

HOMOSEXUALITY AND PSYCHOLOGICAL WHOLENESS

Clarke, V, Ellis, S J, Peel, E & Riggs, D W (eds) (2010) **Lesbian, gay, bisexual, trans and queer psychology**. Cambridge: Cambridge University Press. ISBN 978-0-521-70018-4 pbk. Pages xix + 328.

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For 22 years, Ted Haggard was the charismatic pastor to a congregation of 10,000 at Colorado's New Life Church. For the better part of eight years, he was a weekly advisor to the administration of George W Bush and an advocate of legislation like the 2006 amendment outlawing gay marriage in Colorado. And for at least three years, Haggard was the regular patron of a male escort with whom he enjoyed smoking crystal meth and masturbating (but nothing more, he swears!) while watching a balanced mix of gay and straight porn.

Now, four years after being publicly outed (as a hypocrite at least, if not also as a homosexual), Ted Haggard claims that his experiences have left him feeling more whole psychologically (Roose, 2011). As his public life disintegrated around him, Haggard sought out professional assistance for the first time. "I was taught that I could pray through my issues instead of getting real help," he confessed in a feature interview with **GQ** magazine. The help sought out by Haggard was eye movement desensitization and reprocessing (EMDR), a controversial form of psychotherapy typically used for the treatment of post-traumatic stress disorder. The counsellor, who traced Haggard's desire for other men to his being molested at the age of seven, must have been very good; psychological wholeness was attained after just three weeks of intervention.

After successfully mastering the ever-lengthening acronyms, the second greatest challenge in writing an introductory text to lesbian, gay, bisexual, trans & queer (LGBTQ) psychology must be simply holding the reader's attention. Ted Haggards are ten a penny in 2011. Popular culture seems hell-bent on mapping out the history and contemporary debates in our personal and collective understandings of human sexuality on an almost daily basis. How does one objectively summarise the differences between essentialist and social constructionist theories of sexuality when Lady Gaga cuts short the nature versus nurture debate with a gay anthem that hit #1 in sixteen countries called "Born This Way"?

A surprise, then, at just what an engrossing read authors Victoria Clarke, Sonja J Ellis,

Elizabeth Peel and Damien W Riggs have assembled for us. After introducing themselves as white, middle-class academics and apologising for not being trans, they divide the book into four sections. Section I defines LGBTQ psychology, traces the key perspectives within its history and reviews the range of methods used by psychologists in the field. Here, as throughout the text, the content is brought to life by excellent guest contributors, who describe the research they carry out, their choice of methodology and the barriers within academia they have met along the way. Section II explores social marginalization in queer people's lives through discussion of diversity, discrimination and health disparities. Disappointingly, given the rich debates and examples that could be included here, this is the least captivating part of the book. Section III looks at LGBTQ experiences across the lifespan and could easily be dipped into on an as-needed basis by lecturers or students. Topics covered include youth identity development and coming out, relationships and the quest for legal recognition of same-sex partnerships, parenting, families and ageing.

The text concludes with a section on the future of LGBTQ psychology. In a "key researcher" contribution, Esther Rothblum claims that the earliest wave of LGBT psychology was "not so much science as science fiction" (p 244). Things have progressed considerably since then, however, and Rothblum identifies three priority areas for future LGBT research. First, language and identity, in recognition, for example, that men who have sex with men may not identify as gay and therefore slip under the radar of gay-targeted health messaging. Second, new research methods, emphasising the need for academic journals to include findings from studies that employ less conventional, more exploratory methodologies. Third, preparing for research within a post-homophobia and - transphobia age. This is a surprising and much welcome recommendation, however optimistic it may be. (Although when a video by platinum-selling singer Katy Perry [whose first two singles were entitled "Ur So Gay" and "I Kissed a Girl"] includes images of two young men locking eyes and kissing in a crowd of their hetero peers and receives no less than 150 million unique views on Youtube, we can't be too far off ...)

To this list of future priorities, the authors add the need for psychological research to better reflect the diversity that exists within LGBT populations and for researchers to adopt a more international approach. It is in this recommendation, however, that the text's only significant weakness is most apparent: the lost opportunity to present readers new to LGBT psychology with frank discussion of compelling real-life examples.

After all, this text was published in the same year the Ugandan Parliament debated an anti-homosexuality bill that would impose five years imprisonment for "the promotion of homosexuality", life imprisonment for engaging in homosexual acts and the death penalty for HIV+ men who have sex with other men. Failure to report known violations within 24 hours – including teachers reporting students – would be punished with up to six months in prison (Carter, 2009). Mary Karoro Okurut, spokeswoman for the ruling party in parliament, said: "We have to protect the children in schools who are being recruited into homosexual activities" (Olukya, 2010). In early 2011, the bill was shelved - at least temporarily - due in part to the international pressure Uganda faced because of the bill. And while it is clearly safer for Uganda's gays and lesbians to be silenced by outsiders' social representations of sexuality than by those of their own parliamentary leaders and countrymen, they remain silenced nonetheless.

The same point was driven home in 2010 when, following a meeting with UN Secretary Ban Ki-moon, Malawi President Bingu wa Mutharika pardoned a gay couple sentenced to 14 years in jail. It was astonishing enough to see the head of the UN intervening in a criminal case of individual citizens, let alone flying to the country to make a personal appeal on their behalf. Who would have imagined, even five years ago, that gay rights would be given attention of this sort? Yet the tension and incompatible worldviews that lie beneath could not be more clear in President wa Mutharika's comments following the pardon: "These boys committed a crime against our culture, our religion and our laws; however, as the head of state I hereby pardon them and therefore ask for their immediate release with no conditions. I have done this on humanitarian grounds, but this does not mean that I support this" (Banda, 2010).

Of course, making half-hearted changes you don't really believe in is a page straight out of the psychology handbook – quite literally. Bayer (1987) recounts how, in 1973, the Board of Directors of the American Psychological Association voted to remove homosexuality from the Diagnostic and Statistical Manual of Mental Disorders (DSM). When the third edition of the DSM was published in 1980, homosexuality no longer appeared as a mental disorder. It was replaced, however, by a new diagnosis: ego-dystonic homosexuality, characterized by 1) ongoing lack of opposite-sex desires, and 2) ongoing same-sex desires, both of which must be experienced as unwanted by the patient.

Some criticized this newly created diagnosis for pandering to mental health professionals who persisted in seeing homosexuality as a pathology. Others argued that it was not one's homosexual orientation, but rather anti-homosexuality stigma that caused distress. They advocated for interventions that took aim at the wider society, not the homosexual individual.

By the time the revised DSM-III-R was published in 1987, ego-dystonic homosexuality had also been removed. As a mental disorder it had been constructed and deconstructed in a span of just seven years. And while nothing concretely changed in the psyches of gay people between pre-1980, when homosexuality was a mental disorder; 1980, when it *could* be a disorder; and 1987, when desiring someone of the same gender was considered a natural and healthy sexual orientation; the path from pathology to apathology (<http://www.apithology.com/>) undoubtedly made a contribution to the gradual ebb of anti-homosexuality stigma in some societies today.

Lest we over-estimate the speed of progress, in February 2010, a prominent London newspaper printed the experiences of a self described "happy, out gay man" who willingly submitted himself to conversion treatment in order to map its continued existence among accredited members of the British Association of Counsellors and Psychotherapists (Strudwick, 2010). He found many therapists who were only too happy to cure him of his same-sex desire. One service user, who had undergone a full 17 years of conversion therapy, described his experiences as "psychological torture".

Lucky Ted Haggard endured a mere three weeks.

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