Journal of Homosexuality

ISSN: (Print) (Online) Journal homepage: www.tandfonline.com/journals/wjhm20

Outside Looking in: Gay Male Psychotherapists Making Meaning at the Intersection of Identity

Michael Owen & Carol Long

To cite this article: Michael Owen & Carol Long (2024) Outside Looking in: Gay Male Psychotherapists Making Meaning at the Intersection of Identity, Journal of Homosexuality, 71:2, 456-477, DOI: 10.1080/00918369.2022.2122362

To link to this article: https://doi.org/10.1080/00918369.2022.2122362

Published online: 03 Oct 2022.

Submit your article to this journal

Article views: 229

View related articles

View Crossmark data

Full Terms & Conditions of access and use can be found at
https://www.tandfonline.com/action/journalInformation?journalCode=wjhm20

JOURNAL OF HOMOSEXUALITY
2024, VOL. 71, NO. 2, 456–477
https://doi.org/10.1080/00918369.2022.2122362

Outside Looking in: Gay Male Psychotherapists Making Meaning at the Intersection of Identity

Michael Owen, MA and Carol Long, MA, PhD

Department of Psychology, University of the Witwatersrand, Johannesburg, South Africa

ABSTRACT
A gay identity offers a perspective outside heteronormative narratives characterized by exclusion as well as a radical position of difference. Being a psychotherapist, too, holds complex implications for identity. This paper explores the lived experience of gay male psychotherapists, a group whose voice is seldom heard. Based on interviews with six White South African gay male psychotherapists, a narrative analysis explores their experience of identity and voice. This paper highlights the ways in which the journey to occupying oneself as gay and the journey of becoming a therapist are intertwined. The complex power relations evoked in this experience are explored, and the position of the gay male therapist as "outside looking in" is interrogated as a position of marginality that both excludes and provides a unique vantage point from which to challenge exclusion.

KEYWORDS
Gay identity; psychotherapy; journey of identity; professional and personal; sexual stories

Introduction

Although South Africa is particularly progressive in the protection of LGBTQI rights, queer identities continue to be marginalized, and the experience of being gay frequently means being the object of prejudice and violence (Lease & Gevisser, 2017), a marginalization which is echoed globally. In contrast, being a psychologist or psychotherapist[1] holds considerable status and comparatively more power. Being gay is experienced as a way of being—so too can being a psychotherapist be experienced as a calling or a way of being: not merely a job but a core part of one's identity (Barnett, 2007; Dryden & Spurling, 2014). Given the nefarious part psychology has played in pathologizing alternative sexualities (Drescher, 2002), being a gay psychotherapist potentially brings together two conflictual identities, although the concept of the wounded healer (e.g., Ivey & Partington, 2014; Zerubavel & Wright, 2012) also suggests an affinity between the two.

In this paper, we are interested in the lived experience of being a gay psychotherapist, a question that has been afforded almost no space in psychological research. We choose to explore the experiences of gay male therapists

CONTACT Michael Owen michael.owen@wits.ac.za Department of Psychology, University of the Witwatersrand, Johannesburg, South Africa.
© 2022 Taylor & Francis Group, LLC

for four reasons: homosexuality in males is more common than in females; male homosexuality has been subject to more scientific inquiry in the psychological literature; male homosexuality attracts more moral scrutiny than female homosexuality (Jannini, Blanchard, Camperio-Ciani, & Bancroft, 2010); and the fourth reason is equally important: the first author is himself a gay male therapist. This research therefore has profound personal meaning and resonance with Michael's own lived experience: it matters on a personal level. Michael interviewed the participants who took part in this study, and the second author, Carol, is a straight female trainer of psychologists. Although all participants were anonymous to Carol, most knew her in a training setting and so were aware that she was a potential "audience." The psychotherapists in this study are therefore talking to a gay male psychotherapist and potentially being heard by a straight female psychotherapist, with all the complexities that these audiences may entail.

The discipline of psychology has been slow in producing research that investigates gay experience, with even less attention paid to what it means to be a gay psychotherapist, and the absence of these stories within psychological discussion is apparent (Drescher, 2002). An identified challenge is to hear stories of identity and create new modern narratives of sexual storytelling (Miller, 2010; Plummer, 1996; Squire, 2013). This study is concerned with stories, particularly how identity, subjectivity and power relations are situated within narrative, that is, in storytelling by social beings in social settings (Hammack, Mayers, & Windell, 2013; Phoenix, 2013; Squire, 2013). We focus particularly on how participants narrated their journeys of becoming a psychotherapist in light of their coming out journeys and on the complex power relations involved in navigating a heteronormative discipline and world. Through so doing, the identity negotiations between being gay and being a psychotherapist are better understood.Homosexuality and psychotherapy

Homosexuality and psychotherapy

Although homosexuality has a long history in psychological research, it has traditionally been explored as pathological in need of a cure (Balick, 2007; Drescher, 2010; Fonagy & Allison, 2015; Newbigin, 2013). It is only in the 21st century that homosexuality has been actively destigmatized by the discipline through research that tackles mental health and therapeutic issues. This research has tended to focus on queer patients in psychotherapy rather than on the experiences of queer therapists. The body of research is small, but has tackled a variety of issues. These include, for example, reformulations of oedipal dynamics (e.g., Goldsmith, 2001; Mitchell, 2012), developmental trajectories of gay

individuals (Corbett, 1996; Drescher, 2002; Phillips, 2003), “coming out” in therapy for both gay therapists and gay patients (Feldman & Wright, 2013; Moore & Jenkins, 2012), transference and countertransference issues focussing on sexuality implications of both therapists and patients (Balick, 2007; Belkin, 2018; Mohr, Fuertes, & Stracuzzi, 2015; Porter, Hulbert-Williams, & Chadwick, 2015), the complexity of self-disclosure of psychotherapist and patient sexualities (Coolhart, 2005; Drescher, 2013; Kronner, 2013; Kronner & Northcut, 2015; Lea, Jones, & Huws, 2010; Satterly, 2005), therapy considerations with gay male couples (Allan & Johnson, 2017; Brown, 2015; Rutter, 2012), homophobia and sexual stereotyping in psychoanalytic theory and settings (Prunas, Sacchi, & Brambilla, 2018; Sandmeyer, 2019), technical considerations when working with gay patients (e.g., Drescher, D’Ercole, & Schoenberg, 2003), micro-aggressions in the therapy setting (Shelton & Delgado-Romero, 2011), and gay affirmative ways of working (Johnson, 2012; Rutter, 2012).

The issue of self-disclosure of sexual orientation by both therapist and patient has also received attention (Balick, 2007; Coolhart, 2005; Drescher, 2013; Kronner, 2013; Kronner & Northcut, 2015; Lea et al., 2010; Mohr et al., 2015; Moore & Jenkins, 2012; Porter et al., 2015; Satterly, 2005; Sherman, 2005). This work covers a range of issues around self-disclosure, for example, coming out to straight patients, gay psychotherapists’ willingness to disclose their sexual orientation, assisting gay therapists’ self-disclosure to gay and straight patients, how self-disclosure of the therapist’s identity affects the therapy with gay patients, the use of self-disclosure as well as the responses self-disclosure may provoke in psychotherapy, to name a few. The therapist’s decision to self-disclose or not is no doubt deeply linked to their experience of identity, and may have resonance with other coming out experiences.

This small body of research does not, however, focus on the lived experience of being a gay psychotherapist. A handful of publications have been identified that explore this experience from the therapist’s perspective. Sherman (2005), for example, explores his subjectivity as a gay therapist in interaction with his patients’ subjectivities. Four important first person autobiographical accounts focus on how a minority status impacts both the journey of becoming a psychotherapist and working as one. Benedetti, (2010), Haldeman (2010), Isay (2002) and Owens (2013) each offer reflective and moving accounts of their own journey to being a gay therapist. These important contributions offer a vivid account of the challenges of being a gay psychotherapist. It is apparent, however, that the body is small and largely autobiographical. Given the complexities of being a gay therapist that these accounts highlight, it is striking that so little work has been conducted.

Method

This paper forms part of a broader research project employing a narrative methodology. Narrative research presupposes that individuals exist in, make sense of and create meaning in a storied world (Josselson, 2011; Murray, 2008; Squire, 2013). Human beings are storytellers—stories mold identity, direct action and highlight the essential nature of human experience (Smith & Sparkes, 2006). Narrative methods pay special attention to the stories individuals tell; a narrative researcher is able to investigate how participants' inner worlds are constructed and externally expressed, through narrative, into meaningful accounts of experience (Josselson, 2011; Smith & Sparkes, 2006; Squire, Andrews & Tamboukou, 2013). Furthermore, our research favored an experience-centered narrative approach (Squire, Andrews & Tamboukou, 2013; Squire, 2013). The experience-centered method is interpretive in nature and assumes both a phenomenological and hermeneutic stance (Josselson, 2011; Squire, 2013): phenomenological in that experience created by stories is essential to the construction of both social and individual identities; and, hermeneutic as a means of understanding these identities through interpretation (Josselson, 2011; Murray, 2008; Squire, 2013). Prins (2006) has argued that a narrative approach offers distinct advantages for better understanding stories of multiple identities. Moreover, if psychology is to commit to advancing its body of knowledge on sexuality, the epistemological anchor needs to be in narrative approaches (Hammack et al., 2013; Squire, 2013). Not only may alternative narratives challenge prevailing master narratives but they may also promote polyphonic, dialogic perspectives (Josselson, 2011). Positionality has also been considered by the researchers, particularly positions held by the identified participants as gay male psychotherapists—and how positions are made meaningful and constructed through relational, cultural and social influences (Chacko, 2004; Haraway, 1991; Harding & Norberg, 2005; Walton & Beaudrow, 2016).

Squire's (2013) four experience-centered considerations informed the research approach. This method views narrative as sequentially ordered—meaning ultimately arises as a result of time-sequenced storytelling. A crucial element of time-sequencing to emerge in the current project concerned the temporal relationship between coming out stories and stories of becoming a psychologist: these stories were often intertwined in participants' narratives. Secondly, narratives are what make us human: the hearer/speaker narrative position constitutes the essential social nature of human existence. Narrative is fundamentally social, produced in social interaction by social beings using language (Squire, 2013). Our research was interested not only in what stories were told, but how these stories were told, particularly around how positions within the research are inhabited—and, more generally, how this reflects over-arching narratives that create meaning for participants.

Thirdly, narratives are contextual and reflect not only the unique experience of the first-person perspective but also the wider social, cultural milieu (Squire, 2013). Lastly, experience-centered narrative research provides the participant with agency to disrupt and transform accepted and entrenched narratives. This is achieved through a concern with themes rather than causes, and the exploration of themes embedded in the participants' narratives allowed for a deepening of inquiry into the lives and experiences of gay psychotherapists (Squire, 2013). The experience-centered narrative framework was selected for investigation as it provided a robust framework with the necessary amount of structure to not only give voice to the experiences of gay therapists, but also extract meaning from their lived and retold narratives. Using a narrative approach as a method is a powerful tool that depicts lives as essentially constructed through story: narratives are both a way of knowing and an ontological representation of human sociality (Smith & Sparkes, 2006). The narratives of gay psychotherapists presented in this paper tell how their identities were constructed through personal, contextually-situated narratives; what particular meaning or sense-making is embedded in these narratives; and, how a thematic exploration of narratives can both bear witness to and potentially transform hegemonic narrative structures.

Sampling

Experience-centered narrative research, interested in storytelling accounts, uses a small number of participants, purposively sampled either through a network or on an opportunity basis, with little or no randomization (Squire, 2013). The sampling technique conducted for this paper has matched this approach. The sample was selected through volunteer, non-probability convenience sampling using word-of-mouth and snowball strategies. This strategy attempted to avoid any imposition, and allowed participants the option to volunteer for the research. Initially, this yielded three participants who were interviewed shortly after contact was made. As the desired sample size was not achieved, a snowballing technique was used with the existing sample after each interview was conducted. As the population of gay psychotherapists was anticipated to be quite small, Michael relied on the names provided by the sample of three participants. The snowballing technique undertaken produced 11 gay male psychotherapists and all were contacted electronically. Of the 11 contacted, another three were confirmed. Although an attempt was made to acquire the largest possible sample, particularly in terms of age, years of experience and race, over half of the identified sample of 14 was not comfortable to take part in the research and their privacy was respected. The final sample consisted of six participants. Since data saturation had been reached and snowball sampling had not generated any new participants, no further participants were sought.

Given that South Africa is a particularly diverse society, and that sexual orientation intersects in many ways with racial identity in South Africa (e.g., Graziano, 2004; Kiguwa & Langa, 2017), it was hoped that the final sample would be racially diverse. Only White participants, however, volunteered to participate in this study. The voices represented here can therefore only speak to the experience of White gay therapists, and it is likely that the experiences of Black gay therapists are markedly different. It is certainly the case that Black psychologists have a unique experience compared to White psychologists (e.g., Long, Matee, Jwili, & Vilakazi, 2020; Matee, Vilakazi, Jwili, & Long, 2020; Stevens, 2001). Perhaps it is unsurprising that Black psychologists did not volunteer: firstly, although the majority of South Africa's population is Black, White psychologists remain in the overwhelming majority (Pillay & Nyandeni, 2020). Very few male psychologists can be found in this feminized profession (Skinner & Louw, 2009). Secondly, it is likely that being a Black gay psychotherapist brings together three complex identities and this may make it more daunting to talk about one's identities in an interview. There is clearly need for further research.

The sample included male qualified psychotherapists who had at least three years of therapeutic experience and identified as gay. Three years of experience for a psychologist was identified as an adequate amount of psychotherapeutic experience as the participant would have completed their community service prerequisite, and could identify as a working psychologist as well as be formally registered as one. Self-identification as gay was central as an inclusion criterion as the research was committed to including participants who had not been coerced, imposed upon or made uncomfortable in discussing their sexual identity.

Data collection

A narrative interview, of approximately one hour with each participant, was conducted. A narrative interview attempts to elicit a detailed account of a large area of experience from participants (Murray, 2008). There is no absolute, agreed upon method of conducting a narrative interview besides obtaining stories around a theme with as little interruption from the researcher as possible (Josselson, 2011). Experience-centered narrative interviews are well suited to obtaining biographical accounts, offering room for participants to narrate their life stories in the sequence they choose (Squire, 2013).

Although most experience-centered interviews are semi-structured, the narrative researcher interested in gathering personal life stories from participants can simply ask a participant to tell "their story" with minimal interruptions from the researcher (Squire, 2013). Asking participants to share their life stories, particularly around their identities, elicited rich, detailed data. This life story approach allowed the participant/narrator to formulate a coherent

narrative, chronologically, with themes and meaning embedded therein (Murray, 2008). In terms of the nature of the research, the narrative interview perfectly matched the context in which the interviews were conducted. The narrative nature of psychotherapy aligns with a narrative interview with regard to the sharing of personal stories and the construction and discovery of meaning inherent within.

Data analysis

Principles of narrative analysis guided data analysis. As this research is interested in identity themes, both the social and cultural contexts of personal narratives were considered (Squire, 2013). Using narrative analysis is advantageous when studying identity and discovering how it is produced in certain times and places (Phoenix, 2013). The type of narrative analysis used in our research drew its reference from the psychosocial approach typical of experience-centered narrative theory (Phoenix, 2013; Squire, 2013). This approach is sensitive to both individual and social meanings: it suggests that sense-making expressed through personal narratives are influenced by wider social and cultural influences (Phoenix, 2013). Narrative analysis is a hermeneutic exercise, which searches for the meaning inherent in personal actions and constructions of identity (Josselson, 2011). Meaning- and sense-making of identity through personal narratives resulted in the data being analyzed from more than one perspective.

Once data were collected, an initial narrative analysis was conducted by Michael in discussion with Carol, to ensure a thorough, rigorous analysis of the data in terms of the richness of data captured from a relatively small sample. The analysis of narrative as adopting the classic hermeneutic circle employs bottom-up and top-down interpretive methods (Josselson, 2011; Squire, 2013). These narratives were read in their entirety, and read multiple times, initially to make sense of their structure and notice particular themes emerging (Josselson, 2011; Squire, 2013). This process was adhered to as the data were read numerous times, which allowed for an initial noting of themes and recognition of important and resonant moments. Once the interviews had been thematically explored, the development and testing of theories was done in an attempt to explain and predict the meanings emerging from the data (Squire, 2013). This process was repeated for multiple interpretations to surface, allowing the data to interact with wider theoretical contexts from which it derives its meaning (Josselson, 2011; Squire, 2013). We followed this process: narratives were read many times to pinpoint significant moments that relate to the research; close attention was paid to moments of self-experience and how the participant described self in relation to others; and, finally, a grouping of significant data in broad categories to be reported as themes in the write up (Josselson, 2011). The hermeneutic circle aims for the discovery of multiple

themes, however it runs the risk of never closing (Josselson, 2011; Squire, 2013). In order to attempt to close the hermeneutic circle of this research, main narrative threads were identified which then became the broader themes of exploration and discussion. The analysis of the interviews using this approach was designed to explore how gay psychotherapists narrate and understand their life stories. This research is concerned with identity and how identity is understood, constructed and played out in personal narratives. Moreover, in these narratives the notion of positionality, particularly around sexual identity, is relevant (Chacko, 2004; Haraway, 1991; Harding & Norberg, 2005; Walton & Beaudrow, 2016). Influenced by standpoint theories used extensively in feminist research, positionality is an important theoretical consideration in this research, particularly that the theory elucidates how positions, either adopted or imposed, influence the way an individual experiences the world. Positionality is concerned with how identity constructions as well as cultural and social backgrounds are made meaningful, not in isolation but through relational positions (Chacko, 2004; Haraway, 1991; Harding & Norberg, 2005; Walton & Beaudrow, 2016). The position of the researcher, and the interaction between participants, the researcher/interviewer and the co-researcher, was an important aspect of the research (see Chase, 2005; Esin, Fathi, & Squire, 2014) and formed a focus on analysis in the broader study. Given the focus in this paper on participants' journeys of identity, this paper does not present this analysis and instead focuses in depth on participants' narratives.

Results

The first striking narrative thread to emerge from the data, framed metaphorically by the participants, was understanding the development of sexual identity and therapist identity as a "journey." This journey is the complex negotiation and intertwining of coming into being as gay alongside the emergence of a therapist identity. Linked closely to this, and the second narrative theme explored, is how this journey is predicated on power—and power in all its forms and iterations: personal, professional, institutional and symbolic—and how this complex understanding of power is employed and/or sacrificed in the stories of gay psychotherapists.

The journey of identity

A key focus of the narratives of all participants involved telling the story of coming to know themselves as gay and telling the story of becoming a psychologist. In both cases, participants described the sense of a journey toward occupying these key identities. Moreover, these two journeys were not independently narrated but were understood as intertwined and interrelated.

The journeys of these two identities, while challenging in their own ways, echo one another in both the dark and light of all six participants' narratives. It became clear that being gay and identifying as a psychologist, both as a reckoning of identity, mirrored and echoed one another in the intimate realm of personal meaning-making and private discovery. Ryk, for example, commented:

> My journey as a therapist was making sense of my sexual identity … going to therapy and becoming a therapist was all part of that. Gay therapists become therapists because they are trying to fix something (Ryk).

For Ryk, a gay identity and a psychologist identity are undeniably intertwined, and they overlap particularly around a theme of brokenness. For several participants, being "broken" was understood as the consequence of not living authentically in terms of truly known identity. Internal "fixing," particularly around mending a disavowed and denied identity, was centrally important. It is only when a gay identity was bravely accepted and celebrated, despite the personal pain experienced as a result, that a therapist identity could be imagined and embraced, as expressed by Sam in his musings around conformity:

> This journey has, in itself, been an interesting one … feeling the need to conform and to integrate and to be like everyone else … and then suddenly this realisation, a dawning, about why … why do I need to conform? Why do I need to be like everyone else? Why can't I celebrate my otherness? (Sam)

Rejecting an imposed narrative of conformity, described by participants as a process of self discovery, is closely aligned with the over-arching narrative that being called to psychology is a story—and journey—of personal healing. Brian commented:

> We are all drawn to psychology for whatever reason … primarily to fix ourselves I think. I've had to grapple with: am I becoming a psychologist because I'm gay and I have to fix something because something about me is very wrong? And I don't have an answer to that. The difficult part was when I had to acknowledge that I couldn't do this forever [deny his gay identity] … I only realized after I came out that I hadn't been living (Brian).

Gay identity, then, is the crucible in which the therapeutic identity takes flame. Being drawn to psychotherapy, and being able to practice it, is only realized through the acknowledgment and acceptance of the true self. Sven, for example, described his story of owning his identity as letting go of individually and societally imposed expectations and inauthentic living:

> I really connected with this side of myself [becoming a therapist], which came alive in ways that I hadn't known before … and I suppose in the Winnicottian sense … dropping the very actor-y, false self stuff (Sven).

Being drawn to therapeutic work finds its resonance and resolution in the emergence of the true, real self. Although a difficult process, participants understood it as a necessary initiation or sensitization that must be endured in order to enter the world of psychotherapy, as attested to by Brian:

> There is definitely a part of me that is still afraid of my gay identity fully becoming … allowing itself to permeate into my therapist identity … which does make my work harder … that authenticity I'm talking about is what really, I believe, actually heals people (Brian).

Authenticity is paramount, even though there is a hesitation—and ambivalence—regarding what it is to fully operate and inhabit both a gay identity and a therapist identity, particularly around what it means in terms of therapeutic practice. This hesitation, underpinning Brian's musings above, is perhaps his fear of fully embracing his narrative of self-acceptance and authenticity. He feels that to work successfully as a psychotherapist, the intersection of his identities needs complete assimilation—of fully existing as both—rather than splitting off parts that seem personally incongruous and misaligned to the over-arching narrative that depicts his dual identity as faulty. Perhaps fully embracing this role is made possible only by overcoming lived obstacles, particularly around surviving private pain, coming to terms with or fighting for gay identity and reaching a place of internal acceptance, which, again, are all intimately linked to the pursuit of psychotherapy as a chosen career. For Sam, this process was narrated as a continuous battle to claim his dual identity despite difficulties endured:

> It's hard to put it into words because it's part of me, it's just who I am [gay identity and therapist identity] … I think it is because I've had to fight all my life for my identity … so I've fought for the right of having my identity and I'm happy with it (Sam).

Occupying the dual identities of being gay and a therapist was discussed by all participants in relation to positionality. Firstly, participants noted that being gay separated them from mainstream society, and all viewed themselves as outsiders. Being on the margins was understood as both self-imposed, due to feeling different, but also externally inflicted due to being different: "You are the underdog … not good enough" (Mark); "being gay I feel like I'm on the periphery of society" (Brian). A shared sense of being "outside" as the ineluctability of the gay experience was encapsulated by Sven:

> I think it's around being an outsider, having gone through some, or rather continually going through some … internal and external struggle … and I think it is a part of who I am (Sven).

An outsider status is something that is continuously grappled with, a position that is uncertainly inhabited. On the one hand, being outside of the mainstream is the inevitable consequence of being gay, however, on the other, being

outside and feeling removed is also an important position for participants to think about their therapist identity, embodied here in Mark's thinking:

> You know, being gay, perhaps it did in some way inform my decision ... you know the cliché ... it informed my decision to "help people" (Mark).

Being gay and a therapist finds resonance in a shared outsider status. Existing on the fringes means developing the ability to imagine the painful worlds of others, or rather, "having a greater sense of empathy [for other underdogs]" (Mark), which participants, like Fred, noted was essential for psychotherapeutic practice.

> Being gay, I was always outside looking in ... which in a way is what therapists do, we are present but we are also removed ... we look in ... we step into something but then we also step out of it (Fred).

Being positioned outside allows the gay therapist to step into the worlds of others, to have intimate knowledge of their pain, a position Fred called "the fringe element," however it is also embedded in a narrative of being violently intruded upon. Being gay and enduring pain was described as an accepted baptism by fire where gayness is continuously reinforced by the external world as dangerous, shadowy and other. Coming out is experienced as "a concern of what other people's reactions will be" (Mark); bravely confronted despite unsupportive families; or, with personal agency violently removed. The more violent implications of the gay "outsider" position colored several participants' stories in a darker hue:

> [On self-destructive behaviour] I don't know how I started but I did and it became a regular, intense thing for me. It was often to negate negative feelings about myself ... used as a means to primarily punish myself ... um ... for being me (Mark).

> [On his father's homophobia] Growing up, that story of how he got that scar ... some guy was coming on to him in a bar and my dad punched him and threw him through a plate glass window ... there was always that sort of homophobia in the house, a taboo to be gay (Sam).

> I think for me, the sexual component of sexual identity felt very dangerous ... and I see it in patients trying to find a type of gay role model that is outside the stereotypical, you know, let's fuck while on drugs kind of identity (Fred).

Violent intrusions have a significant effect on how these participants not only positioned themselves, but how they were positioned by other destructive elements—other men, toxic gay stereotypes and self-inflicted pain as a violent compensation for keeping an authentic self at bay. Self-destructive behavior, profoundly fearing the repercussions of being gay and continuously confronting stereotypical representations of gay identity is understood as a threat to the development of the true self but also having implications for a later therapist identity. Confronting and surviving violent imposition was

considered by participants as a rite of passage for being gay, and, again, an expected journey of discovery, however painful, to uncover a therapeutic identity. Identity, for gay psychotherapists, is not adopted with ease, rather it is a fiery battle of personal agency either removed by external forces or hard won through continuous confrontation with an unaccepting world. This is a world dominated by heterosexual spaces, the normalcy of which has significant effects on gay psychotherapists who have to continuously navigate, from the outside, an almost impenetrable space of power.

Power play

Though gay therapists occupy an outsider status that is predicated in a narrative of powerlessness, this positioning, particularly as a therapist, is understood by participants as holding some form of personal power. Power is a multidimensional concept in these psychotherapists' personal narratives. While power can be understood as the ability to effect change, here it is multitudinously constructed. Power refers to inhabiting personal power that has previously been denied, particularly a more powerful social standing that contrasts the powerless feelings continuously inflicted by various forms of institutional power brokers. Power also has deeply symbolic value, an internalized and inexorable outsider feeling that is imposed by the powerful structures of heteronormativity and the constant negotiation of a deeply-felt and oft-experienced unforgiving, rejecting world. In this section, various forms of power, and how these are navigated, re-written or reclaimed, is both professionally and personally navigated by these gay male psychotherapists. Firstly, for Brian, earning the title "psychologist" and working as one is acknowledged by him as the enjoyment of professional recognition, respect and status:

> I do get some social ... ah ... social status out of being a psychologist and I enjoy that I get some recognition for it (Brian).

Being a psychologist can be argued as the pursuit of claiming personal power and social standing; however, similarly to an "outsider" status, gay psychotherapists ambivalently inhabit these positions of power. Power is about claiming "space"—or perhaps being allowed to take up space—and the difficulty gay therapists encounter is a constant reminder of their outsider position. Taking up space is perhaps the unselfconscious and unfettered experience of existing and inhabiting the true, authentic self that believes claiming individual space is both an understood right and an expected expression of personal liberties and freedoms. It emerged that there are ways of reclaiming space, and holding on to the kernels of power afforded by espousing a psychologist identity. Occupying a gay psychologist role can be, on the

one hand, an opportunity to subvert earlier experiences of victimization by taking back personal power:

> A part of me thinks that I have the upper hand . . . you're the patient now . . . and you're coming to me for help . . . so . . . I'm not the victim anymore . . . you're the victim (Mark).

And while Mark explicitly experiences the reclamation of personal power in the form of retribution, some participants, on the other hand, experience this shared theme in different ways. Taking the opportunity to re-position themselves—achieved through the repossession of personal power and agency—is a way Brian considered counteracting and rewriting an inherited and lived-through narrative of weakness, negation of feelings and isolation.

> So, yes, this was shaped by not having felt [seen], you know, by the absence of [connection] . . . so absolutely my earlier experiences affecting me being a therapist and being gay was a big part of not feeling a connection with people . . . was exacerbated, was made, was created . . . but then also feeling alienated from the rest of the world (Brian).

Though this position is claimed, its ambivalence is keenly noted. Being a therapist reclaims connectedness and the value of being seen, but it is predicated on a profound experience of alienation.

While attempting to inhabit a powerful role in society, uncertainties become apparent, particularly around a professional standing amidst the wider psychological community. Here is another iteration of how power is conceived: a number of participants commented on the very competitive process of being selected into their professional degree, perhaps with the awareness that Carol, a member of the selection team (and thus a gatekeeper of the profession), was involved in this project. From the outset of their professional journeys as psychologists, both Fred and Brian contemplated if their gay identity had played a role in being selected into clinical programmes:

> I think at that point, my feeling was that I would hope the selection panels and departments would not discriminate against gay identity . . . which I think in the past could have been a problem. I'd like to think we have come a long way and . . . um . . . not disclosing my gay identity would have made me feel like a fraud (Fred).

> A part of me feels that I was chosen because I was gay and that adds diversity . . . but, well, what does it mean to be gay in that course? Was I supposed to be in a certain way? Was that why I was chosen? (Brian).

Fred is keenly aware of the discrimination that is so widely part of the institution of psychology, and was acutely aware of the risks of disclosing his gay identity. Brian wonders whether he was chosen because of his good potential or because he is gay: whether he is a part of redress and what this means for him. Either way, a gay identity is unquestionably experienced as a hurdle heterosexual candidates need not scale. There is a questioning around worthiness as candidates, but an undercurrent of powerlessness pervades the

selection process, particularly having to foreground gay identity as "diverse" in order to be selected, but also questioning one's actual worth because of the possibility of having been selected (by those in power) because of sexual orientation. In contrast Sven believed that gay candidates are viewed as understanding powerlessness and its associations with an intimate, and necessary, knowledge of pain:

> Because you see yourself as a marginalized entity, at some level, I think, you know, on a selection panel they are looking for that and you have to be as authentic as you possibly can (Sven).

The interplay of positions of power reveals a complex dynamic. As outsiders, feeling powerful and feeling weak is unequivocally negotiated by the ubiquity of heteronormative power. Gay therapists are constantly reminded of their non-mainstream status by those who are perceived as holding power in the psychological community, firstly through an over-sensitivity toward being consciously inclusive of gay issues, such as Sven experienced as the only gay psychologist in his reading group:

> There is almost a discomfort . . . which surprises me from a community that I imagine would be open and curious (Sven).

. . . but also, as both Sven and Ryk suggested, through the homogenization of the gay experience:

> She [heterosexual therapist] kept referring to the gay community, the gay community . . . there is an assumption that you are all like this . . . we live in a world of heterosexual spaces and because of our marginalized identity, it's perceived that there is a totality in that, which is very problematic (Sven).

> When you say you are a gay therapist, you are looked at slightly differently . . . almost like "oh you're in that box" . . . there are assumptions about who you are and how you would be in therapy (Ryk).

The homogenization of gay psychologists is therefore experienced as an imposition of a shared, universal identity. These gay therapists insinuate they are unfairly grouped and stereotypically viewed, particularly in terms of how they conduct themselves professionally. Furthermore, as a gay therapist, sexuality is always foregrounded. Gay therapists are constantly being made aware of their sexuality, a persistent grappling with and monitoring of self (both in the external world and in the private space of therapy), which heterosexual therapists never seem to have to contemplate, as Mark wondered:

> Do straight people ponder over their straightness? Um . . . I don't know . . . do I ponder over my gayness? Is it something that influences me? I think it is . . . (Mark).

The interrelation of sexuality and therapy, for gay therapists, is invariably connected to power: how power positions are claimed and navigated, who holds power and how power is negotiated in the therapy space.

Discussion

This research undertook to uncover how meaning is created at the crossroads of identity for gay male psychotherapists, and it is evident that this intersection of identities holds significant meaning both professionally and personally. This paper has explored how the desire to work professionally as a psychotherapist is inextricably connected to making sense of a gay identity. Gay therapists' narratives exposed how profoundly their experience of identity experientially affects the lives of a group of individuals who, albeit a presence in psychological research, have not been afforded much space to tell their stories.

A burgeoning therapist identity and a gay identity were conceived metaphorically as a journey for all participants. While both were experienced as individual journeys, the two were intimately intertwined and continuously intersected—most distinctly when the significance of surviving and coming to terms with the private emotional pain of being gay was predicted as a catalyst for initiating each participant into the professional role of psychotherapist. Across the sample, a legacy of the private pain experienced as a result of the inevitability of existing as a minority within heteronormative spaces paved the way for developing the ability to understand, empathize and connect with the emotional worlds of others. This research reverberates with existing literature proposing that the desire to practice psychotherapy is inextricably linked to surviving and processing private pain (e.g. Amundson & Ross, 2016; Barnett, 2007; Dryden & Spurling, 2014; Ivey & Partington, 2014; Miller, 1981; Orlinsky, 2005; Rabinor & Botwin, 2001; Wheeler, 2007). It also calls to mind the work of Relational-Cultural Theory with its valuing of connectedness rather than the more traditional psychological idea of the separate self. For Relational-Cultural theorists, connectedness engenders mutual empathy and this is crucial for sensitivity toward the central role of culture, difference and oppression (Jordan, 2013, 2017). An intimate knowledge of pain and working through and reflecting upon lived-through narratives of painful experiences creates a unique sensitivity within gay therapists to be able to conceptualize and make sense of the painful internal worlds of their patients. While surviving personal pain can be argued as a universal modern condition that affects all lives, this research has shown how uniquely gay therapists are positioned to pursue therapeutic work—chiefly through the inevitability of the positions they inhabit and the ones imposed by the external world. Their experiences of marginalization, othering, violent impositions and rejection allows gay therapists to meet their clients at a place of shared experience.

The intersection of being gay and a psychologist, and the reckoning of the journey of their overlapping and combination, is at the heart of sense-making for the participants of this research. Disavowing the true, real, gay self was not only experienced as damaging to the lives of gay psychotherapists but was revealed as potentially harmful to their patients too. Inauthenticity was understood as a barrier to complete connection with the emotional lives of patients, resulting in interference to therapeutic healing for them. The foregrounding of identity as a journey, both in relation to being gay and to being a therapist, so prominent in this research, resonates with the published personal reflections that explore the implicit meaning of the overlapping and intersection of these identities (Benedetti, 2015; Haldeman, 2010; Isay, 2002; Owens, 2013). This suggests a commonality of experience among gay therapists, particularly that the stories of their lives—the deeply personal stories of making sense of a gay identity and how this informs a choice to pursue psychotherapeutic work—is a theme that may hold meaning for gay therapists. This is an area of research that will benefit from further inquiry and investigation. This research is contextualized in South Africa, and focuses on the experiences of White therapists. Further research could also explore the multiple ways in which identity and context color the lived experience of gay therapists in other settings and across other kinds of identity.

Closely tied to narratives of identity was the importance of positionality and power for gay therapists. Again, the survival of emotional pain alongside fearing violent intrusions from external forces, particularly around the anticipated consequences of coming out and non-acceptance in the world, resulted in an inability or powerlessness in claiming "space." A history of being positioned as powerless echoed the journey of coming to terms with a gay sexual identity in that the participants described feeling powerless as an inevitable and accepted fate. Training as a psychotherapist, and the status and social standing that is afforded as a result, was discussed as a way of exerting newfound power and taking up previously prohibited space. While it was explored that becoming a therapist did offer some currency, the foregrounding of sexuality (a continuous and unending process for the sample) meant that though power and claiming space could be envisioned, it was still negotiated by heteronormativity.

Navigating personal power within a heteronormative framework became particularly relevant for participants, not only in the therapeutic space but also in the institutional space. Entering the discipline of psychology involved entering as the Other: as an outsider acutely aware of one's gay identity. Two particular places where participants experienced this disciplinary power was in selection processes and in interaction with other professionals. During selection processes, participants wondered if their minority status aided being selected to train as therapists, which then resulted in a questioning around their innate abilities and worth. Again, a foregrounding or self-consciousness

around identity was keenly noted: how significantly did a minority status affect the selection process and how much consideration was given to perceived ability and suitability? In interaction with other professionals, participants noted homogenization of gay experience as problematic. Participants felt othered and pigeon-holed within the wider community of psychologists, closely mirroring intimately familiar and difficult-to-navigate heteronormative environments. Interestingly, participants did not speak about blatant homophobia, which could be expected given psychology's extremely homophobic history (Drescher, 2002). Although this may point to a shift away from the bigotry of the past, it is clear that participants nonetheless remained alert to their identity as gay, and the potential for prejudice was everpresent. Despite the benevolent intentions of the psychological community in attempting to normalize gay experience, the homogenization of gay experience strips gay therapists of their individuality and reinstates their positions as outsiders, or rather, objects of curiosity that are categorized in order to be understood.

This process of stripping, though, is potentially counterbalanced for therapists by a coexistent awareness of the tension created by having traversed the journey of becoming a gay therapist. In this sense, participants described an experience similar to Hill Collins' (1986; 1999) description of the outsider within. Hill Collins was particularly referring to the challenges faced by Black women feminists. These challenges, while alienating and potentially paralyzing, also offer a unique perspective and a unique contribution to knowledge: they offer "an outsider within way of seeing" (Hill Collins, 1986, p. 529). Participants, too, appreciated the possibilities of subversion and unique understanding because of their outsider within status, and their complex relationship to powerlessness and oppression as well as the power offered by their distinctive standpoint.

Feeling powerful and powerless is a complex process for gay therapists, and the inevitability of these considerations infiltrating into the therapy room was explored. Positionality is an important consideration in this study, particularly the notion of positions inhabited and imposed in terms of a non-mainstream sexual identity. The way that the participants of this research understood their positions, especially as gay therapists, was infused with personal meaning about how they experience the world within these positions. Aligning with literature on positionality (e.g. Chacko, 2004; Haraway, 1991; Harding & Norberg, 2005; Walton & Beaudrow, 2016) meaning is created not only by inhabiting a position but also by being placed in a certain position by societal and cultural forces. The participants of this research narrated their stories from within their unique positions and also showed how deeply imposed positions become agents of meaning in making sense of both their lives and the lives of their patients in the therapeutic meeting. For many participants, the choice to participate in this research was motivated not only by sharing their pain but also by sharing their resistance to imposed positions. Occupying

a position of marginality came not only with a sense of marginalization but also with a sense of uniquely attuned subjectivity. Like Fred's comment about always feeling like he was "outside looking in," this sense of attuned subjectivity was also valued as a therapist. In this way, it is suggested, being a gay male therapist both emerges out of a painful journey and also initiates a unique perspective on the borderland of outside and in.

Note

1. The term "psychotherapist" is employed in this paper to refer to professionals who conduct psychotherapeutic interventions. In this instance they are registered as professional psychologists because South Africa, unlike some other countries, does not have a separate training for psychotherapists.

Disclosure statement

No potential conflict of interest was reported by the author(s).

Funding

The author(s) reported there is no funding associated with the work featured in this article.

References

Allan, R., & Johnson, S. M. (2017). Conceptual and application issues: Emotionally focused therapy with gay male couples. *Journal of Couple & Relationship Therapy*, *16*(4), 286–305. doi:10.1080/15332691.2016.1238800

Amundson, J. K., & Ross, M. W. (2016). The wounded healer: From the other side of the couch. *The American Journal Of Clinical Hypnosis*, *59*(1), 114–121. doi:10.1080/00029157.2016.1163657

Andrews, M., Squire, C., & Tamboukou, M. (Eds.). (2013). *Doing narrative research*. Sage.

Balick, A. (2007). Gay subjects relating: Object relations between gay therapist and gay client. *Journal of Gay and Lesbian Psychotherapy*, *11*(1), 75–91. doi:10.1300/J236v11n01_06

Barnett, M. (2007). What brings you here? An exploration of the unconscious motivations of those who choose to train and work as psychotherapists and counsellors. *Psychodynamic Practice*, *13*(3), 257–274. doi:10.1080/14753630701455796

Belkin, M. (2018). Who is queer around here? Overcoming rigid thinking and relating in patient and analyst. *Contemporary Psychoanalysis*, *54*(3), 484–510. doi:10.1080/00107530.2018.1491163

Benedetti, R. (2010). Belonging: Ontogeny of a gay psychoanalytic candidate. *International Journal of Psychoanalytic Self Psychology*, *10*(4), 398–407. doi:10.1080/15551024.2015.1074002

Benedetti, R. (2015). Belonging: Ontogeny of a Gay Psychoanalytic Candidate. *International Journal of Psychoanalytic Self Psychology*, 10(4), 398–407. 10.1080/15551024.2015.1074002

Brown, J. (2015). Couple therapy for gay men: Exploring sexually open and closed relationships through the lenses of hetero-normative masculinity and attachment style. *Journal of Family Therapy*, *37*(3), 386–402. doi:10.1111/1467-6427.12053

Chacko, E. (2004). Positionality and praxis: Fieldwork experiences in rural India. *Singapore Journal of Tropical Geography*, *25*(1), 51–63. doi:10.1111/j.0129-7619.2004.00172.x

Chase, S. E. (2005). Narrative inquiry: Multiple lenses, approaches, voices. In N. K. Denzin & Y. S. Lincoln (Eds.), *The Sage handbook of qualitative research* (pp. 651–679). Thousand Oaks, CA: Sage Publications Ltd.

Coolhart, D. (2005). Out of the closet and into the therapy room: Therapist self-disclosure of sexual identity. *Guidance & Counselling*, *21*(1), 3–13.

Corbett, K. (1996). Homosexual boyhood: Notes on girlyboys. In M. Rottnek (Ed.), *Sissies and tomboys: Gender nonconformity and homosexual childhood* (pp. 107–139). New York: New York University Press.

Drescher, J. (2002). Invisible gay adolescents: Developmental narratives of gay men. *Adolescent Psychiatry*, *26*, 73–94.

Drescher, J. (2010). Queer diagnoses: Parallels and contrasts in the history of homosexuality, gender variance, and the diagnostic and statistical manual. *Archives of Sexual Behaviour*, *39* (2), 427–460. doi:10.1007/s10508-009-9531-5

Drescher, J. (2013). Ghosts in the consulting room: A discussion of Anson's "Ghosts in the dressing room." *Journal of Gay & Lesbian Mental Health*, *17*(1), 112–120. doi:10.1080/19359705.2013.740658

Drescher, J., D'Ercole, A., & Schoenberg, E. (Eds.). (2003). *Psychotherapy with gay men and lesbians. Contemporary dynamic approaches*. Abingdon: The Haworth Press.

Dryden, W., & Spurling, L. (2014). *On becoming a psychotherapist*. London: Routledge.

Esin, C., Fathi, M., & Squire, C. (2014). Narrative analysis: The constructionist approach. In U. Flick (Ed.), *The SAGE handbook of qualitative data analysis* (pp. 203–216). Thousand Oaks, CA: Sage.

Feldman, S. E., & Wright, A. J. (2013). Dual impact: Outness and LGB identity formation on mental health. *Journal of Gay & Lesbian Social Services*, *25*(4), 443–464. doi:10.1080/10538720.2013.833066

Fonagy, P., & Allison, E. (2015). A scientific theory of homosexuality for psychoanalysis. In A. Lemma & P. E. Lynch (Eds.), *Sexualities: Contemporary psychoanalytic perspectives* (pp. 125–137). London: Routledge.

Goldsmith, S. J. (2001). Oedipus or Orestes? Homosexual men, their mothers, and other women revisited. *Journal of the American Psychoanalytic Association*, *49*(4), 1269–1287. doi:10.1177/00030651010490041301

Graziano, K. J. (2004). Oppression and resiliency in a post-apartheid South Africa: Unheard voices of Black gay men and lesbians. *Cultural Diversity & Ethnic Minority Psychology*, *10*(3), 302. doi:10.1037/1099-9809.10.3.302

Haldeman, D. C. (2010). Reflections of a gay male psychotherapist. *Psychotherapy Theory, Research, Practice, Training*, *47*(2), 177–185. doi:10.1037/a0019757

Hammack, P. L., Mayers, L., & Windell, E. (2013). Narrative, psychology and the politics of sexual identity in the United States: From 'sickness' to 'species' to 'subject.' *Psychology & Sexuality*, *4*(3), 219–243. doi:10.1080/19419899.2011.621131

Haraway, D. (1991). Situated knowledge: The science question in feminism and the privilege of partial perspective. *Feminist Studies*, *14*(3), 575–599. doi:10.2307/3178066

Harding, S., & Norberg, K. (2005). New feminist approaches to social science methodologies: An introduction. *Signs*, *30*(4), 2009–2015. doi:10.1086/428420

Hill Collins, P. (1986). Learning from the outsider within: The sociological significance of Black feminist thought. *Social Problems*, *33*(6), s14–s32. doi:10.2307/800672

Hill Collins, P. (1999). Reflections on the outsider within. *Journal of Career Development*, *26*(1), 85–88. doi:10.1177/089484539902600107

Isay, R. A. (2002). Becoming gay: A personal odyssey. *Journal of Gay & Lesbian Psychotherapy*, *5*(3–4), 51–67. doi:10.1300/J236v05n03_05

Ivey, G., & Partington, T. (2014). Psychological woundedness and its evaluation in applications for clinical psychology training. *Clinical Psychology & Psychotherapy*, *21*(2), 166–177. doi:10.1002/cpp.1816

Jannini, E. A., Blanchard, R., Camperio-Ciani, A., & Bancroft, J. (2010). Male homosexuality: Nature or culture? *Journal of Sexual Medicine*, *7*(10), 3245–3253. doi:10.1111/j.1743-6109.2010.02024.x

Johnson, S. D. (2012). Gay affirmative psychotherapy with lesbian, gay, and bisexual individuals: Implications for contemporary psychotherapy research. *American Journal of Orthopsychiatry*, *82*(4), 516–522. doi:10.1111/j.1939-0025.2012.01180.x

Jordan, J. V. (Ed.). (2013). *The power of connection: Recent developments in relational-cultural theory*. London: Routledge.

Jordan, J. V. (2017). Relational–cultural theory: The power of connection to transform our lives. *The Journal of Humanistic Counseling*, *56*(3), 228–243. doi:10.1002/johc.12055

Josselson, R. (2011). Narrative research: Constructing, deconstructing, and reconstructing story. In F. Wertz (Ed.), *Five ways of doing qualitative analysis* (pp. 224–242). New York: Guilford Press.

Kiguwa, P., & Langa, M. (2017). 'So I decided not to invade straight black men's space': Exploring heteronormative spaces on campus. *South African Journal of Higher Education*, *31*(4), 53–71. doi:10.20853/31-4-878

Kronner, H. W. (2013). Use of self-disclosure for the gay male therapist: The impact on gay males in therapy. *Journal of Social Services Research*, *39*(1), 78–94. doi:10.1080/01488376.2012.686732

Kronner, H. W., & Northcut, T. (2015). Listening to both sides of the therapeutic dyad: Self-disclosure of gay male therapists and reflections from their gay male clients. *Psychoanalytic Social Work*, *22*(2), 162–181. doi:10.1080/15228878.2015.1050746

Lea, J., Jones, R., & Huws, J. (2010). Gay psychologists and gay clients: Exploring therapist disclosure of sexuality in the therapeutic closet. *Psychology of Sexualities Review*, *1*(1), 59–73.

Lease, B., & Gevisser, M. (2017). LGBTQI rights in South Africa. *Safundi*, *18*(2), 156–160. doi:10.1080/17533171.2016.1270013

Long, C., Matee, H., Jwili, O., & Vilakazi, Z. (2020). Racial difference, rupture, and repair: A view from the couch and back. *Psychoanalytic Dialogues*, *30*(6), 698–715. doi:10.1080/10481885.2020.1829432

Matee, H., Vilakazi, Z., Jwili, O., & Long, C. (2020). Voices and whispers: Race,(Dis) rupture and repair: Reply to Stevens, Straker, and Tummala-Narra. *Psychoanalytic Dialogues*, *30*(6), 742–751. doi:10.1080/10481885.2020.1829433

Miller, A. (1981). *The drama of the gifted child*, R. Ward, New York, NY: Basic.

Miller, B. (2010). Expressions of homosexuality and the perspective of analytic psychology. *Journal of Analytic Psychology*, *55*(1), 112–124. doi:10.1111/j.1468-5922.2009.01827.x

Mitchell, G. (2012). The development of psychoanalytic understandings of male homosexuality: Moving beyond pathology. *Psycho-analytic Psychotherapy in South Africa*, *20*(1), 1–32.

Mohr, J. J., Fuertes, J. N., & Stracuzzi, T. I. (2015). Transference and insight in psychotherapy with gay and bisexual male clients: The role of sexual orientation identity integration. *Psychotherapy*, *52*(1), 119–126. doi:10.1037/a0036510

Moore, J., & Jenkins, P. (2012). 'Coming out" in therapy? Perceived risks and benefits of self-disclosure of sexual orientation by gay and lesbian therapists to straight clients. *Counselling and Psychotherapy Research*, *12*(4), 308–315. doi:10.1080/14733145.2012.660973

Murray, M. (2008). Narrative psychology. In J. A. Smith (Ed.), *Qualitative psychology: A practical guide to research methods* (*2nd* ed., pp. 111–132). Los Angeles: Sage.

Newbigin, J. (2013). Psychoanalysis and homosexuality: Keeping the discussion moving. *British Journal of Psychotherapy*, *29*(3), 276–291. doi:10.1111/bjp.12035

Orlinsky, D. E. (2005). Becoming and being a psychotherapist: A psychodynamic memoir and meditation. *Journal of Clinical Psychology*, *61*(8), 999–1007. doi:10.1002/jclp.20173

Owens, D. (2013). Out of the closet and into the therapy room. *Counselling and Psychotherapy Journal*, *13*(2), 1–3.

Phillips, S. H. (2003). Homosexuality: Coming out of the confusion. *International Journal of Psychoanalysis*, *84*(6), 1431–1450. doi:10.1516/1DYV-CJAN-A6R5-LDPX

Phoenix, A. (2013). Analysing narrative contexts. In M. Andrews, C. Squire, & M. Tamboukou (Eds.), *Doing narrative research* (*2nd* ed., pp. 72–87). Los Angeles: Sage.

Pillay, A. L., & Nyandeni, L. N. (2020). Is post-apartheid South *Africa* training more black African clinical psychologists and addressing the historical imbalance? *South African Journal of Psychology*, *51*(1), 0081246320977985

Plummer, K. (1996). Intimate citizenship and the culture of sexual storytelling. In J. Weeks & J. Holland (Eds.), *Sexual cultures: Communities, values and intimacy* (pp. 34–52). New York: Palgrave Macmillan.

Porter, J., Hulbert-Williams, L., & Chadwick, D. (2015). Sexuality in the therapeutic relationship: An interpretative phenomenological analysis of the experiences of gay therapists. *Journal of Gay & Lesbian Mental Health*, *19*(2), 165–183. doi:10.1080/19359705.2014.957882

Prins, B. (2006). Narrative accounts of origins: A blind spot in the intersectional approach? *European Journal of Women's Studies*, *13*(3), 277–290. doi:10.1177/1350506806065757

Prunas, A., Sacchi, S., & Brambilla, M. (2018). The insidious effects of sexual stereotypes in clinical practice. *The Journal of Sex Research*, *55*(4–5), 642–653. doi:10.1080/00224499.2017.1337866

Rabinor, J. R., & Botwin, S. (2001). The therapist's voice & a warrior prevails. *Eating Disorders*, *9*(2), 177–183.

Rutter, P. A. (2012). Sex therapy with gay male couples using affirmative therapy. *Sexual and Relationship Therapy*, *27*(1), 35–45. doi:10.1080/14681994.2011.633078

Sandmeyer, J. (2019). Understanding homophobia in our forefathers: Rethinking how Kohut actually worked. *Psychoanalysis, Self & Context*, *14*(4), 376–392. doi:10.1080/24720038.2019.1592929

Satterly, B. A. (2005). The intention and reflection model. *Journal of Gay & Lesbian Social Services*, *17*(4), 69–86. doi:10.1300/J041v17n04_05

Shelton, K., & Delgado-Romero, E. A. (2011). Sexual orientation microaggressions: The experience of lesbian, gay, bisexual and queer clients in psychotherapy. *Journal of Counselling Psychology*, *58*(2), 210–221. doi:10.1037/a0022251

Sherman, E. (2005). *Notes from the margins: The gay analyst's subjectivity in the treatment setting*. Hillsdale: The Analytic Press.

Skinner, K., & Louw, J. (2009). The feminization of psychology: Data from South Africa. *International Journal of Psychology*, *44*(2), 81–92. doi:10.1080/00207590701436736

Smith, B., & Sparkes, A. C. (2006). Narrative inquiry in psychology: Exploring the tensions within. *Qualitative Research in Psychology*, *3*(3), 169–192. doi:10.1191/1478088706qrp068oa

Squire, C. (2013). From experience-centred to socioculturally-oriented approaches to narrative. In M. Andrews, C. Squire, & M. Tamboukou (Eds.), *Doing narrative research* (*2nd* ed., pp. 47–71). Los Angeles: Sage.

Stevens, G. (2001). Racism and cultural imperialism in the training of Black clinical psychologists in South Africa: Identity, ambiguity and dilemmas of praxis. In N. Duncan, A. van

Niekerk, C. de la Rey, & M. Seedat (Eds.), *'Race', racism, knowledge production and psychology in South Africa* (pp. 45–59). Hauppauge, NY: Nova Science Publishers.

Walton, G., & Beaudrow, J. (2016). Tipping the iceberg: Positionality and male privilege in addressing sexual violence against women. *Culture, Society & Masculinities*, *8*(2), 140–154.

Wheeler, S. (2007). What shall we do with the wounded healer? The supervisor's dilemma. *Psychodynamic Practice*, *13*(3), 245–256. doi:10.1080/14753630701455838

Zerubavel, N., & Wright, M. O. D. (2012). The dilemma of the wounded healer. *Psychotherapy*, *49*(4), 482. doi:10.1037/a0027824