

Eros and Liberation

New Ways of Thinking about Sex, Gender, and Sexuality

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The genesis of this presentation is in the quiet rumination I have had time for since closing my therapy practice and moving to California. Many of my clients have stayed in my head, and having more space in my life has given me a chance to think through what I did with them, what I might have done differently, and how, in the midst of my own transference, I think they would formulate their own stories of what doing therapy with me was like.

Interestingly, not all clients have stayed so alive in my head. I also wonder about the ones who don't spontaneously pop into my thoughts—when I see a certain piece of art, or read a passage in a book, or even discover myself sitting in a familiar body position. I wonder if this is an indication that somehow I didn't connect fully with those clients that I don't easily remember.

I've moved to a community in California that is notorious for many things, including its movie-star colony, the insane idea of building an oasis in a desert, the Dinah Shore golf classic, the Indian Wells tennis tournament, and also, its quality of sex-on-demand. Maybe that has something to do with the hot dry weather. There's an old Cole Porter song that goes like this:

*According to the Kinsey report
ev'ry average man you know
much prefers to play his favorite sport*

*when the temperature is low
but when the thermometer goes way up
and the weather is sizzling hot
Mister Adam for his madam is not
cause it's too darn hot, it's too darn hot.*

(Porter, 1948)

In the Broadway musical, when the thermometer goes way up, so does the humidity. But Cole Porter must not have written about Palm Springs, because here, in the desert, we have negligible humidity most of the year. Earlier this month, on the day I left the US to come to New Zealand, the temperature was *110 in the Shade*, to quote another Broadway show. That's 43 degrees Celsius, in the shade, but if there's no humidity, that's really not an uncomfortable temperature at all—well, at least in the shade.

In this presentation I will reflect on my ongoing search toward a deeper understanding of human sexual identity and liberation—particularly liberation from some of the dominant discourses about the loci of erotic desire and their relationship to human agency. I will do this in the context of my growing commitment to the work of social constructionists, particularly Michel Foucault, Judith Butler, and Dan McAdams. Parts of this presentation are personal—a sort of inner conversation made public—and parts are retrospective in a professional way. I am also convinced that the exploration of eros and liberation is one way to language what both psychotherapists and pastoral counsellors do, though with different hermeneutics and methodologies.

Psychodynamics and narrative

The sexual tension around town reminds me from time to time of clients of mine who did a great deal of sexual acting out. Most of those clients were gay men, and they would replay their adventures for me in detail. Yet there was something that seemed desperate about what they were doing. They could easily find sex, but what they ached for was a long-term, stable, loving relationship. Often, it seemed that they believed a relationship would materialise if they just had sex with enough people. Surely, someone out there was “the one”, and the way to the heart was, apparently, through the groin.

Some schools of psychodynamic psychotherapy would argue that this sort of behaviour is the sign of a deep splitting, probably quite an early one. The healing of these early splits often necessitates long, hard work in the therapy room, but fortunately, there is a wealth of theory to support us in working with clients who are so split. I'm thinking of Freudian “repetition compulsion” in relation to his “Mourning

and Melancholia” (1917), as well as the work of Jessica Benjamin (1995), Robert Stoller (1985), Jonathan Dollimore (1991), Robert Hopcke (1990), Roy Schafer (1992), and in particular, D. W. Winnicott’s “The Capacity to Be Alone” (1965).

On the other hand, some schools of narrative counselling would argue that there isn’t a self anyway, but that we are a collection of embodied, atomic, and social selves. I find it interesting in New Zealand how little the disciplines of psychodynamic psychotherapy and narrative counselling theory have to say to each other, at least in public, the notable exception that I am aware of being the work of Brian Broom of Christchurch (Broom, 1997, 2007). In spite of their differences, both disciplines are about story-telling and meaning-making, and perhaps one day they can find more ways of learning from each other here in this country. Such a conversation is beginning elsewhere, including through the Boston Change Process Study Group (BCPSG), which combines narrative counselling theory with the work of Daniel Stern and Edward Tronick.

I should clarify that my orientation toward narrative counselling and therapy may be less familiar to some New Zealanders. The “genealogy” of my education in narrative counselling begins with the work of Peter Berger and Thomas Luckmann (1966), then continues with Kenneth Gergen (1994, 1999), Mikhail Bakhtin (1981), J. L. Austin (1962) and Stanley Fish (1980), and Dan McAdams (1985, 1988; McAdams & Ochberg, 1993). McAdams, Professor of Psychology and Human Development at Northwestern University in Chicago, in particular, has shaped my thinking and application of narrative theory and human identity. As much as I respect the distinctive theoretical work of Michael White and David Epston, my training did not include them, and in many ways I find myself uncomfortable at times with their approach to narrative treatment. Only later, too, was I exposed to the work of Foucault and Butler, both of whom allowed me to move into a deeper understanding of the power of discourse and linguistics in the formation of human identity, and what we, as well as our clients, decided to normalise or pathologise.

It seems to me that both of these modalities—psychodynamics and narrative—need to pay ever-closer, continuing attention to the larger and overwhelming discourse inside which we live, including the deeply sexualised discourse of television, popular music, video games, movies, the internet, and advertising, including of Viagra. These pull us apart anyway, and construct a world in which everyone has lots and lots of sex, on demand, even, and in which, if you’re not having lots of sex, then you’re not getting the most out of life. Maybe, even, you’re a failure. It’s not that psychodynamics and

narrative are ignoring these larger and overwhelming discourses; rather, it's that with all the emphasis in both on individual experience and meaning-making, it is easy to lose sight of how powerless individuals can be to make meaning, and how overwhelming and ubiquitous are the messages to be someone other than who each of us might want to be.

We will never be able fully to escape the power-to-construct that is granted to the overwhelming discourses in which we live. I believe we have learned that, now, from Foucault, especially by way of his monumental volume, *Discipline and Punish* (1975). But surely the purpose of both psychodynamic psychotherapy and narrative counselling is to support and challenge people as they do the best they can do, making some sort of individual, nearly congruent meaning inside of that overwhelming discourse. When we are congruent, we can be both healthy and safe, or at least, healthier and safer, and contribute to the good of society as a whole. Counselling and psychotherapy can help people to "individuate in place," which is quite subjective, for it calls on us to constitute the subjectivity.

I believe that the analogy of a Pasifika fine mat would be appropriate here. Not every mat woven in our indigenous cultures is perfect from the beginning, and no matter how perfect, most mats need to be repaired from time to time. You will remember, perhaps, the classical Greek story of Penelope, wife of Odysseus, who wove in the daytime, and unwove at night. Her rationale was to stave off suitors, hoping against hope that Odysseus would reappear. In the Pacific, women weave and unweave for a different reason: because the exchange value of any mat, especially the *'ie toga*, is based on the fineness, the delicacy, the perfection, of its weaving, so errors and blemishes must be constantly removed as the weaving of the mat proceeds. Of course, not every Samoan woman is automatically a fine weaver. In Albert Wendt's novel *Ola* (1991), the protagonist, Olamiileoti Monroe, laments that she is "hopeless at weaving" (p. 330). Some of our clients weave their new resilience well; others, like Ola, are less skilled, and we must sit with them a lot longer as they unweave, and reweave, their lives (see also Filemoni-Tofaeono & Johnson, 2006; on the similar process of repairing a Pacific tapa cloth, see Palu, 2003).

In the face of the dominant discourses that surround and oppress us, we must first learn who we are not, and afterwards learn who we are.

The influence of Judith Butler

Searching to understand human sexual identity and liberation is a complicated task. To discourse theory, we must then add social constructionism. Social constructionism

has been around for a long, long time, at least since Peter L. Berger and Thomas Luckmann's 1966 book, *The Social Construction of Reality*.

Social constructionism is illustrated by this story from Jill Freedman and Gene Combs (1996, pp. 22–23): Imagine two survivors of some ecological disaster coming together to start a new society. Imagine that they are a man and a woman who come from very different cultures. Even if they share no language, no religion, and no presuppositions about how labour is to be divided, or what place work, play, communal ritual, and private contemplation have in a good society, if culture of any sort is to continue, they must begin to coordinate their activities. As they do this, some agreed-upon habits and distinctions will emerge: certain substances will be treated as food, certain places found or erected to serve as shelter, each will begin to assume certain routine daily tasks, and they will almost certainly develop a shared language. Even as time passes, they will always be able to remember, “This is how we decided to do this,” or “It works better if I assume this role.” For the children of the founding generation, “This is how we decided ...” will be more like “This is how our elders do it,” and by the third generation it will be “This is how it's done.” Mothers and farmers and builders will be treated as always-having-existed types of people. The rough-and-ready procedures for building houses and planting crops that our original two survivors pieced together will be more-or-less codified as the *rules* for how to build a house or plant corn. By the fourth generation of our imaginary society, “This is how it is done” will have become “This is the way the world is: this is reality.”

The precursors of social constructionism include Antonio Gramsci, Talcott Parsons, Stanley Fish, John Searle, Emile Durkheim, and Michel Foucault. Foucault is one of a group of writers generally lumped together under the label “critical theorists.” Other writers in the field of critical theory would include Walter Benjamin, Herbert Marcuse, Ferdinand de Saussure, Noam Chomsky, Hans-Georg Gadamer, Roland Barthes, Theodor Adorno, Jean Baudrillard, Hélène Cixous, Gilles Deleuze and Félix Guattari, Umberto Eco, Jean-François Lyotard, Pierre Bordieu, Jacques Derrida, Jacques Lacan, J. L. Austin, Slavoj Žižek, and Judith Butler. In my later years as a senior academic, these are the thinkers who have most deeply influenced me, and in a sense, I feel I have come to them too late in life. But of all the people on that list, it is Judith Butler whose writings have earned the largest portion of my reading time in the first six months of my semi-retirement. Right at the end of my teaching career, in 2006 and 2007, I began to require theology students to learn something about Butler, as well as Foucault. If I were doing it over again, I would require those students to learn even more about

both, and starting at an earlier stage of their education. All of these critical theorists are, essentially, hermeneuts—people who teach us a certain way, or hermeneutic, of interpreting the world and its “texts”, in the broadest sense. Lacan, of course, has had a huge impact on psychoanalysis and psychotherapy. Of this list, I am at present unsure who has had a significant impact on counselling theory, in addition to the principal thinkers of discourse theory.

It is to Butler and her thinking that I will now turn, and in particular to what I have learned from her writings about sex, gender, and sexuality.

Sometimes the parts are greater than the whole

In a recent article on Pasifika identity, Marianne Franklin, a New Zealander who is Senior Lecturer in Social and Political Theory at the University for Humanistics in Utrecht, The Netherlands, wrote:

People are far more complicated beings than these unitary labels would suggest and our experiences of being gendered ... vary along dimensions of race, class, nationality, ethnicity, sexuality and so on. All these identities with which we are labelled ... are social constructs that are created, given meaning, and reproduced by the differing, yet interlocking, systems of power in which we are embedded.

(Franklin, 2003, p. 488, n7)

Among the complicated mix of identities that Marianne Franklin refers to are sex, gender, and sexuality.

We all have genitals, though of various configurations; Butler and others use the word “sex” to refer to that genital part of our identity that is “named” at birth—most often named as “male sex” for a boy, and “female sex” for a girl. However, you may not be aware that just under 3% of all babies are born with GA, or genital ambiguity (Fausto-Sterling, 2000, p. 51). Decisions are then made by parents and doctors in consultation. Discourse theory and social construction tell us how the genitals we see are to be languaged. Once the languaging of genitals is mastered, we then “perform” our genitals. Or as Judith Butler would say, we do not *have* genitals, we enact them.

Medical definitions get involved in this languaging too, for so-called “scientific rationalism” and the objectification and pathologisation of the human body are a part of the discourse that we live in.

Common [Western] medical practice imposes stringent requirements for male and female genitals at birth—a penis that is less than 2.5 centimeters long when

stretched, or a clitoris that is more than one centimeter long are both commonly subject to surgery in which both are reduced to an “acceptable” sized clitoris.

(Eckert & McConnell-Ginet, 2003, p. 11)

In other words, if a baby’s penis is not “big enough” to be called a penis, “his” genitals are turned into a vagina. Someone must name it, to name what they see (“umm, that one’s not big enough to be a penis”), and in order to name it, it must be “created”. If it is not created, then the child will be assigned what is called “a grammatical gender” (in the Western world, all children must be either a boy or a girl), which may or may not match that child’s social gender as that gender evolves over the course of childhood. A child may have a “sex” which has been named and created as “male”, but for a variety of reasons, might prefer to perform the “female” gender role (Goldberg & Adriano, 2008). To cite an absurdly different illustration: in the early 1970s, when I first started spending a lot of time in Jerusalem, I often heard Golda Meir referred to as “the biggest mensch in the Israeli government.” In that situation, too, her grammatical gender did not match her perceived social gender: she was grammatically female, but socially male.

I don’t know if this ascription would have pleased Golda or not. However, it might please Judith Butler (1999) who, arguing for the disconnection between biological sex and social gender, writes:

When the constructed status of gender is theorized as radically independent of sex, gender itself becomes a free-floating artifice, with the consequence that man and masculine might just as easily signify a female body as a male one, and woman and feminine a male body as easily as a female one.

(p. 10)

To summarise the thinking of Butler and others, the gender that we perform is based on how our genitals have been or are languaged by others, even though most of the time our genital configuration is assumed, rather than actually seen by anyone else. The language others ascribe to our genitals may, or may not, be correct, for there are other factors at work in the identification of biological sex, such as endocrinology, that are not readily visible—for example, “female” children who have both an X and a Y chromosome—and these factors simply are not explored before we are labelled “boy” or “girl”.

We also all have a gender of some kind. Many cultures in this world think of masculinity and femininity as being the only two gender categories. But that’s not

correct, as the writings of Bob Connell and David Gilmore helped me realise (Connell, 2005; Gilmore, 1990). Firstly, there are many masculinities and many femininities. We perform those, too, and we have a much bigger repertoire than we often realise. It was Judith Butler (2004) who argued that “Genitals do not determine gender.” Or as theologian Miroslav Volf (1996) argues, our ideas of gender as connected to genitals—of what is masculine and what is feminine—come from animals, but not from God, who has neither gender nor genitals, as we understand those in human terms (p. 173).

Secondly, I have watched clients in my therapy room perform, even in the short course of one session, a variety of femininities and masculinities, no matter their genital configuration. I have learned along the way that some of the saddest people I treated were those who were stuck in a single “hegemonic” masculinity or femininity—hegemonic meaning “control or dominating influence by one person or group, especially by one political group over society or one nation over others.” They simply did not have a large enough repertoire of gender performances from which to choose in order to match, for example, the emotions they needed to express. In other words, when we perform our gender, we are performing it inside a political system that is much more powerful than we are, and which tries very hard to regulate “acceptable” masculinities and femininities.

We all have a sexuality of some kind. For fifty years now, since the work of Alfred Kinsey, we have known that sexuality does not exist as two isolated poles, but extends across a spectrum from exclusive heterosexuality (Kinsey Scale 1: predominantly heterosexual, incidentally homosexual) to exclusive homosexuality (Kinsey Scale 6: predominantly homosexual, incidentally heterosexual). In fact, I think it is most useful to understand genitally determined biological sex, and gender, and sexuality *all* as spectrums of possibility, rather than dimorphic categories.

To expand Judith Butler’s point, genitals do not determine gender, nor do they determine sexuality. So we have three identities—sex (genitals), gender, and sexuality—all of which are deeply shaped and affected by discourse and social constructionism. And if we “push” on Butler’s theory, none of these three is necessarily attached to, or determinative of, either of the other two.

Unweaving and weaving

Bearing in mind counselling and psychotherapy’s desire to help people integrate, I still want to argue that, for some clients, it might be helpful to “unweave” before “weaving”. It seems to me that each one of these component parts of a complex identity—sex,

gender, and sexuality—has its own history and set of historical narratives, its own internal sense of what is healthy and good for it, its own processes of meaning-making, and perhaps even its own hopes for the future. But if there are that many narratives going on simultaneously, how then can we help clients take them apart, grant them equal privilege, and make good decisions that will benefit each as parts, and the whole as a whole?

In 2005, I was invited to write the introductory essay for a coffee-table book of photographs of men's bodies (Culbertson, 2006). The book's editors had invited me because they were admirers of an essay I had written in 1997, called "Designing Men: Reading Male Bodies as Texts" (Culbertson, 1998). Inspired by an essay called "Portrait of My Body," by Philip Lopate (1996), I decided to write the introduction for the photography book by letting parts of my body tell their own story, rather than my telling the story of this body. In my essay, I let various parts of my body find their voice: a broken tooth, a scar on my back, an infected toenail, and of course, the scars on my heart after a lifetime of relationships. Writing this way helped me understand how the parts of our bodies have their own stories which, when told, might not be quite the way we would tell them if we were in charge.

And that's what I'm getting at here: is it not possible that our genitals have their own story to tell—their history, their wants and desires, their hopes and fears, their sense of being trapped, and what being liberated might allow—and that the gender roles we each perform also have their history, wants, desires, hopes and fears; and that our understanding of our own sexuality is also complex and heavily self-storied. The stories I told in the introduction to the photography book are not necessarily stories I would tell in public (and won't here, either), but they are important stories that my body carries, nonetheless. So it is also with *your* bodies (and some of you will, for example, know that victims of abuse have stories embedded in their physical bodies that they are unaware of), and with the various ways you perform your gender, and the various ways you perform your sexuality.

Do these different sets of stories talk to each other? Correct or contradict each other? What would happen if these body stories were foregrounded, and brought into dialogue with the many other stories we carry about ourselves, just as sometimes in counselling we put people's various "selves" in dialogue with each other in two-chair work?

Unfortunately, because I don't have a therapy practice in the US, and therefore don't have a space to test out my new thinking so influenced by Judith Butler's idea

that genitals are not connected to gender, I can only lay out a hypothetical method of exploring with a client. Perhaps I have to rely on some of you to test out this theory, and let me know how it goes.

A client's genitals have a psychosexual story they wish to tell. Perhaps it is a story about what those genitals want, how they want to be treated, by whom, why, and what would be the outcome of being treated that way. Is this a story that can contribute to the client's greater sense of wellbeing? Of health? Of lasting happiness? How does the genitals' story make meaning out of the client's experience of self, and what happens when this story enters into dialogue with other stories that the client carries?

A client's gender identity has a story, or probably many stories. Learning to be "acceptably" gendered is one of the hardest things we are each expected to accomplish in our childhood and teen years. As Butler (1999) summarises, "the various acts of gender create the idea of gender, and without those acts, there would be no gender at all" (p. 178). Whether stories of masculinity or femininity, all stories are infected with the traces of heteronormativity—the privileging of the standards of white, heterosexual, educated, married, middle-class, powerful males. Within the crushing power of this structured discourse, what personal story or stories of being gendered does the client prefer, and why? What is the effect of the client's superego in judging that story? How has the performance of the client's gender changed for her or him over time? Does that mean that the client's gender identity stories have changed, simply because the performance changed? In Butlerian thought, "... gendered bodies are so many 'styles of the flesh.' These styles are never fully self-styled, for styles have a history, and those histories condition and limit the possibilities" (Butler, 1999, p. 177). Which is the best story for now, for the client in his or her present moment? How might the telling of that story be affected by family and social relationships? How might these stories be influenced by other factors, such as self-loathing or a history of abuse? What would bar the telling of that story in a healthy way? (See Scholinski, 1997, for a tragic example of psychiatric misdiagnosis of a young woman's gender identity struggle.)

A client's sexuality has a psychosexual story it wishes to tell. My experience with clients is that they often struggle with the task of evaluating their own psychosexual story with any sense of objectivity. Again, many of the same questions pertain: What story does the client prefer, and why? What is the effect of the client's superego in judging that story? How has the performance of the client's sexuality changed over time? Does that mean that the client's sexual identity stories have changed, just because

her or his performance has changed? Which is the best story for now, for the client in his or her present moment? How might the telling of that story be affected by family and social relationships? What would bar the telling of that story in a healthy way? (See Back, 1985, for examples of the many things inside family dynamics that impede the development of healthy non-heterosexual identity development.)

These three parts of a client's individual identity interact, of course, with things like culture, socio-economic status, age, partnership status, employment, privilege, and others. These are the "interlocking systems of power" that Marianne Franklin (above) referred to in the quote from her article "I Define My Own Identity." Our genitals, gender, and sexuality can only ever tell their stories in dialogue with our responses to those systems of power, those social constructions, those dynamics of discourse. But if our clients can find a way to unweave their genitals, gender, and sexuality, listen to the many stories that these parts of their identity have to tell, and then begin the process of weaving them back together in a new way, then I believe that wellbeing and resilience are much more within their reach.

I'll tell you a personal story. A couple of months ago, I was on a trip with my daughter and her long-time boyfriend. One night, they knocked on the door of my hotel room and asked to come in, and they sat down with me on the bed. I haven't spent much time with my daughter's boyfriend, in spite of their being in a long-time relationship, so I was quite surprised at the question he was bold enough to ask. He said, "Katie says you're gay, and I don't believe her. Are you?" I answered him, "There are periods in my life when I have been sexual with women, and other periods when I have been sexual with men, and right now I am very happily single. So I think the answer to your question is 'No.' I'm just sexual in a variety of ways, and no label fits me very well." His response was: "I thought so." That wasn't what I expected either.

And then, just a few weeks ago, when I was keynoting a clergy conference in Mississippi on some material similar to this presentation, I surprised myself by saying that I am "celibate". That's not a word that I have used about myself before, but it felt quite comfortable at the time. In mulling over my surprise utterance, I realise how much I have indeed been affected by reading Judith Butler, because "celibate" is, for me anyway, a description which is about making good choices for my whole self right now. Right now, it feels like "celibate" is a truly life-giving way to describe where I am at this point in my psychosocial development. I can also, maybe for the first time in my life, understand how being celibate is indeed a gift.

Eros and liberation

Freud is famous for his Drive Theory, understanding human beings as torn between eros (survival, hunger and thirst, sex and propagation, pleasure, the avoidance of suffering, playfulness) and thanatos (unpleasure, suffering, self-persecution, self-destruction and addictive behaviours, excessive and non-life-giving hedonism). Either drive can manifest itself in our clients when they seem “asleep”—unable to engage with their problems, unwilling to recognise that even erotic pleasures can be a form of being dead. But it can also be thanatos disguised as eros, or desire, that keeps people trapped in stories they are unaware of, or don’t understand.

Eros includes the drive to relate intimately, including sexually, and like all other drives, can be constructive or destructive, healthy or perverse, and many in-between mixtures. Eros knows neither bounds nor logic, and as Stoller (1985) and others have shown, is capable of a whole series of inversions. Yet, some modern theologians and spiritual writers are recognising that spirituality—whether inside or outside of organised religion—also has a strong erotic component to it. God, or the Spirit, passionately desires us, as we desire a spiritual relationship. For these theologians and spiritual writers, however, eros without discipline leads quickly to thanatos (see, for example, Burrus & Keller, 2006). Herein, then, lies the problem in working with certain clients. Living in the midst of a deeply sexualised discourse of television, popular music, video games, movies, the internet, and advertising, which encourages people to stop thinking, to simply follow their desire unthinkingly—in other words, to become dead—how do we encourage clients to gain some discipline over the performances of their genitals, gender, and sexuality? We do so, I would argue, but talking to them not just about their behaviour, or their thinking, but more importantly, about their values.

Conclusion

One of my favourite writers in psychotherapy is Harry Aponte (1999), a therapist in private practice in Philadelphia. In a recent essay, he stated:

The choices that patients make about their lives in treatment are steeped in their values, ethics, and beliefs—in a word, in the morality of their spirituality... They can choose reality or denial, fighting or being passive, betterment or defeat. In that personal exercise of free will lies the mystery of their essential worth and independence... By supporting their values, therapy can support clients’ personal identity and power. Therapy based on the freedom of clients to choose calls for

helping clients identify options and rationale for the choices they face. By offering the technical resources of the intervention and providing the support of the relationship, therapists bolster their clients' motivation and will to choose. When therapists help them make choices that are theirs, clients are better able to accept responsibility for the consequences of their decisions.

(p. 83)

Unweaving the mat of sex, gender, and sexuality is, it seems to me, the first step in helping clients gain the will to choose who and how they will be, instead of simply stumbling through a driven life. Genitals, gender, and sexuality are not inextricably linked, but all three may be understood as sites of responsible, ethical, and life-giving value-formation and decision-making, particularly as we sit alongside our clients and listen to the stories that their genitals, gender, and sexuality have to tell for themselves.

I seem never to be “done” thinking about things; perhaps “thinking too much” is the curse of both psychotherapists and intellectuals. And that reminds me of American writer William S. Burroughs, author of *Naked Lunch*, who once said, “All intellectuals are deviants.” But what I am trying to get at is the challenge of how we think about the passion to connect, or eros, and whether there is a way to “do” passion that doesn’t trap us, or undermine our self-esteem, but instead sets us free to love the very best of ourselves, perhaps for the first time.

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A Response to Philip Culbertson's Presentation

Josie Goulding

Thank you for inviting me to respond to your paper, Philip. I have enjoyed the opportunity to play with some of the ideas and questions you have raised.

In this response I want to address some of the issues that Philip has raised and, in particular, my thoughts on the clinical implications of the radical separation of sex, gender, and sexuality and the exploration of narratives in relation to this.

I would concur with Philip's statement that there is little dialogue between psychoanalysts and narrative therapists in this country. I find this fascinating, particularly because I first came to psychotherapy following a workshop in family therapy, the birthplace of narrative therapies, run by two women from New York. I was terribly impressed with the videos they shared of their work. Now I am immersed in exploring the psychoanalytic world and practising as a psychodynamic psychotherapist, and I write from that position.

On reflection I wondered if the lack of dialogue might be the effect of the social constructionist story that Philip presented. I think the conceptual origins from which each school of therapy was created have not always been considered an important part of training new therapists. The philosophical arguments of history have become practice arguments today. As such, like those people in the story, we have an almost religious belief in the validity of practice theories and techniques that underpin our various therapeutic endeavours.

Both schools critique each other's approaches. These critiques include different ideas about the roles of reality, fantasy, truth, consciousness and unconsciousness, discovering vs creating the mind, and the place of narrative and language in the healing process—not to mention the role of the therapist in the therapeutic relationship.

The concept of reality

How do these differences help in thinking about the questions that Philip raises, i.e., the usefulness of separating genitals, sexuality, and gender in working with our clients?

We might look, for example, at the arguments over the existence of an external, objective, and verifiable reality. This idea is at the heart of the positivist movement out of which psychoanalysis arose. However, it was not long before the role of subjectivity, memory, and Freud's proposal of the unconscious began to disrupt or interact with this assumption. The subjective nature of memory and experience was problematic to Freud and psychoanalysis. In the 1880s, Nietzsche anticipated Freud's observations: "*I did that,*" says my memory. "*I could not have done that,*" says my pride, and remains inexorable. Eventually the memory yields." (Brown, 1991, p. 7)

Freud framed and reframed his understanding of psychoanalysis and human experience to try and accommodate this, among other subjects, and I have heard psychoanalysis described as the study of human subjectivity. The task of rewriting foundational theory in response to clinical evidence and philosophical movements continues.

The difficulty of subjective reality is manifest when we sit with clients. I am sure a number of you will have had the experience of working with transgender clients who want to understand why they are having their particular experience of gender. Some want a clear, single explanation, and for a few, it would be preferable that it be a physical one. This would allow them a socially acceptable understanding, i.e., it is not their fault that they are not having what society determines a "normal" gender experience; it is biological. The idea that there is perhaps a single external truth that will ease the internal distress is comforting. This stands in contrast to the idea that the "why" may be irrelevant and perhaps unknowable in direct cause-and-effect terms. The suggestion that the focus of the therapy is on the "how" and "what", and the multiple truths inherent in their individual "lived" gender experience, can be less comforting, even disconcerting. The idea of external or verifiable truth lingers and haunts us, both as therapists and as clients.

Another area to challenge is the idea that somehow both narrative therapy and psychoanalysis are interested in mental health in its broadest sense. How we conceive of and relate to that seems important. Where psychoanalysis has located itself, I believe, has an impact on the way it has incorporated these ideas into its theory and practice. To some extent, psychotherapy has an uneasy alliance with medicine, often going along with a "consensual standard of mental health based on conscious clarity about objective reality" (Moore, 1999). From a constructivist perspective, this clearly needs to be re-thought. However, it appears that while psychoanalysis has engaged with constructivism from its earliest conception, there is "no articulated consensually

agreed upon standard [to define mental health] within the current framework of constructivist psychoanalysis" (Moore, 1999, p. 155).

Perhaps a single agreed-upon definition is a contradiction in terms. Partially this is because the idea of a single definition brings us back into a circular argument over the competing truth-claims of objective reality, individual subjective reality, consensual reality (in the sense of Habermas's "converging horizons"), and socially constructed reality.

In Philip's presentation, he makes the observation that "my experience with clients is that they often struggle with the task of evaluating their own psychosexual story with any sense of objectivity." This clearly demonstrates how difficult it is to work with these concepts. Does he mean that they struggle with their relationship to an external "objective" reality, believing that there might be one? Or does he mean that the client has no observing ego, and therefore can only really be "in the experience," and therefore only give descriptive accounts and certainly not move to articulate and evaluate the meanings of their behaviour? These two different experiences may necessitate differing clinical approaches.

The acceptance of multiple truths, even within the same person, does not necessarily negate the presence of an external reality. The impact of the world on us engenders our subjective reality; Moore (1999, p. 140) would say that "construction cannot occur without it." We have to have something to be subjective about. In the example we are using, it is the lived experience of the body genitals we are born with, their relation to our experience of our gender identifications, and the development of our gender identity in a gendered society. These discussions are classically poignant in the area of the body, particularly in the discussions on the link between genitals and gender. Freud's (1923) statement that the ego is "first and foremost a body ego" (p. 26) speaks to the way psychoanalysis has tried to understand the process of the ego's emergence as being an embodied dialectical process. It occurs at the intersection of what the constructivists would call the "potential reality" of what is outside consciousness, and then is presented to consciousness in the moment-to-moment of living or "going-on-being." Creating a narrative about discrete experiences can be part of that.

What is inside and outside consciousness reflects another difference between narrative therapy and psychoanalysis. The former holds consciousness as the central focus of therapy. Unconscious experience or thought is either not considered, or considered only as it emerges into the conscious field. Psychoanalysis, on the other hand, is very interested in unconscious material.

Conscious and unconscious material or experience is an example of a range of concepts—for example, inside and outside, experience and narrative, objective reality and subjective reality, mind and body—which can be conceptually argued as opposites. Alternatively they can be seen as dialectics that continually construct each other. Trying to separate them as a way of understanding experience does not work, in my opinion.

The embodied nature of being

In his presentation, Philip cites Judith Butler’s suggestion that “we do not have genitals, we enact them.” This clearly holds some experiential truth, but this position separates the body from the mind. That is, if I am enacting my genitals, there is an “I” that is separate from my genitals. Clearly this is not the whole story. Partially this is a perceptual artefact of the way our brain works, e.g., language is a second-order representation; it is always re-presenting some thing to the self (Burmudez, Marcel, & Eilan, 1998). I think Butler’s statement somehow ignores the fact that perceptually and experientially we are our bodies. Everything we experience, we experience through our bodies. Merleau-Ponty is useful here in that he understood the body to be central.

Merleau-Ponty inherited the soul as Being and as Nothingness and set out alone to do what none before him—or since him—could think to do; first, he made the soul a thing, a body, and then, he incarnated all things into the Flesh. His successors have yet to appear. Those who follow him in time are still resisting incarnation; they are still trying to make the Flesh become word; they are still seeking to obtain release from the world by transforming it and themselves into a text.

(Dillon, as cited in Grosz, 1994, p. 219)

This is one of the problems if we unpick the weaving of the mat in Philip’s presentation. The whole is more than the parts, but the parts are necessary for the whole. Radically separating the narrative from the embodied experience is useful for exploration and healing for some people, but I do not believe it is where we live.

This is a problem for those who experience their gender—a social construction—as different from their sex, a visible and invisible but effecting total-body experience. No matter whether we perceive ourselves as female or male, or how we enact our gender experience, or even how we alter our bodies through hormones, drugs, and surgery, many defining experiences for both genders have to be grieved in the disjunctions between the body, and an individual’s socially and psychologically constructed gender experience.

This also raises the issue of congruence. Congruence is the idea that multiple facets of oneself are available in response to social or environmental settings, but are linked in a way that provides us with a sense of “going-on-being.” This experience contrasts with discrete separate selves or parts. My daughter asked me a while ago, “Mum, which character in *Sex and the City* do you think you are?” I wasn’t sure whether to be flattered or offended by her question! I was more interested in her own answer so, typically therapist, I said, “I will have to think about that; who do you think you are?” “Well, I think I am all of them in some way at some times.” Clever girl, I thought! Yes, the show does provide an overview of a range of somewhat caricatured but typical, or maybe archetypal, “narratives” about what it is to be a professional white middle-class woman. Some of these narratives are contradictory. Having some flexibility to engage and recognise the way in which each is useful and restrictive allows malleability, but also allows some sense of consistency of self-experience.

This contrasts starkly with a client story. This client knew she could be librarian-like or vamp-like, but that these two personae were not consciously connected with any triggering events or circumstances, so that she felt her experience as being random. She said, “I just don’t know which one I am going to be at any time.” Or alternatively, another client who had such a rigid attachment to what, for example, it meant to be a man, to the degree that there was no flexibility to move and compassionately, or even passionately, embrace other narratives or constructions he had been exposed to. As Philip has indicated, rigidity around sexuality and gender is often the difficulty, and we can question whether these are trauma-based splits or dissociations.

Clinical application

So what about the role of narrative in psychodynamic practice, and in particular, how does it relate to my practice?

The concept of narrative is used in a number of ways, so a definition could be helpful. Polkinghorne’s (1988) definition of a narrative is

a scheme by means of which human beings give meaning to their experience of temporality and personal actions. Narrative meaning functions to give form to the understanding of a purpose to life and to join everyday actions and events into episodic units. It provides a framework for understanding the past events of one’s life and for planning future actions. It is the primary scheme by means of which human existence is rendered meaningful.

(Cited in Moore, 1999, p. 144)

Using that definition, I want to raise a couple of examples of how I have found that a focus on articulating narratives can be both useful and not so useful, and why I think that is the case.

As Philip has suggested, trying to elicit clients' narratives about the separate parts of their experiences around sexuality in its broad sense is very enlightening, and can be useful in helping them gain insight into how these may or may not form an integrated or generally coherent experience of themselves. In my early training, a large component in TA and Gestalt therapy got me interested in separating out, for example through two-chair work, varying parts of the self and body. Some clients found this very easy and helpful, and they shared rich conversations and descriptions of their respective gender roles, sexual practices, and parts of the body. They were able to use these processes to integrate, grow, develop, and heal—creating, or I would suggest, co-creating, narratives that expressed or gave rise to meaning in their lives.

Other clients were not able to create verbal narratives. Their descriptions were impoverished, concrete, and linear, and there was a general failure of symbolisation. This meant they could not manipulate their experiences in an abstract way. Chiozza (1999) suggests:

A chronological biography presented with a time sequence almost never contains the meaning that we seek; what we seek, no matter how surprising it sounds, is literature!

(p. 118)

For example, hearing a client with vaginismus describe her vagina as "... about the size of a pencil ... a tube ... no I don't imagine it could change shape ... I don't really think about it except I want to have a baby ... I think my husband should just force me to have sex, that might solve the problem" is not literature!

My experience of working with this woman was very much a reflection of the apparent dissociation and lack of descriptive, alive language shown in the above verbatim. Her apparent lack of ability to create a living, rich narrative did not just relate to her vagina. One cannot make people think or mentalise. Real thinking and creativity emerges both developmentally and in the space that can be created by "a facilitating environment" (Winnicott, 1960, p. 43).

In this situation, I could imagine all sorts of narratives that may have been associated with her statements, but she could not. Her history and the restrictions that it engendered were, however, enacted in the therapeutic relationship.

We lived her reality in our relationship through processes of enactment and embodiment. These seemed to be the only access points in working with her. Creating a narrative to some extent is a “doing” activity. For her—and this is a psychoanalytic construct—I felt we needed to go back to “being.” My idea was that she might need a containing space, created relationally, in which the capacity to play could be allowed and developed. I believe that this capacity to play is needed before narratives as tools to healing can be useful.

Conclusion

Clinically, narratives are clearly useful. We are hardwired for symbolisation and relationship. Verbal language is the form of symbolisation that gives us the most specificity. It allows us to create meaning or, as Krystal (1988, p. 67) says, to “own our own soul.” Language is, however, by its nature restrictive. Whenever we verbalise anything, something is lost. Language is the symbol, not the thing in itself. Ironically, we could therefore say that language is not the whole story in either life or therapy.

Narratives are one way that we can engage in play and meaning-making with our clients. This requires that the client, and the therapist for that matter, can both enter that transitional space where play occurs. Winnicott first locates this creative space between the mother and baby (Winnicott, 1971); perhaps it could also be located “between the reflective and pre-reflective spheres of the life world” (van Mannen, 1997, p. 345). The capacity to use this space is a developmental achievement in which some clients are not able to fully participate, due to past trauma or developmental deficit. I believe that growing that capacity requires another sort of activity which precedes the use and exploration of narratives.

Finally, to quote one of my favourite philosophers, Leonard Cohen: “Poetry is just the evidence of life; if your life is burning well, poetry is just the ash” (Lunson, 2006).

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A Response to Philip Culbertson's Presentation

Jeremy Younger

It is a privilege to be invited to respond to Philip's paper. He invites us to take the issues of sex, gender, and sexuality very seriously and I am happy to take up his challenge.

To begin at the beginning, he takes us straight from the sexual energy of Palm Springs to the sexual energy of gay men, his gay clients, desperately "acting out" sexually, and his and their attempt—therapist and client together—to make meaning of this as they juggle the competing discourses and, as Philip puts it, their competing "embodied, atomic, and social selves." In this process of therapy or counselling, he seeks to find a congruence that can lead to a healthier and safer life and to a contribution to the good of society.

To help make meaning, he appeals to Michel Foucault and Judith Butler, especially their writings about sex, gender, and sexuality. Following Foucault and Butler, he first distinguishes between sex and gender. Sex is how our genitals are named at birth, correctly or incorrectly, by society. Gender, on the other hand, is not determined by our genitals, but is understood as a performative effect that is discursively produced, even if it is experienced by the individual as a natural identity. It is, so to speak, what we do with our sex.

When Philip comes to discuss sexuality, I find him less clear. As I understand it in Foucault and Butler, difficult though they are to read, sexuality is understood as a social construction that takes place at the interface between gender (what we do with our genitals) and society's dominant discourses, structured as they are around the concept of heterosexuality as the norm for human relationships.

Sexuality, then, like gender, is not about the discovery of an innate or essential identity, existing independently of language. Rather, it is a socially constructed fiction, albeit a serious one, a product of language and specific discourses. We may believe that we have discovered and owned our sexuality as if it is uniquely ours, and that our task is to find words to express that identity, but in fact our sexuality is itself socially constructed, and not the recognition of a natural fact.

Those who perform their gender heterosexually are constructing their sexuality in a social milieu that reinforces that very heterosexuality. The interface between gender and sexuality for heterosexuals is seamless. Philip offers us the analogy of the weaving of a mat; for the heterosexual, the process of weaving is straightforward, intrinsic, and untroubled. As Tamsin Spargo puts it:

Compulsory heterosexuality is installed in gender through the production of taboos against homosexuality, resulting in a false coherence of apparently stable genders attached to biological sexes.

(Spargo, 1999, p. 47)

However, for those who perform their gender homosexually, the performance of their gender and the construction of their sexuality, in the face of the dominant, privileged, heterosexual discourses, will present vast internal and external difficulties, discontinuities, and conflicts.

It is not a case of unweaving and reweaving a mat; it is the recognition that for homosexuals there can be no mat at all, for mats, in Philip's analogy, belong to the culture of the heterosexual. Any attempt by homosexuals to weave inevitably creates something inauthentic, as it has been designed by others. It is alien, and offers false comfort. In the face of the heteronormativity that undergirds social construction, those who perform their gender homosexually are faced with a choice: assimilation or alienation.

Here we come to the crux of my issue with Philip's presentation. I believe that underlying his approach, and also underlying the practice of much psychotherapy and counselling with those who define themselves as homosexual, is the insidious, though understandable, privileging of assimilation over alienation. This is because the heteronormative onslaught is everywhere: in the media, education, entertainment, popular culture, and the commercial imperatives of the capitalist, materialist system (the pink dollar notwithstanding), and, as a way to survive, it is very tempting to try to fit in—so tempting that it can become second nature. This assimilation privileges relationships over sexual expression; monogamy and civil union over recreational sex and perceived marginalised practices and connections. Such a bias, conscious or unconscious, spawns pejorative terms such as “acting out” to describe the particular recreational, sexual lifestyle of the sauna and the sex-on-site venue. As I say, assimilation is a seductive way to go. Jameke Highwater argues:

There will be less pain, less denial, less self-contempt. But there will also be fewer

people who exist at a distance from the unquestioned conventions of the mainstream. There will also be fewer people who are sufficiently detached from arbitrary conventions to be capable of seeing beyond the sentries of conformity, and, perhaps, to be lured into the transgressions that take us beyond the familiar world into other, unknown and unnamed worlds.

(Highwater, 1997, p. 180)

Alienation, on the other hand, demands that we take seriously the production of “reverse discourse,” which is one of the fundamental ideas of Foucault:

There is no question that the appearance in nineteenth century psychiatry, jurisprudence, and literature of a whole series of discourses on the species and subspecies of homosexuality, inversion, pederasty, and “psychic hermaphroditism” made possible a strong advance for social controls into the area of “perversity”; but it also made possible the formation of a “reverse” discourse: homosexuality began to speak in its own behalf, to demand that its legitimacy or “naturalness” be acknowledged, often in the same vocabulary, using the same categories by which it was medically disqualified.

(Foucault, 1984, p. 101)

Foucault argues that homosexuality only came into existence in social discourse at the end of the 19th century, when it was pathologised as a perverse or deviant type, a case of arrested development, a suitable case for treatment as an aberration from the heterosexual norm. As such, the homosexual was subject to the disciplining, marginalising, and subordinating effects of social control.

The irony is that the social discourse used to pathologise homosexuals became the very discourse of resistance to that pathologising. To quote Foucault again:

There are no relations of power without resistance; the latter are all the more real and effective because they are formed right at the point where relations of power are exercised.

(Foucault, 1980, p. 142)

Reverse discourse enables homosexuals to language their alienation and to give voice to their living over-against the dominant heterosexual social culture, rather than their attempting to live within it.

It follows, then, that counselling and therapy with homosexual people must also adopt that same reverse discourse so that a therapeutic place can be created where the

challenge of alienation can be tolerated creatively, rather than avoided. So often the opposite seems to happen: the therapy and counselling process, seduced by the dominance of heterosexuality, consciously or unconsciously, privileges the desire to assimilate.

It is my contention that counselling and psychotherapy are called to be counter-cultural and, given the history of the relationship between psychotherapy and homosexuality, this is risky. It's about inhabiting a place where not-knowing is the wisdom, where there is no weaving, no mat, no pattern. As David Halperin (1995) argues, homosexuality offers

[a]n horizon of possibility that is always unfinished and provisional, and the queer subject occupies an eccentric position in relation to the normal, the legitimate, and the dominant.

(p. 62)

But here's a problem! I reckon that the last thing most homosexual clients who come into therapy or counselling want to be is queer. It's enough that they can call themselves gay—define themselves, categorise themselves in this way. Philip is right, that homosexual clients often feel desperate—desperate to fit in, be accepted, be loved.

And thus we face the profound difference between “gay” and “queer”. In the popular definition of gay, we are talking about identity, something that defines, that puts a person in a category, usually, though not wholly, according to sexual activity. Queerness, on the other hand, is more than a word for the rainbow coalition of non-normative sexualities: lesbian, gay, bisexual, transgendered, and so on. Queer extends the politics of sexuality beyond sex and sexual minorities and their civil rights. “Queer” is opposed not simply to “straight”, but more broadly to “normal”.

Defining itself against the normal, queerness exceeds sexuality, sexual practices, sexual identities. It depends on a coming together through the embracing and welcoming and opening up of difference, rather than the closing down of identity. And this is a very important realisation for us in the counselling and therapy community to grapple with: that queerness is not about liberal tolerance. Rather, it is about connection, and the making of meaning, as one dimension of social alienation alongside others: women, children, people of colour, people of the third world, the disabled, the poor, all in fact who must find and language their identity over and against the dominant white, male, rich, Western world, where therapy and counselling predominantly find their natural home.

So the question I believe we need to discuss further is to what degree assimilation—this process that, to quote Philip, includes “making meaning, being congruent, being healthy and safe and contributing to the good of society”—is, in reality, a defence against the creativity and challenge that comes with tolerating alienation? How often, I wonder, in counselling and psychotherapy have clients been offered this possibility of living with difference?

As counsellors and therapists we are not in the business of making (to borrow Adam Philips' phrase) “shopkeepers into happier or better shopkeepers,” or, in our case, homosexuals into happier or better “straight acting” homosexuals. We are here to do something very different and far more creative and exciting: to challenge and confront and be radical agents of new thinking and new community.

Jean Cocteau, the early-20th-century queer, French, surrealist writer, film maker and boxing manager, was once asked in an interview which of his possessions he would save from his burning house if it were on fire. He answered without hesitation: “I would take the fire.” In this, I believe, we locate the heart of our work.

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