (1912) apprehension of its usefulness to contemporary empirical research foregrounding its benefits for patient wellbeing (Alfi-Yogev et al., 2021; Henretty & Levitt, 2010). Contemporary client-centred psychotherapy, taking its cue from the intersubjectivists and relationalists, leans towards more self-disclosure, argues that it can promote openness, an absence of defensiveness and an opportunity to share in deepened affect, which in turn fosters trust and heightens empathy (Henretty & Levitt, 2010; Richards, 2018). Moreover, the relational turn in psychoanalytic thinking proposes that it is impossible to be a "neutral" therapist, that therapist subjectivity and resultant self-disclosure are inevitable, always entering the therapy space, and, when used appropriately, may have curative effects (Knox & Hill, 2003; Kuchuck, 2018).

The self-disclosure techniques employed by gay male psychotherapists align with current debates; however, sexual orientation can complicate matters, so being a gay self-disclosing therapist implies some fascinating contradictions. The decision about whether to self-disclose challenged the men in this study to tolerate ambivalence around the usefulness of disclosing their gay orientation to patients. In this chapter, this tension is debated. The discussion is linked to an exploration of the literature available on gay psychotherapists' experiences of self-disclosure. It is posited that the difficulties of self-disclosure for gay male psychotherapists centre on the therapeutic implications of how gay sexuality is navigated

with patients and how this may potentially interact with patients' subjectivities. Moreover, self-disclosure has private and political implications for gay male psychotherapists, where withholding or disclosing a gay identity is held in tension, particularly considering what this means subjectively for the men of this study.

Review of the Relevant Literature

As mentioned above, theoretical positions on the usefulness or potential drawbacks of self-disclosure in psychoanalysis have varied in the profession since its inception. Freud (1912) argued the necessity for an analyst to function as a blank canvas onto which the patient projects, and that to interfere with this dynamic would muddy the transference. This analytic dogma has been challenged, and the use of self-disclosure has been empirically investigated to ascertain its therapeutic usefulness. Henretty and Levitt (2010) undertook a review to investigate the empirical literature available on therapists' self-disclosure in order to understand the factors that affect and are affected by therapists' self-disclosure. Their sophisticated analysis highlights the debates and concludes that there is no absolute consensus on approaches to self-disclosure. Nevertheless, their review uncovered that around 90% of working psychotherapists use self-disclosure in their work.

Alfi-Yogev et al. (2021) adopted the position that self-disclosure is a helpful technique, and investigated variables that affect treatment outcomes in relation to self-disclosure by psychodynamic psychotherapists. Their work explored self-disclosure decision-making around client distress at the between-client level (client distress levels between sessions), and the within-client levels (regulation capacity within the client) to ascertain self-disclosure effectiveness empirically. Their findings suggest that self-disclosure is an effective strategy at both these levels, but to differing degrees. They found that the regulatory potential of clients, particularly relating to high levels of distress preceding a psychotherapy session

followed by immediate therapist self-disclosure, improved, as revealed in less distress in the next session (Alfi-Yogev et al., 2021). For clients with poor regulation capacity between sessions (at the between-client levels), immediate therapist self-disclosure had only a slight beneficial impact on clients' distress levels in the next session. Their ambitious study foregrounded the importance of considering patient distress levels around emotional regulation, linked to relief brought on by the therapist's self-disclosure, as quantified in the data (Alfi-Yogev et al., 2021). Such empirical studies attempt to provide evidence through quantitative inquiry into self-disclosure usefulness.

In a qualitative study, Knox and Hill (2003) argue for the usefulness of self-disclosure and provide suggestions to psychotherapists regarding self-disclosure tools to aid and promote the helpfulness of this psychotherapeutic approach. There is relative consensus among contemporary theorists that self-disclosure should be used sparingly, and that the ethics of self-disclosure, not solely as a therapeutically helpful intervention but also in relation to the risk of the possible exploitation of the patient, needs careful consideration (Kuchuck, 2018; Peterson, 2002). One issue that is central to self-disclosure arguments is the outcome of a therapist's self-disclosure for treatment effectiveness. Richards (2018) contends that self-disclosure should be determined on a patient-by-patient basis, in other words, it is important to establish the patient's ego strength to handle the potential confrontations that self-disclosure may entail, while also ensuring that the patient remains in the therapy process. Leo et al. (2014) confirm that self-disclosure requires a balancing act of containment and connection in service of patient growth.

Richards (2018) and Kuchuck (2018) distinguish between deliberate and inadvertent self-disclosure. Inadvertent self-disclosure may activate vulnerability and may evoke potential shame in the psychotherapist, who may consider self-disclosure problematic in view of inherited classical teachings. However, Kuchuck (2018) warns of the potential for

relational and intersubjective theorists to “overcorrect” (p. 268) in defiance of positivist, inherited “rules”. Although subjectivity and self-disclosure have been argued to be different phenomena (Kuchuck, 2018), they may overlap and enter wholly into treatment, and must then be carefully navigated to avoid potential enactments.

Self-disclosure has received considerable attention in research. It is curious that this theoretical area in particular has been given so much attention in respect of gay male psychotherapists, given the broader silence on the experiences of this group in research. A key assumption here is that this literature is linked to the process of revealing oneself in therapy, which has both political and personal implications for gay male psychotherapists. While the themes covered in the literature centre on the therapeutic implications, the personal ramifications – which are linked to the political ramifications – of what this subjectively means for gay psychotherapists are largely neglected. Nevertheless, the existing self-disclosure research covers a range of issues, such as coming out to straight patients; gay psychotherapists’ willingness to disclose their sexual orientation(s); assisting gay therapists’ self-disclosure to gay and straight patients; how self-disclosure of the therapist’s identity affects therapy with gay patients; the use of self-disclosure; and the responses that self-disclosure may provoke in psychotherapy, to name but a few (Coolhart, 2005; Drescher, 2013; Jeffrey & Tweed, 2015; Kronner, 2013; Kronner & Northcut, 2015; Moore & Jenkins, 2012; Porter et al., 2015; Satterly, 2005, 2006). Consideration of the work done on gay therapists’ self-disclosure represents an important contribution on this under-explored group in the psychological literature.

What is evident across the literature is that self-disclosure is a complicated business. An article by Cardieri (2021) explores the need to remain constantly vigilant of outward presentation, as current American psychiatric training continues to actively discourage both implicit and explicit self-disclosure. Self-disclosure of a gay identity, through dress,

mannerisms, tone of voice, is communicated – by a system still dominated by White heterosexual male bodies, as Cardieri (2021) notes – as being interfering, unprofessional, self-centred and potentially damaging to patients. While the rigidity of the medical model may be relaxed somewhat in psychotherapy settings, this space is also depicted as decidedly fraught.

Newberger (2015) reports that by 2015 there was already an extensive literature on disclosure issues related to heterosexual psychotherapists' experiences of loss, but that there was almost no psychoanalytic theorising around therapists with alternate sexualities. Her contemplation of the complexity of disclosing the death of her partner, a woman, to her patients was met by a baffled response from her supervision group, who could not fathom why the same-sex nature of the relationship should complicate matters. Disclosing this loss felt like a "high-impact double disclosure" (Newberger, 2015, p. 42), where disclosing both her sexual orientation and the profundity of her loss was a complex and potentially unsafe revelation, not just in her supervision group, but also in light of the potential of this double impact on her patients. Newberger (2015) notes that differences in sexual orientation have consequences and that being a gay therapist is not a straightforward matter, particularly around self-disclosure issues, even though she attempted to model ease of acceptance of her own sexuality. She argues that even when her sexuality does not overtly enter the clinical encounter, and despite her own comfort with her sexuality, it is embedded within the material of the intersubjective and enters the therapeutic space, wittingly or unwittingly. For Newberger (2015), and perhaps for all psychotherapists, in respect of self-disclosure issues one size does not fit all.

Gay male psychotherapists' decisions to reveal or conceal their sexual orientations has been debated in the literature to some extent. Cole and Drescher (2006) discuss the fact that gay individuals have to contend daily with constantly "coming out" and explore how this

plays out for gay therapists in the therapy room. They deduce that self-disclosure abstinence is mostly impossible, and that disclosures will be inevitable, noting particularly that withholding self-disclosure is more a theoretical position than generally adhered to in practice. Non-disclosure is regarded as a technique that allows analysts to hide rather than step into therapeutic action (Cole & Drescher, 2006). Analytic neutrality is argued to be a product of heterosexist culture, which implies that the absence of disclosure around sexuality does not necessarily equate to neutrality; rather, assumptions around heterosexuality as the "normal" developmental outcome is still regarded as the accepted and universal destination.

Satterly (2006) investigated similar themes, sampling a group of gay male psychotherapists to investigate factors that affect decision-making processes around self-disclosure of their gay orientation. He found three main themes that affect this decision-making process. The first was identity creation (participants grappled with their dual identities as gay and therapists and how this overlap plays out in the professional world). The second was individual identity management of the pre-client contact, where decision-making around self-disclosure was based on therapists' standpoint around the teachings of analytic neutrality and theoretical beliefs. Finally, identity management during client contact related to factors that influenced self-disclosure in the context of psychotherapy, in and outside the therapy room. Satterly (2006) hoped that his investigation might assist gay therapists in making informed decisions and in contemplating their own identity management. This paper is an extension of his previous work (Satterly, 2005) based on his Intention and Reflection Model, which provides a framework to help gay male psychotherapists to navigate self-disclosure to both gay and straight patients.

Finally, Jeffrey and Tweed (2015) sampled a group of LGB clinicians to investigate their decision-making around concealing or disclosing sexual orientation. They uncovered two main themes. One was the curative effects of queer therapist self-disclosure by removing

barriers between clients and developing trust, with a positive effect on the client, and personal empowerment in the form of feedback. The LGB therapists included in their study reported that disclosing sexual identity, even when doing so had curative outcomes, remained complex and dangerous, and that the process was infused with ambivalence in respect of the anticipated costs and benefits for both their patients and themselves (Jeffrey & Tweed, 2015). Conversely, the second theme, the cost to therapists of concealing their identity, where withholding such information was understood to have a negative impact on the therapeutic relationship, evoked feelings of loss and dishonesty. In such cases, the decision to remain silent had the potential to cause harm to the psychotherapist (Jeffrey & Tweed, 2015). Concealing identity was described as psychologically damaging, considering the shame, sense of dishonesty and guilt that these therapists described as consequences of the decision. Overall, Jeffrey and Tweed's (2015) study reveals that self-disclosure of sexual orientation overturned psychoanalysts' teaching and training around self-disclosure abstinence, regardless of theoretical orientation, but noted the positive outcomes of disclosure.

Kronner (2013) and Kronner and Northcut's (2015) studies on self-disclosure work conducted between gay male psychotherapists and gay male patients focus specifically on how self-disclosure of a gay orientation affects therapy with gay male patients. Both studies predict the difficulty of growing up gay in a heterosexist world, and the development of internalised homophobia, which then affects normative abilities to relationally connect. This experience is hypothesised as commonplace for men who have been othered and marginalised by an unaccepting world. Exploring qualitative data gathered from gay therapist and gay patient dyads, the results revealed the benefits of self-disclosure for corrective experiences for patients through therapeutic modelling, normalised experiences, and the promotion of feelings of care and trust.

Frommer (2000b), in an earlier personal account, describes self-disclosure with a gay male analysand and the interactional, intersubjective qualities of the process through the lens of experience-near subjectivity of what may be going on for both the analyst and the patient. Frommer (2000b) focuses on subjectivity themes, linked to transference and resultant self-disclosure issues that mirror relational challenges that gay men endure outside the therapy room, particularly around disavowal and the disallowance of expressions of love, connection, desire and mutuality by an unforgiving world.

Drescher's (2013) response to a paper by Anson is a theoretical reaction to classical views around potential countertransferential enactments if gay therapists disclose, explicitly or inadvertently, their sexual orientation to their gay patients. Drescher (2013) debates self-disclosure and shows how transferences develop, regardless of what is known about the analyst, the analyst's sexuality or otherwise. Controversies around self-disclosure remain due to uncontested beliefs, particularly in alliance with classical schools of psychoanalytical thought.

There has also been some investigation of the strategies that gay therapists employ in disclosing their identities to straight patients. Moore and Jenkins's (2012) study explored this thematically by sampling a group of gay and lesbian therapists to uncover the effects of their self-disclosure on the therapists and their straight patients, as well as the potential consequences for the therapeutic relationship. The study revealed that although some therapists were comfortable disclosing their identities, an experience commonly reported by the participating therapists was high levels of anxiety, vulnerability and fear concerning judgement, safety and other issues related to internalised homophobia.

Coolhart (2005) looked at the rationale for coming out to straight clients, exploring themes such as being transparent, adopting a social justice position, providing a type of modelling for those whose sexuality remains hidden, and exploring experiences of

oppression. Her work emphasises the widely held notions that gay therapists are assumed to be straight until they self-disclose that they are not, and that the onus is on the gay therapist to correct such assumptions. She also explored the implications of coming out to queer clients. The findings follow a similar trajectory in respect of these themes, but also address the complexity of internalised homophobia and how self-disclosing can attempt to alleviate and address this pernicious process (Coolhart, 2005).

Despite the range of self-disclosure literature discussed above, which covers the body of literature available on gay self-disclosure themes as far as could be ascertained, it is noteworthy that this literature remains limited. The literature captures an established technique that has been debated in psychotherapeutic theory and practice, and shows how this negotiation is complicated when gay sexuality enters the picture. This complex territory has been explored in a multitude of ways, but, although the issues are recognised by most of the theorists included here, there is still a dearth of detailed evidence on the subjective experience of gay psychotherapists and how this relates to self-disclosure strategies. One area in particular that is largely excluded from the gay self-disclosure literature is the political implications of self-disclosure by and for gay therapists, how their subjectivities are considered, over and above therapeutic concerns. The findings and discussion that follow in the remainder of the chapter add to the limited corpus presented above and grapple with what disclosing a gay sexual identity may mean when such disclosure coincides with both a therapy identity and the subjectivities of both gay male psychotherapists and their patients. The literature offers several convincing arguments, and presents self-disclosure issues in fascinating and important ways, but this research demonstrates that, while it is important to theorise and debate, in practice, the personal and private considerations of addressing these dilemmas on the ground are another matter entirely.

Findings on Gay Male Psychotherapists' Navigation of Self-disclosure

There is a tension around self-disclosure for all psychotherapists, but this act has particular significance for gay male psychotherapists, where the professional can become the political, as private internal strategies are weighed against wider social understandings of what should be done regarding self-disclosure strategies. The tension between adopting a confident stance around self-disclosure approaches or the converse, doubt, that arises for this group of men is the central dilemma explored below.

Self-disclosure remains a contentious and complicated matter for all psychotherapists. It became apparent from the interviews that this territory is particularly carefully navigated by gay male psychotherapists. These men experience anxiety around this issue, and the navigation of self-disclosure was accompanied by worry. The literature explored above raises primarily therapeutic issues for gay male psychotherapists to consider regarding self-disclosing their sexualities, but the absence of information on the private and the political repercussions of self-disclosure was reported, particularly data on how to grapple with the tensions which became evident for the men in the current study. The findings and discussion explore the tensions inherent in the appropriation (or not) of gay self-disclosure, and how self-disclosure decision-making becomes a political undertaking that pushes against what is accepted as normative. These gay male psychotherapists all contemplated the usefulness of self-disclosure and its possible drawbacks, inhabiting their therapeutic and gay identities with confidence versus doubting their approach, in an attempt to create spaces of safety and understanding for patients to feel held and heard.

The findings are grouped into four sub-themes, identifying issues of safety linked to sexual identity, examining confidence and doubt strategies, exploring the "inherited" rules of self-disclosure, and finally presenting the messy business of erotic countertransference as an

important consideration for gay male psychotherapists in relation to self-disclosure and their private subjectivities.

Owning Sexual Identity and Issues of Safety

In the interviews all the participants were asked about their approach to self-disclosing their gay identities to patients in their clinical work. This is an area that has been debated in the literature, so the thoughts these men had on the subject were actively pursued. Some participants, such as Ira and David, described the process as straightforward and unselfconscious:

> *It's actually quite simple to navigate…a little bit cut and dried. It's either useful or it's not useful. Assessing its relevance, or, um, feeling that the person can take on and take into their mind a little bit of who I am, I'll tell them I'm gay. It's not something that I hide in the room. I see it as somehow secondary in the room. Quite secondary.* (Ira)

> *I'm not going to withhold and be that kind of withholding therapist. I will answer the question directly…but it needs unpacking.* (David)

These participants' level of confidence in this strategy appears to be linked to their level of resoluteness around their gay identity and the adoption of a stance that potentially subverts "hiding" or "withholding" tactics. It counters an approach of remaining analytically neutral and withholding, which these participants assume may interfere with the openness and transparency they attempt to establish in their therapeutic practices. This confidence, or subversion – subversive in relation to psychoanalytic dogma and an internalised analytic superego that comes with inhabiting an "other" status within an established normative tradition, discussed above, and more fully below – can be understood as their attempt at normalising gayness, where these participants are able to inhabit their identities with conviction and assuredness.

However, normalising a gay identity and inhabiting it is not a straightforward matter. This is something that does not lie wholly in the control of these gay male psychotherapists, whose identities are revealed in various ways, or are fantasised about as being revealed in how they present to their patients, both physically in the world and as felt in transference:

> *I think they picked me because I think they sensed from my website, you know, my areas of work. But that never came up. It's not something I hide, I never have. I mean, I don't think I could if I tried anyway [laughter].* (David)

> *I also think, sometimes, most of the time, I don't need to [self-disclose]…because I think, well, probably I look gay…like, I am gay.* (Don)

> *I've got effeminate gestures, to use that term, I'm expressive with my hands. And I think people often can read that as like 'oh, Alex is gay'.* (Alex)

While these participants accepted the inevitability, even if unintended, of being "outed" by the mere fact of being themselves, the navigation of visibility – or, rather, the agency and choice of whether this aspect of their identity is made visible – was disclaimed. David, Don and Alex understood that "appearing" gay may be self-disclosing and is something that is out of their control. This self-conscious awareness of a gay identity – revealed in gestures, tone of voice, books on gay psychotherapy themes on their shelves, their choice of shoes, interior decor, the absence of children or pictures of their partners and/or families are some of the examples that emerged in the interviews – is fundamental to these gay male psychotherapists, whether it is owned with assurance in the therapy space or inadvertently revealed. This process resides in the non-verbal realm, remaining unarticulated in words.

Rich mentioned his anxiety around what is revealed around gay content on his bookshelf:

> *Okay this patient is going to notice those books behind me somewhere about being gay. And then, uh, and then they will know something about me which is going to change the dynamic.* (Rich)

On the one hand, Rich's anxiety acknowledged that the revelation of his gayness will have an effect on the therapeutic dynamic, it is interesting that he left the books in question on display where patients can potentially see them. Perhaps he was alluding to the inevitability of his identity being revealed, or maybe he was engaging in an act of defiance or subverting the pressure to be something that he is not, but here he made a choice to leave the books in plain sight, rather than to alleviate his anxiety by keeping his books in a less visible place. Hiding his books would be withholding, and yet, proudly displaying them has consequences, which he positioned as an effect on the therapeutic process.

When gayness is either revealed or assumed, it then has a purpose in the therapy. A central purpose of being visible or known (something some gay male psychotherapists accepted as unavoidable) held particular significance when working with gay patients. Being gay and sitting with gay patients creates a potential shared space of safety and comfort:

> *[Self-disclosure] would create a kind of safety that probably wouldn't just be about the therapy. Someone who this person can feel safe with.* (Ira)

> *I think a lot of people who see me do assume I'm gay. Um, and then I think it settles them…also I suppose work under the illusion that I will know something about what it means to be gay.* (Rich)

> *He had been working around gay shame stuff. And I felt that if I'd said it, he would be…it would create a safety in, um, being able to work.* (Matt)

While all psychotherapists invest in creating spaces of safety for patients' anxieties to be explored, held and contained, this held specific resonance for this group of gay male psychotherapists. The importance of this level of safety was movingly captured by Rich, when he contemplated the lived reality of gay experience, particularly around personal safety:

> *I think you also grow up in a world where you do that every day as a gay person. Every day you've got to walk into a room and say to yourself: 'Am I safe in this room? Will people respect me? Will people acknowledge the integrity of my mind and my body in this room?'* (Rich)

A known gay identity, then, is not only relevant to normalising the experience of being gay, as discussed above, but becomes an act of joining with the gay patient that the participants appeared to regard as representing an act of resistance in the context of an over-arching acceptance of presumed heteronormativity. Self-acceptance of his identity by a gay therapist is then intended to provide a kind of modelling of similar states of being for gay patients.

Safety is a complicated issue for these gay male psychotherapists. As Ira suggested above, disclosing a gay identity is either useful or it is not, although this is more complicated as a process that is intrapsychically profound for these men around self-disclosure and safety:

> Michael: *Gay patients feel safe?*
>
> Ira: *Yes. So how do I navigate it? A bit of wondering…what is this person like? Where do they sit? Where is the homophobia in their life? Is it inside them? Is it inside the people in their life?*
>
> *Sexuality also comes with issues of the body. It comes with issues of homophobia and fear and anxiety.* (Rich)
>
> *Yeah, also depending on the situation, uh, for safety.* (Don)

Ira, Rich and Don, in their different ways, alluded to the creation of safety not only for their patients but also for themselves. A potential lack of safety emerged as the core trauma, a sense of feeling deeply and wholly unsafe in a world that has historically positioned them as other. How this fear continues to haunt them is reflected in the comments quoted above around the fear and anxiety of assumed homophobia and feeling unsafe.

Underneath these remarks was a wish to self-disclose, not only around making the patient feel safe, but checking the safety of their own identity in the minds of their patients. Being accepted as safe in the patient's mind, and being a safe object for the patient in the room, exposes both the wish and the risk. Am I, as the psychotherapist, safe? Will I be judged as I expect to be judged, based on how unsafe I have historically felt in the world? The

trauma of the past lingers in this territory of fear, and a fear for personal safety exposes how the lived through fear of rejection, the fear of being maligned and othered shapes these men's needs. They proposed that they provide spaces of safety for patients, but thereby revealed their own safety concerns, particularly referring to being out in public and self-disclosing outside of therapy rooms:

> *It's not that I never self-disclose. In fact, realistically, most of my patients would have found out that I'm gay…for some reason, in the gay community in South Africa, you bump into your patients…at least I do.* (Rich)

> *Partially because of his struggle with it, culturally…and yet I would bump into him at gay functions. And the horror on his face, I mean, that's a whole subject on its own.* (Simon)

Gay identity that is confirmed outside of the therapy room, as a member of the broader gay community when a therapist bumps into patients at gay events or when he is known to or exposed by others as gay, cements the therapist's identity in the world and highlights a deep awareness around a lack of safety. Self-disclosure here is also out of the gay psychotherapist's hands, and becomes explicit self-disclosure. It foregrounds gayness, a confirmation of the therapist's other identity, perhaps a stripping away of agency and removing anonymity, being known and exposed and unsafe.

Gay identity is undeniably significant in how therapy is imagined and conducted with gay patients, and always enters the space in both unconscious and conscious ways. Self-disclosure of identity is associated with the possible dynamics of being visible or attempting to hide in the therapy room, as explored above, but disclosure of sexual identity is a far more complex negotiation for gay male psychotherapists than simply maintaining or giving up hard-won agency. The underlying premise here is that straight psychotherapists are exempt from this self-conscious negotiation, thanks to the assumption and the historical hangover from psychoanalytic attitudes towards gayness, that "straightness" is the understood

"accepted" position, and the resultant comfort that disclosure is unnecessary. For gay male psychotherapists, a sense of responsibility, which revealed itself continuously in the interviews, existed in relation to their gay clients in that a shared knowledge of the pain of being othered and powerless means that self-disclosure is sometimes not a choice but a prerequisite. However, the necessity and assuredness of this strategy aroused ambivalence, which was expressed as worry and doubt.

Split Selves: Confidence and Doubt

Confidence in claiming and a conviction of the desirability of claiming a gay identity as a gay male psychotherapist resonated in these psychotherapists' clinical practice, but there was also a more tentative and cautious approach when self-disclosure techniques were considered:

> *In terms of disclosure I think I do it on a case by case basis. I don't necessarily disclose unless I think somebody will benefit from it. Sometimes I suppose I worry about whether or not that's my need to feel aligned with them…* (Rich)

> *So it took me a long time to be comfortable with self-disclosure…um, even when I thought I was, I would find myself holding back from disclosing.* (Don)

> *And I've never said 'I'm gay'. I think it's just assumed in most cases. And if a patient assumes I'm straight, I'm not going to say, 'Well, darling, you have it wrong' [laughter].* (Alex)

Rich, Don and Alex's caution epitomises a central conflict around self-disclosure for gay male psychotherapists, which can be understood as the tension between fully and confidently inhabiting an "out" gay identity as a psychotherapist (and its possible implications for therapy processes), and a sense of doubt and self-consciousness around whether taking up this position can interfere with therapy or somehow undermine faith in the skill and competence of the gay psychotherapist. Rich expressed in the comment above his concern about whether

disclosure is his own need rather than something that serves the therapy. It is noteworthy that part of Rich's doubt is rooted in a deeply personal experience of having to navigate his own needs, not just the needs of the therapy, and how personal this is too.

The implications of this finding are linked to what was explored above around hiddenness versus visibility. While acceptance of a visible gay identity and its worth for therapeutic richness has been argued as a powerful theme for gay male psychotherapists, the countertactic is to be more worried, and self-conscious, and the suspicion that perhaps being hidden is the more beneficial position in relation to patients' anxieties:

> *I try not to reveal too much of myself, because of the whole blank canvas thing, um, to get as many projections as you can.* (Don)

> *He wanted to leave behind what he was…and he needed a good example of what he really could…could be moving into. And at that moment I felt like it was a good example. Well, I was gonna give him the idea that it was [laughter].* (Matt)

Matt was talking about his work with a gay patient who was struggling with shame and looking to Matt as an example of how one can explore a gay identity in a way that feels safe. However, Matt's reflection stressed the split that pervaded the narratives of these gay male psychotherapists, as could be seen in his doubt around his presentation of himself as hoping to be a good example to his patient. This split manifests the two sides of self-disclosure for gay male psychotherapists: confidence and doubt. Don's comment also revealed the complications inherent to and the powerful internal negotiations around existing in a therapeutic skin that is tied to an othered identity and concern that disclosure could potentially cause interference.

The emergence of a split self, however benign, is suggested in the idea that two significant aspects of identity (being gay and being a therapist) are kept apart and knowingly split. And while a sense of gay identity could be known, or assumed, there is uncertainty around this – not so much that it is explicitly hidden, but to the extent that it is neither

explored nor named. Split selves came up repeatedly in the data, expressed in comments that to inhabit one's identity means it must remain a secret:

> *I'm very cautious about disclosure because I think that it interferes with the process…it's not that I'm embarrassed to disclose, I try and look at what the patient's fantasies are…so if I'm gay, what does that mean?* (Ben)

> *Uh, yeah, maybe I wasn't as comfortable as I thought…maybe a part of me still thought there was something wrong with being gay. Even though, if you asked me at the time, I'd say 'hell no'. But maybe that was still some sort of remnant of, um, discrimination that I was holding on to.* (Don)

Some participants suggested that therapist selves and gay selves need to be compartmentalised. It can be argued that compartmentalising is a universal experience for all psychotherapists of all sexualities, that is, keeping a therapist identity and a personal identity apart, but with gay male psychotherapists, their difference, or otherness, makes a difference. This difference, it is argued, is linked to shame. It is interesting that Ben felt that he needed to qualify his statement by adding that he was not ashamed to disclose, and presented this need as a blank canvas issue; however, his doubt and caution lingered in the territory of shame. He appeared to be overcompensating somewhat for his caution around disclosure, and his own struggle with self-disclosure, and pinned his unease to the importance of what is happening in the patient's fantasies.

Don contemplated retrospectively his own struggles with shame, and a sense of internalised discrimination or internalised homophobia, however faulty, that being gay is wrong. As has already been discussed, the experience of being gay has had complicated reverberations historically in the psychoanalytic community, from reparative therapies to gay candidates being barred from entering analytic training, to the more pernicious psychiatric pathologising of homosexuality. This inherited shame, which is argued here as inescapably linked to doubt, appeared to haunt these gay psychotherapists' narratives. The decision about

whether to self-disclose boldly and confidently is troubled by a familiar sense of doubt, the argued split existing for these men, where a desire to disclose confidently is overshadowed by worry that the approach may be wrong. A particular position is not claimed boldly – instead, historical internalisations around getting it wrong, of being wrong, muddy the therapeutic waters. The personal, individual experiences of shame coloured some participants' lives, and the implication here is that being gay and being a psychoanalytic therapist defies the heteronormativity of psychoanalytic practice. Confidence and doubt are psychically split, and need to be compartmentalised, so as to acknowledge the doubt elicited by the fear that inhabiting a confident approach toward self-disclosing gay sexuality in therapeutic settings would be to break the rules.

The Rules of Self-disclosure

The turn in contemporary thinking around embracing self-disclosure as therapeutically beneficial appeared to stand in stark contrast to the message this group of gay psychotherapists received in their training. The debate around disclosing or not, despite indications that disclosing could be beneficial, holds further complexities for gay male psychotherapists. Self-disclosure of gay sexuality is a different type of self-disclosure, something more weighted than other types of "ordinary" disclosure not linked to sexuality; moreover, gay sexuality is "other" when contrasted with normative heterosexuality, which needs no contemplation, because of the assumption of acceptance discussed throughout this study.

The inherited "rules" of accepted "practice" were deeply deliberated in these participants' private negotiations around self-disclosure:

> *I think it's impossible to be a neutral therapist. The idea of neutrality is absolutely impossible. Um, having said that, I don't have pictures of my family, or my partner. When I started out I think I was far more open around my sexuality and self-disclosure,*

> *rather. And it's not something that is a conscious decision that I've made. It's just how I've worked to disclose less and less. Um, I did…you fall. I've made mistakes.* (Alex)

While Alex insisted that therapists' subjectivity will and must enter the therapeutic space, the more experienced he became, the less he felt that he should self-disclose. He understood that this was not a conscious decision; however, being a practitioner with psychoanalytic leanings meant that although he advocated for the relational aspects of this type of therapy, he felt that a therapist must beware of sullying the therapeutic space with his gayness. Alex foregrounded that it is not possible to present as a blank canvas, but he also reported that as a young, less experienced therapist, he felt much more comfortable in disclosing his sexuality. This changed as he matured into his therapeutic skin. He noted that this shift was unconscious, but that he became conscious of it through the interview, concluding that the less he self-discloses now, the better. However, he acknowledged that he has veered from this practice and has "*made mistakes*" by being more self-disclosing, which he positioned as an error: to self-disclose broke the rules. It may be hypothesised here that Alex is referring to breaking the rules of self-disclosure, but he does not in fact name this practice. It can rather be assumed by his positioning of the error as residing in self-disclosure territory, it was not a "*conscious decision*" but it evolved in him disclosing "*less and less*". It may be assumed that Alex treated his sexuality similarly to other aspects of his therapist self – to be engaged with and kept in mind – but his worry appeared to be that sexuality might become foregrounded in a patient's treatment.

According to the internalised norms of psychotherapy practice – not a universally agreed-upon norm but one version of a norm contemplated and argued as inherited by the gay therapists included here – to "contaminate" the therapy space with one's sexuality is to err, as it has the ability to intrude and invade, and must therefore be avoided:

> *Because sometimes you have a patient where they're clearly anxious about whether you're going to judge them…and analytically speaking, self-disclosure wouldn't be the*

> *best thing to do…I know that it's probably not analytic. Because you should be working with interpreting the anxiety.* (Rich)

Here, Rich addressed the inherited notion of correctness of practice and developed his ideas of the expectations of analytic practice and how self-disclosing may not align with what is understood as good practice, and thus deviates from the rules. Their apparent deviation from the inherited and supposedly universally agreed upon rules of psychoanalytic therapy for gay male psychotherapists further solidified a sense of otherness and evoked feelings of shame in those who broke the rules. Rich expanded on what he believed constitutes correct psychoanalytic psychotherapy practice:

> *Should I be saying this? Is this analytic? [laughter]. I have this tension, a part of me feels 'well I could say yes and we could potentially feel closer because of this, you know'. And that may be useful. But it's not analytic. Or I could try and make something analytic out of it by trying to interpret it and look at what it means to them, which is what I generally do. I generally try to say 'You know I have no worries answering this question, we can talk about it, but I'd really like to know what it means to you to know this thing or not'.* (Rich)

Analytic neutrality is regarded as something to strive for if possible. There are clear definitions and rules in place regarding how psychoanalytically-oriented psychotherapists should be in the therapy room with patients, and how these psychotherapists should think about self-disclosure. The split discussed above is deeply evident in Rich's exploration of what he "*should*" be doing in psychotherapy, and of deviation from the established tradition of psychoanalytic psychotherapy, that which is "*not analytic*". His superego is activated and he feels shamed for having blundered.

The over-arching "shoulds" of good psychoanalytic psychotherapy practice, in the minds of these gay psychotherapists, perhaps mingles with gay shame and was seen throughout the interviews as complicating decisions around self-disclosure for these men. Being gay and being part of the psychoanalysis-practising community is a fraught position.

There is tension around how a self-disclosing gay male therapist politically inhabits a space that he has previously been excluded from, as well as his own private space, which exists outside the inherited heteronormative psychoanalytic space, and yet longs to be accepted and included as a worthy and competent member of this impossible profession. This prominent theme, particularly how it manifested around self-disclosure in these gay psychotherapists' musings, reflected their felt and experienced outsider status, vis-a-vis heteronormative ways of being, as a gay individual in the world, and around a monolithic understanding of the rules of psychoanalytic practice to which these therapists wittingly or unwittingly subscribe.

Ernie continued this discussion:

> *I think I've had one or two gay male patients who after a while would say something about gay life and they would maybe say 'You know what I'm talking about.' And I would not respond to that. I would remain neutral…I might give a smile or…I don't know. But wouldn't, kind of, say 'high five sister I know what you mean' kind of thing [laughter].* (Ernie)

Disclosure, in Ernie's example, is not always verbal, as he insisted on inhabiting a position of analytic neutrality, regardless of the fact that both the patient and the therapist knew they are both gay, further entrenching the felt necessity of upholding analytic neutrality. The playfulness of Ernie's response points again to a split between a therapist and a gay identity – the two are separated and must remain separated, especially if the therapist is playing by the rules. Ernie's self-deprecation and humour masked a vulnerable moment of sharedness between him and his patient. Openly proclaiming that he experientially understood what his patient described through the presumed understanding of Ernie's own gay experiences would mean aligning with his patient and ultimately getting too close, or intruding on the patient by inserting his own gayness into the moment. Instead, he opted for remaining neutral, leaving unspoken the shared understanding that both he and his patient knew that Ernie is gay. To

claim his gayness would be wrong, he assumed, as he does not present the converse experience of joining with his patient as having the potential to be therapeutically valuable.

Similarly, Ben's ideas support the argument presented here and echoed Ernie's sentiments:

> Michael: *So how do you choose when to self-disclose?*
>
> Ben: *It's incredibly rare that I have…but with that patient [looking specifically for a gay therapist] there wasn't a need for disclosure because he had said he was looking for a gay therapist so he didn't say 'I'm checking that you are gay.' There was an assumption and I didn't feel there was a need to contradict him.* (Ben)

Here again there was a real sense that Ben "*didn't feel ... a need*" to self-disclose, which again stands in contrast to what some of the literature suggests. Instead there was a tacit understanding between Ben and his patient. The point is driven home that a shared understanding is acknowledged, but not put into words. The admission remained non-verbal.

It is striking that the notion of analytic neutrality is so unwaveringly accepted, even though participants felt that this principle has the ability to stifle creativity, spontaneity and connection. It can be argued that acting as a removed, non-disclosing therapist self, who plays by the rules, closes something down rather than opening something up. What could potentially be lost in choosing to remain neutral? And what could happen if the therapist embraces a particular and tender vulnerability, a place outside of shame; or, rather, a meeting inside each other's shame, in the shared and frightening understanding of each other's hurts and longings? This interchange is relevant:

> Ernie: *As a rule I don't [self-disclose]…it not being a rigid rule. It's not an injunction. It's not a super ego command. Um, just ask the question again Michael.*
>
> Michael: *Um, I've completely forgotten it. Oh, self-disclosure…*

I presented a simple and clear question around self-disclosure technique which was in clear and close proximity to Ernie's equally short answer, but something slipped out of mind

for both of us. Ernie was talking quite animatedly about the rules of self-disclosure, where he indicated that he was not being dogged by rigidity or restricted by his super-ego. Yet, paradoxically, while Ernie was advocating for freedom from the rules, some form of enactment around the propriety of rules surfaced for Ernie and me, which halted our process and shut down our minds. This moment can be interpreted here as an interesting example of how shame can creep in, shut down, or scramble something, in particular in relation to the psychoanalytic "rules" of disclosure.

The exploration above has focused on the difficulties of self-disclosure for gay male psychotherapists, particularly considering issues of safety when owning gay sexuality, unpacking the split between confidence and doubt in the face of the "inherited rules" of appropriate practice in psychoanalytic psychotherapy that most of these gay male psychotherapists have been trained in. Participants attempted to resist conforming to rules, but spoke about the political implications of conforming with the rules versus flouting them, as well as tactics to hide their sexual identity, inauthenticity and avoidance. Several themes emerged around sharedness and reciprocity, particularly the ease of talking about sex, which gay participants felt was better understood by gay male therapists.

In line with their ambivalence regarding many of the concerns explored throughout, talking about sex and the emergence of erotic countertransference resided closely together in this complex territory.

Let's Talk About Sex and the Trouble of Erotic Countertransference with Gay Patients

An area where reciprocity or sharedness was clearly visible, and which was raised by numerous participants, was the topic of sex:

> *We can talk more frankly about sex, or sex is often much more on the surface. I definitely think it's easier to get into things because there is a perceived freedom to talk about sex.* (Jim)

> *I'm quite conscious of being gay, uh, when it comes to talking about sex and talking about sex in quite precise detail.* (Ernie)

> *Especially when it comes to talking about sex. I find gay men for some reason need to know whether I'm gay or not in order to talk about sex more freely. Whether to not be judged or not to shock or because they feel embarrassed about what they do.* (Rich)

It is striking that Jim, Ernie and Rich highlighted "*freedom*" and "openness" as part of their understanding of what it is like talking about sex with gay patients when the patient knows their psychotherapist is gay. Each patient presents with unique experiences, but there is greater safety, freedom and comfort for gay patients when discussing sexual practices with a gay male psychotherapist who, it is assumed, will understand the existence of these practices (or being perceived and felt to exist, rather) outside the perceived boundaries of a predominantly heterosexual, and more widely heteronormative, context. Again, there was a sense that a "straight" therapist would either be shocked by or potentially judge gay male sexual fantasies, practices and behaviour – either through not understanding, or because of a perceived unfamiliarity on the subject – which is removed when the therapist is a gay man.

Normalising gay identity claims visibility for gayness, or understanding and acceptance of an "outness" related to patients' feeling seen by a man who is archetypally different. Through this, a gay male psychotherapist creates spaces of freedom and openness for the patient. Sex is a subject that can then be confidently embraced: there is no ambivalence around its exploration and discussion, particularly in the shared knowledge that gay sex is an area that potentially activates shame in the lives of gay people when pitted against the mainstream, procreative "normalcy" of heterosexual sex. Therefore, it is hoped that the therapy space in which the gay therapist and gay patient meet allows for unselfconscious exploration and a desire to be known and understood.

Conversely, it is interesting that the participants, as seen in the comment quoted above, focus primarily, again, on sameness – the sense that a shared sexual orientation could

mean less shame. In some cases, this would certainly apply, but again a closing down of possible difference was noted. This discussion of sex alluded to the theme explored above of an "us versus them" dynamic that is created in these shared experiences, and that perhaps also shuts something down and limits space for divergence. In line with and in opposition to such a shutting down, the participants also self-consciously reflected on moving closer to the patient regarding sexual content and the possibility of overstepping a potentially provocative boundary when anonymity is not upheld:

> *I would say, you know, it's obviously individual specific, but, um, I think it may be interpreted as flirting…or making an advance, you know that kind of stuff…so I think anonymity is useful.* (Simon)

Here is the opposite to sharedness and sameness, skirting the dangerous territory where gay sexuality and closeness between a gay therapist and a gay patient when discussing sex has darker implications. Again, the darker, more dangerous and shadowy aspects of gay sexuality were alluded to here by Simon, indicating the risk that to disclose to patients could be misinterpreted as making a sexual advance. Matt concurred with Simon's sentiments:

> *Finding a patient attractive…you think there's an eroticism or a sexual attractiveness there…that's your countertransference that you have to manage quite carefully. Because before we know it, we might be saying something that [sounds] like sexually flirtatious or…or we're kind of seducing and grooming in some way.* (Matt)

Despite the ease around talking about sex that these participants mention in the comments above, a more self-conscious and apprehensive self-imposed prohibition was noticed in the mention of countertransference. Here, self-disclosure issues overlap with psychotherapist countertransference, particularly erotic countertransference, and the anxiety of the potential danger for the gay patient that could ensue. Simon and Matt suggested that disclosing a gay orientation edges on danger, or that finding a patient attractive, either physically alluring or desirable in the countertransference, could potentially put the gay

patient at risk and needs careful management. Gay therapist desire is positioned as dangerous, and any suggestion of gay desire that could be misconstrued as flirting or grooming needs to be actively avoided, as this operates in the realm of taboo, representing a potential rupture, an irresponsible and unethical breach of the therapy contract and relationship.

Erotic countertransference was reported by these gay male psychotherapists as intense, more pointed and with more of an edge, as David, Jim and Don suggested, and it needed far more interrogation:

> *Yeah, um, and I freaked out. Not in the room with him, but with my supervisor. I was like 'oh my God, I'm not supposed to find my patient good looking and want to have sex with him'. And I needed my supervisor just to calm me down and tell me that it was fine. And that's … you know, erotic countertransference is okay and we can work with it or whatever.* (David)

> Jim: *So I think there's a…there's a level of regret almost [around working with certain gay male patients where something erotic is felt]. But, yeah, there's something about like, this feels really intense. I need to step back.*
>
> Michael: *Does it feel more pointed with gay men?*
>
> Jim: *I think there is definitely more of an edge actually.*
>
> *Be hyper aware that you're not giving off anything seductive, or anything like that.* (Don)

Erotic countertransference was perceived as risky and unsafe. The notion that these participants could possibly be erotically drawn to certain gay patients was off limits. Arguably, the links between gay sexuality and intimacy (or the potential for an embodied eroticism) are potentially pronounced in the gay psychotherapist and gay patient dyad, as it may dovetail with a social association of inappropriate sexuality – not just an erotic response but one that these participants are suggesting could be perceived as perverse. These participants had to be careful to not cross a boundary, and even the fantasy of this breach was terrifying and forbidden.

As was explored around the safety issues discussed above, the intensity of desire or eroticism could make therapy unsafe. The need to repress gay desire actively revolves around issues of acceptance and safety, a wish to not be dangerous to the patient, to not be positioned as hypersexualised and promiscuous, a position designated and denigrated by a heteronormative world. The unconscious wish here is a powerful need to be accepted in an embodied way, to be intimate and safe, which is an unfamiliar experience in a world of homophobia and rejection. Rather than "leaning into the kink", as Ernie suggested to one patient, or stepping into the desire and exploring it in the safety of the therapy relationship, there was a need rather to create some distance:

> *I do struggle with it [erotic countertransference]. I think a lot of us do battle with it, but it's kind of…um…almost not wanting to go there. A wanting to work with queer people, that it almost feels a little bit more comfortable if it's a bit more distant.* (Jim)

> *[Seeking out gay male therapists] The use of drugs, um, sexual relationships and how kind of sex works and feeling comfortable in and around sexual relationships. Um…intimacy stuff versus not intimacy and wanting to keep intimacy at bay.* (Matt)

Jim mentioned a desire to work with queer patients, but also suggested that it sometimes feels too close, too intimate, and that some distancing may be required. Matt was speaking to the opportunity and potential to explore gay experiences with gay therapists, particularly the generalised and stereotyped experiences of gay men around alleged promiscuity and drug use, but suggested that intimacy was too close and remained off limits.

The fear of rejection is powerful for gay male psychotherapists and it trumps the need to be intimate, desired and wanted. Here yet again is a variation on the core trauma theme: to want closeness and intimacy is to make oneself vulnerable and exposed, and thereby put oneself in harm's way through the potential to be rejected. The unconscious tactic here is avoidance, but how this plays out in the intensity of the therapy room revolves around a

sophisticated manoeuvre of settling for something beyond intimacy, a place that has to be arrived at that avoids feared closeness and the potential to be dangerous:

> Simon: *I'm reluctant to say this but in a sense we are in a bit of a love relationship…that's permissible to him because it doesn't…it's got constraints of…*
>
> Michael: *Professionalism*.
>
> Simon: *Exactly*.
>
> *Certain things are, are kind of oversold. It's just such a huge feature of the work. Like your patients are going to fall in love with you. Really? [laughter]. It's not all that common…um, but I'm aware of finding a patient attractive. I'll register it at…I'll register in the room as a sense of it as hard to relate. It's as difficult to relate to an extremely attractive gay man out in the world as in the room. And then there comes a point in the room where you develop a friendship and a knowing and a warmth. And it sits at the level, of, um, something a little brotherly. Um, and that kind of neutralises quite a lot what in the beginning is a bit of a 'Oh fuck, how am I going to get through this.' There are certain gay men, with…it's just really, so warm. And, um, it's a little bit sad. Like, it would be so nice if we could just be friends out there in the world. I'd pick you. And you'd probably pick me.* (Ira)

The professionalism of the therapy contract allows for love, but a boundaried type of love that is permissible. Settling for this variation of a love relationship is moving in its sadness: a type of intimacy is settled for where desire must be rejected. Ira here speaks eloquently and movingly about settling for a brotherly, warm type of love, settling for a version of intimacy that does not threaten or invade. Something is lost here and needs to be mourned. The loss of the possibility for closeness and intimacy has to be mourned, working through the feelings of wanting to be picked, which, as Ira muses, is indeed terribly sad.

These findings reveal the complexity of self-disclosure for gay male psychotherapists, where their stances around self-disclosure were neither straightforward nor consistent. The participants' comments also explored how self-disclosure of their gay identities in therapy settings activated painful parts within themselves around experiences endured in a world that

insisted on their difference. Wanting to be accepted by the world, by the psychoanalytic community as a professional of worth and value, and by their patients, exposed self-conscious and deeply complex manoeuvres when they thought about self-disclosure and how to do it. The discussion below explores the absence of the lived realities of gay male psychotherapists, particularly these lived experiences as explored in the literature, and the necessity of foregrounding the political considerations of self-disclosure, rather than solely situating these considerations within the therapeutic realm.

Discussion

The self-disclosure of a gay identity by a psychotherapist in psychotherapeutic settings is not a simple matter. The literature reviewed in this chapter shows that self-disclosing has been proved to be therapeutically beneficial in some cases, and that it is a technique psychotherapists often have to grapple with (Alfi-Yogev et al., 2021; Henretty & Levitt, 2010; Knox & Hill, 2003). However, for gay male psychotherapists, the issue is clearly more complicated. For gay psychotherapists there is a heightened awareness, and profound trepidation, around disclosing their sexual identities.

The ambivalence that emerged in the interviews around self-disclosure appeared to mirror personal processes and experiences outside of therapy rooms, particularly concomitant experiences of rejection, feeling othered and pathologised, mixed in with shame, fear and avoidance, while also wanting to be helpful, authentic, and lessen feelings of shame for gay patients. The findings above, I argue, reveal a gap in self-disclosure research for gay psychotherapists, where lived experiences do not necessarily align with what has been proposed in the literature. Although consensus on the benefits of self-disclosure in the literature is relatively robust, there is no real sense, and there are few specific

recommendations, about what to do about challenges around self-disclosure experienced by gay male psychotherapists.

What emerged from the data straddled the private, the professional and the political, revealing duality around self-disclosure: there is a tension between prohibition on the one hand and exposing the self on the other. This duality is explored in the context of these gay male psychotherapists grappling with the benefits of prohibiting themselves from self-disclosing in the service of the therapy, versus those of exposing their positions but tolerating the uncertainty of the response – not only from patients, but also from the wider psychoanalytic community, and the world against which they weigh themselves. It was found that self-disclosure does not exist only in the therapeutic realm, but has a strongly political dimension too, where a prohibition on self-disclosure mirrors collusion, avoidance and the oppression strategies linked to lived-through experiences of being gay in the world. The central argument here, as alluded to above, is that although discussing self-disclosure strategies is important, the political implications add another dimension. There is a vast chasm between the purported helpfulness of disclosure, as proposed in the literature (Alfi-Yogev et al., 2020; Knox & Hill, 2003; Richards, 2018), and the lived experiences of gay male therapists. Nevertheless, the general literature does speak to the discomfort of and around self-disclosure, and this is particularly relevant in relation to gay therapists, who have to negotiate an additional layer of complexity in respect of the political (Kronner & Northcut, 2015; Moore & Jenkins, 2012).

For some of the men in this study, the idea of self-disclosing their gay identities was straightforward and uncomplicated, although this perception sometimes changed as the interview deepened. It seems that this initial apparent straightforwardness – and how it was thought of as unfolding in therapy settings – was perceived as reflecting confidence. The underlying assumption was that to be out and proud was a re-balancing of power, where gay

identity need not be any different from other identities in terms of normalising difference, or is a conscious pushback against normativity.

Throughout the findings, although these gay male psychotherapists hoped for resoluteness and confidence around linking their sexual identities to their professional identities, ambivalence crept in, which paradoxically underscored difference and left these men wrestling with how to manage, accept or reject imposed and self-imposed strictures. These strictures, or prohibitions, have political reverberations linked to how these gay male psychotherapists have experienced the world, which has been neither overtly favourable nor benign (Kronner & Northcut, 2015). The issue is political, as has been alluded to above, in that decisions to self-disclose have wider-reaching implications for what it means to inhabit your gay therapeutic skin. This is not solely an individual project, but affects what it means to be gay and to be a psychotherapist, and specifically an *out* gay psychotherapist, for a unique group of men who collectively reside within this identity overlap. They have experienced their gay identities in a particular way, where difference has been put under the spotlight. When these dual and joint identities enter into the therapy room, where their gayness can be considered helpful or not helpful, gay identity enters the process wholly. When they attempt to inhabit confidence around their gay identities, and provide spaces for gay patients to experience a person who embodies an ease within his own skin, history and experience trouble this stance and interfere with projected acceptance and comfortability.

The politics of self-disclosure are not centred only around the proposed beneficial therapeutic considerations, but also linger in the realm of identity management, which is a political consideration rather than a purely therapeutic one. For the gay therapists who participated in this study, their understanding of how they approach self-disclosure involves considering their own identity management. They commented on situations in which the agency to either reveal or conceal their gay identities was out of their control. This difficulty

around agency and control revolved particularly around covert or implicit self-disclosure through dress, mannerisms, and other external markers, versus confidently revealing that they are gay.

Whereas straight therapists' sexuality does not necessarily need to be announced, because it is assumed, the revelation or concealment of gay sexuality can have therapeutic effects (Coolhart, 2005). Choosing to conceal gay identity can be regarded as a defensive mechanism: deliberately choosing to keep sexuality a mystery, undisclosed, may evoke a particular vulnerability; to disclose would be "to lose power, to become castrated, found out" (Burton & Gilmore, 2010, p. 716). Here the choice of withholding or refusal to self-disclose has political implications, raising the question of whether withholding the information is about attempting to maintain power and subvert feelings of powerlessness, or an attempt to align with classical considerations around neutrality. Regardless of the position chosen, both positions are in a sense defensive (Burton & Gilmore, 2010). Avoiding vulnerability or adopting a classical stance is centred on power: to remain closeted would be to remain safe and out of harm's way, to be the more powerful player in the therapeutic dyad. This dilemma painfully mirrors unconscious responses to how an out gay identity has been received outside of therapy rooms, as described by the participants.

Safety is inextricably linked to self-disclosure issues and was an important finding in in the data, however unconsciously. Feeling vulnerable and unsafe activates historical experiences of being unsafe, so therapists would actively defend themselves against making themselves unsafe in a therapy setting. However, feeling powerful and agentic in therapy spaces comes with a cost. Not disclosing could potentially keep the patient in the closet too – not only the gay patient and his sexuality, but all patients who may question the authenticity of the closeted therapist and whether their own vulnerabilities are allowed in the therapy room. Keeping both patient and therapist in the closet would constitute collusion around

oppression and silence and, again, this is not merely the province of therapeutic effectiveness but a political consideration that mirrors processes that are alive outside therapy rooms. This would include the adoption of a particular moral stance around prohibition or concealment – a super-ego moral command that to self-disclose would be to err, to intrude on the patient's process and muddy transference.

By contrast, when gay identity was revealed or assumed, it then had a purpose in the therapy, particularly for gay patients. Creating spaces of safety was revealed to be not only about the patients but also about the gay therapists, and, again, the process emulated unconscious processes that had been lived through in patients' and therapists' private lives outside of therapy rooms. Here the wish and the risk were revealed, where these gay therapists attempted to create spaces of safety for their patients, but also wondered about how safely they lived inside the minds of their patients. They contemplated whether they would be accepted in an embodied way and escape the ridicule, shame and torment associated with being gay and unsafe. Disclosing a gay identity can become requisite where the therapist, as an individual with personal knowledge and experience of what gay patients may have gone through on their own difficult journeys, is looked to for understanding and recognition. Gay psychotherapists are cognisant that they can offer an alternate and perhaps more beneficial experience of what it means to be gay for patients who may be grappling with struggles around belonging and identity. Here, there is a sense of solidarity, or sharedness in this reciprocity, and an opening up of possibilities in the therapeutic encounter between gay therapists and gay patients.

Alternatively, is disclosure always requisite for these gay male psychotherapists? I have argued above that disclosing sexuality is around creating safety in the room, but could hiding one's sexuality itself make the therapeutic space unsafe? If this is the case, then psychotherapists of all sexualities would need to disclose their sexuality. The argument is that

heterosexuality is presumed as the accepted default identity, and that disclosure versus non-disclosure is therefore less fraught. Is comfort in one's sexuality as a therapist demonstrated through the lack of a need to talk about identity? Having a therapist who openly owns his gayness and is comfortable with this can be a source of comfort and safety for a gay patient, but this is potentially only one part of the safety under offer. Perhaps the sense of an obligation to disclose could be part of a process of colluding around sameness – an "us versus them" collusion – that plays out in the therapeutic dyad between gay patients and gay psychotherapists that sets them apart, where divergence of feeling does not have much space. However, the difficulties imposed by heteronormativity would imply a need for collusion and the creation of a pocket of safety where shared othering experiences imbue the healing project.

The concern is that gayness will not be accepted in the same way as assumed normative straightness would. Experiences internalised and embedded as an inevitable consequence of being gay reflect an assumed unacceptance, experienced as both an ongoing and an historical process. Conversely, and again unconsciously, the need to self-disclose could centre on collusion and sameness, feeling safe in the cosy reciprocity of gay patient and gay therapist dyad, where a pocket of safety is created, an "us versus them" dynamic – us against the world, the two of us together feeling safe, unprovoked but also quite powerful.

The layered process here concerned me as the researcher too – how a pocket of safety was created in the research process, with me, a gay psychotherapist researcher, and my participants, gay male psychotherapists. Participants' frequent laughter in the interviews may be understood as moments of shared understanding between me as the researcher and the participants. The parallel process underway of joining thus mirrors the experiences these gay psychotherapists undergo with their gay patients, as argued above, a collusion of "us versus them", but perhaps not allowing much space for divergence. The laughter should be

understood as playful subversion, as was seen throughout these interviews – as an act of joining between the researcher and the research participants with regard to an assumed familiarity. (The next chapter will unpack the intersubjective aspects of this research more fully as they pervade the entirety of the research project.)

Unconscious splits pervade the data. Such splits reveal a central conflict for gay male psychotherapists. While the split around confidence and doubt regarding self-disclosure strategies may be unconscious, the conscious manoeuvre of keeping identities separate was deliberate and was expressed as such by the participants. Again, this split or separating out of identities is a political process, mirroring lived-though experiences as an other in a heteronormative world. These participants situated their gayness around being "bad" and therefore consciously strove to keep their gay and psychotherapist identities separate. However, gayness inevitably seeps out, regardless of these strategies, and then this separating becomes a defensive avoidance so that gayness does not have to be named, but is rather only assumed. The consequence is an experience of shame. Revealing his identity would position the gay therapist in an unsafe space, vulnerable to the potential to be shamed; concealing identity is the repetition of historical shame, wanting to hide and to feel safe to avoid shame and humiliation. In the end, it appears that gay male psychotherapists are destined to lose, regardless of the position they choose to inhabit.

To self-disclose gayness in therapeutic settings was perceived as breaking the rules, revealing an understanding that being gay is not normative, and therefore disclosure too falls outside of the norm (Owen & Long, 2022). The acceptance of "correctness" in therapeutic practice is an inherited heteronormative assumption that harks back to classical teachings around "healthy" developmental trajectories and destinations, that to be gay flouts what is correct and how one should be as a classically trained therapist. This attitude is powerfully evoked again in the territory of sex and erotic countertransference. To be able to create spaces

of safety for gay men to talk about sex was presented in the data as reducing shame, as opposed to the homogeneity of a presumed sameness of experiences which ultimately shuts something down rather than opens up the possibility for diverging experiences and the healing associated with difference rather than sameness.

Speaking about sex and lingering in the erotic was presented as dangerous and as another way of breaking the rules – the fear of potentially flirting with or grooming your gay sexuality was feared as a potential boundary breach and an ethical blunder. The worry around splitting, possible enactment, and types of dissociation are seen in the strategies adopted when the potential problematics of sex enters in the room, particularly with gay male patients (Sherman, 2002). Here again, there is an insinuation, internalised from a normative world, that gay desire is dangerous, and that gay countertransference is abnormal when contrasted against the normalcy of heteronormative countertransferences.

The wish here is to be accepted, by the patients, the profession and the world, in an embodied way. Rejection is the fear – and the study's participants alluded to wanting acceptance, not only acceptance from their patients, but in how their patients can evoke and activate wider, more political understandings of what it means to be accepted in the world as a gay man. Rather than enactments, but having to reject desire, these men arrive at settling for brotherly love, mourning for what cannot be, what is potentially lost and what cannot be taken up in the protection of the therapeutic frame, which protects both parties. Disclosure is therapeutic and it is political, but it is also felt to be an ethical requirement, given the personal knowledge of the difficult journeys endured by these men, and, it is assumed, gay men whose own stories parallel each other, and reverberate and are represented here too.

The central finding of this chapter is that self-disclosure occupies a specific territory for gay therapists. This is so because not self-disclosing may mean collusion with oppression and the closet (Kronner & Northcut, 2015; Satterly, 2005), an issue which has been explored

in the literature to some extent, but not fully. Also, to self-disclose means to out oneself – to become exposed. This debate is rigorous, helpful and necessary, but the question remains – what can be done with this information? For gay male therapists reading this study, there are questions that they may be left with. Hence, distilling some of the implications of these findings and offering recommendations on what do with this knowledge would be useful.

Recommendations for Self-disclosure Practice for Gay Male Psychotherapists

Based on what these findings have revealed, it is germane to provide some recommendations around self-disclosure for gay psychotherapists, in line, for example, with the research-based suggestions outlined by Knox and Hill (2003). It was deemed worthwhile to venture into stating some potential recommendations for practice rather than remaining in the tentative, careful space that the issues of self-disclosure invite for gay therapists. These recommendations are listed below in point form for ease of reading and reference. While these are provided as recommendations, these are not hard or fast rules. The application will differ among gay therapists and may be led by patient presentation. Moreover, these recommendations are a guideline around becoming aware of the tensions and debates that exist in the tricky self-disclosure space for all therapists, rather than a paint-by-numbers approach on how to go about doing self-disclosure.

The recommendations are the following:

1. Some issues around self-disclosure by gay male therapists centre on technique, and others centre on debates around openly disclosing or not. It is the gay therapists' job to allow themselves to become aware of the tensions, contradictions and differing pulls around self-disclosure, of the therapeutic and the political, and of how these two work together but how they could also potentially work in opposition.

2. The self-disclosure debates presented here offer therapists permission to self-disclose verbally, and not just implicitly, and to explore the differences between implicit and verbal self-disclosure and how this affects treatment.
3. The difference between implicit and explicit self-disclosure must be acknowledged – particularly around the worry of implicit self-disclosure. Gay psychotherapists are invited to consider that it may be more powerful to name and claim being gay, than to hide it – particularly in cases where both the therapist and patient know the therapist is gay and this is not being put into words.
4. It is difficult, and quite impossible in case-by-case patient presentation to claim that the implications of self-disclosure for therapy are mostly due to the shame and the "shoulds" that persist psychosocially. What does emerge from this study is the importance of subversion. When it feels useful for the purposes of subversion, and assisting patients who have been hurt through shame, for example, gay therapists should consider disclosing their sexuality.
5. It is important to allow space for divergence from patients – particularly if the patient is a gay man. It is acknowledged that difference can be as healing an experience as sameness. The converse applies to self-aware collusion, where colluding with a gay patient and stepping into an "us versus them" dynamic may providing a space of attunement and safety for gay patients who may feel unseen and othered.
6. In cases of erotic countertransference, or when encountering an erotic transference, a gay therapist should weigh up the therapeutic material going on between patient and therapist, but should also be aware of the shame that circulates and the social discourses that surround gay countertransference.
7. Gay therapists need to cultivate an awareness that decisions around self-disclosure are complicated by decisions around coming out.

The intention with these recommendations, and the chapter in its entirety, is hopefully to provide gay psychotherapists some relief, and specifically to state that to self-disclose is not to blunder. The findings presented here boldly suggest that while self-disclosure needs to be considered judiciously, there are benefits both politically and psychotherapeutically to opting for that route. Therefore it needs space and consideration.

Chapter 7:

Reflexivity in the Research Encounter with Gay Male Psychotherapists: Findings and Discussion

Psychosocial research investigating the subjectivity of gay male psychotherapists by a gay male psychotherapist cannot disregard the need to consider reflexivity. The research endeavour itself is closely linked to and deeply entwined in all the themes emerging in the findings of this research. Towards the end of each interview, I asked the participants how they had experienced the interview process with me, but in fact reflexivity imbued the entire project – from the first email sent to each participant to the writing up of this chapter. What emerged about the applicability of reflexivity to the psychosocial framing of this research is curious, because it also relates to the internal negotiation of what it means to be a gay male psychotherapist, embedded in a wider social experience of navigating the world as a gay male psychotherapist. Being in conversation with gay male psychotherapists as a researcher investigating other gay male psychotherapists was also intertwined with my responsibility to interpret these voices accurately in this research.

This chapter focuses on how deeply confrontational this research process was for most of the gay male psychotherapists included in this study – on the one hand, they wanted to be helpful and to trust me as the researcher, but, on the other hand, they feared exposure and exploitation. They were worried about how they would be presented to the imagined reader. They also had to engage with how difficult it felt to separate the personal from the professional, and, conversely, how this appeared to mirror private processes and experiences outside of the therapy room. The chapter includes my own musings, confrontations and perceived responsibilities as the custodian of these gay male psychotherapists' private reflections and my presentation of them through my own subjective lens. This is new territory, as there is no prior research on the reflexively methodological considerations of gay

male psychotherapists exploring the subjective experiences of other gay male psychotherapists. This unique reflexive position is therefore also foregrounded.

This chapter is interested in exploring reflexivity, specifically in order to "better represent, legitimise, or call into question [the] data" (Pillow, 2003, p. 176). Reflexivity is well regarded in qualitative research, both as an unavoidable and as a valuable practice. It provides researchers with ways of understanding both the conscious and unconscious elements of their data and the complexities of the research encounter, however difficult this is to capture and represent (Elliot et al., 2012; Pillow, 2003). Despite consensus on the worth of reflexivity, its complexity presents a myriad challenges regarding how it is used, who can use it, and when it is appropriate to use (Doyle, 2012; Finlay, 2002). The subjectivity of the researcher, like that of the psychotherapist, has been extensively discussed as deeply intertwined in the research endeavour, as well as all the reflexivity considerations infused within this process (Elliot et al., 2012; Harvey, 2017b; Hollway & Jefferson, 2013). For the purposes of the psychosocial research in the current study, its intersubjective elements need deep contemplation, particularly the meaning made in the intersubjective space between me (as the researcher and as a gay psychotherapist) and my gay psychotherapist participants, while investigating gay identity, both mine and theirs.

I therefore look here at how reflexivity as a methodological tool made meaning in the intersubjective space, in the messiness of the research relationship, and not solely from the researcher's perspective, which is often the dominant one (Berman & Long, 2022). As the complexity of the research encounter between me as the researcher and my participants was explored between us, it exposed the need to continue the work of qualitative methods with a more activist inclination. Such methods push back against attempts to call into question the ability of qualitative research to represent accurately the truth outside of positivist empirical considerations. Reflexivity is therefore positioned here as an activity of resistance, in line

with other qualitative research that has paved the way for this type of inquiry (Levitt et al., 2015; Savaş & Stewart, 2019).

The discussion of the messy intersubjective research relationship, and its reflexive considerations as described here, draws on queer theory to illuminate a reflexive praxis imbued with discomfort, as well as to critique and challenge positivist epistemologies (Doyle, 2012; Ferguson, 2013). This is done by incorporating queer theory into methodological considerations, particularly on how to do queer reflexivity. Queer theory, as conceived by Halperin (1995), finds its meaning chiefly through its conflicting and oppositional nature towards the normative: it is by its very definition in conflict with what is deemed normative, appropriate or essential. It is a discourse of uncomfortable politics, which actively debunks and delegitimises inherited standards, especially in considering how sexuality is presented and performed in social and cultural settings (Giffney, 2017). Queer theory attempts to oppose taken-for-granted ideals around sexuality and gender conventions, particularly when subjects are presented as deviant, pathological or developmentally arrested (Giffney, 2017).

Queer theory provided a useful theoretical underpinning for reflexivity considerations in this research. It is not only an appropriate theory to choose in investigating gay men, but also offers an interest in action, a triumphant disregard for decorum and a profoundly suspicious questioning of claims to absolute truths. In this sense, then, it aligned well with the current research, especially in view of how the participants discussed the messiness and incongruous nature of sexuality and identity, both private and professional, when contrasted to the "standards" around what it means to be a man and a psychotherapist bound by professional rules. This discussion has already been explored as deeply ambivalent in previous chapters – reflexively the argument presented here is about practising what is preached, not offering mere lip service, but rather addressing the uncomfortable and

confrontational experience of doing research and moving gay sexuality away from the margins and into the centre of the conversation.

Queer theory takes its inspiration from psychoanalysis as a *practice* – not merely as a theory – from something that is *done* rather than merely theorised. It is also understood as postmodern in its psychosocial underpinnings, where it meshes with a Foucauldian approach to social and environmental discourses, chiefly the interconnection between the internal and external (Giffney, 2017). Similarly, psychosocial practice – and the practice of psychotherapy – also parallels the practice of reflexivity, where what is explored internally is practised externally, in the therapy room and in the world, mirroring the argument here around the alignment of reflexivity as theory with its practice. As Giffney (2017) argues, queer theory's postmodern call to psychoanalysis is about taking the practice outside of the clinical setting into the external, political realm, in an attempt to disrupt both hetero- and homonormative ways of being. Again, this corresponds to qualitative investigation, envisioned as social justice praxis, in an attempt to address the limitations of quantitative empirical ways of conducting research (Ferguson, 2013). This research uncovered the amalgamation and interweaving of different modalities of practising: practising reflexivity, psychoanalytic psychotherapy, psychosocial research and folding in the practising theoretical understanding of queer theory. These essentially active undertakings have helped me understand the complexity of these positions talking to one another and how deeply they have informed one another in this research.

Taking part in this research and investigating the research relationship, which became intersubjectively rich, allowed my participants and me to act as activists for gay life through the research encounter, and to highlight how reflexivity as a mechanism allows for theory to become practice. This chapter demonstrates how this unfolded in the reflexive matrix of the research encounter, before discussing the theoretical positions and understandings that

emerged. Another focus is how the research endeavour became meaningful in the lives of gay male psychotherapists. Thus, by taking part in this research and engaging with my pursuit in conducting the study, and thereby the doing of research, these men were able to position themselves as activists and take up a space in which they could contemplate whether and how meaning is made at the intersection of gay and psychotherapist identities.

The findings in this chapter are divided in two sections. Firstly, the focus is on the experiences of this study's participants, contemplating, from their vantage point, what occurred reflexively between us, in communion with each other, in their private musings and the spaces they so generously opened up to me. Secondly, I turn the spotlight on my own process, what this research process has meant to me, how its unfolding became profoundly personal, and how I, too, had to confront my own vulnerabilities, and investigate my own intentions in conducting this study.

Findings

"I'm Out There Now I Guess": Participants and the Research Encounter

Closely related to participants' self-consciousness around articulating the experience of being gay and a psychotherapist was a similar difficulty that emerged when they were asked about the interview process. Some participants, such as David, thought others in the cohort would be better equipped than he to talk about being a gay psychotherapist, and thus more useful to me as the researcher:

> *Other gay male therapists that you may or have spoken to or going to speak to. Um, and like again, it's my own insecurities about 'oh goodness. They're probably better to talk about these things than I am.'* (David)

David's self-doubt about not being useful, and/or his belief that others might have more to contribute, was shared by other participants, such as Simon, Ben and Alex, who all expressed

experiencing a level of pressure leading up to the interview, and the weight of responsibility to provide useful material and be helpful:

> *What I did feel in the run-up to this? Because I have thought about it, obviously, from the minute I got your email…until now, I have thought about it. What I have felt is pressure to give you something to work with. I said to a friend 'I don't feel like I've got anything to say.' I really hope I can give you something to work with [laughter].* (Simon)

> *I found moments of discomfort, definitely in the beginning…thinking that I am not going to have anything helpful to say….* (Ben)

> *I mean I went through your interview going 'Okay, this is what you need. This is what you want.' Because I'm just speaking as honestly as I can, because I know that that's important for you.* (Alex)

Participants mentioned the complexities around not really thinking about being a gay psychotherapist, as well as the difficulty of articulating what it means to be a gay psychotherapist. Some self-consciousness emerged also around either wanting to be useful or fearing they might not have much to contribute. They sat with the invitation and contemplated the anticipated interview beforehand, anxious about what might come up and hoping, in some sense, to be useful, or perhaps good enough.

All the participants are established and successful practitioners, so that the fears they expressed around being useful, and the doubts that emerged, appear to be in direct contrast to their professional standing:

> *We're so used to putting the focus over there but it's a bit unusual to be at the receiving end of it. Uh … it feels a bit like therapy.* (Simon)

When they were directly confronted with questions about their practice through the interview process, the robustness of their professional identity appeared to become somewhat threatened or destabilised. They were no longer protected by the security of the psycho-therapeutic frame, and seemed more vulnerable and exposed as interviewees. There was a sense that the power asymmetry which prevails in therapy was no longer intact. In this

regard, Simon noted that he had not expected the interview to "be so personal". Similarly, Rich and Jim found the experience quite revealing, and surprisingly so:

> *[Reflecting on the interview] A lot more exposing that I thought [laughter]. You can't speak about your work as an analytic therapist, you can't speak about your work and not speak about yourself.* (Rich)

> *Um, I was a little nervous last night in anticipation, thinking, like, where are we gonna go? [laughter] I remembered from last time [the Master's research] that I felt a little bit exposed afterwards.* (Jim)

The interviews exposed a layer of vulnerability that the participants did not anticipate. As the interviewer, I led them to places that were unfamiliar in terms of their established professional and social understanding of themselves as the traditionally more powerful player within the dyad. Yet these spaces were also profoundly familiar in relation to how they understand their interior lives, the difficult experiences they have endured, and the more vulnerable, softer, more self-conscious gay selves that the interview exposed. It was moving how willing they were, nonetheless, to share their insecurities and vulnerabilities with me, knowing the project underway was meaningful.

Regarding their own reflexivity, they did not present as merely anxious: they contemplated the emergence of their anxieties and vulnerabilities and were curious about what this experience meant. The interview exposed parts of themselves that do not emerge in the context of their professional lives, despite their being in a profession that calls for vulnerability and sensitivity:

> *So I don't mind that…I'm out there I guess. Yeah because it can be helpful. And I guess if you can put your shame and print it out there, uh, and bring it to light, people can relate.* (Matt)

By asking them directly to contemplate their overlapping identities, I removed the familiar layer of professional safety and asked to see underneath and inside, which provoked feelings

of anxiety, insecurity and a sense of confrontation with difficult "stuff", such as shame. Matt suggested that in speaking to his feelings of shame, he could be useful to me as well as to those who find their way to this research. Asking these men to participate in this research has put them "out there". Despite the fact that their identities are kept confidential, and their wanting to be helpful and useful, they felt keen anxiety. Their shame and vulnerability are no longer privately considered, but are rather put on display through taking part in this research. All participants were eager to share, but a carefulness and self-protectiveness became apparent, particularly around how their vulnerabilities would be presented and who would ultimately hear them.

The participants' concern about how they would be heard, how their words would be used, interpreted and written up, elicited some complicated feelings. On the whole, participants such as Ira and Don experienced the interview with me as a thoughtful one and understood that their words would be used benignly and sensitively, particularly as they know that I too am gay. Interestingly – and this is more fully explored in the next section – I did not state that I am gay to any of my participants, but it was generally assumed that I am, chiefly because of the subject matter under investigation. I was assumed to be gay, and was spoken to as a fellow gay man and gay psychotherapist, which set up both a preconditioned familiarity and, as has been explored, a joining around sameness that may have precluded space for divergence:

> *I have a very comfortable sense that you're going to discern the meaningfulness and you're going to put it across in language that makes it clear. And so, it makes…it feels comfortable for me. If you weren't a gay male I, I may not feel that, yeah. I would feel a sense of I've got to help you understand something, that, uh, you then need to help someone else to understand something. At least in this chain, it just feels…feels easier.* (Ira)

> *I think knowing you were gay made it more comfortable for me…um, about some of these things. Um, and there was this assumption that you will just sort of get it. And there will be no judgement.* (Don)

Sameness and a shared understanding – linked to a shared sexuality – put these participants at ease. They felt heard and understood, and were convinced that I, as the guardian of their thoughts and feelings, would use and interpret their words with respect and dignity. Although homogeneity was not assumed, a shared sexual identity presupposed benevolent intent on my part.

On the other hand, a guardedness and slight suspicion became discernible about how the participants would be presented and interpreted in the research. Fear that their identity might not remain confidential or might be revealed through the research was expressed by participants such as Simon and Ben:

> Simon: *No, I don't…so I'm not saying to you, you may not, you've got to cover it up completely. You know I'm not saying that at all.*
>
> Michael: *I'm going to protect you completely.*
>
> Ben: *You see this I am not comfortable with you recording because this is revealing who I am…so…*
>
> Michael: *Of course, sure.*
>
> Ben: *You need to redact that or whatever.*

Upholding confidentiality in research is an ethical requirement, in order to protect participants. Every possible measure was taken to ensure that no identifying information was included in this research, in order for participants' identity not to be revealed. Nevertheless, the vehemence of their insistence on remaining anonymous from some of the participants was striking. This is understandable, as the community of gay male psychotherapists is small and the private lives of psychotherapists must be sacrosanct, particularly in view of possible interference with patient work. Still, an apprehensive undercurrent was evident.

While they wanted to be useful and helpful, some participants wondered whether I might exploit them in some way, or would misrepresent them and expose them in this research. Confidentiality was the paramount concern, but some participants wondered how they would be received, and whether they would be portrayed in a favourable light:

> *I'm worried both in terms of how I'll be perceived professionally and also I'm worried in some way how I'll be perceived as a person. But this is not a topic where you can separate out your personhood from you, from your…ideas and your work. You can try to disguise it but you can't [laughter] you can't take them out.* (Jim)

> *Um, I'm wondering who else you're interviewing. Um, I feel I've been very forthcoming in my disclosures today. I'm wondering how protected this conversation is.* (Ernie)

> *Yes, I think you need to be careful…I think you need to be careful in terms of how this is written up. I think that's hard and I think it's trying to be helpful to a colleague…um…and I am also interested to see what will come of your research in terms of other men may…what their views are. For me, I don't know…and also because it's been a long time, because it doesn't feel like it is much of an issue.* (Ben)

Fear of exposure was a concern for participants, particularly since I was unknown to many of them. Given that they were revealing intimate and vulnerable details about their private lives, this was understandably a concern. Despite the worry that I could potentially be reckless with the data and not protect participants' identities or might share information among participants irresponsibly, all the participants were profoundly generous and open in sharing their private lives and deep vulnerabilities with me. I was a stranger to some, but most participants opened their hearts and doors to me, keen to be a part of this research, and they wanted to be useful and helpful. Being heard and being represented in psychoanalytic research seemed to trump the fear of exposure and the worry about misrepresentation.

However, they expressed their concern that my interpretation could skew and misrepresent – a warning of sorts by these participants that betokens an underlying fear of being misunderstood, or perhaps that they may be misrepresented as either perverse or

pathological in some way. There was the risk that once their words were out in the world they would have no control over how their words would be used. The examples above are pointed and firm, and understandably so, as discussed here, but the pathos underneath speaks to the universal anguish of all gay men, and lamented here by these gay male psychotherapists – that of being misunderstood and misrepresented, at times, spoken for, by others:

> *I'm just hopeful that they… they get it, they understand. You know, I hope that they – they just understand experiences. But also understanding our experience of…of being a therapist and gay.* (David)

The "they" David referred to is understood as the normative "they" – will they or will they not get it? The hope here is that they will get it. It is assumed that what needs to be understood is what it means to be gay and a psychotherapist, and that the terrain (psychological, social, professional) is far trickier and more complex for gay male psychotherapists. And as the researcher, I am the one who is now responsible for making sure that these voices are authentically represented and delivered to wider, and more powerful, normative structures.

This all speaks to, yet again, another dilemma these men find themselves in, revealed by this research endeavour: wanting to be useful and helpful to a colleague by vulnerably exposing their private selves, but fearing the consequences of either being misrepresented or having their private stuff paraded around carelessly. They legitimately worry about their "stuff" no longer being in their control, and that the ability to control the narrative may be utterly removed. How will they appear? Will they be protected? Are they safe? What will my mind do with the stuff they have given me from their minds? Ernie wondered about this:

> *And…we always hope, am I reading the data correctly? Am I…you know, what am I doing with it in my mind and in my analysis? Um, but just speaking to you, it's…it's been good to think about, um, sometimes I am a psychologist who just happens to be gay. But maybe other times for some patients, I am a gay psychologist.* (Ernie)

While the concern over representation was evident, Ernie was speaking to the research confrontation and how it foregrounded and solidified identity. This again is an area that these men believe is not given much space, but when directly confronted showed how identity collision for gay male psychotherapists is both powerfully and meaningfully significant. It was also interesting how Ernie was able to compartmentalise identity in relation to patient need. He recognised that how his sexuality is used in the room it is not wholly in his control.

It was evident that identity has purpose and meaning in therapeutic spaces and that this research directly confronted gay male psychotherapist identity, and a concretising of this identity, which has perhaps been avoided or backgrounded, or not really given the space it deserves, in professional life:

> *But it's [the interview] confirmed to me, I'm a gay therapist. I'm going to be documented as a gay therapist. And, again, it's not…it's got nothing to do with it being published. But just the fact that it's been captured, I'm like 'Hmmm, I am a gay…I am a gay therapist, you know.' And I would put it in brackets 'gay'.* (Simon)

> *Like I don't think I've given any…I think I've almost in my head treated it as if it didn't really matter, despite the fact that there's not a part of me that is not permanently aware of it. Obviously not in every situation, not every moment, but it's, it's always something that is present in the room, always, always.* (Rich)

Rich addressed how complex the terrain is and how much tension is in the mix. Gay identity in the therapy room can be backgrounded or minimised, or it can be foregrounded and used, but the point is that it is always there: therapeutic work and therapeutic relationships are experienced through the gay psychotherapist's subjectivity. Simon's comment above displayed a sense of revelation in its quiet musing: "*I'm a gay psychotherapist*", he said, and will be recorded as one, this identity of mine cannot be avoided nor split off despite attempting to bracket sexuality.

The overarching profundity of the professional lives of these gay psychotherapists is that the personal always enters: these men are unable to step out of their identities, or leave

them at the therapy door. While strategies may differ regarding how their identity is conceived of and used therapeutically, that identity is always present, always meaning-filled and inescapable.

"It's a Part of Who I Am": The Researcher as a Participant in the Research Encounter

The dilemmas explored throughout this findings chapter mirror the dilemmas that I myself face as a gay male psychotherapist and confronted deeply through this research process. It required a complex negotiation with the tangles and binds in which I find myself, highlighted by the close scrutiny of myself in doing this research and entering into the interior worlds of other gay male psychotherapists. This work began with my Master's project, with a general interest in how sexuality and psychotherapy live together and intersect, a subject that holds significance for me as a gay person who also happens to be a psychotherapist. However, this interest deepened significantly as this topic evolved and expanded into an exploration of gay male psychotherapist subjectivity and, in turn, my own subjectivity and its effects on my psychotherapeutic work.

This research is clearly an academic pursuit, and one that I at first approached in quite a detached and almost clinical manner. The original pursuit was an interest in my internal musings on what it means to be a gay male psychotherapist and wondering how this may play out in other gay male psychotherapists' lives and work. The stance I initially adopted was one of a curious and perhaps quite distanced researcher, watching the process unfold while remaining the research observer, in an attempt to suspend my own material (what some participants called "stuff") from "interfering" with the participants' experiences. Despite a valiant attempt, I found that it was impossible to remove myself from being affected by this research. It was impossible not to align myself with the participants in respect of several shared experiences, or to interpret their stories through my subjectivity. However, I had not

fully anticipated how personal this journey would become, both for my participants and for me.

Reflecting on the research, particularly around the interview process, it was striking and deeply surprising how guardedly and anxiously some participants approached the interview. There was a tangible anxiety around their identities becoming known to others in the cohort, or being recognisable from the write up. Reflecting on this, I understand a projective process underway – my projected nonchalance on keeping the cohort safe and the expected ease with which they would approach this material was contradicted by a process that I had either defended against or denied. This was serious business. It is deeply impactful and has profound reverberations for all gay psychotherapists, including me.

I could adopt an interviewer stance, projecting myself as the perceived expert on the subject, but in fact, my own identity collision was constantly challenged and foregrounded. I realised that what I was trying to defend myself against was the psychic pain I witnessed in these gay psychotherapists' experiences, and my own defensive manoeuvres to avoid and protect myself from revisiting some of the painful parts of my own journey. I too have been spoken for, misrepresented, and profoundly misunderstood. Growing up gay and coming out daily – either through confident statements or inexorably, inadvertently revealed – has been, and will always be, a negotiation with a world that reminds one of one's otherness, that one exists outside, on the margins, that perhaps it would be better to remain hidden or even disappear.

What strikes me is how much I foregrounded myself in this process, particularly in the ways in which I provided my own thoughts and musings to my participants when it felt appropriate and necessary to do so. I understand this now as my way of providing comfort for the participants, to show my appreciation perhaps, that they are not alone and that their stories resonated profoundly with my daily conflicts and navigations. What transpired, and

what has been explored in previous chapters, was the creation of an "us versus them" dynamic, paralleling the extraordinarily personal experience of what it means to be gay in the world.

This "us versus them" pairing was created in the relatively comfortable microcosm of the interview, where the similarity of some experiences and a joined sharing of similar difficulties meant a deepened reciprocity, and the emergence of a space to feel held and heard. Our joining together, however, was located in the arena of power negotiation. As gay men we have learned that to be placed on the margins is the ineluctable and often accepted position we are "destined" for. So, in order to feel safe and combat powerlessness, we must often band together, as brothers in arms in a shared understanding of the pain endured from a world that so profoundly wants to reject us, to humiliate us and ensure our powerlessness. Becoming psychotherapists is an attempt to step into a position of power, being chosen to train by those in power and then creating practices and existing in other professional spaces where our power and agency destabilises the powerless positions to which we have repeatedly been relegated.

Curiously, many straight professional eyes have reviewed the (de-identified) findings of this research – in seminar groups, writing retreats and supervision – and while the care and kindness that was afforded to me in those forums is uncontested, the defensive tactics in me and my participants were often explored, particularly around writing to the oft unconscious countered arguments that lived in the data. This was a necessary and deeply helpful process, but the scared and unsafe parts of me, the ones that want to protect me and my participants – especially around "us versus them" – wondered about this insistence, the speaking for "us" by heteronormative voices that did not create space for divergence.

Admittedly a lack of divergence is defensive (in both homonormativity and heteronormativity), and needs exploration, but the sensitivity that this stirred was significant,

particularly around feeling unsafe and wanting to join, wanting it to be "us versus them", a chance to feel powerful and strong and acknowledged. There are many moments that speak to this exact experience:

> Michael: *It happened to me this morning. I saw a new patient and he's this big beefy guy, and we are sitting like this. And I just thought, 'God, what is he thinking?'*
>
> Alex: *Yeah, exactly. I had one yesterday. This kind of like six-foot six cricketer sitting in the room.*

This shared resonance was so striking in how it created a space for Alex and me to join with each other, in the shared reciprocity of what it feels like for a gay man, in the safety and power of his therapist position, to sit across from a stereotypically straight man and wonder how this man is perceiving him. This sharedness again speaks to the sharedness of not feeling safe, the sense that straightness is potentially something to fear, particularly potent masculine straightness. It was also significant of a banding together that left almost no space between the two of us for difference.

Closely linked to the limited space for difference, I have also struggled and grappled with the more narcissistic motives for doing this research. While the limited literature on gay research is acknowledged, there is a nagging awareness – linked to the potential of this research to exploit the participants – of my own self-indulgent intentions and using this research to bolster my own feelings of powerlessness with the acknowledgement by participants:

> *I think it's fantastic. I really admire the work that you do. I was so excited when I heard that you were doing your PhD because I think it's such important work to continue creating a kind of gay narrative in psychoanalysis. I don't think there are spaces like this to think like this, you know.* (Alex)
>
> *It's been nice knowing, okay, there's someone else out there like me, so I'm using it as like a bridging…to identify with.* (Matt)

My appreciation of the participants and the sensitivity with which I have used their words is hopefully evident, but their approbation can become quite uncomfortable, considering the complexity of reflexivity. The desire to gain the cohort's praise for addressing the need for this type of research must also take into account my own need for recognition and reward. Am I putting this research out into the world as testament of my own goodness and need for acceptance? Must it be acknowledged that I have used these men's words for my own gain?

The assumption in my approach to this research – that these gay male psychotherapists had neatly resolved their overlapping identities – was deluded, both in what I assumed about them and in my own decidedly unfinished and ongoing integration project. A risk that I did not anticipate was the theme that emerged around the fear of being paraded in the research findings, of becoming an object of curiosity that could potentially be toyed with and pathologised. This also raises another question around what has been explored above around exploitation: can this research, which stands as a testament to my own needs and wants, of my own aspirations around achievement, potentially be repositioned as wanting something that I would or should not want? Can it, in an insidious Catch-22, lead to my being shamed for my wants and investment, alongside what it might mean to take something from my brothers under investigation?

These insistent questions mirror some deeply problematic processes that continue to plague gay men both inside and outside of therapy spaces. One is an almost fetishistic presupposition about who gay men are, for example, "straight" accessories that are imagined under one shared universal prototype that strips away their uniqueness and individuality. Such presumptions are constantly endured by gay men. Hence, I have pondered the initial insouciance that I adopted regarding my position in conducting the research, particularly the confident manner in which I approached undertaking this project, as well as in approaching

the men of this cohort, in remaining distanced and presuming that they knew I was gay, without thinking it necessary to come out to them.

In this research that I am attempting to own, I feel conflicted about my own self-disclosure, not only to the reading public but also to the cohort, even while I relied heavily on these men to disclose in intimate and vulnerable ways. This has far wider implications that emulate processes for me (and I assume for my participants) outside of this research. I must confront the facts of how I approach self-disclosure in my own practice, which is neither a straightforward nor an uncomplicated process. I rarely come out to patients and the few times that I have done so were with gay patients who already assumed my gayness. This extends to this research: I experienced self-consciousness about presenting the work, particularly when people are unfamiliar with the content, such as new participants joining a seminar. The knee-jerk internal response lives in a familiar arena for me and my participants: am I safe? Will this work be judged and handled with respect? Do I need to couch it in ways that minimise the deeply personal and provocative nature of what this work means to me and those that have been included in it?

Through this research I continuously come out, to strangers and colleagues, whose intentions are mostly benign, and yet activates a familiar and constantly confrontational and deeply known experience – that feeling unsafe lingers closely to unbearable and unwanted feelings of shame:

> Michael: *I think why I asked you knowing who my supervisor is, and what it would be like to be heard through her and heard through, you know, people that read research, is because this is something that is coming up. And am I going to parade you around in a particular way?*
>
> Simon: *Yeah, yeah…*
>
> Michael: *But I'm thinking for myself around shame. I'm thinking about my own shame here a little bit…and how I parade myself around in my research. And really, I mean, I*

> *think about it but never think of it as a coming out. Or, uh, it's just part of who I am. And it's part of my interest and the reason why I'm doing this.*

This excerpt reads as if I was the research participant and Simon the interviewer. It is another example of how much I foregrounded myself in the research, particularly my own musings around the nature of the research and its reflexive implications. Simon had previously commented that the interview felt more like "*therapy*" than like a research interview. In the excerpt above, I got really close not only to him but also to my own shame. These reflexive moments highlight again the ability for me and my participants to join, and also speak to an ongoing process of confronting shame, its pervasiveness in the lives of gay men. Though these issues have been worked on and processed both in personal therapies and tackled with clients, their incontrovertible grip endures.

These moments of vulnerable sharing on my part, on reflection, were my attempt at creating a sense of ease and openness, at being exposed and vulnerable, and asking the participants to take something up, and in this attempt to make them comfortable and highlight my own (dis)comfort. However, something more questioning and fearful emerged – shame, that familiar bedfellow that haunts our lives, trips us up, and rears its head with ugly cruelty. In a similar vein, Alex recalled his experience:

> *I often hear my voice on recordings and I go, 'oh for fuck's sake. How can patients listen to this faggot?' And I go 'listen to what you are saying about yourself Alex, that is so cruel.' You know, and I need to think about that. But that's embedded inside of us. And we have that.* (Alex)

It is indeed embedded inside of us. Through all the mess and confusion and reflexive conundrums explored here, the golden thread that is presented as the primary motivation of this research, is speaking to the shame that has shaped gay men through their continuous internalisation of messages, in so many different ways and in so many different contexts, that something is very wrong. This project is about shame as a powerful force that lives inside

each and every one of the participants in this study – including me. As Ira notes, regardless of good childhoods, attuned environments, love, care, compassion and empathy, shame will enter; it is embedded inside of us; and, my hope, then, is that this work is a tribute to that acknowledgement of shame.

Discussion

This project has revealed how the overlapping of psychotherapy and sexual identity becomes an untidy mix of the personal and the professional, and how these identities intertwine and coexist, despite efforts to bracket or compartmentalise the two. The foundations of this research, which provided it with its meaning, lie in the reflexive considerations of this research. These considerations and their reliance on a psychosocial approach – and its intersubjective associations – uncovered how the private and the professional, the internal and the external, and the outside entering inside, were mirrored in the research confrontation. The research derived its methodological rigour from the focus on the overlap between gay and psychotherapist identities, specifically a gay identity in view of the political complexities of what it means to be gay and how this affects psychotherapy work, as well as the accompanying reflexive concerns.

Some prior research has been conducted on the role played by reflexivity in studies on gay men. For example, the role of self-reflexivity by gay male academics on a South African campus has been investigated (Rothmann, 2017), as has researcher reflexivity by a Black gay man investigating Black gay male mine workers (Maake, 2021). These studies taking the gay male subject into account focus primarily on the researcher's intersecting identities – Black, gay, and male for Maake (2021) – or the participants' self-reflexivity when considering their identity overlap – gay, male, and academic for Rothmann (2017) – in their decision-making

around remaining closeted, as well as experiences of homophobia in academia and on the mines of South Africa.

By contrast, my study demonstrates how reflexivity involves both the researcher and the participant, and not solely the researcher or participants as reflexive actors (Berman & Long, 2022; Doyle, 2012). As with psychotherapy, the understanding that reflexivity is intersubjective and that meaning is made between the researcher and the participant is harnessed in an attempt for both parties ultimately to make sense of themselves (Berman & Long, 2022).

The reflexive considerations on investigating gay identity and how this intersects with a psychotherapist identity became a joint reflexive project and ultimately a political one – reflexivity here has demonstrated how research can be conducted and understood as a kind of pushback against dominant discourses. Reflexivity is not a passive process of mere reflection on participant and researcher immersion and influence, but rather a series of confrontations in research activity. As has been seen throughout this study and as has been reflexively foregrounded in this chapter, confronting shame, taking risks around safety, and absolute solidification of gay identity through speaking up and taking part in this research – and the joint implications around all of these confrontations for me and my participants – were a politically reflexive act. It is political, as has been alluded to above, in that conducting the research and foregrounding the doing of reflexivity made reflexivity in the research encounter active in its "doing", subverting inherited, positivist understandings of how reflexivity can or should be used. My participants and I put ourselves and our shame "out there". We made ourselves vulnerable, taking the risk of exposure and potential exploitation, which we tussled with in an attempt to act for and give voice to the marginalised, to bear witness to and push against assumed positions designated by normative structures, despite the dangers involved.

This study took some inspiration from aspects of queer theory, particularly its theoretical underpinnings, as a destabilising and disruptive practice. Here it echoes queer theory's call for an activist stance to destabilise taken-for-granted assumptions. This applies not only to social and political positions, but also to how reflexivity as an act of doing undermines claims to "absolute truths", which is one of the fundamental principles of reflexive methodology inherited from positivist scientific discourse (Ferguson, 2013; Giffney, 2017; Hollway, 2016). The reflexive considerations of this research align with Pillow's (2003) thinking around "uncomfortable reflexive practices" (p. 192), where taken-for-granted truths are presented in a multitude of uncomfortable ways. Admittedly, Pillow (2003) is not a queer theorist, but I would argue that her positioning of reflexive practice as an uncomfortable practice was helpful in association with queer theoretical understandings. She calls for a reflexivity that undermines the continuous reproduction of a hegemonic institutionalisation of reflexivity to draw on it as a tool in a disruptive, suspicious, messy and unfamiliar practice (Pillow, 2003). Through this research, a reimagined reflexive praxis is then presented, one that subverts and challenges the constraints of traditional qualitative methods towards a queering of methods that questions ultimate truths and definite categories in its doing (Ferguson, 2013; McDonald, 2013). The positioning of queer theory as a theory of activism is comfortably situated in the current research, particularly in considering reflexivity as a way of doing research, rather than merely theorising. Here, research is practised – "turning theory into practice" (Garcia, 2010, p. 180) – in an attempt to narrow the research into a division of praxis, or rather, not thinking of reflexivity only as theory and as something that cannot be "done". Queer theory is vehement in its insistence on active praxis, a doing to and through, rather than observations from lofty positions of scientific determinism.

Ultimately, how this doing can be achieved, and is presented here, is through the reflexively adopted stance in the current study, particularly how the practice of reflexivity is influenced by queer theory, thus embracing queer reflexivity (Ferguson, 2013; McDonald, 2013, 2016). Queer reflexivity subverts inherited understandings of individual positions determined by external structures, and instead complexifies and questions how all categories are produced and controlled; it stresses that categories are not fixed, but rather continuously and fluidly in flux (McDonald, 2013). Queer reflexivity, which merges queer theory and reflexivity, imagines a new qualitative method aimed at producing alternative or reverse discourses, in the Butlerian sense (Ferguson, 2013).

Understanding the current research as queer reflexivity also emphasises the adoption of the psychoanalytic and psychosocial underpinnings explored throughout, from which queer theory and reflexivity take some of their inspiration. The interpretation of the material through a queer reflexive analysis – and thereby a "doing" of research – presents a possibility for how a reflexive analysis can catch shame, pride, doubt and subversion "in the act" of being enacted here in the research process, as this research has predicted. In a psychoanalytic understanding, this could be viewed as an enactment taking place. This is an enactment in the relational psychoanalytic sense of the word, which, it has been argued, resides in the terrain of the psychosocial (Frosh, 2003). In the relational psychoanalytic tradition, which encompasses psychosocial thought, enactment here is not a therapeutic *faux pas* but should be considered a form of enlivened contact (Cooney, 2018). Relational enactments, mirrored in the reflexivity considerations here, find expression and are made powerful for researchers and participants in a way similar to the psychotherapeutic processes between patients and analysts. As Cooney (2018) points out, this understanding of relational enactment is a creative, lived act rather than an unconscious process. And here, in this research, is the activity of enactment – a reimagined process that subverts the relational psychoanalytic

understanding of the term, which is traditionally presented as a therapeutic blunder. It involved reflexively enacting, by conducting this research and analysing it through a subjectively queer reflexive lens, as an attempt at a praxis-oriented method that seriously questions methodologically oppressive approaches that have the ability to silence those on the margins (Ferguson, 2013).

Like this praxis-oriented approach around the use of qualitative methods, qualitative methods have also been the focus of scrutiny and critique. Criticism of the use of reflexivity as a qualitative tool is widely acknowledged, particularly criticism of its unscientific attempts at representing the "truth", as well as of its potential to be self-indulgent through over-inclusion of the researcher's experience (Doyle, 2012; Ferguson, 2013). In this research, I do not attempt to justify the findings as standing in for an absolute version of the truth, but rather allow the data to give a voice to truths that exist for the group of men included here. Their lives as gay male psychotherapists are meaning-filled for them, and a version of their experiences has provided this research with its structure and meaning.

As explored above, some participants worried about the possibility of exploitation, that they would lose control of their representation once their words were out in the world, at my disposal and behest. Others believed their words would be used respectfully and accurately. This apprehension, too, was their version of the truth and, again, provided this research with reflexive meaning, chiefly because their worry activated safety concerns inherited from histories coloured by feeling unsafe and exploited. Conversely, as the custodian of their words, I had to consider the possibility of self-indulgent motives of my own for conducting this research, and that my pursuit of acknowledgement, acceptance and accolades may have indeed exploited these men for my own benefit.

My interrogation of reflexive methods – particularly psychoanalytic psychosocial queer reflexive methods – has revealed the meaning made for both, intersubjectively in-

between, that has taken into account both participants' and the researcher's influence as actors in the doing of reflexivity in pursuit of what remains a messy and complex version of the truth. While an entirely accurate and unwavering version of the truth is impossible, this project proudly acknowledges a valiant attempt at reflecting the truths of my participants' lives, at hearing their voices and at making space for the unacknowledged, marginalised experiences and unheard stories that this type of qualitative inquiry dares us to tell.

Chapter 8: Conclusion

The findings of this study reveal a central dilemma for gay male psychotherapists, namely how to tolerate and remain aware of ambivalences and opposites while considering their intersecting identities. They clearly encounter distinct difficulties when considering the merging of gay and therapist identities in therapy spaces. Some of this cohort of gay male psychotherapists believed this overlap was inconsequential, but others explicitly discussed the perceived necessity of these identities remaining separate for professional and personal reasons. The data demonstrated and the participants reflected deeply on of what it means to be positioned as a gay man and a therapist. Their responses also revealed how powerfully the private self enters professional settings, where the personal interacts and intersects with the political. This study predicted the ambivalences inherent in being gay and a therapist; it also demonstrated how the two roles and indeed selves are able to co-exist. However, this ambivalence remained unfinished business, as the sometimes contradictory views of the gay male psychotherapists in this study revealed. This study has shown how powerfully and inescapably gay and therapist identities co-exist, and how powerfully and messily they communicate with one another in the service of others.

The gay male psychotherapists who participated in this study acknowledged that being and feeling othered is a ubiquitous experience. They did not find contemplating how othering operated within their unique subjectivities straightforward, as can be seen in the complicated engagement with opposites and, at times, with projective processes. This appeared to be one of the processes worrying the study cohort – they presented as the bearers of intolerable bits projected from an external (chiefly heteronormative) world that considered them as being other. These men felt they had been othered by a heteronormative world. They continue to grapple with how this affects their private and professional lives. As the findings show, gay male psychotherapists' experiences of being othered was alive in their therapy

rooms, but they also understood these confrontations with being othered as a journey on which they had been from their formative years. They had to confront being othered again in wanting to train as psychotherapists, and endured it among their colleagues in both psychological and psychoanalytic spaces. Hiding, shame and loss were the consequences of being othered.

The participants understood the mechanisms they employed as a form of deliberate protest both as a way of subverting the inherited "rules" from classical, heteronormative teachings, and as a desire to make conscious the often pernicious processes of othering. Resistance to processes of othering was seen as a complicated and ambivalent endeavour, imbued with projective devices in an attempt to embody agency and legitimacy. Methods of protest included the reclamation of their silenced voices and becoming activists.

One othering process that was pointed out by this group of gay male psychotherapists was the problem of being thought of as the same as other gay males and gay male psychotherapists, and as inhabiting similar stories. Their reclaimed voices bear witness to gay life, disallowing being spoken for by others, or being misrepresented in research. Their voices represented the difficulties of working as a gay psychotherapist while navigating feeling othered as a gay man. They drew attention to a dilemma that needs constant attentiveness: the inevitable slippage that can occur by speaking for, and perhaps misrepresenting these men, and how this research should actively stand as a testament to challenging this slippage.

This research spoke to the sensitivity, and profound apprehensiveness, around strategies of self-disclosure of sexual identity for gay male psychotherapists. The opposites and contradictions that emerged around self-disclosure again mirrored personal navigations outside of therapy rooms. What emerged strongly were experiences of rejection, being othered and pathologised, mixed in with feelings of shame, fear and avoidance, while conversely wanting to be helpful, provide comfort, and attempt to reduce shame for gay

patients. The findings of this study revealed a gap in self-disclosure research for gay psychotherapists, where lived experiences did not necessarily coincide with the literature, and provided recommendations around what to do when contemplating self-disclosure strategies. These recommendations were positioned as guidelines in order to become aware of the tensions and debates that exist in the self-disclosure debates. Central to self-disclosure for gay male psychotherapists is the understanding that it is one thing to theorise and discuss what ought to be or should be done, but that it is quite another when sitting across from a patient. The wish and the risk were revealed as arising in the attempt to create spaces of safety for patients, but the participants also contemplated how safely they lived inside their patients' minds, and whether an embodied acceptance was possible as an antidote to the shame and fear associated with being gay and unsafe. Disclosure, this study argues, is both therapeutic and political, given the challenging histories and lived experiences of these men.

Finally, this research reflects (and reflected on) dilemmas and tensions that I face as a gay male psychotherapist and researcher, which were deeply confronted in this process. This project testifies to my own ongoing navigation of the complex binds I too find myself in. This navigation was facilitated by the scrutiny of myself throughout this research process and seeing myself reflected in the discoveries of the participants of this study. Unquestionably, the study has shown how closely the private and the professional, the internal and the external, the outside and the inside, were cemented into the foundations of this research.

This study stands as both a politically reflexive act and as a call to embrace queer reflexivity. The research journey has aligned with my own arduous journey of confronting shame, taking risks, and the absolute owning of my gay male psychotherapist identity, embodied by speaking up in and conducting this research.

Limitations

As with any study, there are some limitations of this research that need to be taken into account.

A key limitation is that the sample consisted of only urban Johannesburg and Cape Town participants, who were mostly White and in private practice, and included only one Indian gay male. This sample, in terms of its location, racial composition and style of practice is not representative of all gay male therapists. Thus the transferability and generalisability of the findings is limited, constituting the main limitation of this research. A more diverse and inclusive sample would probably have resulted in different outcomes and themes, particularly in relation to socio-economic, class and racial considerations.

The sample could be seen as displaying selection bias, as it consisted of gay therapists who were open about their sexual orientation and were willing to participate, as being out as gay was an inclusion criterion for ethical reasons. However, this meant that the perspectives of those less comfortable with self-identifying as gay, or less willing to take up their voice by participating in research, could not be accessed. The focus on gay and therapist identities was a deliberate focus, but the data can be strengthened in future conversations around other identity overlaps, for example, race and age, which might have resulted in an even more complex investigation.

Another central limitation of the current research is my subjectivity. Given the nature of the research, I strove to serve solely as the research tool. However, I collected the data and was responsible for its interpretation; so it was my subjectivity and evaluations that collated and predicted the final themes written up in this thesis. I owned this reflexive position as integral to the research, particularly by considering reflexivity essential as a methodological tool. Nevertheless, my closeness and resonance with the study's participants may have affected how the data were collected, analysed and written up. I have attempted to address

this challenge by making use of the subjectivities of other colleagues, and through extensive use of quotations so that readers can draw their own conclusions, but inevitably my subjectivity has shaped the analysis.

This research focused primarily on gay male psychotherapists. This sample therefore does not encompass the entire LGBTIQ+ experience. This research might have benefited from extending upon and opening up other minority experiences, for example, by investigating gay women and queer presenting psychotherapists. The meanings and experiences of gay women and queer subjects and how they conceive of their subjective identity experiences would offer an interesting analysis, particularly if feminist and queer perspectives were included in a more pointed manner.

Finally, although it is inferred in and alluded to in the current study, more research is required to spotlight the difficult concept of internalised homophobia, which appears to be an accepted idea, but is not foregrounded in the literature. Moore and Jenkins (2012) suggest that this complicated concept needs more examination, especially due to its impact on the lives of both gay male psychotherapists and their patients.

Recommendations for future research

A number of recommendations emanate from this study in respect of extending the literature on gay psychotherapists. There is undeniably, as became apparent throughout the compilation of this research, a dearth of research on gay psychotherapists' experiences of their unique subjectivities. No prior research was found using a sample of gay psychotherapists to explore how they understand their unique subjectivities, apart from the four first-person narratives discussed by Benedetti (2015), Haldeman (2010), Isay (2002) and Owens (2013), my own research (Owen & Long, 2022) and two studies that considered gay psychologists to uncover their views on self-disclosure strategies (Jeffrey & Tweed, 2014;

Satterly, 2006). The relatively recent publication date of the four memoir pieces cited here, bar Isay's (2002) work, which came earlier, is evidence of the recency of gay psychotherapist identity research and a need for further inquiry in this area.

Undertaking new research on the experiences of members of the psychological community is paramount, particularly those on members who have not been afforded sufficient space in psychological research. What is available in the literature, most notably gay aetiological research, envisages the study of gay identity as a study of causes of a gay orientation, and the search for genes, environmental, social and relational causes from which a gay orientation originates. The implication is that gay identity is a deviation from expected heterosexual identity. As with the supposedly benevolent efforts of the psychological community in attempting to normalise gay experience, these studies, while benign in intention, in fact propagate the narrative that homosexuality veers from an expected path. In research, particularly quantitative causation studies, gay subjects remain marginalised in this process, regardless of these studies' good intentions. The complexity of subjectivity and experience is lost; therefore there is a strong need for more qualitative work that highlights the experiences of identity rather than causation. There must be an understanding of how gay subjects are othered in these investigative studies, particularly when the overarching heteronormative narrative is unopposed.

Additionally, this research has proposed a unique methodological strategy in the relational and intersubjective meeting between gay therapist and researcher, and established gay therapists. The reflexive position of owning the role of a co-creator who is at the same time a personally invested researcher resulted in a methodology that affects how data are collected but also how they are analysed and written up. The effect of this type of research is to challenge traditional ontological understandings of how research can be conducted and

perhaps to testify to how rewarding and satisfying a close affiliation to a research project can ultimately be.

Using intersubjectivity as a theoretical framework, as discussed throughout this study, allowed for a considered exploration of the experience of two distinct identities. Intersubjectivity provided a theoretical tool that allowed an exploration of what goes on inside the therapist, but also what happens between therapists and patients, and the complexities of minority statuses. The way in which this research used relational and intersubjective theory can be argued to have contributed to existing knowledge, but also to have expanded on it in novel ways. Gay men and psychotherapists are both minority identities in different ways, and the use of relational theory to explore therapist subjectivity and how this may affect patients' subjectivities is one of the main contributions of this research. The use of this theory, as mirrored in the experiences of the gay male psychotherapist participants, supported the idea that a psychotherapist is a social category and an identity that extends far beyond the definition of the job description or professional label. Gay psychotherapists live within and through their identities. Intersubjectivity theory, and its resonances with queer theory, may thus be usefully employed in future research studies.

Concluding remarks

A review of the literature on gay issues in psychology revealed that studies ranged from mental health considerations around identity formation, the ongoing self-disclosure debates, gay affirmative therapy, to microaggressions and homophobia experienced by gay therapists in the therapy room (Feldman & Wright, 2013; Johnson, 2012; Mohr et al., 2015; Porter et al., 2015). While this work is significant and necessary – particularly in that it highlights the complexities of the lived experiences of gay therapists, none of these studies provided a heuristic account of what it means to be a gay man and a therapist. The current

study is therefore an extension of the work currently being conducted, and makes a novel contribution to gay research.

One of this study's primary concerns is to stand as a testimony to the difficult, painful journey that gay sexuality has endured under the strictures of heteronormativity. This pervasive and deeply entrenched process – albeit somewhat alleviated by attempts in (many but not all) contemporary Western contexts towards greater tolerance and acceptance of gay people – has meant that the negative assessments and homophobia of the past have become entrenched and ultimately internalised in the collective gay psyche in very painful ways. Psychoanalysis' treatment of gay analysands and trainee psychoanalysts, in the frighteningly not-too-distant-past, is no exception. Gay men, as one identity marker in the LGBTIQ+ spectrum, have suffered under psychoanalysis. The continued battle for acceptance and normalisation of gay sexuality, not only socially and politically, but psychoanalytically too, has been explored in this research, and needs ongoing attention.

This research joins the voices of the oppressed who have come before, and asks that the conversation continues in further research endeavours. Its chief interest was an attempt to explore the experiences of gay male psychotherapists, and, in that exploration, to provide a sense of ease for gay male psychotherapists, by giving a voice to the shame and guilt and hurt that infiltrate both the privacy of their hearts and their therapy rooms. The task remains to conduct research that broadens the experience of gay male psychotherapists to disassemble the past's hold on them – and the threat of pathology linked to it – which continues to keep them hostage. In order to do this, researchers need to investigate what is going on inside, the subjectivity experiences, of what has been endured, how this was experienced and how it is thought about. This research has attempted to do exactly that, by exploring how a gay and psychotherapist subjectivity matrix interacts with the equally distinctive subjectivities of patients. It adopted a relational psychoanalytic sensibility in order to investigate the

subjectivity concerns of this minority group, a near invisible population within psychoanalytic research.

As a gay male psychotherapist, my interest in this research was to make sense of what it means to be a gay male psychotherapist in conversations with other gay male psychotherapists. The vision of the endeavour was to provide a window into what this looks like in interactions (between patients and therapists, researcher and researched) and how this is experienced intrapsychically both for the gay male psychotherapist participants and for me. Putting myself "out there", the potential scrutiny this might entail, and the difficult feelings I have had to tussle with, in terms of exposure and safety and respect, is of minor importance when considering any comfort, or recognition, or resonance this might bring to a gay man who is also a psychotherapist and who may encounter this work.

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Appendix A: Interview Schedule

1. What is your experience of being a gay psychotherapist?

Prompts/content areas used in the interview:

2. Do you think about being gay in the therapy room?
3. Do you think being gay informs your work as a therapist?
4. What was it like training as a gay psychotherapist?
5. Do you think about being a gay psychotherapist?
6. Do you notice any difference in the therapy with gay patients?
7. When have you been most aware of being gay in the therapy room?
8. Have you been pulled into therapeutic enactments that have potentially centred around sexuality, perhaps your own or your patients?
9. How do you deal with gay material in supervisory spaces?
10. How do you experience desire entering the therapy room with patients? How is this negotiated?
11. And erotic feelings, and do you notice a difference with regard to the patient's sexuality?
12. Have you experienced an impasse with a patient that may be connected to sexuality or identity of either your own or the patient's? How was this navigated?
13. How do you navigate self-disclosure of your sexuality with your patients?
14. How do you make sense of your early experiences relating to who you are today?
15. Can you think of a specific time or incident that stands out for you?
16. In terms of this interview, what was your experience of it?
17. What was the experience like talking to me, particularly on the subject of sexuality?
18. Is there anything you said that you were not expecting to share?
19. Is there a question you thought I would ask but didn't?

Appendix B: Participant Information Sheet

Dear Participant 5 November 2020

My name is Michael Owen and I am a PhD student in Psychology at the University of the Witwatersrand, Johannesburg. As part of my studies, I have to undertake a research project, and I am investigating the subjectivities of South African gay male psychotherapists under the supervision of Professor Carol Long. The aim of this research project is to find out how gay psychotherapists subjectively experience their overlapping identities and if this has any bearing on their clinical work.

As part of this project, I would like to invite you to take part in an interview. This activity will involve a voice recorded interview and will take around 60 minutes. With your permission, I would also like to record the interview using a digital device.

There will be no personal costs to you if you participate in this project, as a participant you will not receive any direct benefits from participation but there are no disadvantages or penalties if you do not choose to participate or if you withdraw from the study. You may withdraw at any time or not answer any question if you do not want to. The interview will be completely confidential and anonymous as I will not be asking for your name or any identifying information, and the information you give to me will be held securely and not disclosed to anyone else. I will be using a pseudonym (false name) to represent your participation in my final research report. If you experience any distress or discomfort at any point in this process, we will stop the interview or resume another time. If you need some support or counselling services following the interview, these services are available free of charge at Emthonjeni Centre at Wits. The contact details for the counselling service are +27(0) 11 717 4577.

If you have any questions during or afterwards about this research, feel free to contact me on the details listed below. This study will be written up as a research report which will be available online through the university library website. If you wish to receive a summary of this report, I will be happy to send it to you (optional). The data collected from this research project will be stored in and will be kept for 6 years. With your permission the data collected from this research project may be used by other researchers (optional). If you have any concerns or complaints regarding the ethical procedures of this study, you are welcome to contact the University Human Research Ethics Committee (Non-Medical), telephone +27(0) 11 717 1408, email hrecnon-medical@wits.ac.za

Yours sincerely,
Michael Owen
Researcher: Michael Owen, michael.owen@wits.ac.za; 082 566 3062
Supervisor: Prof Carol Long, carol.long@wits.ac.za, 011 717 4510

Appendix C: Participant Consent Form

WITS UNIVERSITY

PARTICIPANT CONSENT SHEET

A study of South African gay male psychotherapists' experienced subjectivities

1. I have been given a Participant Information Sheet which explains the nature and processes involved in this study, which is attached hereto;
2. I was given time to read it, or had it read to me, in the language I best understand;
3. I was given time to ask any questions I wanted to and found any answers given to me to be reasonable and satisfactory;
4. I believe I fully understand why the study is being conducted and what the intended outcomes will be;
5. I understand that there will be no immediate benefit to me, should I agree to participate, nor will I receive any payment; conversely, participation will not cost me anything but my time;
6. I understand that, even if I initially consent to take part in the study, I may subsequently withdraw at any time and would not be required to give any reasons; if that happened, any data collected about me for the purposes of the study would immediately be destroyed, unless I give consent for it to be retained
7. I have been given a range of contact details, listed below. If I require further information or become concerned about any aspect of this study I am free to speak to any of these contacts.

Contact details:

Michael Owen, Principal Investigator, telephone no. 082 566 3062, or by e-mail at 1406410@students.wits.ac.za;

Professor Carol Long, Supervisor, on telephone no. 011 717 4510, or by e-mail at Carol.Long@wits.ac.za

Professor CB Penny, Chairperson of the Human Research Ethics Committee (Medical) at the University of Witwatersrand, on telephone no. 011 717 2301, or by e-mail at Clement.Penny@wits.ac.za.

Ms. Z Ndlovu or Mr Rhulani Mkansi, Committee Secretariat, telephone nos.: 011 717 2700 or 1234, or by e-mail at: Zanele.Ndlovu@wits.ac.za or Rhulani.Mkansi@wits.ac.za

Name of Participant: _____

Date: _____

Place: _____

Signature or mark _____

Witnessed by:

Name of Witness: _____

Signature: _____

Date: _____

Appendix D: Consent Form for Audio Recording

CONSENT FORM FOR AUDIO RECORDING OF STUDY PARTICIPATION

A study of South African gay male psychotherapists' experienced subjectivities

I hereby consent to audio recording of the interview[1], or focus group discussion[1], or classroom interaction.[1]

I understand that:

- The recording will be stored in a secure location (a locked cupboard or password protected computer) with restricted access to the researcher and the research supervisor.
- The recording will be transcribed and any information that could identify me will be removed,
- The recordings will be erased within either (a) two (2) years of the publication of the research findings, or (b) six (6) years, if no publications arise from this research
- Anyone wishing to access this information in the future will first have to obtain the approval of the Human Research Ethics Committee (Medical) of the University of the Witwatersrand, Johannesburg
- Direct quotes from my interview, without any information that could identify me, may be cited in the research report or other write-ups of research.

Name of Participant: _____

Date: _____

Place: _____

Signature or mark _____

Witnessed by:

Name of Witness: _____

Signature: _____

Date: _____

Appendix E: Ethics Clearance Certificate

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

Research Office

HUMAN RESEARCH ETHICS COMMITTEE (NON-MEDICAL)
R14/49 Owen

CLEARANCE CERTIFICATE	**PROTOCOL NUMBER: H20/10/24**
PROJECT TITLE	A study of gay male psychotherapists' experienced subjectivities
INVESTIGATOR(S)	Mr M Owen
SCHOOL/DEPARTMENT	Human and Community Development/
DATE CONSIDERED	16 October 2020
DECISION OF THE COMMITTEE	Approved Risk Level: Low
EXPIRY DATE	16 November 2023

DATE 17 November 2020 **CHAIRPERSON** _____
(Professor J Knight)

cc: Supervisor : Professor C Long

DECLARATION OF INVESTIGATOR(S)

To be completed in duplicate and **ONE COPY** returned to the Secretary at Room 10004, 10th Floor, Senate House, University. Unreported changes to the application may invalidate the clearance given by the HREC (Non-Medical)

I/We fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the Committee. **I agree to completion of a yearly progress report.**

_____ **Signature** **Date** _____/_____/_____

PLEASE QUOTE THE PROTOCOL NUMBER ON ALL ENQUIRIES