When Two Foreigners Meet: The Relational Matrix of Shame and Internalized Homophobia

Shelley L. Heusser M.A.

Published online: 18 Sep 2015.

Submit your article to this journal

Article views: 32

View related articles

View Crossmark data

SHELLEY L. HEUSSER, M.A.

WHEN TWO FOREIGNERS MEET: THE RELATIONAL MATRIX OF SHAME AND INTERNALIZED HOMOPHOBIA

Abstract. When encounters with homophobia are so strongly borne throughout one's existence, the cultural, social, and institutional interdictions against one's very being become internalized, and the process of dehumanization continues from within. This article is built on the premise that the trauma surrounding the individual's early sense of "foreignness" necessitates a process of dissociation in which the segregation of self-states, along with shame and guilt, perpetuate internalized stigma and sever empathic connections. Using Bromberg's (1996) concept of dissociation, an extended clinical example is provided to illustrate the way in which my patient's dissociative switch in self-states led to a dissociated homophobic reaction in his gay therapist, and how empathy resulted from the discovery of shame-filled affective states arising out of the intersubjective experience of shame and homophobia in the clinical situation.

T he widespread prejudice surrounding homosexuality contributes to the ongoing marginalization of individuals attracted to the same sex. Over the last few decades, much has been written on the long-term effects of sexual prejudice and the destructive ways in which gay men internalize and manage such unique and enduring trauma (e.g. Cass, 1979; Corbett, 2001; Friedman & Downey, 2002; Moss, 2002). The bulk of the psychoanalytic literature focuses on "internalized homophobia,"

Address correspondence to Shelley L. Heusser, M.A., P. O. Box 12394, Elspark, 1418, Germiston, South Africa. E-mail: psychology@shelleyheusser.co.za

a term used to denote the individual's effort to cope with the interdictions against his sexuality (Bowers, Plummer, & Minichiello, 2005). The nature of internalized homophobia dictates that many gay men harbor a conviction that their true self is horribly disappointing, less than, and worthless. The internal feeling that who one is and what one feels is not acceptable mirrors a larger interdiction against the self. The individual's defensive employment of this interdiction (Moss, 2002) may result in a painful severing of one's fundamental self-concept, so that parts of the self do not find resonance and in turn cannot be shared with an other (Crespi, 1995). In this way, parts of the self remain segregated, bracketed off into cocoons, or closets, such that desire and need come to be seen as illegitimate and never to be reciprocated. In this process of self-alienation, the individual's freedom to desire and love is relegated to the realm of a "foreigner" as a result of its problematic and forbidden nature.

My aim here is not to suggest a template of oppression, internalization, and shame that can be molded onto the experiences of all homosexual individuals. Each gay man's experience with internalized homophobia is different, and so is his effort to transcend this kind of oppression. However, in concordance with Sherman (2014), I believe that the residue of internalized homophobia never fully fades. The reprehensible stamp of one's homosexual orientation is entrenched within a painful structure of negative feelings. We may find a way to reflect on them, perhaps even integrate them; however, depending on the situation, we will always carry the propensity to "succumb to a pang of shame most wicked and dicey" (p. 116). Thus, the gay man who carries within a part that does not correspond to the ideal, a part that is drenched with the desire to hide, to avoid, to closet oneself, also carries a "lifeworld of shame" (Orange, 2008, p. 83) that shapes his encounter with himself and with the world.

On the Rocks: Empathy as a Site of Struggle

Having grown up with the feeling that recognition is only possible when certain dissociated parts of the self are disavowed (Bromberg, 2001), many gay patients are convinced that empathy in the clinical situation is suspect, unwarranted, and perhaps something that must be fought for. As a result of this nonrecognition of an essential part of their self-experience, there is a commitment to never allow that internal foreigner to risk trusting in human relatedness, leaving the foreign shame-filled self-state isolated from relational connectedness to an other (Bromberg, 2006). The

psychotherapist's own struggle in becoming the empathic other whom the patient yearns for needs to be negotiated in this intersubjective context. Bromberg (2001) asserts that "[a] transitional reality has to be constructed in which trust in human relatedness begins to become possible, and this can only happen through the analyst's surrender to his own dissociated self-experience" (p. 910).

Bromberg (2001), along with other contemporary relational theorists (Aron, 1996; Benjamin, 2004; Stern, 2010), reminds us that the analyst is just as likely as the patient to dissociate aspects of the self that connote shame and other negative emotions. As such, unsymbolized aspects of the patient's self need to be enacted with the analyst as a means of interpersonal communication, so that formerly dissociated and incompatible self-states can now find dialogue. "For individuals experiencing intense shame, no words can capture the assaultive intensity of the experience. It is only through reliving the trauma through enactment with the analyst that its magnitude can be known by an 'other...'" (Bromberg, 1998, p. 296). When the patient's "lifeworld of shame" (Orange, 2008, p. 83), or the intolerable shame-ridden facets of the self, enter the clinical situation, they necessarily become located outside of the self and coalesce with the analyst's shame in the form of an enactment (Bromberg, 1998). The affective nature of the patient's shame is so unbearable that, in its dissociated form, it needs to be communicated to and experienced by the analyst (Levine, 2012) who, as a result of his or her own propensity for shame—and the associated inability to offer an attempt at understanding—is likely to defensively blame the patient in a knee-jerk reaction that enhances the inevitable shame-and-blame system (Orange, 2008). Mutual dissociation, as such, acts as a kind of prophylactic, ensuring the necessary hiding space so as not to be disgraced, or found out, in the eyes of the other. As long as the complementary nature (Benjamin, 2004) of the shame-and-blame system is maintained between patient and analyst, the less likely it is that the dyad can work through the hope and dread of negotiating the collision of their shame experiences.

The therapeutic space opens up when the analyst takes the first step to surrender (Benjamin, 2004) to his or her shame, or, as Orange (2008) calls it, creates "a climate of emotional permission" (p. 94). The antithesis of this would be a refusal on the part of the therapist to accept that he or she is also vulnerable to shame and the shame underlying that shame, resulting in the continuation of the analytic shame-and-blame system.

A pivotal moment in a case presented herein will be used to illustrate how empathy arose out of the mutual discovery of shame-filled affective states (Levenkron, 2006) between my patient and myself, the patient's gay male therapist. A meeting of minds occurred in the treatment when, as a result of my awareness of my inevitable participation in the shame enactment, my patient found resonance with me. As such, it will be argued that empathy is a cocreated two-person product, whereby the therapist's awareness of the shifts in his own self-states changes the context in which the patient's words and feelings are heard and processed (Bromberg, 1996).

The Case of Shane/Shame

Shane, a gay male in his early 40s, knows what it is like to have to hide. In a sociocultural climate where homosexuality was still predominantly cast as sick and perverse, Shane married his college girlfriend in an attempt to disavow his sexual identity, while creating an outward identity that remained acceptable for heteronormative standards. This self-alienation placed him in a position of foreigner: socially accepted, but internally closeted. When his marriage ended 11 years ago, he felt he had been released from a cage, and that he was now free to have thrilling no-strings–attached sex with other men. Despite his sense of freedom, excitement was exchanged for self-loathing. Internally he remained locked inside his cage: "When I first came out, I came out to a world of so much possibility. But [pause] when I engage in sex, I start hating myself for it, and that becomes self-destructive."

Shane's long-term relationship with his current life partner reawakens a similar dilemma of feeling like a hostage in need of escape. He imagines being trapped in a maze, and on the outskirts of this maze is a world of infinite sexual possibility and lust. "When I was coming out, it felt like the gates of the maze would never close…there was so much sex, everywhere…but now, I am inside the maze and I have locked the gate with a key." Shane is only able to express and fulfill his shame-filled erotic and sensual needs when he is on the outside of the cage/maze. However, on the run from an internal imprisoner that demands conformity to the ideal, he feels like a fugitive whose criminalized actions certify the ongoing internal devaluation of his sexuality.

It appears that Shane confines himself to these binaries because he has no conception of relating in any other way: Inside the maze he feels lost

and confused; on the other side, he can escape into the sexual pleasure that he desires and simultaneously fears. When he is not fantasizing about being in a cage or a maze, he imagines being in a gladiatorial arena, where his self-states violently confront each other to the death. His disconnected self-states are personified in the slaves and fighters that have been condemned to this dusty pit as punishment for the crimes he committed for being gay. Shane's image of the gladiatorial theatre exemplifies his internal battles between dissociated aspects of himself, each condemning the other around issues of desire and need (Bromberg, 2001).

A closer look at the maze, the cage, and the gladiatorial arena, all evocative metaphors in their own right, points to their commonality in the dissociation of aspects of Shane's subjectivity. In particular, the cage highlights the way in which Shane dissociates intimacy from sex in his current relationship. Desire is inherently problematic and needs to be fended off, so that the bulk of his erotic life, encapsulated in his addiction to pornography, can remain split off from the more shameful and overwhelming encounters with love and intimacy (Drescher & Guss, 2000). Hence he conjures up the gladiatorial combatants to wage war against his foreign outlaw—sexuality. I suspect that Shane maintains this split between desire and emotional connection not only because he fears the predictability and entrapment of a committed relationship, but because he also fears the vitality, the explosive power, of his closeted shame-ridden self and sexuality. From this perspective, Shane's act of entombing himself (i.e., being closeted), as evoked in his selected metaphors, is not merely in the service of quarantine: Entombment in its Egyptological sense also marks the beginning of a new form of existence (P. Sauvayre, personal communication, January 7, 2014). As such, that which is entombed incorporates the very power of life, much like butterflies struggling out of cocoons, so that the freedom and vitality of Shane's (homo)sexuality is bred and located in relation to homophobic conventionality or oppression. Thus, the closet is essentially not just about self-protection, but also about movement, possibility, creativity, and the continuation of life, and the role that conventionality plays in carving out an identity.

As a boy, Shane suspected that his father had homosexual relations while serving in the Army. He was recruited from a very young age to attend to his mother's emotional needs, and he lacked a father figure who took pride in mirroring and enjoying his son's strivings for independence and masculinity. He did not see his father as a role model; instead,

the family cast him as a philanderer, an alcoholic, a failure. Shane's perception of his father, along with the family's explicitly and implicitly conveyed interdictions against homosexuality, disturbed his identification with a father who, in ideal circumstances, holds the capacity to recognize and affirm a son's desire, actions, and will. In a sense, Shane's father was unable to recognize the way in which he and his son were alike (Benjamin, 1988), and as a result of this, he failed to soothe his son's self-loathing and mirror important aspects of his sexual and erotic self. As a result, Shane had to make every effort to retain this lost paternal object and keep it alive. The effects of preserving this relationship, along with the social discrimination that served to maintain shame and disconnection from an essential part of himself, contributed to an ongoing internal process of dehumanization, which later manifested in Shane's disparaging attitudes towards his sexual and loving self. This not only left him yearning for a reparative second chance (Gerhardt, Sweetnam, & Borton, 2000) to find a man who could affirm his erotic desires, but it also left him vulnerable to fabricating an identity as a foreigner who gained acceptance into heteronormative society.

Shane's longing for an idealizable father figure became a reality when he met Rob. Rob, a middle-aged man, who had been Shane's scout leader when he was growing up. He had fond memories of their time together, and at the age of 13, they had a nonpenetrative sexual relationship that lasted four years. His feelings at the time included a mixture of excitement, pleasure, guilt, and self-disparagement. Shane managed his self-condemnation and shame through the dissociation of his homosexual identity into a not-me self-state, which he split into two additional states as an adult (Davies, 2006). These included one that aspires to the ideals of monogamy with its conventions of vanilla sex and romance, and another, a more shame-filled self-state that enjoys less conventional forms of sexual expression, including threesomes, auto-urophilia (the arousal from urinating on oneself), exhibitionistic sexual displays, and fantasies of voyeurism and submission.

Several themes around Shane's significant relationship with Rob continue to fill the therapeutic space, including: his ambivalence about whether the relationship was abusive or not; his shame about the sexual enjoyment, and whether he "looked for it"; his desire to seek out more; his feeling of being "damaged goods," and his genuine love for Rob, which—at the time—he expressed in his wish to marry him one day. The dynamics around this relationship are also enacted in the therapeutic

situation. At times I feel like a perpetrator, pushing him to acknowledge the exploitation he *must* have felt, or interpreting how he was repeating an earlier situation with his fragile, depressive mother. He associates to feeling victimized by his ex-wife and employers, and how previous therapists "hammered" him with the "abuse issue." He also fears that I may shame him for the amount of time he spends surfing Internet pornography at work, or that I may shame him for his online erotic profile that he hides from his partner.

Mutual Dissociation in the Context of Shame and Homophobia

Chefetz and Bromberg (2004) suggest that "our own not-me feelings are at the heart of" psychoanalytic or psychotherapeutic work if we allow them to be" (p. 423). The relational use of these feelings is manifested through enactments, where the "dissociated affective experience is communicated from within a shared 'not-me' cocoon until it is cognitively and linguistically symbolized through relational negotiation" (Bromberg, 2008, p. 337). From this point of view, the mutually dissociated not-me self-states that define the relational matrix must be enacted in the treatment so they can be experienced in the countertransference and opened up to joint reflection. Chefetz and Bromberg (2004) capture the essence of this necessarily turbulent process:

> . . . the dissociated part of the patient's self holding the unsymbolized experience is not in relationship with the therapist, and until the therapist feels its impact as an experience linked to a part of himself that has been dissociated, it stays lost and its existence remains enacted. Only when the therapist (often against his will) feels the enacted voices of his patient's dissociated self-states as alive in himself, is there hope of those parts being found. (p. 423)

Cruising in the Dark

The turning point occurred one year into the therapy. Shane arrived late for the first time. As we settled into the session, the halogen light rods in my office blew. Visibly unnerved by this event, I apologized and got up to fiddle with the light switch in the hope that I could rescue us from this embarrassing situation. I felt helpless. I did not have any backup lights. As I anxiously pondered my next step, I checked his reactions. He

was looking at me in a way that I had never seen before: his eyes were sincere, and his empathic smile signaled "don't worry, we'll get through this."

I opened the curtain to allow in some natural light in the room, but it was winter and the last bit of the evening sun was disappearing quickly. A few minutes later, we were shrouded in complete darkness. Although my anxiety was rising due to the chastising voices I imagined from my colleagues, Shane was noticeably calm and peaceful. Was I being seductive in allowing the session to continue, or were we scouting around in the darkness in a way that suggested comfort, camaraderie, and brotherhood? He associated to the needs Rob fulfilled for him in their relationship— not just sexual needs, but also needs for companionship—and later he remembered growing up in a household in which homosexuality was seen as a disease that had to be cured.

At one point, he sexualized the situation by associating to the anonymity in cruising-for-sex dark-room situations. However, he also associated to the comforting balmy summer nights he spends on the porch with his life-partner: no sex, just talk and darkness. At the end of the session, he said: "Up until now, I never knew what you meant when you said that this, too, is a relationship." A sexual relationship in which I seduce him in a dark room? Perhaps, but his associations to his partner and to our relationship seemed to indicate that I became something/someone other than what he imagined in the transference or in his fantasies: Before it could have been anonymous, but now he was seeing me for the first time, and he was allowing me to see him.

Shane's empathic nonverbal response to the helplessness and anxiety I felt when the lights blew signified a moment of identification with my vulnerability. This moment of mutual vulnerability and the resultant team-work in managing the situation, momentarily unlocked the "doer–done to" (Benjamin, 1988, 2004), transference–countertransference binaries of victim–perpetrator, seducer–seduced, shaming–shamed, and compliance versus control.

This session also constituted one of the first major enactments in Shane's therapy. The dissociated self-state that I enacted in this instance was the scoutmaster part inside of me. I enacted the authority figure, but—unlike Rob—I could be the safe scoutmaster, not the abusive one. Through this enactment, I let Shane know that he could be in a potentially provocative situation (i.e., the seductive aspect to the darkness) without somebody exploiting him, even if the situation called for it. Had I ended

the session once the darkness set in, I would not have known that we could have survived it in a particular nonsexualized way. We would have been unable to explore not just the excitement, but more important, the comfort and relational intimacy around the darkness. At first, Shane did sexualize the situation, but we overcame this and the defensive cover of anonymity when he referred to his partner and the comfort he finds in a relationship that has an enduring quality. Thus, it was not only about the possibility of seduction, but also about the caring relationship. The safety and caring that he felt in the darkness soothed his expectation that I would respond to his sexualization, and freed him to explore his wish for engagement and intimacy by talking about the loving aspects in his current relationship and in his first-love relationship to Rob. However, the awareness of my nonviolation in this instance was also incredibly painful for Shane because it brought to the fore his formerly dissociated affective experiences around the abusive aspects of his relationship with Rob.

The following week, Shane reported a series of unexpected events in which he found himself connecting to strangers and acquaintances in a novel different way. It seems as if Shane emerged from the darkness with a new awareness of himself and his relation to me; he realized that eroticization can be turned into caring, which in turn allowed him to engage with others in a more authentic way that evoked his desire for nonsexual connection and intimacy.

Too Hot to Handle

Despite, or because of, these steps toward greater relational connectedness, Shane also felt freer to reveal his erotic fantasies about us more directly. It was as if we stumbled out of the darkness onto a new relational ground where the sexual space between us clamored to be noticed. In one particularly memorable session, Shane feared that his partner would "censor" him if he found out about his private online profile, and acknowledged the shame he feels about keeping such a secret. As he boyishly grinned at me, he revealed another secret with a "thrilling" mixture of shame and sexual excitement. He said, "[a] part of me wants to have therapy in the nude, to be naked, and for you to see me naked." To protect myself from the onslaught of my anxiety, and the intensity of his request, I responded, flatly: "You need to know whether it is safe to reveal those parts of yourself that you feel you need to hide from others

for fear of censorship." We continued the thrill of exploring this fantasy and imagining my reactions to it, but my mounting anxiety, which manifested in feelings of a constricted chest and acute queasiness, signaled to me that I had to put a stop to this. I said: "What if you did come naked to your session, and I told you to leave?"

From more classical psychoanalytic perspectives, Shane's wish to sexualize the treatment could be understood as a repetition in the transference of the original sexual excitement and seductiveness he felt with Rob, and his propensity to becoming a victim of abuse and exploitation. From a more relational perspective, the disclosure of his erotic fantasy represented his wish to create an alive, embodied moment in the therapy. Shane is aware of the seductive part of him, but the seductiveness masks a more general wish to create aliveness and seek recognition for a healthy kind of sexual excitement, rather than a shame-filled one. When Rob reacted to Shane's excitement as a boy, it resulted in a feeling of shame. It is possible that he felt like he was not allowed to decide on his own sexual excitement. This is the same way I felt when he disclosed his fantasy. It was like I was being pulled to respond in one way and, as a result of my own shame, I couldn't respond from my own sense of healthy enlivenment. In order to fully understand, from a relational perspective, what contributed to my dismissal of Shane's sexual self, it was important to process my own affective experience in those pivotal moments (Bromberg, 2006) and to acknowledge those dissociated parts in myself that intersected with Shane's to culminate in the our enactment.

When I asked Shane, in response the disclosure of his sexual fantasy, what would happen if I asked him to leave, we were caught in a moment in which the historically unformulated trauma of our life histories intersected in the cocreation of a "dissociative cocoon" (Bromberg, 2006, p. 193) that was predominantly marked by the affect of shame. At this moment, the prejudiced values and judgments that influenced and covered my own internalized discomforts affected the way in which I dealt with Shane's disclosure of his dirty sexual self.

When Shane disclosed his exhibitionistic–voyeuristic fantasy, the disowned parts of his sexual self were thrust into the psychotherapeutic space. It seemed as if my mind was taken over by something alien, and I felt disgust and shame about being included in Shane's sexual fantasy. I wondered whether I was experiencing that degraded, foreign, not-me self-state that Shane had managed to segregate from his emotional and interpersonal functioning, and whether my ability to validate and accept

these parts was being challenged. Was he testing me to see whether the introduction of his "dirty" sexual self would render it impossible for me to engage with those particular self-states that had to be disavowed as a child? I also wondered whether he was protesting against the psychotherapeutic frame that he had come to associate with a pathological pattern of accommodation (Brandchaft, 2007). I was also aware of another layer of affective experience, a nauseous feeling of excitement, perhaps what Shane termed the "thrill," and wondered whether Shane felt this brew of affects in his relationship to early male figures in his life.

Within this mixture of feelings, there was great pressure to use understanding and care so as not to shut down this charged atmosphere prematurely. However, the enactment proved to do just that. The revelation of his more daring sexual self represented his way of placing sex at the forefront of the treatment and, in the intersubjective space, he was essentially urging me to do the same. However, my own sense of homosexual shame took over. I remembered a significant moment during my coming out period many years ago, when my mother, after responding with care and sensitivity, told me that she did not want me to frequent gay clubs/bars. Her message, popularized by the media and social stereotypes, was clear: Gay bars are threatening, foreign places where men go to have indiscriminate sex. As forbidden territory, it holds abjectness; it is a place that renders one invisible, sex-hungry, predatory, and dirty. In contrast to this, my older brother, by virtue of his heterosexual orientation, was spared from pathologizing messages about desire and sexuality. It was my homosexuality that constituted my status as "other" in the eyes of a family whose beliefs emanated from a heteronormative culture's desire to repudiate same-sex choices.

On the Brink of Breaking Out

In this session, Shane and I became caught in a mutual deadlock in which our ghosts came back to haunt us. Shane grew up feeling like there were alien, not-me parts of himself that he had to disavow so as to maintain a connection to the outside world. These feelings dovetailed with that not-me part of myself that I, too, grew up experiencing as intolerable. Had I not gained access to my own not-me self-states, I would have been unable to resonate with Shane's experience of despair (Bromberg, 2006; Levenkron, 2006; Levine, 2012). Furthermore, the nature of the enactment demonstrates that Shane needed me to convey to him my own feelings

around my sexuality, shame and all, which his father had failed to do. On one level, I responded to Shane as his father had, signaling that it is not safe to risk sharing shame-filled parts of his sexuality (i.e., "What if you came naked to the session and I told you to leave"). On another level, however, my response conveyed a piece of my subjectivity, feelings around my own experiences of sexuality, shame, and "dirtiness." The response to Shane's disclosure signified my attempt to shame him for his wish to be the one that excites, born out of my own homosexual shame around agency and desire. It is possible that, as a result of the discomfort around my own shame and internalized homophobia, and the implications this has for my sexual self, I located this badness too firmly outside of my self, confirming it in Shane's dirty actions. He managed to arouse in me an all too well-known urge to dissociate the more explosive parts of my sexuality from the conventional stuff.

As I see it, Shane's disclosure of his wish to conduct treatment in the nude therefore represented an attempt to confront my subjectivity, and in particular, my own conflicts around the explosiveness of a gay man's sexuality. Indeed, at that moment, I did feel subsumed in a position framed around a discourse of explosive sexuality. I battled with how to handle the ambivalence of emotions I felt in response to being pulled into this heated territory. My anxious rejecting response may have signaled my fear of being "outed" for inviting this narrative into the room. However, my reaction also created the kind of oppression in the consulting room that allowed for Shane's burgeoning sexuality to be brought forth and come alive. His discomfort at having an essential part of himself unacknowledged in the room was brewing, so much so that he had to directly engage my subjectivity. In engaging me, he was also engaging the vital part of himself that was yearning to find expression. I wonder whether Shane would have been disappointed if I had not reacted in a rejecting way, in the same way that I "needed" my mother's shock and rejection to confirm my identity as an outlaw and to confirm that my "closet" had indeed been justified. As much as the closet allowed me to hide, it also represented a space in which I could nourish a sense of vitality and desire born out of confinement. It is possible that if I had not reacted anxiously, it would have spoiled Shane's "thrill," because it is the strictures of the conventional that allow one to enact the freedom and vitality of the not-so-conventional. In this way, Shane may have predicted my reaction, in the same way that I may have desired my mother's anxious reaction, because these closeting responses give definition to our

self-states and allow us to hang onto the forbidden and explosive aspects of our sexuality. I liken this process to that of a popcorn kernel popping, where some sort of friction or heat is required for the kernel, enclosed in a hardened husk, to burgeon into something fuller and more embodied.

Shame and Therapeutic Action

The truth about our traumatically homosexualized identities emerged when Shane's dissociated shame become engaged with an aspect of my own shame, which had heretofore remained dormant. The memory of my mother's reaction to my uncloseted sexual self illustrated the degree to which I was in touch with Shane's dissociated shame. Empathy therefore became possible when Shane sensed the shift in my own self-state, enabling him, as Bromberg (2009, p. 357) has put it, to engage with "the states of mind of the other." Within the enactment, both of us bought into the wider sociocultural belief that all things (homo)sexual are immoral and debauched. Together, we sat with the trauma of being depraved; at that moment, we knew what it was like to feel battered by demeaning and shaming messages that had been mapped onto those parts of ourselves that had to remain hidden. Had I not surrendered to my own shame (Benjamin, 2004; Orange, 2008), I would not have gained access to a crucial condemnatory part of Shane's self-experience, and this would have been tantamount to keeping him in the closet.

Thus, the question becomes how do two aliens, whose sexual subjectivities have been cast around pathology and perversion, find a way to engage with and tackle desire and intimacy outside of the normative sexual discourse. Is there a space in which the strictures and scriptures that comprise our subjectivity can be dug up from the not-me land and become embodied in a more integrated and alive sense of our sexuality, desires, and subjectivities? One in which shame need not threaten to engulf both parties? I believe this is the reason that Shane opted for a gay male therapist. I do not think it was motivated by the belief that I would be more understanding of him and his behavior; rather, often gay men seek gay male therapists with the tacit expectation that, together, in the safety of a nonsexual therapeutic relationship, laws about sexuality and connection written in old scriptures and strictures (Hartman, 2011) can be rescripted with new strictures. In this space, the patient needs to sense his therapist's own struggle with shame and internalized homophobia,

a la Benjamin's mutual recognition scenario, so that a new, embodied desire can emerge.

Conclusion

Sexuality is an essential multilayered aspect of who we are. For many gay men, it is fraught with conflict and shame. It is scripted as illegitimate, pathologized, and unacceptable. Wishes and needs for relational intimacy and connection, that is, desire must be held down at all costs; it is proof of badness. This leads to a split in which the enlivening aspects of one's sexuality battle the shame-filled, deadening experiences in which the self's need for recognition of desire, vitality, and agency remains unfulfilled. The harmful aspects of shame, resulting from the dissociated not-me aspects of the self, stifle vitality, intimacy, and spontaneity in relationships (Levine, 2012). The gay man's struggle to unearth a more enlivened, less compulsive, and shame-ridden sexual self in the relational psychotherapeutic space requires us, as therapists, to open ourselves to our own "wounds that must serve as tools" (Harris, 2009, p. 5), capacities that can lead to standstills while at the same time acting as channels to spark change. Suchet (2004) urges that in asking our patients to confront their most hated self-states, it necessary for us to do the same. In such cocreated intersubjective space, shame is passed back and forth (Levine, 2009) between therapist and patient. In this clinical case, it was the awareness of my own shame that unlocked the stalemate, and the remembrance of my own traumatic identity allowed me to empathize more fully with Shane's traumatic homosexualization. Indeed, it was only when we were able to unpack how my and Shane's various self-states intersected, that the therapeutic relationship shifted and felt more vital, alive, and creative.

Acknowledgements

REFERENCES

Aron, L. (1996). *A meeting of minds: Mutuality in psychoanalysis.* Hillsdale, NJ: Analytic Press.

Benjamin, J. (1988). *The bonds of love: Psychoanalysis, feminism and the problem of domination*. New York, NY: Pantheon Books.

Benjamin, J. (2004). Beyond doer and done to: An intersubjective view of thirdness. *Psychoanalytic Quarterly*, *73*, 5–46.

Bowers, R., Plummer, D., & Minichiello, V. (2005). Homophobia and the everyday mechanisms of prejudice: Findings from a qualitative study. *Counselling, Psychotherapy, & Health*, *1* (1), 31–51.

Brandchaft, B. (2007). Systems of pathological accommodation and change in analysis. *Psychoanalytic Psychology*, *24*, 667–687.

Bromberg, P. M. (1996). Standing in the spaces: The multiplicity of self and the psychoanalytic relationship. *Contemporary Psychoanalysis*, *32*, 509–535.

Bromberg, P. M. (1998). *Standing in the spaces: Essays on clinical process, trauma, and dissociation*. Hillsdale, NJ: Analytic Press.

Bromberg, P. M. (2001). Treating patients with symptoms—and symptoms with patience: Reflections on shame, dissociation, and eating disorders. *Psychoanalytic Dialogues*, *11*, 891–912.

Bromberg, P. M. (2006). "Ev'ry time we say goodbye, I die a little…": Commentary on Holly Levenkron's "Love (and hate) with the proper stranger." *Psychoanalytic Inquiry*, *26*, 182–201.

Bromberg, P. M. (2008). Shrinking the tsunami: Affect regulation, dissociation, and the shadow of the flood. *Contemporary Psychoanalysis*, *44*, 329–350.

Bromberg, P. M. (2009). Truth, human relatedness, and the analytic process: An interpersonal/relational perspective. *International Journal of Psychoanalysis*, *90*, 347–361.

Cass, V. (1979). Homosexual identity formation: A theoretical model. *Journal of Homosexuality*, *4*, 219–235.

Chefetz, R. A., & Bromberg, P. M. (2004). Talking with me and not-me: A dialogue. *Contemporary Psychoanalysis*, *40*, 409–464.

Corbett, K. (2001). More life: Centrality and marginality in human development. *Psychoanalytic Dialogues*, *11*, 313–335.

Crespi, L. (1995). Some thoughts on the role of mourning in the development of a positive lesbian identity. In T. Domenici & R. C. Lesser (Eds.), *Disorienting sexuality: Psychoanalytic reappraisals of sexual identities* (pp. 19–32). New York, NY: Routledge.

Davies, J. M. (2006). The times we sizzle, and the times we sigh: The multiple erotics arousal, anticipation, and release. *Psychoanalytic Dialogues*, *16*, 665–686.

Drescher, J., & Guss, J. (2000). *Addictions in the gay and lesbian community*. New York, NY: Haworth Medical Press.

Friedman, R., & Downey, J. (2002). *Sexual orientations and psychoanalysis: Sexual science and clinical practice*. New York, NY: Columbia University Press.

Gerhardt, J., Sweetnam, A., & Borton, L. (2000). The intersubjective turn in psychoanalysis: A comparison of contemporary theorists: Part 1: Jessica Benjamin. *Psychoanalytic Dialogues*, *10*, 5–42.

Harris, A. (2009). You must remember this. *Psychoanalytic Dialogues*, *19*, 2–21.

Hartman, S. (2011). Darren: Erotic interludes in political transference. *Studies in Gender & Sexuality*, *12*, 8–10.

Levenkron, H. (2006). Love (and hate) with the proper stranger: Affective honesty and enactment. *Psychoanalytic Inquiry*, *26*, 157–181.

Levine, L. (2009). Impasse and resonance across relational realms: Reply to commentaries. *Psychoanalytic Dialogues*, *19*, 454–462.

Levine, L. (2012). Into thin air: The co-construction of shame, recognition, and creativity in an analytic process. *Psychoanalytic Dialogues*, *22*, 456–471.

Moss, D. (2002). Internalized homophobia in men: Wanting in the person singular, hating in the first person plural. *Psychoanalytic Quarterly*, *71*, 21–50.

Orange, D. (2008). Whose shame is it anyway? Lifeworlds of humiliation and systems of restoration. *Contemporary Psychoanalysis*, *44*, 83–100.

Sherman, E. (2014). Sweet dreams are made of this (or, how I came out and into my own). In S. Kuchuck (Ed.), *Clinical implications of the psychoanalyst's life experience: When the personal becomes professional* (pp. 112–122). New York, NY: Routledge.

Stern, D. (2010). *Partners in thought: Working with unformulated experience, dissociation, and enactment*. New York, NY: Routledge.

Suchet, M. (2004). A relational encounter with race. *Psychoanalytic Dialogues*, *14*, 423–438.

Shelley L. Heusser, M.A., works as a clinical psychologist in Tambo Memorial Hospital, Johannesburg, serving the community mental health needs of a diverse South African population. He also practices and supervises in Johannesburg on a part-time basis. He is a member of the Gauteng Alliance for the Psychoanalytic Study of Subjectivity in Johannesburg, Gauteng.