Existential perspectives on sexuality: Enriching the practice of psychotherapy

Martin Milton
Professor of Counselling Psychology, Faculty: Humanities, Arts & Social Sciences, Regent’s School of Psychotherapy and Psychology, London. E-mail: miltonm@regents.ac.uk

Abstract. Psychotherapy has sometimes taken a pathologising stance and at other times a more affirmative stance to human sexuality. The first part of this paper considers the wider sexuality-related landscape. It moves on to focus on the profession and practice of psychotherapy. After that, issues related to an existential contribution to understanding sexuality will be considered directly and outline the ways in which this is to psychotherapy’s benefit.

Keywords: sexuality, psychotherapy, existential therapies, sexual minorities.

The landscape

As the topic of sexuality has such a history of scholarly interest and is also such a constant part of everyday life, it might be assumed that the array of available insights, theories and perspectives means it is a well understood area of human life. We might expect to feel confident that we actually understand sexuality. Experience and the literature suggest otherwise as sexuality and its various forms, practices, relational styles and identities, remain charged and difficult topics for us – societally, personally and politically bringing innumerable people into psychotherapy.

The social domain

Sex and sexuality is a key feature of talk in peoples intimate and social relationships. We hear about it in therapy and we see it in social contexts, through television, film and the arts and through our growing technologies. It is discussed on the sports fields and in the school yard, in the high street and in the academy. Some of this is a source of vitality and life affirming with people enjoying flirtation, desire and appreciation.

Despite this, sexuality is more complicated than this. Individuals, families and the public react with confusion and outrage when sexuality is not as expected. It is not unusual for psychotherapists to work with LGBT clients who are experiencing stress in relation to the homonegativity they face from society at all levels.

We also see a destructive and aggressive side of our responses to sexuality in the social domain too. As with gender, we see the media and new technologies being used in service of extreme heterosexist and heteropatriarchal stances, threats of rape and murder on the social networking site Twitter; young people being bullied and stalked – in reality and online – due to their non-conforming expressions of sexuality.

Same sex sexuality: A political ‘hot potato’

In the political domain, we often see the understanding of sexuality being considered by way of a focus on what is thought of as the ‘non-normative’ expressions of desire, relationships and identities. We see this in the degree to which same-sex sexuality has become a topic which politicians are engaged with. A brief review of headline hitting political events in the first half of 2013 allows us to see how widespread this debate is.

• The United Kingdom saw controversial debates occurring in Parliament and the House of Lords in the run up to the passing of the ‘Marriage (Same Sex Couples) Act 2013’.

• The United States similarly saw debate after debate as different states considered equal marriage. And in January, President Obama was the first US President in history to mention sexual minorities in a Presidential inauguration. He stated that:

‘Our journey is not complete until our gay brothers and sisters are treated like anyone else under law – for if we are
truly created equal, then surely the love we commit to one another must be equal as well’ (Trotter, 2013).

- Less favourably, in his 2013 re-election campaign Zimbabwe’s President Robert Mugabe undertook a campaign against sexual minorities. He is quoted as pledging ‘hell for gays’ if he was elected and stating that he wants to change laws to ensure LGBT people ‘rot in jail’ for life (Daily News Live, 2013).

- Russia has seen an escalation in what has been termed ‘anti-gay violence’ as Pride marches and gay activists have been physically beaten and incarcerated under the new Russian laws which make it an offence to providing information on homosexuality to people under 18 (BBC, 2013).

- Uganda is again working on its anti-homosexuality Bill, previous versions of which have threatened the death penalty for LGBT people and imprisonment for anyone who fails to inform on them (IRIN, 2013).

There are of course many more examples, but a comprehensive account of global political stances to sexuality is not possible in this brief paper. While sociologists and political scientists might understand this phenomenon in their own ways, two things are of particular relevance for psychotherapy. The first is that understandings of sexuality are played out in the social world and not just in the personal and private world. Secondly, the choices available to an individual about expressing themselves fully vary depending on whether the self that is being expressed is subject to such threatening responses from the world in which you exist. This complicates things for the therapeutic professions.

**Professional knowledge related to psychotherapy**

Sexuality has long been considered a topic worthy of psychiatric attention and indeed, psychiatry labelled ‘homosexuality’ as a disorder for a period of time. In fact it was included in the Diagnostic and Statistical Manual (DSM) system up until 1980. Even though ‘homosexuality’ has been removed from the DSM, psychiatry remains engaged with sexuality related issues as they present in the clinic, e.g. sexual dysfunctions may be treated pharmacologically before being referred for sex therapy (see Barker, 2011). Also of course, LGBT populations experience minority related stress and suicidality (Bidell, 2012, Bridget, 1995, D’Augelli and Herschberger, 1993, IoM, 2011, King et al., 2008, Rivers, 1997, Rotherum-Borus, Hunter, & Rosario, 1994).

**Therapeutic literature, sexuality and sexual minorities**

The first problem has been that much of the thinking and writing has tended to construct a discourse of ‘compulsory heterosexuality’ (Kitzinger, 1987) and with this, inaccurate yet highly normative constructions of gender have been taken to be ‘truths’ (see Barker, 2012, Richards and Barker, 2013). The assumptions therefore being that sexual attraction is the norm, that it has a particular presence and focus, is always between men and women, that men and women inevitably play set roles to accommodate specific, known and pre-determined desires. In addition it assumes that terms such as ‘man’ and ‘woman’ were clear, understandable and capture everyone’s experience of gender. This allowed non-normative identities and practices to be seen as problematic. This is particularly true when looking at non-heterosexuality.

Much psychotherapeutic literature has therefore seen same-sex sexuality as a ‘perversion’ or as ‘pathology’. This is particularly evident in psychoanalytic literature, where same sex sexuality had been constructed as ‘incomplete development’ or as indicators of psychological immaturity (Freud, 1977). This is not just an historical phenomenon. As a recent study highlighted, many practitioners remain of the opinion that same-sex sexuality is somehow pathological or at best sub-optimal (Bartlett, Smith and King, 2009).

Having said this, this position is, of course, in debate. The broader face of psychoanalytic practice – see for example the British Psychoanalytic Council (BPC) and The American Psychoanalytic Association – is advocating a changed perspective through public statements and conferences that assert a non-discriminatory position. The BPC states ‘The British Psychoanalytic Council opposes discrimination on the basis of sexual orientation’ (BPC, 2011). There has been discussion as to the degree that a public statement by an organisation reflects updated attitudes and evolved theory for all the members of those organisations (see Knowlson and Milton, 2012).

This dilemma is present in the theorising of other approaches too so psychotherapists of other approaches cannot simply assume that this style of homonegative thinking is just an issue for psychoanalysis. What this section is aiming to point out though, is that a common response to non-heterosexuality has been to single it out as distinct and to problematise it.

There is another literature, which has problems of its own and that takes the opposite stance in an effort not to pathologise. This stance is to ignore lesbian and gay experience, assuming such experiences have no distinct qualities that require attention. This is evident in those approaches that assume a universal methodology (such as CBT and humanistic therapies).

The method of practice inherent in these models is, in cognitive behavioural training, to learn the methods correctly (Beck, 1976), or in humanistic models to develop the ability to provide the ‘core conditions’ (Rogers, 1951) – the implication being that these skills can then be applied in the same way to all clients, a claim which is debatable [...] By taking this stance difference can be ignored and the distinct experience of ‘the other’ is denied. (Milton and Coyle, 1999, p44).
More recently affirmative approaches to practice have been considered (see Davies and Neal, 1996, Hitchings, 1994, Milton, 2000, Milton, Coyle and Legg, 2002). Milton and Coyle note that:
‘lesbian and gay affirmative practice is a non-discriminatory, contextually aware attitude that can be incorporated into mainstream psychotherapy theory and practice. The challenge is thus to ‘update’ our models or develop further models that attend to the diversity of experience that exists’ (1999, p45).

The problematic nature of much of the available literature on working with gender and sexually diverse clients was one of the influencing factors that led to the British Psychological Society (BPS) Division of Counselling Psychology to commission a study of psychologists and their practice in relation to LGBT clients (Milton, 1998). It was of course also a factor in the production of the recent Guidelines and literature review for psychologists working therapeutically with sexual and gender minority clients (BPS, 2012). The British Psychological Society has also published a position statement condemning therapies that attempt to change sexual orientation (BPS, 2013).

This literature also highlights a lot of what we still do not understand. For example, we have a rather impoverished understanding of other forms of gender and sexuality such as asexuality, bisexuality, trans experiences, and polyamorous relationship forms to name just a few (Barker, 2012). Our understanding remains limited due to our knowledge being based on assumption and the application of knowledge from incompatible areas. It is therefore that existential-phenomenological theory is particularly helpful for psychotherapists wanting to move beyond assumption.

Existential theory and practice:

Existential perspectives have always been helpful in understanding a range of issues; for example some of the challenges pertained to the notion of psychiatric classification (Szasz, 1960, 1997), manualisation in structured therapies (du Plock, 1993), understandings of the self (van Deurzen-Smith, 1991), supervision (van Deurzen and Young, 2009) and the foundational stances of the theories used in practice (Spinelli 1994), humanistic therapies (Spinelli, 1994), CBT (Corrie and Milton, 2000; Spinelli, 1994) and understanding integration (Milton et al, 2002). It is unsurprising then, that existential perspectives are useful in our efforts to understand sexuality more thoroughly.

A challenge to reductionism

Existential psychotherapy has problematised the ways in which reductionistic thinking leads to classification, Othering and scapegoating. Reductionist understandings take attention away from what an experience is actually like as such a view is based upon an assumption that there will be one ‘truth’ – rather than recognising that any version is just one perspective of an issue or phenomenon. For example, existential-phenomenological theory helps us question ‘what does heterosexuality actually look like’ and ‘how is it actually experienced’?

Reductionist thinking also assumes that there are definite states of being, experiences or meanings attached to having a particular form of expression or a particular identity. So whether we assume ‘heterosexuality’, gay’ or ‘lesbian’ ... we remain guilty of reducing a variety of experiences down to single terms that simply do not capture the person’s lived experience or the range of different experiences that people have. And for psychotherapists in their work with individual clients this is a significant conceptual and ethical problem, as when a client enters therapy, often they are wanting to understand themselves, not what a label or other projection means they should experience. It is at this point that the existential contribution is helpful. One of the key characteristics of the existential contribution is that it steadfastly questions these assumptions and develops ways in which we might look beyond assumption to engage with experience in as open and authentic a manner as is possible. In terms of sexuality, existential perspectives offer psychotherapists a range of considerations.

Construction or essence?

In many contexts psychotherapy has to engage with dilemmas as to whether human experiences are set ‘things’ or fluid ‘constructions’. We see this in the existential critique of psychiatric diagnosis (Fletcher, 2012) and also in the domain of sexuality. Our clients may come to us as they are confused by society’s demand that they change and be other than ‘what’ they experience themselves to be; or they may be more fluid than they expected themselves to be and need to make sense of this. The psychotherapist reading the sexuality related literature with a critical eye needs to engage with the ways in which confusion often occurs when we apply generalisations to individuals – or in existential terms, when we conflate the ontic expression of an individual (Medina, 2014) with sexuality as an ontological feature of Being (Spinelli, 2014). In addition, some authors have taken the notion of choice and freedom and considered the ways in which sexuality has enormous variations between people and for individuals across time, very often drawing on the work of Merleau-Ponty and Sartre (see Pearse, 2014 and Smith-Pickard, 2014). While some existential theorists highlight the ‘givens’ of existence and the experience of people who claim to only know themselves in a relatively stable, solid manner, engagement with these insights has direct relevance on our work as psychotherapists, allowing us to engage with the tension between a client’s experience and the assumptions of the contexts in which they live, love and work.
Affirmative practice

The notion of an affirmative stance to practice has been hotly contested and this occurs in the existential field as well. There are some authors who seem happy to consider an affirmative stance to therapy as being consistent with an existential phenomenological approach (see Langdridge, 2007, Milton, 2000) others have questioned this, noting some difficulties (see du Ploix, 1997). While the phenomenological method requires us to bracket understanding, and sometimes to ask clients to do the same thing, we have a dilemma. If we challenge the experience of an identity, especially when compounded by a client’s experience of rejection or bullying in the social domain, the client may well, and quite reasonably, experience us as trying to diminish their experience, blame the victim or over-write their experience rather than fully attest to social oppression and inequality of experience. Reflections on these dilemmas is important so as to facilitate an open, ethically attuned engagement with clients and the distress they are experiencing and to understand the origins of the distress.

Sexuality: Personal and social dimensions

Psychotherapy has a dilemma: On the one hand we have a focus on context, intersubjective processes, our place in the world and the impact of this (whether it results in a sense of well-being or discrimination). On the other hand, it is possible to see us struggling to maintain this focus. Existential perspectives are helpful as its central understanding of our Being-in-the-world means we are always considered in relation to our ‘situatedness’ (Spinelli, 2007). This means that different aspects of sexuality get experienced and played out in relation to the self, in relation to the other and to the world more generally. While we often find ourselves in debates about whether it is this or that aspect, phenomenon A or phenomenon B, existential thinking reminds us that multiple meanings co-exist and therefore personal desire may well relate to social discourses and it may be A and B. Psychotherapists too realise that distress can be both personal and political and that both may require attention if therapy is to be truly therapeutic (Milton, 2005).

‘Pure’ existentialism or contributions to a pluralistic understanding?

Some of the areas of consideration mentioned give rise to a tension between how psychotherapists might understand an issue (or situation) and the separate issue of how we might act in relationship to it. My view is that whether a psychotherapist feels that a client (or the service) will take to a ‘pure’ existential therapy practice, the theory and the thinking will always be useful.

Existential therapy is, of course, a specific and useful approach to offer gender and sexually diverse clients (see Milton, 2000). But as van Deurzen (1997) points out, existential therapy is useful more broadly too. It seems that for many psychotherapists an awareness of, and engagement with, existential theory offers a widening perspective on how we understand and formulate our clients (and our own) circumstances. For example, existential understandings are often useful to cognitively oriented practitioners (see Corrie and Milton, 2000) as this is sometimes found to be a way of helping clients take in useful understandings in a pragmatic and immediately useful way. Relevant to the issue of sexuality is also the ways in which existential thinking helps us engage with religious, cultural and political assumptions about sexual identities, practices and experiences.

The inclusion of critical and challenging perspectives may not always be easy to adopt as, for example, in some health service settings people will only be seen if their difficulty can be translated into a diagnosable condition, such as a ‘sexual dysfunction’ (Barker, 2011) or ‘gender identity disorder’ (Bouman & Richards, 2013). This may also be the case if the client wants to take advantage of medical insurance cover. The different world views at play here, are often both seeking the same thing – an intervention from which the client will benefit and so the dialogue may be useful and fruitful if we are disciplined in our debates and all members of a health care team can enjoy professional development by engaging in a pluralistic debate.

Conclusion

This paper has argued that there is great benefit for both psychotherapy and existential theory when dialogue between these fields are ongoing. The shared aims and need to clear and critical thinking is just one area in which the overlap is clear. We can see that the need for ongoing and creative dialogue is as present today as it always has been. In our attempts to reclaim our criticality, our prioritising of thought about diversity, minority stress and discrimination, it seems that psychotherapy and existential thought are engaged in an illuminating and therapeutic process.

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