The psychotherapeutic tales of five gay men in Greece: A narrative analysis

ABSTRACT

Gay men utilise psychotherapy at a higher rate than heterosexual men due to increased societal stressors. However, even though homosexuality has been depathologised since 1973, some therapists still seem to practise from a pathological perspective of homosexuality. In Greece societal attitudes towards homosexuality are highly negative; gay men have limited civil rights, and issues of homosexuality and psychotherapy are absent from research literature. Overall, the existent literature on the psychotherapeutic experiences of gay men is sparse, regionally and culturally limited within the USA and the UK, and mostly based on surveys. The aim of this study was to explore the psychotherapeutic experiences of five gay men in Greece and the impact of their experience on their sense of self and their sexual identity. Data were collected using semi-structured interviews and were analysed using narrative analysis. Three primary narrative forms were identified: (A) Therapy as progression; (B) Therapy as tragedy; and (C) Therapy as dialectic conflict. In addition, two commonalities were identified among the participants’ stories: (i) Therapy as the only way out; and (ii) The only gay man in the room. This study can be seen to expand the existent literature in terms of methodology and cultural diversity, as well as informing practitioners who work with gay clients.

Key words: Psychotherapy, gay men, counselling psychology, narrative analysis, Greece.

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INTRODUCTION

Research indicates that gay men utilise psychotherapy at a higher rate than heterosexual men (e.g., Liddle, 1997; Cochran, Sullivan, & Mays, 2003). Although homosexuality per se is unrelated to psychological disturbance, gay men are likely to face more societal stressors, increasing their risk of experiencing mental health difficulties. Gay men are often stigmatised and discriminated against, both at familial and institutional levels, and research suggests that they often lack access to traditional support systems (e.g., family, friends, various communities) (Milton & Coyle, 2003). In this context, therapists are likely to work more often with gay clients, as therapists might represent the only source of support for this client group. However, a number of studies suggest that negative societal attitudes and beliefs about homosexuality are often reflected in therapeutic practice (e.g., Hayes & Erkis, 2000; Bartlett, King & Philips, 2001; Dillon & Worthington 2003). The study reported in this paper aimed to explore the psychotherapeutic experiences of five gay men in Greece.

This section provides a historical and cultural overview of the relationship between homosexuality and mental health professionals, and the role of homosexuality in Modern Greece. In addition, it introduces the theoretical perspective of this study, and critically discusses the existent literature regarding the psychotherapeutic experiences of gay men. Finally, it concludes with the study aims and the methodological approach adopted in this study.

Therapists’ attitudes towards homosexuality

The relationship between homosexuality and mental health professionals has been a long and often troubled one. In the past, mental health professionals have often been seen to reflect, justify, and reinforce existing negative social stereotypes and attitudes towards gay men. For example, early psychoanalytic writings perceived homosexuality as a sign of arrested development (Freud, 1953); within behaviour therapy aversion therapy was developed aiming to “unlearn” homosexual behaviours in gay men involving electric
shocks and vomit-inducing drugs. Finally homosexuality was included as a diagnostic category in the first edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM I) (1952).

In 1973 the removal of homosexuality from the second edition of DSM marked a significant shift towards the depathologisation of homosexuality and a move towards its acceptance among mental health professionals (Bieschke, Perez, & DeBord, 2007). However, research suggests that some therapists still seem to practise from a pathological perspective of homosexuality, either in overt or more subtle ways (e.g., Milton, 1998; Reynolds & Hanjorgiris, 2000; Bartlett, King & Philips, 2001).

Homosexuality in modern Greece

Despite the reputation of ancient Greeks for their acceptance and celebration of same-sex desire among men, modern Greece lacks many of the laws and civil rights that gay men enjoy in many other countries within the European Union (EU).

For example, same sex couples are not recognised by Greek law; gay men cannot openly serve in the Greek army and they are not allowed to adopt children; police officers under law are empowered to enforce exclusively gay men to be tested for sexually transmitted diseases; and sexual orientation is not included as a non-discriminatory category in the Greek constitution (The Constitution of Greece, 2007).

Furthermore, the general attitudes of Greek society towards homosexuality are highly negative. A recent survey conducted for the European Commission, based on national representative samples, showed that eighty per cent (80%) of the Greek population was opposed to the legal recognition of same-sex marriage and eighty seven per cent (87%) was opposed to the right of same-sex couples to adopt children (Eurobarometer 65, 2006).

Finally, alongside the limited civil rights of gay men and the overall societal negativity towards homosexuality in modern Greece, there also seems to be a silencing of issues of
homosexuality within mental health and particularly in counselling psychology. In the code of conduct for psychologists by the Hellenic Psychological Society (ELPSE) no reference is made to therapeutic work with gay and lesbian clients. Furthermore, a search at PsychINFO showed that although there were studies looking at issues of psychotherapy in Greece, no published study has looked at issues of psychotherapy with non-heterosexual clients.

Gay affirmative psychotherapy

Gay affirmative therapy developed out of an attempt to address within psychotherapy the neglect and marginalisation of non-heterosexual issues, in terms of clinical practice, training, and research. Although it is not a stand-alone therapeutic model, it provides a “non-traditional perspective” in therapeutic work with non-heterosexual clients that can be integrated with the therapists’ existent model and therapeutic methods (Malyon, 1982, p.69). Gay affirmative psychotherapy is informed by theoretical models of gay and lesbian identity development (e.g., Cass, 1979; Coleman, 1982; McCarn & Fassinger, 1996). This paper is written from a gay affirmative perspective.

Gay affirmative therapy addresses the unique challenges that gay men experience as members of a stigmatised group through homophobia and heterosexism such as discrimination, rejection, and harassment at societal and familial levels (Liddle, 1996). Furthermore, it recognises that gay men might also face their own internalised attitudes towards same-sex desire that can reflect those of the wider society (internalised homophobia). Gay affirmative therapy provides a framework where both external and internal processes are explored, facilitating the development of a healthy gay identity.

Finally, gay affirmative therapy emphasises the importance of the therapist’s awareness of his/her own attitudes towards homosexuality and how those attitudes influence therapeutic practice through the use of language or the focus or lack of focus on issues of sexuality with gay clients (Milton & Coyle, 2003).
**Existential literature**

This section focuses on recent studies that have explicitly examined the psychotherapeutic experiences of non-heterosexual clients, including the experiences of gay clients. The literature in this area focuses on three areas: therapist preference/selection, therapeutic helpfulness, and affirmative/non-affirmative therapeutic practices.

Looking at therapist preference/selection, Liddle (1999) surveyed 392 gay and lesbian clients and found that 41% have seen at least one therapist that was lesbian, gay or bisexual (LGB). These findings are comparable with previous studies on therapist preference among gay and lesbian clients (e.g., Modrcin & Wyers, 1990). It is unclear whether these results indicate the actual preference of LGB clients or the level of accessibility to LGB therapists.

Looking at therapeutic helpfulness, Jones and Gabriel (1999), in a survey of 600 LGB clients found that the majority (86%) of participants perceived therapy as helpful. Liddle (1999) looking at therapy helpfulness in relation to the gender and sexual orientation of therapists found that gay, lesbian and bisexual therapists of both genders and heterosexual female therapists were all rated as more helpful than heterosexual male therapists. These finding were not surprising as heterosexual men are consistently shown to have less positive attitudes towards gay men and lesbians (e.g., Bernill, 1992; Herek, 2003).

Looking at gay-affirmative experiences of gay men in therapy, Lebolt (1999) found that both therapists’ sensitivity and knowledge of gay issues were perceived as affirmative. Furthermore, both gay and heterosexual therapists were perceived as affirmative, but gay therapists were more readily perceived as role models. However, Mair and Izzard (2001), looking at gay men’s experiences of therapy, found that although therapy overall has been experienced as helpful, it was not perceived as helpful when dealing with areas
related to the clients’ sexuality. In most cases those gay men reported that their experiences were silenced or were not adequately explored.

There are three main limitations of the existent literature. Research is sparse, regionally and culturally limited (mainly conducted in the US and the UK), and mostly based on surveys, lacking in-depth knowledge of the therapeutic experiences of gay men.

Study aims and methodological approach

The aim of this study was to address some of the limitations of the existent literature by adopting a qualitative perspective to investigate the psychotherapeutic experiences of a group of gay men in Greece. Furthermore, the study’s objective was to explore perceptions of the impact of the psychotherapeutic experience on the participants’ sense of self and their sexual identity.

By adopting a qualitative perspective, it was hoped that a better insight into the participants’ perspectives could be acquired (Smith, 2004). In particular, the study adopted a qualitative perspective for data collection and analysis thus aiming to enquire as to the narratives of this group of Greek gay men. A narrative approach is recommended as it explicitly focuses on issues related to the exploration of self and identity (Crossley, 2007).

Ricoeur (1987) argues that “life is no more than a biological phenomenon as long as it has not been interpreted” (p.58). Narratives play a central role in the process of giving meaning and order in our lives within an ever-changing world (Byatt, 2000). However, narratives do not only function as frameworks for understanding our daily experiences, but they also become moulds for constructing our sense of self and identity (Sarbin, 1986). Finlay and Ballinger (2006) describe narratives as the containment of someone’s personhood.
METHOD

Participants

A number of criteria were identified in determining suitable participants for the study, namely self-identified gay men over age 18 who resided in Greece, had received psychotherapy, did not currently suffer from a diagnosable psychological disorder and, if in therapy, had completed at least six months of it at the time of the interview.

Ten candidates expressed interest in participating in this study; four were excluded on the basis of not meeting some of the inclusion criteria; one could not attend the interview and subsequently canceled; and the remaining five took part in the study. All participants lived in Athens and were Greek and White. Participants’ mean age was 31.8 years (range 23-39). Four were currently employed full-time and one participant was doing compulsory military service. One participant had a postgraduate degree and the remaining four had a graduate degree. The mean number of months participants had received psychotherapy was 41 (range 5-102). Two participants had only individual psychotherapy; one participant had only group psychotherapy; and two participants had both individual and group psychotherapy. The participants in this study discussed five therapists (3 males, 2 females) that were all identified by the participants as heterosexual. Furthermore, two of the therapists were identified as group psychoanalysts; one as a psychotherapist; one as psychiatrist-psychotherapist and one as a pastoral-counselor.

Data Collection

Data in this study were collected using semi-structured, face-to-face interviews. Semi-structured interviews were chosen as they allow participants to expand on their experience and its meaning, and also allow the researcher to probe for richer, more in-depth information (Arksey & Knight, 1999).
The interview schedule was developed based on information gathered by two key informants (a Greek gay psychotherapist and a gay activist-journalist), and from existing research on psychotherapy with gay clients (e.g., Jones & Gabriel, 1999; Lebolt, 1999; Liddle, 1999; Mair & Izzard, 2001). The interview schedule consisted of an initial open-ended question asking participants to describe their experience of psychotherapy in their own words, followed by open-ended, non-directive questions aiming to probe for more in-depth data and/or to fill gaps in the participant’s story.

The interviews were conducted in Greek and were translated to English using back translation. Back translation is a common quality check in cross-cultural studies that entails the translation of a translated text back into the language of the original text (e.g., Baldacchino, Bowman, & Buhagiar, 2002; Abdel-Khalek, 2003).

Ethical Considerations

Ethical approval for the study was obtained by the School of Human Sciences Ethics Committee of the University of Surrey. All participants were informed in advance about the study procedures and their rights for participating in the study. On the day of the interview, participants were given the opportunity to bring up any queries about the study before signing an informed consent form. Interviews were audio-recorded (digitally) and lasted between 60 and 120 minutes; no participant became distressed while talking about their experiences. Furthermore, interviews were transcribed verbatim by the researcher and the real names of people, organisations, and places were replaced or removed to protect participants’ confidentiality.

Analytic Approach

The approaches for analysing narratives seem to fall into two main categories, some focusing primarily on content and others focusing on the form of a narrative - how a story is conveyed and develops temporally (Elliott, 2005). As the aim of this study was to
explore the participants’ experiences throughout therapy, emphasis was given on analyzing the participants’ stories in terms of their form and their temporal development.

Murray (1997, 2003) offers a holistic approach to the analysis of narratives examining their form and their temporal development. According to his approach, all narratives were analysed at both the descriptive and interpretative level.

At the descriptive level, narratives were individually summarised and their temporal development in terms of their beginning, middle, and end was highlighted. For the first stage of the interpretative level of analysis, Murray (1997) draws from the theory of Gergen and Gergen (1984), who provide a framework for the analysis of narratives in terms of their spatial development towards a desired goal. Gergen and Gergen (1984) propose three prototypical narrative forms: progressive (where the narrative links events in such a way that the protagonist achieves or moves towards his/her goal); regressive (which is the opposite of the progressive); and stable (where the narrative links events in such a way that the protagonist’s position remains essentially unchanged with respect to the evaluative position). Furthermore, they argue that three fundamental options can lead to a number of combinations such as a tragic narrative (where a progressive narrative is followed by a regressive narrative), a happy ending narrative (where a regressive narrative is followed by a progressive narrative), or a romantic narrative (where there is a series of progressive and regressive phases).

Accordingly, at the first stage of the interpretative level of analysis each narrative was analysed according to its direction towards the narrator’s desired goal and defined as progressive, regressive, stable, or a combination of these forms (e.g., tragic, romantic, happy ending). Finally, at the second stage of interpretative analysis the narratives were analysed at personal, interpersonal, and societal level. The aim of this stage was to examine the way narratives were embedded in their social and cultural context and to identify societal assumptions and commonalities on which the personal narratives were based.
Credibility Checks

Many of the traditional criteria for evaluating the quality of scientific research, such as reliability and validity, are relevant to quantitative methodologies yet are inappropriate for evaluating qualitative research because of the epistemological differences between the two approaches (Henwood & Pidgeon, 1992). However, this does not mean that qualitative methodologies do not prescribe to ensure the quality of the data and the analysis (Smith, 1996). Elliott et al. (1999) suggests a number of criteria that are common among different qualitative methodologies, such as grounding interpretations in examples and providing credibility checks. In this paper, themes and interpretations were illustrated by extracts from the participants’ transcripts, allowing readers to appraise the fit between the author’s understanding and the data, and also providing the opportunity for alternative explanations. In addition, the analysis’s credibility was checked by two experienced social psychological researchers, not with the assumption that this would produce consensual and definitive readings of the data but in the hope that it would enable the ‘groundedness’ of the analysis to be checked and any discrepancies or overly idiosyncratic interpretations by the original analyst to be identified.

RESULTS

A) Narrative forms
Three main narrative forms were identified in the participants’ stories: therapy as progression, therapy as tragedy, and therapy as dialectic conflict. Of the five narratives in this study, two had a progressive form, two a dialectic form, and one a tragedy form. The clearest examples of the first two narrative forms are described in detail below. The participants’ quotations have been edited to avoid repetition. In these quotations empty square brackets indicate where material has been omitted [ ]; clarificatory information appears within square brackets in italics [for example]; and three dots …indicate a pause in the flow of speech.
A.1) Therapy as happy ending

Two of the participants’ accounts had a progressive form. Both narratives were characterised by a movement towards the participants’ desired goal (the narrative form resembled a \line). Both participants began their accounts by describing an initial crisis which was later resolved through psychotherapy. In both cases the therapists were described as accepting and caring of the participants, had an awareness of gay specific issues, and held an actively positive stance towards homosexuality.

Stratos’s Story

Stratos was a 31 year old Greek gay man. At the time of the interview he had been in individual psychotherapy for the last two years with a female heterosexual therapist. He reported that he sought psychotherapy after a one-night stand where he thought that he might have contracted HIV. When he found that he had to wait for at least two months before he had a test, keeping it secret from his long-term partner led him to a personal crisis. After his initial attempt to resolve his crisis through prescribed psycho-medication failed, he considered seeking psychotherapy. His account did not have a clear ending as he was still in therapy. Stratos described a long history of traumatic events, including being bullied at school and called names at home by his father because of his sexuality. Stratos also described some of the main milestones of his adult life, including leaving home, gaining gay experiences, coming out, and engaging in a long-term gay relationship. However, all of his milestones were described as battles where he was confronted with external societal pressures of stigmatisation and suppression, as well as his own internalised shame for his sexuality.

Stratos’s story began with a description of his frustration with the difficulties in the relationship with his partner, which led to an impulsive one-night stand where he thought he might have contracted HIV. Based on his previous experiences of being stigmatised and alienated because of his sexuality, the potential scenario of being double stigmatised
as gay and HIV positive seemed to have led Stratos to a personal crisis. His main fear seemed to be that he would lose any remaining support or relationships he had in his life, and primarily his partner.

“I totally freaked out …the next day I called all the pharmacies I could reach asking for any test that I could do. They told me that I would have to wait for at least two to three months…[ ]…I played in my mind what would happen if I was positive and told K [his partner] and he left me. I didn’t have anyone else. If my mother freaked out with me being gay, can you imagine if I went to her and said ‘hi mum, I am gay and HIV positive’?”

While he considered being at the nadir of his life and tried to find a possible source of support, he encountered his psychotherapist. He initially expected that his heterosexual therapist would repeat the patterns he had experienced in the past with other heterosexual people and would make him feel shamed, bullied, or rejected because of his homosexuality. However, his experience was exactly the opposite, as he described a relationship where his sexuality was actively encouraged and supported.

“I think initially I was taken aback by a picture of a young girl. I guessed that it was her daughter. I remember thinking that she wouldn’t understand me and I became quite disheartened. But then I decided that the worse thing that could happen would be to tell me that she cannot help, so I just opened my mouth and I told her what had happened. I just waited for her to be freaked out and tell me to leave to be honest…[ ]…although I think she is straight…at times she seems to be even more passionate about gay rights than I am and I like that”.

At the end of his story, Stratos described his overall experience from therapy as a rebirth, with powerful metaphors of the therapeutic space as a “womb” and the therapist as second “mother”. Stratos’s account ended describing his life having reached a new peak, being at its zenith.
“She [the therapist] came into my life at a time when I thought that everything had for me. At times I feel I wouldn’t be around if I continued the way I was, or I would go mad. There was a lot of pressure around me and a lot of it wasn’t even mine, and in therapy I was able to explore these things…[ ]…I know it sounds weird but in some ways I feel that she is like a mother to me …[ ]...it [therapy] gave me a space to be myself, like a womb it gave me space to grow as a person…[ ]…and know that it’s ok to be gay”.

A. 2) Therapy as tragedy

One of the participants’ accounts had a tragedy form, characterised by a progressive beginning followed by a regressive middle and ending (resembling a \ shape). This narrative was characterised by an initial sense of hope that therapy would provide guidance and support in dealing with issues of sexuality. However, although the therapist held an actively positive stance towards the participant’s homosexuality, gradually his lack of experience and knowledge of gay issues led the participant to disillusionment and a greater sense of isolation and hopelessness.

Alex’s story

Alex was a 23 year old Greek gay man. He received individual psychotherapy at the age of 21 for six months with a male heterosexual psychiatrist. At the time his psychiatrist also prescribed him medication for depression and anxiety. Alex reported that he sought professional help after he broke up with another gay man at his work-placement and became depressed. He reported that he initially considered receiving only psychomedication but accepted having psychotherapy after his psychiatrist suggested it to him. Alex was the second son in a family of two who lived with his mother and stepfather. He reported that at the time of therapy he had not come out to his family and therapy seemed the only source of support for him. Furthermore, Alex reported having very few friends and these were all heterosexual. Alex’s break up seemed to have confirmed his anxieties about the challenges of developing a gay relationship within a heterosexist and
homophobic culture, under secrecy. In addition, the break up also seemed to stir up his insecurities about his body shape and confirmed his anxieties that he would be rejected within a “body conscious” gay community. Alex described that when he started psychotherapy his goals were to receive support and guidance with his depression and his anxieties about his sexuality.

Alex began his account by describing his initial impression of therapy as this was a novel experience for him. He described that he initially found the experience “soothing” and “intriguing.” At the time, therapy seemed the only place where he could talk openly about his experiences and his anxieties as a gay man, with a therapist whom he perceived as accepting and caring. This seemed to compensate for his initial distress about the experience of strict time and money boundaries in therapy. Alex believed that the time and money “constraints” contradicted the personal and intimate nature of the therapeutic relationship. He described that within the first months of therapy he gained insights into the different factors that seemed to contribute to his emotional difficulties with emphasis on his childhood and family relationships that he had not considered before. By the middle of therapy he reported that he reached a peak of “euphoria” where the severity of his depression and anxiety lessened. In his account Alex attributed his emotional “peak” to medication rather than therapy.

“…the experience initially was quite soothing and intriguing…. [ ]… I felt that it was the only substitute for a meaningful relationship….we met twice a week for forty-five minutes. To be honest it was distressing for me because the time would run out very fast…[ ]… [because of therapy] there was an awakening and an increased self-awareness for certain things that I seemed to avoid until that point…[ ]…in the middle of therapy I had an amazing peak with the medication I was on and felt an unexpected euphoria…”

Alex described that his “euphoria” lasted about three weeks. During that period he started to reflect on his experience of therapy and to question the therapist’s ability and his motives to help him. Although the therapist seemed accepting and listened to Alex’s
experiences, he seemed to have little experience or knowledge of gay specific issues. He described that the therapist often told him that he learned from him on gay issues, which Alex experienced as “role reversal.” This role reversal increased Alex’s sense of hopelessness and isolation as he felt that the therapist was unaware of the unique challenges that Alex faced as a gay man, and that he could not help him.

“Unfortunately, I realised that I had a person who was just listening to me. I don’t know whether he was filtering what I was saying or not…[]…I remember that at times he was telling me that he was learning from me which revealed his lack of knowledge…it felt really, really bad. I felt like the roles were reversed….he was lacking a basic understanding of the realities of being gay so how he could help me?..”

Alex decided to end therapy a few weeks prior to the end of their initial six month contract as he experienced no progress. He argued that the experience of therapy confirmed to him that others would not understand him and would not be able to help him because of his sexuality, which increased his sense of isolation and loneliness. Alex described that at the end of therapy he felt emotionally at the same place as the beginning, apart from the “window” of euphoria in the middle.

“It was sad, but also a good reminder that I am on my own and that I have to find the strength to solve my problems alone…[ ]… prior to my depression I was feeling quite lonely….my depression was the result of feeling that no one could understand me…..at the beginning of therapy there was a strong sense that this person understood me….but gradually this sense faded away…[ ]…apart from the three weeks in the middle that I felt better…I started and ended therapy sad”.

A.3) Therapy as dialectic conflict

Two of the participants’ stories had a dialectic form. Gergen and Gergen (1984) describe this as a distinct narrative form, as it entails not one but two narrative lines. Also, the
characteristic of this form is that the two narrative lines develop simultaneously, initially in a progressive orientation, until they reach a point of conflict (resembling a \( \searrow \) shape). Two stories were identified having a progressive beginning followed by a dialectic conflict. Both participants reported that although they initially experienced progress in therapy, they gradually became aware that their therapist held a dialectically opposing position to their own, specifically on homosexuality. In both cases the conflict seemed to lead to stagnation on issues of sexuality as those were not addressed since the participants and their therapists seem to hold two different therapeutic agendas on issues related to sexuality.

*George’s story*

George was a 39 year old Greek gay man. At the age of 30 he started individual therapy with a heterosexual female psychoanalyst for six months, which later led to group analytic therapy with the same therapist; he has attended ever since. The group was open and its size varied between 6-9 members, all of whom were heterosexual. George reported that he sought psychotherapy when at the age of 30 he fell in love with another man and wanted to engage for the first time in an intimate relationship, which caused him anxiety. George was the only child in his family and was his parents’ caregiver. He described that although he had been aware he was gay since the age of 14, he had not come out to anyone and had not engaged in any intimate relationship until the age of 30. George argued that one of his main obstacles to an intimate relationship has been his anxiety about his body, as he had lost a lot of weight in adolescence and had excess skin. In addition, he argued that he had avoided having a surgical operation for his condition as he feared that if anything happened to him during the operation, there would be no one to care for his parents.

George began his story describing his progress in therapy over the first months, when a lot of significant changes took place in his life. He described that he came out for the first time, which was to his therapist. Furthermore, with the therapist’s encouragement he had the surgical operation. The operation turned out to have a profound positive impact on
George’s confidence about his body, which led him to engage in a sexual relationship with another man for the first time. These changes seemed to have played a significant role in the development of a close therapeutic relationship with his therapist where George felt accepted and safe.

“…the progress in the first few months was significant…and, I had a sense of relief at being able to talk about these things with someone. I haven’t spoken to anyone else about being gay since then…and also she helped me with many things very quickly…[ ]…I did the operation within the first few months with no anxiety at all and that was a very impressive improvement…[ ]…it helped me to move on and have a relationship with a man for whom I felt quite erotic”.

However, George gradually became aware that his therapist held a very different understanding of his sexuality from himself. He described that the therapist perceived him as if he were a “closeted straight” and repeatedly challenged his sexuality while she actively encouraged him to try his “abilities” in heterosexuality. George argued that although changing his sexuality has never been a goal for him from therapy, he felt flattered by the therapist’s perception of him as a straight man as it reinforced his sense of masculinity. However, in retrospect he realised that this was a “trap,” as the therapist’s agenda delayed his personal development as a gay man. In addition, George reported that the therapist’s position on his sexuality made him become withdrawn and avoid addressing personal issues in the group, as he felt exposed and unsupported as its only gay member.

“…she [the therapist] believed that I haven’t tried all my possibilities…that in some way I could be a closeted straight…[ ]...this was embedded in my mind, that she wanted me to be different, that she wanted me to be straight…of course I understood these things years later…I have fallen into this type of trap…[ ] …because when she was telling ‘Well, how can you be gay?’....I liked to hear that, it didn’t bother me so I think at the time I considered it a compliment…so I believe that this actually delayed my process of accepting my
own sexual identity because…in some way I was denying myself and her comments where almost like rewarding me for that…like telling me, ‘Well done for not being gay’…”

George argued that, regardless of the conflict with his therapist about his sexuality, he always felt he had a close relationship with her and he tried to rationalise her position on the grounds of her religious beliefs, her lack of knowledge, or her “strict” upbringing. At the time of the interview George reported that he considered terminating therapy as he felt that there was nothing more he could gain from this therapist. Also, he questioned whether the initial progress he experienced was in relation to his surgical operation and its positive impact on his confidence that led him to develop his first intimate relationship, rather than the therapy itself.

“I have and I always have had a good relationship with her…[ ] …but I don’t think that there is anything more I can gain from this therapist…. [ ] I experienced a sudden progress at the beginning of therapy and then I felt that things stayed static…so, I wonder whether for example…the main issue for me was the perception of my body which changed after the operation I had during the beginning of therapy…”

B) Commonalities

There were two commonalities identified in most of the participants’ stories: (i) therapy as the only way out, and (ii) the only gay man in the room. These two commonalities highlight the interplay of culture and sexuality in the participants’ stories and its impact on their sense of self and their sexual identity.

B. 1) Therapy as the only way out
Four of the participants reported that they sought psychotherapy as it seemed their only potential source of support at the time.

First, looking at the triggers that led participants to seek psychotherapy, it seems that they all were closely related to their sexuality. Stratos reported that he sought psychotherapy after he believed that he was HIV positive and found that he had to wait for two months before having a test to find out. For the remaining three participants the triggers were related to gay relationship issues. Alex and Kosmas had experienced a recent relationship break up, while George was faced with the opportunity to form his first intimate relationship with another man.

Kosmas: “I have just ended a relationship…. I had it in my mind that it would be good to have therapy but I didn’t feel that it was something I had to do….but when things came up last summer I decided that it was time…I was feeling that I was losing the plot”.

George: “...the trigger was that I have met a man at the time which brought these issues for me…[ ] …I didn’t know how to handle it”.

In addition, all four participants reported that they sought psychotherapy after the failed to “handle” their difficulties on their own. Potential supportive networks such as family, colleagues, partners and friends where either not available or the participants identified specific reasons for choosing not to access them. For example three of the participants had not come out to their families at the time making it impossible for them to talk openly and ask for support. The same pattern applied to other supportive networks.

Kosmas: “...I couldn’t talk to my family about it…I was in a new job as well…therapy was the most important source of support for me…”.

Alex: “It was a very sensitive topic and at the time I couldn’t talk about it with my immediate circle, particularly my family…. [ ]… I couldn’t talk openly about the
relationship at the placement either since we worked in the same place, so I had to suppress my feelings and keep my sadness inside... ...at the time, and unfortunately it is still true, most of my friends were dispersed so I didn’t have the attention and the love that I needed…”

Also, in Stratos’ case, although he had come out to his family, this had brought friction to their relationship so he felt that it was unlikely to receive any support. In addition, as the trigger was related to having a one-night stand in a gay cruising area, he was ashamed to talk about it to his friends, and he was also scared to discuss it with his partner out of fear that he would abandon him.

B.2) The only gay man in the room

All participants reported that they were seen by a therapist who was heterosexual, and for three participants who had experience with group therapy they were also the only non-heterosexual member in their group.

The issue of difference in terms of sexuality within the therapeutic room, between the participants and their therapist and/or the other group members, held different significance for different participants and at different times in therapy. In addition, in their stories participants seemed to discuss their experience of difference from two perspectives; first, from the perspective of seeing themselves as different to other/s, and second from the perspective of seeing other/s as different to their own selves.

From the perspective of seeing themselves as different to their therapist and/or the other group members, all participants reported that initially they feared that they would not be understood or that they would be rejected because of their difference in terms of sexuality. This fear seemed intensified for the participants who joined therapeutic groups.

Kosmas: “...my main concern was how he [the therapist] would deal with my homosexuality…I didn’t want to be preached to or judged”
John: “I felt that it would be very difficult for them as heterosexuals to understand my experience…the suffering that I have gone through…or how I grew up and developed to be who I am…it is very difficult for a straight person to understand me…I felt that particularly some men would reject me in regards to my sexuality…but overall I felt that people from both sexes would have a difficulty to understand me”.

From the perspective of seeing others as different to them, whether the therapist and/or the group members, participants described both positive and negative expectations and experiences. For example, for Alex, the therapist’s lack of experience and knowledge on gay specific issues highlighted their difference in terms of sexuality, which Alex understood as an obstacle in the therapist’s ability to understand his experience and support him therapeutically.

Alex: “He was a doctor, married, with two kids…how he could understand me, how he could get into my shoes and experience my anxieties, my existential crisis about the future…the lack of understanding brought out the issue of his sexuality…that he was in a different position which created an obstacle to his understanding or his ability to help”.

In contrast, Stratos’s experience of his therapist’s heterosexuality as it took place in the context of a relationship where he felt accepted and approved seemed to be a healing experience, counterbalancing his earlier traumatic experiences of being bullied and rejected by heterosexual people.

Stratos: “I never thought that someone who hasn’t gone through what I have gone through as a gay person could really feel that way or understand how difficult it is…[ ]...Maybe, it is even more important that she is heterosexual and she is so accepting”.

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Finally, in George’s case he also perceived as positive that the therapist was different from him in terms of sexuality. However, he experienced it as positive because he assumed that having a non-heterosexual therapist would be a “limited” or inferior option.

George: “…if she was a lesbian therapist and her mind was exclusively focused on issues of sexuality…she might not have handled as well other issues that are important…or the therapy could have been limited, which I wouldn’t have liked either”.

**DISCUSSION**

This section provides a summary of the main findings of this study. Furthermore, it critically examines the relationship of the main findings with the existing literature and their implications for clinical practice. Finally, this section discusses the limitations of this study together with suggestions for future research.

*Findings summary*

The aim of this study was to explore the psychotherapeutic experiences of a group of five gay men in Greece. It was found that participants experienced therapy as a progression, tragedy, or dialectic conflict. Although all participants reported that they had close relationship with their therapist, three participants reported that their homosexuality was perceived as inferior to heterosexuality, or that it was not understood by their therapists (the participants who reported narratives with tragedy and dialectic conflict forms). These three participants also reported that they felt conditionally or partly accepted by their therapists, and that their sexual identity development was delayed or actively challenged in therapy. In contrast, two participants reported that they felt fully accepted by their therapists who also seemed to be knowledgeable and actively supportive of their sexuality (the participants who reported narratives with a progressive form). These two participants also reported that the development of their sexual identity has progressed in
therapy. Furthermore, two commonalities were identified in most of the participants’ narratives: a) four of the participants reported that therapy was their only source of support at the time; b) all of the participants, whether in individual or group therapy, reported that they were the only non-heterosexual person in the room, which participants reported both as positive and negative.

Findings, existing literature, and implications for clinical practice

All participants in this study worked with a heterosexual therapist. This is in contrast with previous studies looking at gay men and lesbians’ (GL) therapist preference/selection where up to 41% had seen at least one GL therapist (e.g., Modrcin & Wyers, 1990; Liddle, 1999). Although it was not clear whether this reflected the participants’ preference or level of accessibility, it is significant that none of the participants reported that they had explicitly looked for a GL therapist. In addition, one participant explicitly expressed a negative preference in having therapy with a non-heterosexual therapist, assuming that he would receive limited or inferior therapy in comparison to a heterosexual therapist. This can be seen as an example of the participant’s internalised heterosexism, which in this form could limit therapist options. Also, this highlights potential difficulties for GL therapists in Greece to establish close therapeutic relationship with gay clients who might hold negative assumptions about the therapist’s abilities influenced by the overall negative societal climate towards non-heterosexuality. Greek therapists can address and explore these issues in therapy promoting gay clients’ greater awareness of their internalised heterosexism, and how it manifests itself and impacts the clients’ relationships with other non-heterosexual people in regards to issues of sexuality.

Furthermore, although the majority of the participants reported that they found their therapeutic experience helpful overall, only the participants who described narratives with a progressive form reported personal development in regards to their sexual identity. This seems to support the existent literature where up to 86% of gay, lesbian, and bisexual clients reported perceiving psychotherapy as helpful overall (Jones & Gabriel,
1999); but as Mair and Izzard (2001) highlighted, often gay men’s experiences in therapy are silenced and/or not adequately explored.

In this study, the participant who described a narrative with a tragedy form reported that his therapist seemed to be like a blank slate on issues of gay sexuality, and that consequently he had to educate him. The therapist’s lack of knowledge seemed to reinforce the participant’s sense of being different and isolated in regards to his sexuality, increasing his sense of hopelessness. In addition, the two participants who described narratives with a dialectic conflict form reported that their therapists actively challenged their sexual orientation. Those therapists seemed to hold heterosexist beliefs about the superiority of heterosexuality over homosexuality, which they overtly communicated to their clients. It is important to highlight that both of these therapists were the only therapists identified by the participants as trained and practising within a psychoanalytic framework. Although psychoanalysis has historically validated and reinforced negative attitudes and beliefs towards homosexuality, as a theoretical framework it has developed and also includes gay-affirmative approaches (e.g., Drescher, D’Ercole, & Schoenberg, 2003). It seems significant that those therapists seemed to practise psychoanalysis in ways that reflected broader negative societal attitudes towards homosexuality that led to the suppression or delay of the participants’ sexual identity development within therapy.

In terms of therapeutic effectiveness, Liddle (1999) found that heterosexual male therapists were perceived as less helpful in comparison to GLT therapists and heterosexual female therapists. However, in this study, neither the therapists’ sexuality nor gender seemed to be critical factors in terms of the therapists’ perceived helpfulness. In this study, the therapist’s acceptance of the participant’s homosexuality, as well as the therapist’s knowledge of gay issues and his/her theoretical framework, seemed significant. In support of this, Eubank-Carter et al. (2005) argue that the therapist’s acceptance of a client’s homosexuality, although an important element, is not sufficient in itself for effective therapy with gay clients. They emphasise that the therapist’s knowledge of the specific issues that gay men face as well as in depth knowledge of the therapist’s own
attitudes towards homosexuality, and how those might influence the therapeutic practice, are important.

Finally, as was highlighted by four of the participants in this study at times of crisis, especially in relation to issues of sexuality, psychotherapy became their only or main source of support. In the case of the participants who described a narrative with a progressive form, psychotherapy became not only a place where they received support to overcome their current crisis, but it also became a place of personal growth and development where wider negative societal dynamics were addressed and challenged rather than replicated. Some participants in this study reported that their therapist was the first person to whom they came out or that therapy represented the only place where they could be open about their sexuality. It seems important to highlight that, at the time of the interview, three of the participants had not come out to their families and the remaining two participants who had come out reported that their homosexuality was silenced in their families. Therapists are in a unique position to address their gay clients’ needs from therapy and facilitate the development of a healthy gay identity, particularly within a wider negative societal climate (Bieschke, Perez, & DeBord, 2007).

Study limitations and future research

Limitations of this study must be acknowledged. This study is based on a small sample of participants at a certain time and within a given cultural and social context. On this basis, the findings of this study are limited and cannot be generalised to the rest of the population of gay or non-heterosexual psychotherapy clients. The present study represents an initial exploration upon which other researchers can build in addressing further the cultural and methodological limitations of the existent literature.

Furthermore, due to the limited timeframe of this study, the participants’ narratives were retrospective and data were collected through single interviews. Another approach for data collection could be the use of diaries or personal logs where participants could
monitor their progress and experiences in therapy in “real-time,” producing more in-depth and richer information.

In addition, this study was based on the experiences of gay men who were not currently diagnosed with a mental illness and were between the ages of 23-39. It would be also important to explore the narratives of older gay men, of gay men who suffer from severe mental illness – and the potential impact of the double stigma, and of other non-heterosexual groups in Greece such as lesbians, bisexuals, and transsexuals.

**CONCLUSION**

This study’s possible impact and importance could be recognised in two ways: first, it expands the current knowledge base in the area of sexuality and psychotherapy by addressing methodological and cultural limitations of the existing literature; second, this study gives voice to and represents a group of people whose experiences and opinions are suppressed and silenced in the wider Greek society. It is hoped that this paper informs and raises awareness for practitioners, researchers, and non-heterosexual clients of the multiple influences (personal and cultural), that can either hinder or facilitate change and personal development within therapy, particularly within an overall negative societal climate towards homosexuality.
References


