



AFFIRMATIVE DYNAMIC PSYCHOTHERAPY WITH GAY MEN

Carlton C. Córdova, Editor

Affirmative Dynamic Psychotherapy with Gay Men

Edited by
Carlton Cornett, LCSW



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**Affirmative Dynamic
Psychotherapy
with Gay Men**

For DeWayne:

With love and appreciation for the constant,
quiet, and loving sanity he imparts to those
of us around him.

Preface

My interest in a book on affirmative dynamic psychotherapy with gay men began when I was in graduate school ten years ago with the recognition that there was no such work available. The roots of this interest, however, stretch back to my adolescence. Like most of my friends in that developmental period, I had a profound interest in sex, but very little knowledge about what it was that was so captivating. I also knew something else, though; I knew I was somehow different from my male friends. I knew that my interest was not really in girls, but beyond that there was only a vague haze. I had heard words like *homo*, *fairy*, and *faggot*, and even had them applied to me, but I had no real understanding of homosexuality apart from it being something that was shameful.

Then my friends and I discovered Reuben's (1971) *Everything You Always Wanted to Know About Sex, But Were Afraid to Ask*. We sought answers to the mysteries that prevented our minds from keeping pace with our hormonally driven bodies. On reading the pages that described homosexuality, I made an important and painful discovery. He was describing me. His pejorative descriptions of homosexuals and the "sex" acts in which they engaged, totally devoid of any description of affection or love (indeed, in most cases reading like a moral commentary on sadism), I unfortunately accepted at face value. My shame intensified.

I ran from that shame, attempting to escape it by denying my sexuality throughout my adolescence. Finally, though, it was impossible to escape who I was, and I began to try to understand what it meant (and still means) to be gay. This was also the period, during undergraduate and graduate school, in which I discovered Freud.

The elegance and explanatory power of Freud's theories were captivating. His ideas, revolutionary in their day, were still of immense help in understanding the motivations underlying the external appearances of the world. Psychoanalytic theory became one of my passions.

I soon came to realize, however, that much of the disparagement that found its way to gay men, whether political, social, or even religious, began with psychoanalytic theory. I also learned through my own therapy and the therapies and analyses of colleagues that psychoanalytic practitioners, ostensibly aiming for neutrality, were anything but neutral toward gay men. Although these practitioners were more refined in their approach, the cumulative effect of working with them was often the same as the experience of reading Reuben's book.

OVERVIEW

The authors in this volume point out in a variety of ways that psychoanalytic theory has not traditionally been affirming of gay men as healthy and functional. Rather, it has tended to view gay men as inherently pathological because of their sexual orientation. For that reason, psychoanalytic technique has most often focused on changing the homosexual to a heterosexual. There is a paucity of literature examining the applications of psychoanalytic theory to the affirmative dynamic psychotherapy of gay men. Over the past ten years, there have been a number of fine attempts to integrate an affirmative view of homosexuality with psychoanalytic theory (Leavy 1986, Lewes 1989). However, these integrative works have not produced a large number of corresponding works concerning the application of theory to psychotherapeutic technique. That is the focus of this volume.

The contributing authors of this volume offer discussions of the technique of affirmative dynamic psychotherapy with gay men. The emphasis throughout is on the processes, skills, and perspectives involved in doing affirmative psychotherapy with gay men. Although each author approaches this task from a different vantage point, all begin with the basic premise that homosexuality is itself a healthy sexual variation equivalent in functionality to heterosexuality.

The authors of these chapters represent all of the mental health professions—social work, psychiatry, psychology, and psychoanalysis. The traditions of each of these professions offer slightly different perspectives on the authors' task. Those differences in perspective are well represented in these chapters; however, all of the authors also share a commitment to the idea that psychodynamic psychotherapy represents the best that we can offer to our patients.

Noteworthy, too, is the fact that all the authors in this volume address the role society plays in the genesis and maintenance of the psychosocial difficulties that bring gay men to psychotherapy. Psychodynamic psychotherapy has often been criticized as a system that emphasizes the importance of fantasy at the expense of history (Miller 1981). In the chapters that follow there is a consistent emphasis placed on the roles that homophobia and intolerance (including manifestations of these in the psychotherapist's office) play in creating and continually renewing shame, guilt, and other distressing symptomatology in the gay man.

Unfortunately, psychoanalysis has been a primary player in this societal drama. In Chapter 1, William Herron, Thomas Kinter, Irwin Sollinger, and Julius Trubowitz review the traditional psychoanalytic position that homosexuality is an inherently pathological sexual orientation. They propose this to be a countertransference based perspective that interferes in the therapist's ability to understand the gay patient. They note that all forms of sexual behavior may express a myriad of developmental deficits and conflicts and view homosexuality as no different from heterosexuality in this regard. They take a fairly traditional view of dynamic psychotherapy in their belief that it serves primarily as a means of discovering and resolving intrapsychic

conflicts. Through clinical vignettes they demonstrate that dynamic psychotherapy can be affirming of homosexuality. However, to do so it must be returned to its roots as an endeavor to understand the whole person as a complex product of development, whatever his sexual orientation.

Chapter 2, by Richard Isay, follows this theme by elaborating the consequences for homosexual patients who are involved in a psychotherapy not characterized by neutrality (i.e., which Isay defines as a positive regard for the patient and a sense of curiosity about his story). He reviews the development of the philosophy that homosexuals should be changed to heterosexuals. He argues that the primary technique involved in attempts to change sexual orientation is manipulation of the transference through the analyst/therapist's discouragement of homosexual behavior and encouragement of heterosexual behavior. This approach to the patient, however, is also confirmation of the societal antihomosexual bias that homosexual patients have internalized. The transference manipulation of orientation-changing psychotherapy, which Isay agrees is motivated by countertransference, becomes complementary to the patient's transference. Through case examples, Isay describes the rage, depression, anxiety, and confusion that accompany second analytic treatments when sexual orientation change was the goal of the first. Like the authors of Chapter 1, Isay proposes that psychoanalytic treatment can be of benefit to gay men if analysts and psychotherapists are willing to give up their reductionistic views of "good" and "bad," "healthy" and "sick," and return to a stance of positive regard for their patients, which would mandate a truly open and exploratory perspective.

Chapter 3, which focuses on the applications of self psychology to the understanding of gay men, expands Isay's idea of positive regard. Like the authors of the first two chapters, I believe that a key dynamic that brings a gay man to a psychotherapist's office is the internalization of the rejection and devaluation he has experienced in the heterosexual culture. This internalization, which results in shame, can find expression in a number of symptoms, but is most often seen in overt self-contempt and self-loathing. Rather than focusing on

psychotherapy as a neutral or interpretive enterprise, I propose that the most important element of psychotherapy lies in its capacity to affirm the patient. This approach is illustrated through the psychotherapy of a young gay man.

Chapter 4, by the late Alan Malyon, describes a phasic model of dynamic psychotherapy directed toward the resolution of internalized homophobia. Although Malyon's model argues against a reductionistic view of the difficulties that bring gay men to psychotherapy, it sees the effects of socialized antihomosexual bias as pervasive and at the root of many symptomatic difficulties. Most importantly, this internalized bias prevents successful adolescent development in the gay man who often experiences delayed resolution of the developmental tasks of adolescence. There are similarities and differences between Malyon's model and that presented in Chapter 3. The most notable of the differences lies in the differing values that are afforded the role of interpretation of unconscious conflicts and defenses. Malyon's is a four-phase model that utilizes concepts from cognitive and social learning theories, as well as from Erikson's psychosocial model. Like mine in Chapter 3 and Silverstein's in Chapter 6, Malyon's model includes an existential component. This existential emphasis is valuable, although often neglected, in psychotherapy with gay men.

There is an important dynamic that can interfere in any attempt at resolution of shame or internalized homophobia. Chapter 5 looks at a form of resistance that often appears in clinical work with gay men. As it has traditionally been viewed, resistance concerns a subtly adversarial relationship between a patient who is afraid of personal change and a therapist attempting to facilitate such change. Self psychology has argued that resistance is a means by which the patient protects himself from injuries to his self-esteem and/or self-cohesion. The view offered in this chapter is that resistance appearing with gay men concerns both of these elements and is organized around a fear of hope. This fear of hope is a further expression of the rejection and devaluation that gay men have internalized. They are frightened of allowing themselves to hope that they may be due more in life than

denigration, because hope offers both the potential for change (and identity disjunction) and the potential for further disappointment and injury. This resistance may be addressed both interpretively and through the stance the therapist assumes vis-à-vis the patient. A case study is offered in which this form of resistance plays a major role.

In Chapter 6, Charles Silverstein, through a discussion of the Borderline Personality Disorder (BPD) and its relevance for gay people, offers an alternative to the view that guilt and shame are the most important dynamics in the symptomatology that brings gay men to psychotherapy. He argues that object relations theory, with its emphasis on family interactions, explains some aspects of this complex phenomenon. Silverstein, however, also sees cultural changes occurring over the last thirty years as a compelling explanation for BPD. He notes that the liberalization of American culture has forced more choices upon the individual with less guidance and structure from the larger society. Groups, like gay men, that are removed from the standards and models of the heterosexual culture are particularly prone to overwhelming confusion. For Silverstein, confusion and associated depression are more prominent for gay men than are shame and guilt. For those gay men whose families did not prepare them to deal with conflict and ambiguity there is an increased likelihood that their adaptation will take the form of BPD. Silverstein presents a detailed case study of a gay male patient to illustrate his conceptualization.

Chapter 7, by Ross Hudson and myself, describes the process of dynamic psychotherapy with gay men infected with the human immunodeficiency virus (HIV). This view of the process is compatible with, and perhaps a variation on, Malyon's earlier model and is predicated on a perspective that affords equal weight to both the internal and external as determinants in the patient's adaptation to HIV. The therapist's initial response to the patient's revelation of his diagnosis sets the tone for the remainder of the therapy. If the therapist responds empathically, the patient moves into a phase that involves the resolution of guilt about his having contracted HIV and often about his homosexuality. Mourning is an important part of

adapting to HIV infection, and guilt must be resolved before effective mourning can occur. With the resolution of his mourning, the patient can develop aspects of his identity, including his identity as a spiritual being, that were blocked by guilt and grief. The therapist must approach psychotherapy with HIV-infected gay men with a good deal of flexibility because the often austere frame of traditional dynamic psychotherapy is not fully applicable to them. In addition, there are a number of countertransference dangers inherent in psychotherapy with this population. All of these areas are illustrated through clinical vignettes and a case study of the course of one man's thirteen-month psychotherapy.

Richard Isay describes issues related to being an openly gay analyst and psychotherapist in Chapter 8. He maintains, as do previous authors, that disclosure of the therapist's homosexuality may be beneficial to the progress of a gay patient's treatment. He notes that gay patients often assume that their therapists or analysts are heterosexual because of their internalization of society's bias that homosexuals are "sick." The therapist's revelation of his homosexuality confronts this shame and can also confront a patient's denial of his own homoerotic longings. The failure of the therapist to acknowledge his homosexuality, especially when asked directly by a gay patient, may communicate his own shame and reinforce shame in the patient. Although not using the language of self psychology, Isay describes the twinship functions that such therapist disclosures may serve. Isay also looks at the issue of transference development following such disclosures and proposes, as does Nash in Chapter 9, that the patient will develop a transference relationship with the therapist that expresses his developmental yearnings and conflicts, despite knowledge of the therapist's sexual orientation. Finally, he discusses countertransference concerns for gay therapists working with gay patients. These include using gay patients to compensate for professional isolation and responding destructively to homophobic transferences. He also describes the countertransference difficulties that can arise for gay psychotherapists treating gay men living with HIV, adding to the discussion offered in Chapter 7.

In the final chapter, James Nash reminds us that heterosexual analysts and psychotherapists can also be affirming of homosexuality. He describes the development of two men, one homosexual, the other heterosexual. Both men developed in environments that were intolerant of difference. Both men learned to fear and hate homosexuals, among other groups. However, the social upheaval of the 1960s and 1970s forced the heterosexual man to question a number of his fears and hatreds. Ultimately, this man became a psychoanalyst. By the time he met the homosexual man, as a patient, he had discarded the loathing that our culture holds for homosexuality, including that embedded in his beloved psychoanalysis. Nash then describes a psychoanalysis that focused on helping the homosexual patient discard his self-loathing. Through the presentation of this analysis, Nash offers thoughts about why some gay men choose a gay therapist while others choose a heterosexual therapist. He sees some determinants of this choice as involving the patient's status in the coming out process, and, for those still entrenched in their own homophobia, the transferential hope of finding the perfect heterosexual therapist to emulate. Finally, he describes dynamics that are common themes in the process of a heterosexual analyst treating a gay patient, including sexualization and secrecy.

A FINAL NOTE

A note of explanation is in order about terms. *Gay* and *homosexual* are used interchangeably throughout the text, as are *patient* and *client*, and are a reflection of the particular author's preference. The word *gay* has political and social connotations that go beyond the scope of psychotherapy and this book. However, I often use *gay* to refer to the awareness and acceptance by one of his homosexual orientation. In this context it is meant to reflect the manner in which patients often identify themselves (i.e., as "gay" rather than "homosexual"). This book also presupposes that there are fundamentally similar processes in dynamically oriented psychotherapy and psychoanalysis that have

mutual applicability in understanding gay men. For that reason, there is no clear distinction made in the order of the chapters, or in the intent of the presentation, to differentiate the effectiveness of the two clinical endeavors.

Discussions of affirmative dynamic technique in the treatment of gay men are rare. Perhaps the chapters in this volume will encourage further sharing of thoughts about this topic and will expand the horizons of our creativity in serving gay men. The ultimate beneficiaries of that sharing will be our patients, the men who trust us with the most precious and intimate in their lives. Valuing that trust, however, we too will benefit as we refine our skills to offer the best of our craft.

Carlton Cornett, LCSW
Nashville, Tennessee

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I did not get an opportunity to talk with the late Alan Malyon; however, in coordinating the inclusion of his chapter I talked with a number of people who were close to him. Without fail they spoke of him and his work with respect and affection. It is an honor to have a part of his legacy in this book.

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Contributors

Carlton Cornett, LCSW

Director, Independence Development Center
Vanderbilt University Medical Center
Private Practice
Nashville, Tennessee

William G. Herron, Ph.D.

Professor of Psychology
St. John's University
Jamaica, New York

Ross Hudson, LCSW

Senior Clinician, Independence Development Center
Vanderbilt University Medical Center
Private Practice
Nashville, Tennessee
(In the early stages of this volume, Mr. Hudson was
Director of Client Services at Nashville CARES)

Richard A. Isay, M.D.

Clinical Professor of Psychiatry
Cornell Medical College
Faculty, Columbia Center for Psychoanalytic Training
and Research
New York, New York