

The Love That Dares To Speak Its Name

From Secrecy To Openness – Gay And Lesbian Affiliations

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“All trials are trials for one’s life, just as all sentences are sentences of death.”

Oscar Wild, *Profundis*.

“Experience is the name everyone gives to their mistakes.”

Oscar Wild, *Lady Windemere’s Fan*.

Case Vignette - The Story of Jonathan

The yellow slip identifying a request for consultation rested in my letter box in the doctor’s lounge of the General Hospital. I picked it up, scanned the name of patient, his age and the unit where he was an inpatient. A neurologist was asking me to see a 32 year old man diagnosed with atypical *grand mal* epilepsy. The fellow was currently in hospital for further investigation and medication stabilization. Intrigued by this information, I glanced down to see the reason for consultation and saw a simple yet curious phrase - issues of sexual orientation. So began a four year long, rich therapeutic relationship with Jonathan Whiteson.

My first meeting with Jonathan surprised me a bit since he seemed so much younger than his recorded age. He had sandy hair, a slight build, and was lying, obviously under the influence of medication, in a hospital room. He looked at me languorously as I walked in, sat beside him and introduced myself. At the mention of my being a psychiatrist who has an interest in the area of sexuality, his face became instantly guarded and more masked. I explained that his physician had asked me to see him.

After setting Jonathan at ease, I discovered that he is an only child to parents in their 50’s and that he was working for a trust company as an accountant. I asked him how it was that he came to be in the hospital. He told me that since the age of 18 he had been struggling with a form of epilepsy diagnosed as *grand mal*. Following an attack he would be left unconscious, blank and often unable to interact effectively for as long as two days. He described how he would shake uncontrollably, often weep emotionally, but end up with total amnesia for the actual epileptic event itself. His response to these events had traditionally been one of increasing isolation and rest, and taking time off work to remain at home. His parents, with whom he continued to live with, would help nurse him during these post attack times. He said that he would suffer attacks about once every four to six weeks. Jonathan had been on long-term anti-epileptic medication for a number of years but it had had limited usefulness since it only helped decrease the frequency of the episodes, but not their severity. This current hospitalization was his first for a complete investigation including on-going

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monitoring of his EEG or brain waves. One attack was observed by hospital staff but without any supporting EEG evidence of epilepsy having actually occurred. When his physician asked him more personal questions he discovered that Jonathan had sexual concerns but refused to speak to his doctor about them saying they were too private. His doctor suggested a specialist consultation to which Jonathan agreed. The consultation request had then come to me.

The story that he hesitatingly told, with much self-recrimination and occasional tears, was of a young man who, at the age of 17, had discovered himself to be passionately in love with his best friend. This friendship had existed for two years and had included all sorts of wondrous events, such as discussions of the meaning of life, the extent of the universe and the place of human beings, like he and his friend, in all of this. They had played sports together, worked on their projects together, attended school together, and talked of going to the same university together. They even had occasions to double-date together. However, during one instance when the two were camping in the mountains near their home city Jonathan disclosed to his friend the depth of his feelings for him. His friend indicated that he felt similarly and with that, Jonathan reached out to begin a first hesitant, sensual interaction. However, Jonathan said that it had gone no further than a few caresses when his friend jumped angrily to his feet saying that he was “no fag” and then moved silently to the opposite side of the tent. This event was never spoken of again but their friendship quickly waned. Jonathan was left confused, isolated, hurt and extremely lonely. Only a few months after this incident, at the ending of grade twelve, Jonathan had his first “epileptic” seizure. He and his best friend had always planned to double date on graduation and had looked forward to attending University together in the fall. Jonathan was unable to go to graduation because of his attack.

What ensued following that first attack was an increasing frequency of such seizures to the point where significant medications were used to try to decrease them. Unfortunately, the medications seemed to have little or no effect on his attacks, but did sedate him and quiet his sense of worry and anxiety. Due to the nature and frequency of his symptoms however, (he and his parents were afraid he would hurt himself during an attack) Jonathan remained at home throughout his entire university rather than going to the same university as his former friend. He also gave up many of his social interactions except for casual friendships, and stopped dating entirely. He had spoken to no one about that perplexing experience with his best friend until the day of our talk, 15 years later, in a sterile hospital room.

Jonathan, having been aware of his intensely felt love for his best friend and discovering this to be unacceptable at many levels of awareness, ‘decided’ to keep this difference from what was expected and seemingly ‘accepted’ by society secret. He experienced many toxic effects from the secret of his love affiliation. He underwent years of disability as an “epileptic”. He was often heavily medicated and frequently unable to complete his work effectively due to side effects of the medication. What, I wondered, would be so concerning as to actually erase itself from conscious memory (he had amnesia for the few days before an attack) and require him to be nursed along by family? Careful reflection on Jonathan’s experiences leading up to an attack, revealed that he had invariably experienced being in a position of choosing between self-affirmation (but at risk of personal rejection), or self-erasure through with social conformity. Ever since his first painful attempts at choosing self-affirmation with his adolescent friend, he had always chosen social conformity with its tyrannizing side

effect of self-erasure. When these 'choices' were of great importance, he would suffer an 'attack', losing conscious memory for the decision itself, the issue and finally be ill and dependent in a way in which his family could not reject him. He also reflected on himself (and his being different) as being ill. Additionally, he appeared to suffer chronic sadness and loneliness. He tried to over-compensate for his difference by becoming 'stereotypically similar' to what he was 'supposed' to be – wearing only the proper clothes, dressing in the proper manner, dating the proper women, even attending the church of his parents' choice although he himself felt no affiliation to that particular view of God. In the end he even began to act in a political direction that was commensurate with what Tripp (1975) has called, "Trying to slay the dragon within by slaying it without." He became anti-gay himself, seeing gay and lesbian persons as less, weaker, more ill than others, and less able to have a fulfilling life.

My work with Jonathan was based primarily on, first, the notion of externalizing the tyranny of secrecy and then helping him see the damaging effects of being victimized by such a tyranny. For Jonathan, 'self erasing secrecy,' as we came to call the tyranny, included such damaging effects as social isolation, preoccupation with a sense of personal inadequacy, continuing to live at home out of fear of rejection by his parents if he were not close enough to monitor their views of him, a continued avoidance of any situations that could include intimacy, and, of course, his 'epilepsy'. Since there was no medical evidence for an organic basis to his 'attacks', I became curious as to how they could enter into his experience. After he came to see how pervasive the toxic effects of 'self-erasing secrecy' were in his experience, the next step involved helping him recognize his own agency in escaping the secrecy. For instance, *the fact of discussing all of this with me was a crack in the strength of secrecy for he reflected on how he felt better after discussing these 'secrets' during therapy.* Similarly, he noticed a decrease in the frequency and severity of his 'attacks'. Over a period of a few months, Jonathan judiciously came out, first to his parents (they were not surprised, although they admitted disappointment yet also expressed their love for him), and then to his only friends, one a woman the other a man whom he had known for many years. In both instances, these friends surprised him by taking his gayness in stride and speaking of their friendship with him. As he increasingly saw his own influence over secrecy, the effects of secrecy's tyranny to direct Jonathan's life receded rapidly. Rather than simply succumb to secrecy, he replaced secrecy with privacy – a privacy where he was able to choose with whom he discussed his gayness with. Over the last months of our first work together, Jonathan came to have new friends at work, increasing support and acceptance by his family of origin, and had developed a "family of choice" - those friends and relatives who became his family through their acceptance of him as he is.

Now, four years after our first meeting, I think to myself of the new Jonathan who has just left my office. At the age of 36 he has just re-opened therapy in order to seek some supportive help in dealing with the loss of a significant eight month relationship. Jonathan has received a number of promotions, long been off his anti-epileptic medication and is now clear of mind. He had had another 'attack' – the first in over two years and was feeling exceptionally shaken. I clearly remember saying to him "can you think of any secrets that have gotten hold of you lately so intensely that you have inadvertently caved in to their expectations that you erase your own experience?" He looked up, baleful eyes aglow and said,

"I tried to pretend that our break up would have no influence on my work and yet it did. When my manager came and asked me if anything was wrong because my performance had slipped over the last few days, I denied it and said I was fine. By week's end I was in bed asking friends to nurse me and making the appointment with you."

This re-opening two years later had less to do with gay issues than with simple human experiences of love and loss for a man who happens to be gay.

Although Jonathan's story may be dramatic because his symptoms were identified and diagnosed as a medical illness, epilepsy, the experience the he has undergone "at the hands of secrecy" is by no means unique or uncommon. For a minimum of 10%, and more probably 15%, of the western world's population of both women and men, Jonathan's story is all too experientially familiar. It is my opinion that for we of the western world, there is perhaps no life experience more tyrannized by secrecy than that of being a gay or lesbian person.

Of Personal Reflections

I can remember as a youth of 11 years, while playing with my brother and sister in the back yard one sunny summer afternoon, a tall, somewhat thin and effeminate man came to the gate asking if we had seen his small poodle. I recognized him to be the man from the end of the block who had recently moved in to look after his dying mother. My own mother called to us children to come to her as she replied to the man in a cold and aloof voice rather unlike her, that she had not seen his dog. Once he had left the backyard gate, she turned to us and said "stay away from him, he's not of a good kind." This, of course, was a paradox to me as a child. I had thought to myself prior to this "what a selfless man he must be to come home from whatever life he had been leading in order to look after his dying mother." To spend those precious days of his youth with her during her last moments seemed to my young mind a rather generous thing to do. I could not see why he was 'not of a good kind'. It was only some years later that I came to understand that others thought him to be gay. Similarly, I remember a story of my great uncle's son who had died at the age of 30 while with a special man friend. The two were involved in a canoeing accident where both accidentally drowned. Although I had never known my great uncle's son, I grew up with the stories of 'it being for the best' that he had died. It wasn't until my early 20's that I came to understand that this 'for the best' of his death was because he had been gay. Yet, he was my great uncle's only son! Then there was the older sister of one of my girlfriends from high school who was asked to leave home at the age of 17 because she refused to wear party frocks and go to her school dances. Instead, she preferred to keep the company of a special young woman. These two would laugh with joy when together but the family would look on with disgust and revulsion.

There were many such stories as I grew up. It wasn't until some time in my early 20's that I came to understand that these people were punished, not for any evil deeds they did, but for an 'affliction of the heart' - truly loving someone of the same gender when others wished them to love only those of the opposite gender. It seemed so patently unfair, a crime without a victim, a sentence without a defense.

Although it was my awareness of the blatant and painful discrimination against

love of the same sex that first highlighted my understanding of discrimination, I quickly came to see that it came in other forms as well. Racism, ageism, religious discrimination, cultural discrimination all seemed to be of the same ilk, but it was in the discriminatory practices against the experiences of women, particularly those women of my own family, two sisters and a mother, that I saw the greatest similarity with the oppressive discrimination of gay and lesbian persons. However, there appears to be one major difference. With gay and lesbian people, the oppression is of mostly unseen persons representing an invisible minority. They are not marked by any particular identifications, and they choose in the large part not to abide by the stereotypes of others who do not know them well.

I hope to invite the reader into recognizing the damaging effects of keeping one's experience of love secret. Then, as a result of this realization, I want to invite the reader to increasingly escape invitations to participate in ongoing discriminatory and oppressive behaviours, especially as they relate to gay and lesbian persons. Of course, I do not expect all the readers of the chapter to be able to escape all personally felt invitations. But if readers were to escape even one oppressive action towards lesbian and gay persons, then I would consider the chapter to have been therapeutically useful.

Of Love and Lenses

The term homosexual only appeared as an English word in 1891 in John Addington Symonds treatise *A Problem of Modern Ethics* (Persky, 1989). Its counterpart, heterosexual, first appeared ten years later in 1901. Persky writes,

In Dorland's *Medical Dictionary* (1901), 'heterosexual' was defined with unconscious poetic justice as 'abnormal or perverted appetite toward the opposite sex.' Some would say that under tyrannical patriarchy, there is a sense in which all male heterosexuality is a 'perverted appetite.'... But not until the 1955 addenda to the third edition of the Oxford English Dictionary is *heterosexual* again required to officially define itself and, even then, does so in blatantly ideological language as 'pertaining to or characterized by the normal relations between the sexes.' One only has to reflect glancingly on the monstrousness of the relations between the sexes, recorded in a torrent of studies, to absorb the impact of that usage of 'normal.'

For too many persons the word homosexual brings forth a view of sexual *choice* embedded in a context of irresponsibility, immorality and occasionally crime. However, most of us, both gay and straight, have been misled by the term homosexual. We orient towards the *genitalization* of human experience. As the title of this chapter suggests, based on the words of Oscar Wilde during his trial for being gay at the turn of the century in Ireland, homosexuality actually has more to do with one's love-affiliation than simple genital lust:

" 'The Love That Dare Not Speak Its Name' " is such a great affection as there was between David and Jonathan, such as Plato made the very basis of his philosophy, and such as you find in the sonnets of Michelangelo and

Shakespeare. It is that deep spiritual affection that is as pure as it is perfect. It dictates and pervades great works of art. It is in this century so much misunderstood that it may be described as the 'love that dares not speak its name' and on account of it, I am placed where I am now. It is beautiful, it is fine, it is the noblest form of affection. There is nothing unnatural about it. That it is so, the world does not understand. The world mocks at it and sometimes puts one in the pillary for it."

(Excerpted from Oscar Wild's reply to the Solicitor General in the second of Wild's three trials. The Crown Prosecutor had asked him to explain a phrase he had used in a letter to Lord Alfred Douglas. [G.F.T. 1981])

I propose, like Oscar Wild, that what we have come to call homosexuality has much less to do with sexuality than it does with the experience of human affiliation. Of course, by its very nature there can be a sexual component to that affiliation, either in mind and/or in practice. However, it is my suggestion to view homosexuality through the lens of a human affiliation. This affiliation is based on a preferential love relationship along with, perhaps, a hope for congruence of sexual activity. I suggest this view instead that which sees homosexuality through the lens of genital activity alone. That is, rather than simply privilege behaviours and subsequently confuse these behaviours with a person's inner experience, I propose to view the inner experience as more fundamental and the behaviour as either being congruent with that experience or denying of it. Further, it is my belief that the existence of a compelling invitation to keep one's love affiliation secret and the succumbing to that invitation is the poison that robs gay and lesbian persons of their joys in life and hopes for the future.

Historical Overview

It is believed that gay and lesbian persons have existed since the beginning of time. Although the word homosexual was only recently coined in human history, descriptions of preferential love between persons of the same gender exist in all human records from the earliest of writings to the thousands of human languages that carry on today. Across these many voices over time and culture, there is not a single unifying theme. Anthropologists (Tripp 1975) suggest we look at the world's cultures as being divided approximately into thirds when dealing with the issue of homosexuality. One third of human cultures, they tell us, really has nothing to say about same sex love relationships. In these cultures, such as the pre-Christian plains native Americans or pre-Christian Polynesians, there were not even actual words to describe affiliative orientation. If words were used at all, they were to describe the lifestyle activities and were considered neutral in tone of judgement and acceptance. Another third of world cultures, say the anthropologists, view same sex relationships from some degree of a positive perspective. The most obvious to a western person's eye, is the golden age of Greece. During this era, male homosexual love was valued above heterosexual love as being more pure and god-like. Despite lesbianism being attributed to the island of Lesbos in classical Greek times, little was said of it; perhaps due to the patriarchal values of the times minimizing the importance of women in Greek society. Recent examples of a positive valuing of same-sex love exist as well in the indigenous cultures of the Brazilian rain forests and equatorial Melanesia. The

same anthropologists tell us that one third of the world's cultures (which are now the dominant world culture), has something negative to say about homosexuality. It is in this latter third of the world's cultures that our North American, western, and Christian cultures are embedded. The anthropologists point out that the cultures which are most negative about homosexuality are also the most negative about affiliation and sexuality in general. In other words, these cultures have the greatest restrictions placed on the expression of all love and sexual liaisons with perhaps prejudicial restrictions placed on same sex expression. There are many examples from Moslem to Latin American. These also tend to be the same cultures that have rigid patriarchal hierarchies of social order.

It is in the neo-Christian tradition as manifest mostly within North America, and particularly the southern parts of North America, where same sex love has been viewed with the most vehement hate and the most vicious actions. Not only, therefore, do people in such cultures experience an invitation to keep their orientations secret but they are, in fact, invited to erase the secret even from their own minds.

Since the time of Paul, various Christian traditions have emerged. Only relatively recently has the dominant Christian tradition reverted back to Paul's² anti-sexual statements in general and anti-homosexual comments in specific. Boswell (1980) outlines how for many centuries love between men was condoned, accepted and, at times, promoted within Christian tradition. Only since the beginning of the middle ages has there been an increasing preoccupation with homosexuality culminating in the coining of a term during the Victorian era of Europe to describe those who practice same sex sexual behaviour. Even though there are now some literalists who choose to believe the words of the apostles, as re-written during those epochal times of tension between Church and belief, over the words of the Master (Christ chose to say nothing of same sex sexuality), there are others who choose to look to the inner intent of Christianity based on a message of acceptance and love. As a result of the diversity within the Christian faith, there is also diversity in the practical lives of those living within Christian tradition. For instance, in Denmark, lesbians and gay men have access to legal and valued same sex marriages, many in the western world have access to spiritual fellowship as lesbians or gay men, yet in some parts of the United States of America, gay and lesbian persons are legally persecuted, their love outlawed, and if publicly known, they are shunned socially or their lives are put in danger.

Partners in Oppression - Patriarchy, Heterosexism, and Homophobia

It would be all too easy, however, to take the historical context of Christianity and some of its relatively recent over-literal interpretations to task for being the primary restraint that keeps same gender love affiliations secret. I believe there is more which supports such tyrannizing beliefs and further seduces the larger culture to blindly accept acting with violence toward lesbian and gay persons.³ For instance, the

² Paul of Tarsus, St. Paul, never met Jesus. He disapproved of sex in general, even between husband and wife and was desperately trying to establish some kind of regularity in the sex lives of converts who had come of Christianity out of pagan religions that permitted all kinds of sex... (Flood 1989)

³ Here the author is using a definition of violence first brought forth by Humberto Maturana (1986) in a private communication. Maturana identifies violence as consisting of the following: the holding of a belief to be true such that

tradition of privileging one gender's view of the world over the other gender's experiences and beliefs can be tyrannizing. In western culture, this is a *patriarchal* tradition where the values, beliefs and experiences of men are valued more highly than those of women, children and other living beings. Similarly, our culture's habit of privileging of an economic view of life⁴ over an experiential knowing of life⁵ depersonalizes everyone's love, but lesbian and gay persons' in particular. Since our cultural tradition is one of patriarchy and *heterosexism* (the belief in only one true form of love - only that which occurs between males and females), it is also patriarchy and heterosexism that define any economic view of life. If, for example, one takes a position of patriarchy, believes either blindly or knowingly in heterosexism, and then privileges an economic view of the world (with accumulation of material wealth as success), a same sex male union could be feared as an unfair advantage and same sex female relationships would traditionally be seen as non-threatening (after all, women have for eons been the 'property' of men). It becomes clear, then, how same sex male unions would be disqualified, vilified, and punished.

However, in dealing with the issue of gay and lesbian love experiences, heterosexism is perhaps the greatest villain. Heterosexism is a culturally held belief while individually internalized heterosexism can be described as *homophobia*; those negative feelings generated on becoming aware of gay or lesbian persons or experiences. Heterosexism can be either conscious or non-conscious. For instance, a person may not feel that they are disturbed by awareness of gay or lesbian love, yet act in ways that minimize the opportunities to be aware of it. On the other hand, someone may in fact consciously believe that heterosexual love is more natural or 'normal' without being affectively negative toward gay or lesbian persons.

The belief systems of heterosexism and homophobia operate at any of three levels. One level is within a person's own inner experience. Most clinicians have seen someone who has experienced homophobia while reflecting on their own thoughts and feelings. These people can include, in fact, gay and lesbian persons who have come to believe the larger heterosexist discourse more than their own valued inner experiences. Another level of homophobic activity can be within an immediate community such as a family of origin, amongst friends, or small social groupings such as church or place of work. Here, homophobia may be overt, such as gay and lesbian 'jokes' which erase their subjects' humanity, disqualifications of valued relationships, or proposals to personal erasure for being different than the expected heterosexist stereotype. Or it can be covert, such as a refusal to acknowledge the importance of other persons of same gender in a gay person's life, a refusal to hear the beginning offerings of openness on the part of a lesbian or gay person, or the persistent invitation to the lesbian or gay person to follow a more heterosexual lifestyle. Finally, homophobia can be active within social institutions where the internalized

another's is untrue **and** that the first's must change. Maturana states that all violence including sectarian violence and warfare emanates from such a belief. Note that it is not simply the difference of opinion that generates violence but rather the belief that the other is not entitled to their different view. Therefore, it becomes the imposition of sameness that generates violence. (See also Sanders 1988, 1989)

⁴ such a view puts a commercial value on all aspects of life and the beings which live those lives

⁵ this view is based on an individual's experience as being more fundamental than others' assumptions of those experiences, including others' assumptions of the value of those experiences

conversations that have been generated through heterosexist values come to form rules, regulations and expectations. Here, a parallel can be drawn with the experience of women in our patriarchal culture. Women have often been socialized into disbelieving their own experience, reflecting negatively on those experiences in which they do believe, seeing themselves as less than men, and accepting the status quo as somehow the normative to which they must avail, even though it is defined in deference to men. Similar experiences occur for lesbian and gay people except that for them the experiences often occur even more forcefully and less obviously.

Our culture has, over many centuries, come under the influence of an increasing tyranny of sameness. Such fundamental cultural beliefs – that we should be more similar than diverse, love through our genitals rather than through our souls, privilege property above experience, rules above relationships, and so on – when inculcated into most individuals within the society, are the true poisons supporting the keeping of gay and lesbian love secret.

Secrecy as a Poison

People who find that secrets control their lives rather than they controlling the secrets (e.g., through privacy rather than secrecy, or privileging openness rather than silence) often find many unwanted symptoms in their lived experience. Blindly accepting social and familial expectations and demands to keep one's love secret can certainly be life-restricting and even life-erasing. Such tyrannizing experiences can generate oppressive personal isolation putting gay and lesbian people at risk of physical assault and potentially being murdered.

The invitations to erase oneself are offered to lesbian and gay persons from many sources. Families of origin usually operate from a belief that all children would normally be heterosexual and therefore grow up to follow heterosexual lifestyles and experiences. Friends of the family, of the parents, and of the child (even if the child is actually gay or lesbian) are mostly chosen on the basis of fit with a heterosexual stereotype. Work and social interactions are based preferentially on a heterosexual life plan. All of these expectations, originally perceived externally, ultimately become an internalized dialogue for gay and lesbian persons as well as their heterosexual peers. Eventually the secret of being different from these expectations and values has poisonous effects, even on the reflective life of inner conversations that gay men and lesbians hold for themselves.

Perhaps the most poisonous effect of keeping a gay or lesbian inner life secret is death through murder or suicide. According to a recent U.S. account, the Report of the Secretary's Task Force On Youth Suicide, gay and lesbian youths are three times more likely to attempt suicide than other young people and as many as 30% of all teen suicides may have to do with sexual identity issues (Hersch, 1991). No matter whether these suicides result from *anomie* (the failure of life-embracing social interactions to be experienced by an individual, usually because they are disqualified as not fitting), or from beliefs such as stated earlier that 'it would be for the better' if a young gay or lesbian person were to die, suicide remains a life erasing event. However, it is not only suicide that can erase a lesbian or gay person's life. Murder, sometimes called 'fag-bashing' or 'queer-beating' is an all too common result of one group from society imposing its values of love relationships on another group.

Secrecy has many methods at its disposal to impose its restrictions on those who try to defy it. Fortunately, most lesbian and gay persons do not face death or suicide in trying to escape the tyranny of secrecy. However, the fact that some people do must be borne in mind by therapists counselling strength in standing up to shame and secrecy.

Toxic Effects

Many lesbian and gay people suffer from what I have come to call the “if only you knew” syndrome. Here a person begins to experience *anomie*, (where the ‘demands’ to live by simple social interaction, for example, bill collectors needing you for money, parents needing you for love and pride, or a loved one needing you for emotional regeneration) fail to touch or have meaning to the gay or lesbian person due to the internal disqualification of “if you only knew (*about my secret gayness*) you wouldn’t say such things.” Brent, an ex-patriot Romanian I was asked to see because of severe suicidal ideation was suffering from such self-erasure. At age 40 he had come to see his life as an architect, father of three, and husband as meaningless. At an early age in Romania he had become aware of feeling intense need for other boys and men. Growing up in a communist country, he knew of no one with whom he could identify. When he went to the doctor about fighting behaviour at age 14, he confided his fantasies of needing to be with a male. The physician sent him to a psychiatrist who, over a period of time, “helped” Brent see the need for secrecy and “helped” him follow the more usual path of development by dating women. After 26 years he was now very much in the habit of disqualifying others’ positive noticing with “if only you knew...” which further emphasized himself as different and, therefore, unentitled to the experiences of happiness, self-pride and future positive thinking. The result was an exceptional state of experienced isolation and disconnection which could have simply led to his giving up on life.

Suggestions for Aiding and Abetting an Escape from Secrecy

As many writers have said since the time of Don Clark’s classic book *Loving Someone Gay* (1977), the key word in dealing with gay and lesbian persons is “acceptance.” This becomes a key word for therapists as well to impart to their clients, both gay and lesbian persons themselves, and those who care about them. It is important, however, to focus on what the acceptance is directed towards. Although one may not accept differing types of lifestyles, certain behaviours, job occupations, or choices of mates, acceptance as it is being used here orients to accepting the privileging of love⁶ in the other person’s life, no matter if it be towards the same or opposite genders. It does not refer to acceptance of all activities, beliefs, etc. It is not an

⁶ Here the author is using Maturana’s definition of love (1986) as: the creation of space for the existence of another (i.e., context of acceptance) even at some cost to oneself. This is not necessarily a definition of romantic love, although it can include both limerance and being in love, but rather focuses on the experience of love as internally felt yet interpersonally oriented. I choose to see *privileged love*, that is heterosexual or homosexual affiliative love, as that love which is most congruent between a person’s inner experience and his or her interpersonal behaviours, given that the net experience and personal effect is positive and self affirming. I choose not to see self erasing ‘love’ as love since the cost to self is greater than reward. Rather, I would call this self-sacrifice.

invitation to generate a 'tyranny of sameness', but rather to introduce an acceptance of difference while respecting the fundamental similarities based on affiliative need.

Self Reflections and Therapeutic Responsibility

Therapists also need to reflect on their own inner beliefs and how these beliefs may inadvertently act in ways that further solidify the effects of the secret in their clients' lives. Being aware of one's own homophobia, heterosexist assumptions, and blind subservience to patriarchy is a therapeutic requirement for therapists. A colleague, Dr. Marie Ellis, tells the story of meeting her first lesbian client, Heather N. Marie had gone into practice only months before and had been expanding her caseload. When Heather, a 32 year old woman sat down, Marie asked her how she could be helpful. Heather stated that she had only recently gone through a separation from her partner in life of 8 years and was feeling sad and energyless. Marie asked if the couple had been married (a heterosexist assumption - that all relationships could result in marriage), and Heather said her partner in life was a woman. Heather noticed that her therapist's expression changed ever so slightly. In fact, Marie was trying to keep her surprise from registering so that she would not inadvertently offend Heather, for she knew enough to try to be accepting. Unfortunately, the heterosexist comment went unnoticed by Marie. Heather looked straight at Marie and said:

"Don't worry Dr. Ellis, I don't find you attractive."

Marie was unsure whether to feel relieved or insulted!

This is a rather benign story that worked out for the good in the long run. However, there are too many stories which lesbian and gay people can tell of how therapists have treated them poorly and with disrespect even if they were trying to be helpful. For instance, not long ago, a common practice was to use aversive conditioning to 'reassign' a gay person. Similarly, therapists would assume that lesbians or gay men should try heterosexual contact and relationships before coming to accept themselves. Imagine if we as therapists suggested all our apparently heterosexual clients should try same sex activity before deciding to marry, form a family and so on.

There are many examples of how therapy and therapists can be under the influence of gay-erasing ideas and assumptions. For instance, the belief that a person's exploration of same sex love is simply a phase they are going through and that, in fact, they will "grow out of it" is a subtle yet obvious heterosexist statement. Similarly, the assumption that a gay or lesbian person may have no interest, whether sexual or emotional, in the opposite sex is evidence of heterosexist beliefs. To assume that gay men are together only out of sexual lust rather than the need for love, that lesbians are not really sexually interested in one another, that lesbian and gay men do not form families, or even that the therapist (whether gay, lesbian, or not) is truly free from homophobic and heterosexist ideology, are further examples of how our culture's anti-gay beliefs can act subtly and pathologically despite the therapist's intent to be healing. By not being aware of, and taking active steps to escape from, such beliefs we give our clients covert or even overt messages to allow the *secret* of same gender affiliation continued *non-chosen* influence in their lives. The lack of experienced choice brings forth the tyranny.

Therapists must help individuals reflect positively on their love experiences; to see that these are based in human affiliation; in a privileging of life over property; of togetherness over isolation; of connectedness over separateness. As therapists we

must, through whatever skills and methods we use, invite our clients into siding with positive life sustaining sentiments over beliefs that are unfriendly and self-erasing. To do this we must help our clients see themselves as being victimized by inculcated ideas of heterosexism, homophobia, and patriarchy.

One way I do this is to invite the client to *externalize* (White 1986) these ideas. This then allows the person to have more influence over what ideas they choose to value and act on in their lives. When done in the context of positively connoting affiliation and negatively connoting self or other erasure, an invitation to escape the tyranny of heterosexist and homophobic beliefs is more easily joined by gay and lesbian persons themselves as well as their families and loved ones. In helping clients escape the negative beliefs of the past, therapists need to be aware of the *different pace* which individuals may use to escape such tyrannizing beliefs. Many gay and lesbian persons are far ahead in their escape from tyranny compared to their loved ones since they have been on their journey much longer than the family members have. This issue of timing cannot be underemphasized. What may appear to the therapist or an individual client as an opportune time to confront these erasing beliefs and actions may in fact not be for the partner in life, the family of choice, or the family of origin. The experiences of these others and how these may then affect the experience of the client(s) must also be considered, albeit not as the primary consideration.

Another important therapeutic resource is *language use*. By reflecting on and becoming increasingly aware of how language maintains the status quo, we as therapists can choose alternate language constructions that orient our clients to more respectful and accepting frames. For instance, by choosing to use the phrase “lesbian and gay persons” rather than the word “homosexual”, one brings forth the experience of the persons being discussed (primarily an affiliative event) rather than the experience of the persons doing to the discussing (primarily a sexual event). Or, the use of the word ‘invitation’ to describe the social and interpersonal expectations of conformity with heterosexist values highlights the experience of choice that is implicit in such expectations. A therapist can help a client see such choices where that client may not yet have experience of them.

There is no place for therapist *neutrality* when working with gay and lesbian persons and inviting them to stand up to the secret with its poisonous effects on their experience. For, as feminist critiques of ‘neutral’ therapies have stated (MacKinnon and Miller 1987), to take a neutral perspective, either purposely or inadvertently, continues the status quo. The status quo has been far from kind to gay and lesbian persons. One only need witness the holocaust of intimidation, abuse and death of gay and lesbian persons during the Nazi years leading up to and including the second world war to see the ultimate effects of the status quo. It was the hundreds of thousands of gay men and lesbians on whom the Nazis perfected their ‘final solution’ techniques before including Jews, Gypsies and others (Plant 1988). The pink triangle that gays and lesbian were forced to wear in those death camps has now become a symbol of pride and self determination. The status quo in our culture is, in fact, heterosexist, patriarchal, and homophobic. As therapists we must, therefore, side with the ‘victims’ of these tyrannizing beliefs and actions - both the individual gay or lesbian person **and** those who love them - in their individual and combined efforts to escape from the tyranny of secrecy. A case example illustrates this:

Clinical Vignette - Melissa’s Dilemma

A number of years ago I was asked to consult to a therapist in her work with a family of a 13 year old girl, Melissa. She had been brought to the Family Therapy Program, after having run away from her parental home and trying to make her way back across Canada to the city from which the family had moved only months before. Her family was reluctantly attending therapy since it was their belief that their daughter was the one who was “broken.” The story unfolded that after being apprehended by the police and returned home, Melissa disclosed with great distress that she had not wanted to leave her home city since she was in love with her best friend. When her parents realized the best friend she was speaking about was a female as well, they became incensed and angry with Melissa, stating this could not be so. Once the secret was out, Melissa stuck by her experience and remained true to her disclosure. This further infuriated the parents with the mother, at one point, actually stating to her daughter that “if she were to remain a ‘lesbian’ she would not be welcome in the home.” The next day Melissa tried running away yet again. She was brought back to the family by the police and the family entered her in therapy. It was only on the insistence of the therapist that the parents attended therapy as well. They did, however, forbid her younger brother from attending, stating that he was to know nothing of her disclosure or the therapy. Ever since Melissa had been returned by the police she had been placed with her maternal aunt who was somewhat more sympathetic to Melissa’s story of great grief on leaving her loved best friend – a friend with whom she had begun an exploratory sexual relationship. The therapist had come to the point in her work with this young woman and her family where she felt she was unable to move any further because of the intransigence of the family’s belief that Melissa must forego her lesbian inclination in order to rejoin the family. Melissa, on the other hand, appeared just as cemented in her belief that she had a right to her own experience and that the parents, therefore, must change their opinion. Such a story, although not as common as at least some form of acceptance by the family when they hear of their child’s homosexuality, is nevertheless, all too frequent and certainly the stuff of nightmares for almost all of gay and lesbian persons and their families. In this case, unlike many, the parents could not come to an acceptance of their daughter as different than they had envisioned her. In the end, the therapist recommended, with the aunt’s support, a parentectomy allowing Melissa to live with her aunt and pursue a developmentally appropriate lifestyle based on the fact of her lesbianism. The parents, although unhappy at the prospect of not having their will done, were able in the end to accept that their daughter may be different than they wish her to be, yet that she would be so different that they were unable to attend to her needs effectively. They chose to give over custody to the mother’s sister.

It was in the light of siding with the ‘victim’ rather than remain with the status quo that the therapist of the 13 year old girl suggested a parentectomy.

Coming Out

One of the most damning effects of the invitations to secrecy on the lesbian or gay person is to restrain them from claiming their own lives and experiences. The liberation from this restraint is called ‘coming out’ or ‘coming out of the closet’ - an obvious reference to the secrecy and invisibility that have permeated these people’s lives until the point of beginning to break from secrecy. There are many heart felt

testaments to the experience of coming out, from both the lesbian or gay person's view and that of the loved ones in their lives (Borch 1983, Penelope and Wolfe, 1989, Rafkin 1987, Umas 1988). These books and others like them are useful resources to enable clients who are struggling with the coming out process to, in a sense, enlarge their community by reading the stories of others like themselves. They are also useful to help therapists enlarge their own experience of the uniqueness of different persons' coming out. Dahlheimer and Feigal (1991b) among many others (for example, Clark 1977, 1987, Eichber 1990, Herrman 1990) have looked at the coming out process in great detail and made specific suggestion to therapists working with lesbian and gay persons and their loved ones.

In their 'Coming In From The Cold - A Five Point Plan,' Dahlheimer and Feigal (1991b) underscore a number of important experiences which therapists can aid their clients in managing. They begin by addressing the need for gay and lesbian people to overcome personal emotional isolation - that isolation which invites craziness and suicide. They suggest re-weaving the interpersonal relationships that gay and lesbian persons are entitled to but with a new theme of personal sufficiency and power. These clinicians then move on to aid their clients in understanding the cultural bias of messages being offered to people in regards to gayness and gender. By naming the 'enemy', and it not being themselves or necessarily another person, but rather a system of beliefs and actions, doors are opened for clients to experience feelings and needs to which they did not previously see themselves as entitled. Thirdly, Dahlheimer and Feigal suggest replacing negatives with esteem-building messages and experiences of celebration (what Imber Black [1986] has called the 'celebration of difference'). Clients can be invited to validate their survivor history, validate their attractions and feelings as evidence of their humanness and of being alive, and use celebrations as 'messages of hope' to counter the invitations to despair. By not taking a neutral position but rather lending a professional alliance to gay and lesbian clients in the face of the attack by secrecy and hatred, these authors promote client self-advocacy. This, they say, helps the clients to act not just as consumers, but also as activists with their own affiliative needs. The rights to those needs being fulfilled responsibly become upper most in the client's mind. Finally, the therapist is oriented to fostering client pride in diversity and the transformative role. Here, gay and lesbian people are invited into being role models and enactors of opening up choice for all; promoting diversity, respect, and peace making. It is seen as the final step in the lesbian or gay person's taking control of her or his own life, living it fully in the context of positively valued experiences, and continuing his or her escape from the tyranny of secrecy and self erasure.

Clinical Vignette - Eric's Oppression

Eric was referred to the clinic due to persistent depression, break-through crying at work and personal isolation. At age 28, he looked much younger, dressing in contemporary "GQ" styles. When I first met him, he looked sad, shy, and frightened. He told me of his secret - that he thought he was gay but wished he were not. He had been dating a woman who had left him three months before - ostensibly because they were going nowhere, but Eric said it was more because there sexual life was quite dull. Eric told me how, at age 14 or so, he had been taken to the doctor because his voice was unreasonably high. Many investigations were conducted, all showing no physical reason for his shrill

speech. He was sent to speech therapy where over a five year period. He was eventually able to claim a voice that was more 'masculine'. By this time, however, he had also come to know himself as preferring the love of men, but not valuing it - especially in light of his families reaction to his high voice. Instead of dealing directly with these issues, he buried them deep within himself and tried, vainly, to live a life prescribed by others. He had outward success, but inwardly, he was slowly being erased.

I began my work with Eric by accepting and listening to his story and then began to introduce uncertainties where he was certain that none of his family or friends could accept him as gay. I discussed his depressive symptoms in light of his intimate isolation. I externalized heterosexism, the habit of self-erasing self-criticism, and the habit of caving into others expectations. I guided him through a cultural journey of seeing the origins of these 'enemies' of happiness and self-affirmation. As he began to slowly question some of the 'blind' assumptions that he had been under the influence of, I invited him into celebrating the first steps on the path leading to a very different place than that path he had been following. For instance, at one point in therapy when Eric was able to actually go into a bookstore and purchase a gay-affirmative book (*The New Loving Some One Gay* by D. Clark), I suggested he invite a friend out for a meal, tell him or her that it was a celebration for the personal work he was doing in claiming his own experience, but left Eric free to tell no more if he so chose. Actually, he ended up speaking openly with his favourite cousin, a women four years older than himself. Eric was doubly surprised - not only at her acceptance, but also at his being brave enough to counter secrecy. From here, Eric chose to be judiciously open with other friends and family, while at the same time, coming to validate his own anger at heterosexist beliefs having denied him the experience of self-sufficiency during childhood. Eventually, Eric began to see hope for the future and to even start thinking of relationships with men as valuable and possible.

The effects of such secrecy, however, do not touch only the individual who may be gay or lesbian but also those who include gay and lesbian persons in their lives as important. The most obvious are the families of origin where often the secret appears to take on greater life than the individual who bears it. For Eric, the greatest difficulty in countering secrecy was in being open with his parents. He had great fear that they would not be able to accept him as a gay man, especially his father who had appeared so concerned that his son might have a high voice all those years ago. Such a story can bring forth feelings of exclusion on the part of both the parents and the children. Experiences of imposition, misunderstanding, isolation, loneliness and self-recrimination may continue and even become worse without grieving what actually was and is hoped for. It becomes the therapist's task to minimize the continuation of such experiences and to help the individuals involved in these situations heal as fully and as quickly as possible. I have found it helpful to first highlight the *affiliative nature* of gayness - to help the families see that their child is love-capable, love-needing; the only difference is who their child will find greatest happiness in loving. Then I use Kübler-Ross' (1969) model of grief to help both the families grieve their lost expectations of the child and the child to grieve his or her expectations of the parents. Most importantly, however, I also suggest that this grief is emotional preparation for the birth of a new type of relationship, more under the conscious choice of both the

lesbian or gay person and their family. The timing of being open with significant others is an important area for both therapists and clients to reflect on - that different people require different paces for dealing with the same type of experience. It is my opinion that therapists should respect the pace of the client, even when to the therapist it may seem slow. However, a therapist can help the client explore what factors (such as fear of rejection, personal lack of information, lack of an alternative support system, etc) may restrain her or his pace and what factors (such as relief from the burden of secrecy, privileging privacy, etc) may invite a quicker pace.

Lesbian and Gay Families

Another area of great difficulty for lesbians and gay men is in having children and raising them within their chosen families. Not only do many gay and lesbian persons try to keep the nature of their love orientation secret from their families of origin and the larger community, but they also try to keep it from the children themselves. Here, secrecy becomes demeaning and toxic for the gay or lesbian person, the families of origin, the children and even potentially for society. By privileging secrecy through not being involved in the community, lesbian and gay headed families are less likely to risk unwanted discovery with its attendant further loss of control. The secrecy, therefore, keeps the family from being a social and community resource through volunteer work, community associations, home and school, and so on. The special experience of succumbing to secrecy as a family with gay parents is beyond the scope of this chapter, but has been well addressed in other writings (Dahlheimer & Feigal 1991a, Herrman 1990, Barret and Robinson 1990, G.F.T. 1981). However, the central theme for these families, as it is with gay and lesbian persons themselves, is how to balance the need to escape the poisonous effects of secrecy with the necessity of some degree of personal privacy.

Secrecy or Privacy

In aiding gay and lesbian persons and their loved ones to escape the toxic effects of secrets, we, as therapists, need to know the difference between secrecy and privacy. Secrecy, in my opinion, is the *necessity* of keeping something to oneself. Here there is no choice experienced - secrecy becomes a tyranny. Privacy, on the other hand, is the valued and wanted *choice* of keeping something to oneself or a chosen few. Here personal agency is privileged. The issue of secrecy versus privacy is relevant for clients and therapists alike.

Case Vignette - Denise's Privacy

Denise had been married for 20 years. When a young woman of 18, she met a man at University who was different than many of the others. He appeared considerate, gentle, and interested in her experiences. He didn't seem to be looking only for a place to "park his penis" - what she called a "penis garage". Her parents were thrilled that their only daughter had finally met a man whom she was dating and the pressure to wed mounted. Her mother had always been concerned that Denise would never marry, since as a girl she had said she would not, but rather would like to live with her best girl friend for the rest of her life. Denise's mother took this in stride, only becoming concerned when this belief persisted into adolescence. Her mother never knew that Denise had had a failed affair with one of her best girl friends from university. It was in the throws of her

despair following that breakup that Denise met her future husband, John. She wed, became a mother herself, practiced as a full time homemaker and lived, except for her children, what she would later call a 'proper but empty life.' However, when she was 34, she went back to University to take a masters degree in counselling and fell in love with a woman she met in class. The affair was intense, passionate and unsettling. She feared her husband being embarrassed in public by her actions, she worried that she would lose the respect of her children and her family. It was with these concerns that Denise came to therapy.

Work with Denise was not difficult. She is a bright and articulate woman who was quickly able to see the double oppression of patriarchy and heterosexism for a lesbian woman. However, it was in her consideration of being 'out' that she had the greatest difficulty. To her, this not only increased the risk of her husband (for whom she genuinely cared) being shamed, but also, she believed, put her academic and professional career at risk. However, to simply cave into her fears was not in line with the 'new' Denise emerging from under the tyranny of oppressive beliefs and invitations.

Denise eventually settled her dilemma by making a number of personal moves. The most difficult was telling John and asking him for a separation. Despite his pain, he did accept and come to accept his wife as a lesbian and even remained friendly with her as he moved on in his own life. The most rewarding action that Denise engaged in was the generation of a family of choice with whom she could be fully open, and then coming out to her minister at church. His acceptance (she belongs to the United Church of Canada, a church that now accepts openly gay and lesbian parishioners and ministers as long as they lead Christian lives) helped her to then find a gay-oriented congregation where she could be fully out but with trust that people in the congregation would respect her wish for privacy. With the support of the congregation and her friends, Denise was then able to tell her children. Despite her oldest being angry at not being told sooner, both children eventually came to accept their mother and her partner in life simply as people. Through recognizing her right to privacy while not falling prey to the scourge of secrecy, Denise was able to privilege choice - the antidote to oppression - in her experience.

When helping gay or lesbian people escape secrecy in their lives, different degrees of openness can be observed based on various levels of privacy. A person, for instance, may want to be open only with one's loved and cherished personal relationships (perhaps including family and close friends) while remaining private with reference to one's own love affiliation in the larger context of work, school, or social organizations. Alternatively, there may be judicious openness even within such larger contexts. Finally there may be complete openness about one's love orientation. To be open, however, does not invalidate continued privacy about other aspects of one's life - intimate emotional and sexual details, for instance.

Openness and Personal Risk

Complete openness about being lesbian or gay must be recognized as having a potentially serious cost. Being fully open in a social setting which values homophobia and violence can put clients at excessive risk. Not long ago, two women and their 15 year old daughter were part of the U.S. Public Broadcasting System documentary

series on alternate families. The women and the girl spoke to their experience of loving and playing as a family. In one poignant scene, the daughter spoke with obvious anger at being socially denied the full rights of being a family. She said, "We are as much, maybe even more, loving than most of what society calls 'normal' families, yet we aren't even allowed to be a family. Its not right!" A few weeks after this episode aired across North America a man shot both women. One was killed and the other critically and permanently wounded. These women, their daughter, their friends and family have paid an unacceptable price in overcoming the socially imposed restraints and shame on being open about one's love affiliation. It highlights the ultimate dilemma facing all gay and lesbian persons as they consider being more open about themselves in a homophobic and heterosexist culture - fear of reprisals, if not death itself. The murderer in his own defense said of his victims, "They were flaunting it." (Dahlheimer & Feigal 1991b) Such a tragedy leaves one with the question, "Flaunting what?" The answer is - their love.

Tales like that of Oscar Wild and his persecution before the legal courts of England continue even today in the United States (and other western hemisphere countries). As recently as 1986 a gay couple was found guilty of sodomy and sentenced before the courts despite this mutual "sodomy" occurring in the privacy of their own home and only discovered once the police had broken down the door (Dahlheimer and Feigal, 1991b). Yet openness also carries with it other rewards if the danger is duly respected and defended against. Svend Robinson, a New Democrat member of Canada's Parliament, was the first person to publicly declare in Parliament his same-sex love orientation and make it a matter of public parliamentary record. In so doing, he says he has stilled the negative and disqualifying comments from other members of Parliament whenever he would get up to speak, such as "Here comes Mary." "What has the little fag to say today?" and "Aren't you dying of AIDS yet?" Now such comments are a matter of parliamentary record and attributable in the public domain to their speakers. Despite his coming-out in public and a right wing 'neo-Christian' tirade against his re-election, Svend Robinson was re-elected with the largest majority of his three terms in parliament and the largest majority of any member within the province from which he was elected. He also says that he has received tens of thousands of letters from gay and lesbian persons, their loved ones, and others from across the country attesting to the significance of his public statement. Some value his public stand against the tyranny of secrecy and thereby permitting them the hope of an escape from secrecy's toxic and poisonous effects. Others, simply are glad to see a respected and valued public official who happens to be gay. Yet the most telling, are those letters he receives from young lesbian and gay persons struggling with the poisonous effects of secrecy which invite them to kill themselves. These people attest to their new-found strength to stand up to homophobia and begin a personal journey towards happiness.

The decision to be open, whether to a family member, a husband or wife, or to work associates, carries with it the ever present danger of risk to self and loved ones. This is increased yet again when it is women being open, for not only must women in our western society be on guard for unprovoked attacks from men who assume them to be genitally available to them, lesbian women must be on doubly on guard against those who would further devalue them as homosexual in addition to being vulnerable women. Many self-help organizations in the large cities of North America are teaching gay men and lesbian women how to protect themselves from such attacks, yet as

therapists, we must also help our clients realistically evaluate the danger they may be in simply for being gay or lesbian.

Whatever therapists determine the risk of being open to be, the final decision is always the lesbian's or gay man's. As therapists, we need to set before our clients our concerns, yet we must also balance our worries with the advantages to standing up to fear and intimidation - those ever ready tools of heterosexism, patriarchy and oppression.

Cultural Openness

Openness, as with privacy, is very much a personal decision, yet collectively, these personal decisions and the actions that follow from them create a sub-culture. Sub-cultures can create a venue of safety and acceptance that helps counter the dominant culture's imposition and violence. Gay and lesbian sub-culture has existed for eons, however, it has mostly been since the advent of gay liberation that this sub-culture can be easily accessed and seen. Gay liberation began, in an obvious way, in 1969 with the Stone Wall riots in New York City⁷. It has been a movement which has organized and set examples for gay and lesbian persons as well as general society ever since. It continues as a resource for individual and collective experiences today. Despite the personal empowerment many lesbians and gay men develop in part from the gay liberation movement, it is of interest how small a place gay and lesbian cultural events have had in the experience of the larger, heterosexist community. For instance, in the 1988 the largest civil rights demonstration in U.S. history took place. Over 600,000 persons descended on Washington in support of gay and lesbian rights. This dwarfed even Martin Luther King's important and never forgotten "I have a dream" assembly on the Mall in front of the U.S. Capital, and yet little was reported in the press, nor did it make a long lasting impression in the minds of most. This despite the percentage of gay and lesbian persons in U.S. society being about the same as the number of African-Americans (12%). Similarly, during 1990 in Vancouver, Canada, the largest sporting event in the world for that year was the Gay Games and Cultural Celebration III. Here 15,000 athletes and cultural celebrants participated before audiences in excess of 50,000 in internationally accredited athletics based on the motto of participation rather than simply competition. Despite its dwarfing the Good Will Games of Seattle in the same year, very little was known outside Vancouver. It is against such a backdrop of societal secrecy that individual gay and lesbian persons are struggling in their attempts to escape their experience of victimization by secrecy.

As therapists, we can help counter the invisibility and secrecy cloaking gay and lesbian history and culture by inviting our clients to become more aware of its richness. This history includes the place of lesbians and gay men in the Christian church (Boswell 1980, Scanzoni & Mollenkott 1980, Gordon 1979), the arts, politics, philosophy (Katz 1984), the professions and even simply in those times just before us (Vach 1985). It is often of great surprise to someone who has been subjugated by secrecy to realize that not only are these others like him/herself, but that these others have contributed greatly to human history.

⁷ These riots in New York City began when a bar frequented by effeminate homosexuals was raided by the police for the 'umpteenth' time simply because it was known to be frequented by gay men. The patrons, however, decided to not cave into the invitation to self-erase and personally disqualify themselves but instead stood up to the police and fought back, creating a riot. It was here that modern gay political protest was born in North America

'Outing' and Ethics

It is for these reasons that I cannot support the concept of indiscriminate 'outing'. In the last decade, an expanding number of gay and lesbian people have become increasingly frustrated with the continued dominance of oppression and intolerance toward lesbians and gays. In response to the criticisms that there are insufficient public persons identified as gay, 'outing' them against their own choice began. In fact, a magazine, **Outweek**, was founded which devoted itself to this very practice. Many supporters of 'outing' credit the process with helping to decrease the hypocrisy of a gay or lesbian person siding with the forces of heterosexism, homophobia, and oppression. While exposure of hypocrisy is certainly valid, indiscriminate 'outing' does not pay respect to those gay and lesbian persons who so far choose to be out only in contexts of personal acceptance and love. Of course, if every gay and lesbian person were to come out to their friends and family, every person in our larger culture would be affected to some extent. The likelihood of this occurring while the risk of violence and even death is as great as it currently is remains remote. Rather, there will increasingly be those who take the forefront, those who congregate in large cities, those who express their opinions through direct actions, those who do so through indirect actions such as boycotts. Therapists, therefore, need to be respectful of individuals right to choice and personally felt freedoms. Within therapeutic ethics, for a therapist to "out" a client (either publicly or simply within a family) would violate confidentiality and is therefore unacceptable.

AIDS as Plague

One issue that has been highly publicized and dramatized in the public consciousness is the connection between gay men and AIDS (Odets 1990). In the minds of many, AIDS is seen as a gay disease. Even many gay and lesbian persons succumb to this view and have taken on AIDS as the **gay cause céle bre**. AIDS is certainly *devastating* amongst the gay male communities in North America and as such deserves even more resources than it is currently allocated. But because of the very fact that AIDS is seen in North America (particularly the U.S.) as a gay illness, heterosexism, homophobia, and patriarchy conspire to keep resources from people living with AIDS in our societies. However, worldwide AIDS is primarily and predominantly an heterosexual illness which affects tens of millions of persons today.

The larger view of AIDS as a terrible *world wide* epidemic is too often lost due to our culture's being blinded by homophobia and heterosexism. Those gay and lesbian people who are struggling with issues of AIDS, therefore, must carry yet an even greater burden - the fact of being or being seen as gay in a non-accepting society, plus the devastation of a chronic and debilitating illness - both seen as having to be kept secret. Secrecy has a more omnipresent and pathologizing effect in such situations than it would for those not touched by AIDS. It is no wonder then, that such groups as ACT UP, a radical gay rights group promoting the liberation of the persons living with AIDS from the oppression of homophobia and heterosexism, have sprung up and received wide support in gay communities world wide.

Therapists can help people see that AIDS affects those who practice unsafe behaviours, not those of a particular minority. We as therapists can go even further by inviting lesbians, gay men, their loved ones, families and friends to celebrate their being gay - that is being able to love, commit, be intimate, respectful and caring.

Conclusion

Being gay or lesbian in an homophobic and heterosexist culture can foster a particularly potent and poisonous secrecy. For it is not simply a secret about a fact, an event, the hiding of a period of time, or a past relationship, but rather it is the hiding of the essence of a person – of that which invites this person to join the human race – the need to affiliate, albeit with persons of the same sex. It is the search for the congruence between an inner necessity and a valued opportunity which gay and lesbian persons' experience. This congruence is blindly expected and seen as obviously available to heterosexually oriented persons but becomes increasingly denied to gay and lesbian persons if they succumb to the invitations of secrecy to erase their individual uniqueness - the ability to love and learn from that love.

Luckily, lesbian and gay persons, and those who love them, are not silent any more. They have loud, clear, reasoned, yet passionate voices that are claiming their lives and loves. Increasingly, their struggle is supported by others in society as well. This can be seen in how western culture is moving toward an acceptance of universal non-conditional fundamental human values. Sympathetic and touching movies, documentaries, television programs, books and articles are appearing with increasing regularity. The fact of chapters such as this, which would not have been even considered twenty years ago, is further testament to the changing times. A young pre-medical student, for his philosophy course, wrote a treatise entitled “Homosexual Acts: Are They Natural, Moral, or Either?” (Sanders 1989). His answer was that when they are based on love, they are both. The tides are turning in the battle against secrecy to be on the side of love and celebration of difference. One author recently wrote in a dialogue between two middle aged gay men:

‘Is love an illusion?’ ‘No.’ George immediately replies. A moment later, he adds, ‘I have a new definition of love.’ I wait. ‘Love is the compassionate understanding of the discord between the heart and the world. (Persky 1989)

Not long ago, a lesbian mother told me of her response when confronted by a neighbour’s statement that she loved to flaunt her lesbianism. She looked at the woman with a demure smile and replied, “Doesn’t everyone love to flaunt their love?”

We as therapists now have the opportunity to flaunt our therapeutic love by helping lesbian and gay clients escape the tyranny of secrecy and reclaim their right to joyful and intimate lives.

References

- Barret, R.L., and Robinson, B.E., **Gay Fathers** 1990, Toronto, Lexington Books
 Bell, A.P. and Weinberg, M.S. **Homosexualities: A Study of Diversity Among Men and Women**, 1978, NYC, Simon and Schuster
 Borch, Mary V., **Coming Out To Parents: A Two-Way Survival Guide For Lesbians And Gay Men And Their Parents**. 1983, New York, Pilgrim’s press

- Boswell, J. **Christianity, Social Tolerance and Homosexuality** 1980 Chicago, University of Chicago
- Clark, D. **Loving Someone Gay** 1977, Milbrae California Celestial Arts
- Clark, D. **Loving Someone Gay** 1987, Berkely California, Celestial Arts
- Dahlheimer, D.L., & Feigal, J. "Bridging the Gap" Jan/Feb. 1991, **Networker** 44-53.
- Dahlheimer, D.L., & Feigal, J "The Family That Came in from the Cold: Treating Gays, Lesbians, and Their Families", 1991, Washington D.C., **Networker Annual Conference**
- Flood, G. **I'm Looking For Mr. Right** 1989, Atlanta Brob House,
- Gordon, M., **The Unmentionable Vice**, 1979, Santa Barbara CA, Ros Erikson Publishers
- Herrman, B. **Being, Being Happy, Being Gay** 1990, San Francisco Almo Square Press -
_____ **Gay Fathers** 1981, Toronto, Gay Fathers of Toronto
- Hersch, P. "What Is Gay, What Is Straight?" Jan/Feb 1991 **Family Therapy Networker** . 40-43
- Hersch, P. "Secret Lives" Jan/Feb. 1991, **Family Therapy Networker** pp 36-39
- Imber-Black, E., "Towards a Resource Model in Systemic Family Therapy", Karpel, M. (Ed) **Family Resources: The Hidden Partner in Family Therapy**, 1986, NYC, Guilford Press
- Ikeberg, B. **Coming Out, An Act of Love** 1990 New York, Penguin Group
- Isensee, R. **Of Between Men** 1990 New York, Prentice Hall Press
- Katz, J., **Gay American History**, 1984, NYC, Avon
- Kübler-Ross, E., **On Death and Dying**. 1969, Macmillan, NYC,
- MacKinnon, L., and Miller., "The New Epistemology and the Milan Approach: Feminist and Sociopolitical Considerations, 1987 **JMFT** Vol 13, No 2, 139-155
- Markowitz, L.M., "Homosexuality: Are We Still In The Dark?" Jan/Feb. 1991, **Family Therapy Networker**, 27-35
- Maturana, H., "Discussions on Violence" 1986, Calgary, **Personal Communication**
- Odets, W. "The Homosexualization Of AIDS" 1990 **Focus** Vol. 5 N. 11 1-2
- Penelope, J. & Wolfe, S. **The Original Coming Out Stories** 1989 Freedom California The Crossing Press
- Persky, S., **Buddy's: Meditations on Desire**, 1989, Vancouver, New Star Books
- Plant, R., **The Pink Triangle: The Nazi War Against Homosexuals**, 1988, H. Holt & Company, NYC
- Rafkin, L., **Different Daughters; A Book By Mothers of Lesbians** 1987 Pittsburgh Cleis Press
- Robinson, Svend, "Discussions on Coming Out" 1990, Calgary, **Personal Communication**
- Sanders, G.L., "An Invitation to Escape Sexual Tyranny," **Journal or Strategic and Systemic Therapies**, 1988, Vol. 7 Number 3, Fall, pp 23-35
- Sanders, G.L., and Tomm, K.T., "A Cybernetic—Systems Approach to Problems in Sexual Functioning" **Intimate Environments**, Kantor, D., & Okun, B. eds, 1989, The Guilford Press, London.
- Sanders, M. "Homosexual Acts - Are They Natural, Moral Or Either?" 1989 **Philosophy** 224.3 (01), University of Saskatchewan, **Personal Communication**, Calgary
- Scanzoni, L., & Mollenkott, V. **Is The Homosexual My Neighbour, Another Christian View** 1980 San Francisco, Harper & Row.

- Selvini, M. Palazzoli, Boscolo, L., Cecchin, G., & Prata, G. "Hypothesizing-Circularity-Neutrality: Three Guidelines for the Conductor of the Session." **Family Process**, 1980, **19**, 3 - 12
- Tripp, C.A. **The Homosexual Matrix** 1975 New York McGraw Hill
- Umans, M. **Like Coming Home: Coming Out Letters** 1988 Austin Texas, Banned Books
- Vach, K., **Quiet Fire: Memoirs of Older Gay Men**, 1985, NY, The Crossing Press
- White, Michael "Negative Explanation, Restraint, and Double Description: A Template for Family Therapy." 1986 **Family Process** 25:2, 169 -184,