

**Gay Men and Suicidality: an exploration of the significant biographical experiences
fore-grounded during childhood, adolescence and early adulthood of some gay men who
have engaged in suicidality.**

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The candidate confirms that the work submitted is her own and that appropriate credit has been given where reference has been made to the work of others.

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PREFACE

“It’s only a paper dream, sailing over a cardboard sea, but it wouldn’t be make-believe if you believed in me” (Arlen, Harberg & Rose, 1933)

For some gay men living in a heterosexist world, being able to live with their ‘self’ will remain a fantasy. In terms of their mental well-being the consequence of constantly denying the self, in an attempt to please and appease the dominant social discourse, can be devastating. Epidemiological studies suggest that gay men are four times more likely to report a serious suicide attempt, with sexual orientation being a significant risk factor for predicting mental health problems and subsequent suicide.

Whilst the current political agenda for mental health professionals is to use evidence based practice (EBP), much of the evidence available concerns itself with positivist research. Whilst the merits of such research must not be denied, it remains a reductionist approach often obscuring the individual and his/her experience. In caring for a person’s mental well-being their psyche has to be understood in the context of their lived experiences. The essence of mental health nursing lies within the psychotherapeutic relationship and requires attending to the subjective world of another. When the focus of that attending relates to ‘difficult topics’, for example suicidality and homosexuality, it can be discomforting, but is none the less an everyday occurrence inherent in the practice of mental health nurses. The challenge for research is not to shy away from emotionally difficult topics but to move beyond the social, as well as the professional, taboos in pursuit of exploring the complexities of being human. Research that facilitates sense making of these highly complex interactions can help ensure that mental health nurses will be able to offer more sensitive services.

My career as a mental health nurse spans 32 years, the past 16 years being employed as a lecturer, but continuing to work one day per week in clinical practice. For the past five years I

have spent the one day per week working as a primary mental health nurse offering therapy to people with common mental health problems, their emotional difficulties often manifesting from early psychological trauma. My motivation for undertaking this study arose from numerous patients I have engaged with therapeutically during my career and, more recently, with a number of gay men who experienced depression and suicidality. As part of my professional and personal development I have increasingly felt that a better understanding of the psychosocial world of gay men would enhance my therapeutic work and hopefully provide them with a more understanding and sensitive service.

For me embarking on my PhD was a journey into the unknown. I specifically wanted to explore the lived experiences of gay men in relation to their sexual orientation and their suicidality. I wanted to move beyond statistical estimates of risk to an exploration of the more complex intra, inter and extra-personal issues which have affected the lives of gay men and which may have impacted upon their mental well being. In clinical practice my preferred way of working is to use a psychoanalytical approach as I subscribe to the belief that early life experiences shape the way we function as adults in the here and now. In keeping with my preferred way of working, I chose to use a psychoanalytical informed methodology for my study. Lebolt (1999) in his study exploring gay male client's experience of gay affirmative psychotherapy concluded that if a heterosexual therapist had certain qualities such as sensitivity, imagination, and experience, they were seen as gay affirmative. In transposing such qualities to the research situation I was hoping, that as a heterosexual female researcher, I would gain greater insight into the experiences of gay men who have experienced mental distress.

This thesis is divided into nine chapters. Chapter one introduces and contextualises suicidality and homosexuality within the prevailing social discourse. This chapter gives a brief overview of the historical context of each of these subjects, clarifies what is meant by suicidality and considers how health care professionals respond to those who use suicidality and have a gay

sexual orientation. Finally current research focusing on gay men and suicide is reviewed, drawing conclusions as to what still needs to be addressed. Chapter two focuses on the epistemologies and methods used in this study, the ways in which they have been used as a way of making sense of the data. Chapters three, four, five and six offer an individual analysis of each participant's unique story; chapter three is Nigel's story; chapter four Ian's story; chapter five Carl's story and chapter six Ben's story. Each story is presented as a separate entity and uses psychoanalytic theories as an explanatory framework for making sense of the experiences of each man. Chapter seven offers analyses across all four narratives providing a synthesis of these gay men's experiences that, when considered in relation to the findings of other similar research studies, will contribute towards our understanding of the complexities inherent in their lives. This contribution to knowledge and the implications this might have for health care professionals and the services they deliver are discussed in chapter eight, whilst chapter nine draws the study to a close. At the end of my thesis I offer the reader an overall reflection of the processes I have engaged with throughout my doctoral journey.

As this is a resubmitted thesis I have addressed a number of issues raised at my previous viva. In doing this I was given the opportunity to reflect on and revisit my previous thesis and consequently clarify my thinking. The difficulty I had with my previous viva was the epistemological positions taken up in the research process. Initially I had, at a conscious level, adopted a social constructionist position but this did not sit easily with my underlying beliefs and for me felt restrictive and did not sufficiently answer the question my research was posing. It was obvious to the examiners that within my thesis I had struggled to wholly commit to such a position and was often found wandering away from the path of social constructionism to explore how the surrounding environment might shed a better light on places of interest on my journey. In being challenged during my viva on my stated epistemological position and my meanderings I realised that I had not stopped to take stock of my own philosophical beliefs with regard to suicidality, homosexuality and the options available to me could be used to best make sense of people's lived experience.

At my viva I was introduced to the concept of Bricolage, a multifaceted approach to the research process whereby differing epistemological positions and mixed methods of data collection can be utilised to bring a richer understand of human beings and the complexities of their lived experiences. In essence, the bricoleur has the ability to creatively and resourcefully use all materials that are at hand in order to achieve greater insight to the topic/s being researched. With regard to research, the origins of bricolage can be found in Levi-Strauss's (1966) book 'Savage Mind'. Here bricolage was initially described as spontaneous action but then further expanded to include 'mythological thought', arising out of personal experience and giving rise to pre-existing knowledge and human imagination. For me this gave hope in terms of gaining insight and understanding of why, some gay men engaged in suicidality. Using the concept of bricolage offered the opportunity to explore the participants' life experiences as well as my impact on the research encounter and the interpretation of the data from a number of philosophical and theoretical positions. Examples of using bricolage are given in boxes in chapters Two, Three, Five and Eight.

I believe that having had the opportunity to explore the concept of bricolage and how it fit with the multifaceted way in which I had approached my research I have been able to strengthen my thesis with regard to the research process. Likewise, the way in which this thesis is presented is itself a type of bricolage. In keeping with the ethos of qualitative research and reflexivity being integral to the process, at the end of each chapter from chapter research from chapter two onwards I have added some critical reflection specific to that chapter. Each reflection offers the reader some insights into what I took, in personal terms, to each interview and how I interacted with various processes involved in undertaking this research. To achieve this level of reflection I used what emerged from my immediate thoughts following each interview and during the analysis of each transcript, pertinent occurrences, events, thoughts, and feelings noted in my reflexive diary, academic supervision, clinical supervision and feedback and reflection from my first and second viva. For the reader this may account for the jaggedness of some chapters as opposed to the smoothness of others, as,

for me, the emotionality of engaging in those processes will have impacted on the way in which each chapter is presented. For example, the reader will quickly establish that the bulk of the thesis is given over to the participants' individual and collective stories, reflecting what, for me, is the most important part of the research process. Likewise, it will also be noted that at times I have used the same piece of transcript to demonstrate differing interpretations and the multiplicity of its possible meanings. My hope in explicitly sharing my thoughts, emotions and experiences inherent in this research process, together with the participant's stories, is that meaningful sense will be made of the thesis in order that the reader is able to engage in further analysis and re-interpretation of these important topics.

Initially by undertaking this study I hoped to improve my practice by gaining greater insight into the psychosocial world of gay men whose mental health has been compromised. Having undertaken the study and then having the opportunity to revisit my thesis, as a practitioner and a researcher, I believe my findings not only add to the body of knowledge, but also inform contemporary clinical practice regarding what services need to be developed and what could be done to reduce the risk of suicidality among young gay men. By embracing existing and new knowledge, borne out of the analysis and interpretation undertaken in this study, mental health professionals will be afforded the opportunity to provide more attuned, sensitive health care for gay men who try to assert their self in a heterosexist society, thus allowing their fantasy to become a reality.

CHAPTER ONE: INTRODUCTION: CONTEXTUALISING SUICIDALITY, HOMOSEXUALITY

Suicidality, Homosexuality and Health Policy

In the United Kingdom suicide remains a taboo subject. Over the centuries deep-seated religious beliefs about suicide have proved difficult to abandon. Despite there being a lack of clear biblical evidence, Christianity has, until recent years, generally condemned the act of suicide, seeing it as a failure to uphold the sanctity of life. Religious opposition to suicide was largely responsible for the emergent law in England that made suicide a crime, hence the idea of 'committing' suicide. England was the last country in Europe to repeal its anti-suicide legislation and, as recently as the 1950s, people were still being sent to prison for attempting suicide. The Suicide Act (1961) finally repealed the law under which both actual and attempted suicide were deemed to be criminal acts; however, a new offence, aiding or procuring the suicide of another person, was introduced, and carries a penalty of up to 14 years in prison. Among the definitions of suicide are killing one's self deliberately and that of self-murder, implicit in which is the notion of self blame (Wertheimer, 1991).

After accidents, suicide is the most common cause of death among young men, with men still accounting for two thirds of all suicide deaths (Hawton, 2000). Whilst not all those who complete suicide have a history of attempted suicide, approximately one third of suicide victims have made a previous attempt (Lewisohn et al., 1996). Mental illness is the predominant factor found in suicides of both sexes, with a co-existing disorder of substance misuse being more common among males (Murphy, 2000). Substance misuse is considered to be one of several recognised self harming behaviours, all of which contribute to the destruction of self. The circumstances and motivations that precipitate deliberate self harm (DSH) include interpersonal conflict, which accounts for 50% of patients who use self harming behaviour (Isacsson & Rich, 2001). For some researchers (Bennet et al., 2002; Hawton, 2000) a clear distinction can be made between attempted suicide and deliberate self harming behaviour, the latter being considered to

have low lethality in that there is little intent to die. However, in the UK there has been an upward trend of DSH in young males, and contrary to the above. amongst this group there appears to be a strong association between acts of DSH and suicide intent (Hawton, 2000). Skegg et al. (2003) found that 25% of deliberate self harm among men was attributed to same-sex attraction, and men with same-sex attraction were also significantly more likely to report having attempted suicide.

Terminology

Terms such as DSH, attempted suicide, suicide behaviour and suicidal ideation are often used synonymously, and could refer to those who have suicidal intent as well as those who do not intend to kill themselves. The lack of clear definitions only adds to the problems affecting research relating to suicide and deliberate self harm. For the purpose of this thesis I have chosen to use the term suicidality, for me embracing the concepts of DSH, attempted suicide, suicide ideation and suicide behaviour, regardless of whether or not there is intent to die.

Suicide Prevention Policy

In 1996 the World Health Organisation (WHO) and the United Nations (UN) urged member nations to address the growing problem of suicide and provide guidelines for the implementation of national prevention strategies. Identified among some of the groups of special concern were gay, lesbian and bisexual people. In an attempt to meet this challenge, England saw the inception of the National Service Framework for Mental Health (NSFMH) (Department of Health (DoH) 1999) and the Suicide Prevention Strategy (DoH, 2002). Whilst the former document concerned itself with the number of suicides among young people per se, it would appear that the latter document has failed to acknowledge the importance of the research findings relating to the impact of living as a gay person in a heterosexist society has on young people. Within the five goals outlined in the Suicide Prevention Strategy for England

(2002) nowhere does it refer to the relationship between homosexuality and suicidality among young people. Failure to acknowledge the evidence is culpable given that the death rate from suicide among young people, and particularly young men, makes the identification of all significant high risk groups imperative to any contemporary public health agenda.

One of the difficulties when researching suicide is the way in which data on suicide are collated. In England the decision as to whether or not someone has killed themselves is made following an inquest heard in the coroner's court. In recording a death as suicide, the victim's intention to die must be strictly proven. Where there is an absence of clear proof of intent, a verdict of suicide cannot be recorded. As it is not always easy to ascertain if the person intended to kill themselves, verdicts of death by misadventure, accidental death and/or open verdict will be recorded by the coroner. Because of this process it is believed that the official statistics for suicide are considerably underestimated (Chambers & Harvey, 1989). With regard to gay men, data on completed suicides are derived from mortality statistics which do not identify sexual orientation and therefore the number of suicides among this group of people may be further misrepresented. Whilst statistics for completed suicides amongst the gay population remain skewed due to the above ambiguities, the goal of prevention invites examination of non lethal behaviours relating to suicide attempts.

Suicidality and Homosexuality

International epidemiological studies (Bagley & Tremblay, 2000; Sandfort et al., 1999) reported that gay and bisexual males are four times more likely to report a serious suicide attempt than their heterosexual counterparts. With regard to men, period prevalence rates indicate that gay and bisexual males between the ages of 17 – 29 years have a much higher suicide attempt rate than those men who have not declared themselves gay or bisexual (Bagley & Tremblay, 1997; Cochran & Mays, 2000). However, being gay is not inevitably linked to mental illness and/or emotional problems (Friedman & Downey, 1994; Roughton, 2001). There are robust data supporting the conclusion that in adulthood sexual orientation does not influence the likelihood

of mental illness occurring (Friedman & Downey, 1994). In taking account of this, caution needs to be exercised when addressing the issue of gay suicidality. Harwood and Rasmussen (2004) warn against emphasis being placed on an association between gay sexuality and suicide, arguing that this debate detracts from the pleasure experienced by a number of gay youths. However, pleasure and distress, arising from the same source, can co-exist and it has been suggested that it is impossible for a person to have a pattern of behaviour that is strongly condemned by the dominant culture, such as that of being gay, and not experience feelings of insecurity, isolation and rejection (Coyle, 1992; Robertson, 1998; Johnson et al., 2007).

Suicide and homosexuality have been described as two subordinations of the gender order (Scourfield, 2005). It was Emile Durkheim who first exposed the private act of suicide, revealing an associated social pattern. He identified an association between the rates of suicide and the level of social integration in certain populations, concluding that increased community involvement reduced the suicide risk. With regard to homosexuality, Green (2002, p: 521) believes

“Sociologists have been challenged to sharpen their analytic lens and grow sensitised to the discursive production of sexual identities, being mindful of the insidious force of heteronormativity, as a fundamental organising principle throughout social order.”

Heteronormativity as an organising principle of social order has, over the years, been reinforced by the legal-medical profession, compelling homosexuality to be both private and hidden. Whilst acknowledging the need for sensitive handling of gay suicidality and to avoid pathologising, the issue of living as a gay man in a heterosexist culture must be given serious consideration as a potential precipitant of mental health problems.

The Pathologising of Homosexuality

From childhood onwards, formal and informal structures of social control impact on the individual's emerging sexuality, enforcing classifications of sexual orientation across the life span. Social construction highlights the institutional and cultural contexts in which identities are constructed and experience produced (Green, 2002). The process by which hegemonic constructions of masculinity are internalised in early phases of socialisation cannot be ignored. Foucault (1985) challenged the scientific bias of sexual identity and reduced sexual classifications to the effects of discourse. However, such classifications are considered to constitute the foundation of a powerful and insidious regime of social control that seeks to discipline the body and the mind. It is within this context that gay men will continue to be influenced by sexological classification as they develop their self-concept (Greenberg, 1988). Connell (2000) believes sexological categories can serve less as instruments of social control than as a foundation for freedom, having an active liberating and enduring role in the lives of gay men. His premise is that gay men often seek out and forge vital links to gay community institutions that embody classifications of sexual orientation, for example gay bars. Connell suggests that through such links gay men recognise and negotiate their gay identities through strategic career choice, controlled disclosure and 'coming in' to the existing milieu of gay networks.

Whilst sexual identity is seen as a significant and integral part of an individual's overall identity, gay identity is considered a set of cultural beliefs encompassing aspects of the community which gay men can identify themselves as members. Indeed in his study of masculinities Connell (1995) separates the embodiment of sexuality and the social identity of being gay. For young gay men identifying as a gay man in a heterosexist society might be difficult as, noted in the literature (Johnson et al., 2007; Fenaughty & Harré, 2003; Plummer, 1989), there is a lack of positive role models, and for many gay adolescents, the lack of opportunity to meet others in a similar position, can lead to isolation. Unfortunately the

taxonomies of sexual orientation created by nineteenth and twentieth century psychiatry, psychoanalysis, sexology and the criminal justice system are integral to social constructions and have, over the years, been used towards oppression and social control of gay men (Green, 2002).

The (In)justice System and Homosexuality

Although the death penalty for buggery was abolished in 1861, the Criminal Law Amendment Act, 1885, declared that all acts of sexual activity between men, short of buggery, were acts of 'gross indecency' punishable by up to 2 years of hard labour. The consequence, after a number of highly publicised cases, was the social ostracising of homosexual men. Weeks (2000) points out the absurdity of a law which makes 'gross indecency', usually referring to mutual masturbation between men, illegal, when masturbation itself is not a penal offence. He argues that exactly the same arguments were put forward 60 years later in support of the liberal campaign to change the law relating to homosexuality in England and Wales following the Wolfenden Report, which reported on addressing such issues as prostitution, abortion and homosexuality. The Wolfenden Report (1957) culminated in a number of reforms implemented during the 1960s, the Sexual Offences Act (1967) being one part. Within this Act homosexuality was decriminalised under certain limited circumstances, the implicit message being that homosexuality was not fully legal or morally acceptable, nor was it to be regarded as on a par with heterosexuality (Weeks, 1995). Interestingly the practice of homosexuality among consensual adults in private is still illegal in over half of the American states (Lebolt, 1999).

However, regardless of changes in the law relating to adults, the Local Government Act (1988), and in particular Section 28, explicitly discriminated against the promotion of homosexuality in schools. Section 28 stated that local authorities should not intentionally promote homosexuality or publish material with the intention of promoting homosexuality; or promote the teaching in any maintained school of the acceptability of homosexuality as a pretended family relationship.

The latter referred to the threat from the possibility of there being an alternative pattern of family relationships. For some, the impact of Section 28 on sexuality in schools did no more than emphasise childhood innocence, the easily influenced nature of adolescence, heterosexuality and patriarchy (Epstein & Johnson, 1998). For Warwick et al. (2001, p: 139) such educational initiatives are viewed as being “the dominant feature of the adult gaze through which we are encouraged to consider and understand the emergent socio-sexual needs of young people.”

Although this part of the Act was finally amended in 2003, Section 28 could be considered to have been heterosexist legislation that may have contributed to the deterioration in the mental health of gay, lesbian and bisexual youths over the preceding 25 years. For example the Department of Education (DOE) (1994) launched their campaign ‘Bullying: Don’t Suffer in Silence’ and whilst they mentioned gender difference, they failed to make specific reference to bullying related to sexuality, or homophobia (Rivers, 1996). In a study undertaken by Mason and Palmer (1996) relating to hate crimes, and focusing on those under 18 years of age, 79% had been subjected to homophobic verbal bullying; 24% had experienced homophobic physical bullying and 19% severe homophobic physical bullying. They concluded that because of this it is difficult to address gay sexuality in schools and be inclusive for fear of exposing vulnerable pupils. Bagley and Tremblay (2000), in a more recent review of the literature which is contextualised to the then political agenda in the U.K., argued that ongoing debate with regard to the Local Government Act should be enlightened by accumulating research data on the development of sexual orientation in adolescence and the mental health consequences of growing up in a climate of heterosexist intolerance.

Sexology, Psychoanalysis and Psychiatry

During the late nineteenth century it was the concept of homosexuality as a disease and/or mental illness that drew the attention of the medical authorities. Because homosexuality was

considered to be a deviation from societal and cultural norms, it was condemned to the auspices of mental illness. In 1897 when Havelock Ellis, perhaps the first sexologist, initially approached the subject of homosexuality there was no specific vocabulary in the English language for homosexuality separate from sin or disease. It was Ellis who first used the term homosexuality. In addition to there being no language there was no single British case of homosexuality recorded that was not connected to the asylum or prison (Weeks, 2000). Ellis's (1897, cited in Weeks, 2000) work offered a major contribution to a growing awareness of homosexuality during the 1900s. His book, which he co-authored with John Addington-Symonds, himself a gay man, impacted on the way in which homosexuals were labelled, as well as making a crucial contribution to the liberal views that eventually emerged. In collating all available data Ellis attempted to demonstrate that homosexuality was a common aspect of human sexuality rather than it being the consequence of national vices and/or social decay. Case histories showed that same-sex attraction occurred around the age of nine years old, thus for Ellis ruling out environmental factors. He concluded that homosexuality was natural and spontaneous and could therefore not manifest simultaneously as a disease. Ellis believed homosexuality was not a medical problem and therefore did not necessitate a cure and that disorders associated with homosexuality were the result of social attitudes rather than the orientation itself (Weeks, 2000).

According to Weeks (2000) the purpose of Ellis's work was to change attitudes and create a new view of the role of sex in individual lives and society. Ellis advocated for greater tolerance of sexual variation by relaxing the rigid moral code and emphasising that sex was an activity to be enjoyed. In setting out to achieve the task of rationalising sexual theory he helped to lay the foundations of a liberal ideology of sex. However, for Weeks, Ellis's endeavours fell short of him being able to question why societies have continued to control sexuality, by persecuting sexual minorities which then become subsumed into the dominant value structures.

Ellis's work was different from that of Freud which began at a similar time. Early Freudian theory suggested that all individuals were bisexual opening up the possibility that roles are

socially moulded rather than dictated by nature. Whilst Ellis was also of the opinion that both sexes had some recessive characteristics of the opposite sex, he disagreed with Freud's interpretation. Ellis believed that sexual behaviour had a congenital basis, whereas Freud suggested that bisexuality should be regarded as the basic state of being and homosexuality arose through the suppression of the heterosexual aspect of self. Whilst each conceded to certain aspects of each others' theories being plausible, Freud in terms of it being congenital, Ellis accepting its naturistic possibilities, the essence of their difference remained, that is the extent to which external influences impacted upon emotional and sexual patterns. In his later work Freud contradicted his earlier theory of innate bisexuality, by describing homosexuality as 'inversion' and linking it to narcissism, through analysing the case of Leonardo da Vinci (Freud, 1910). Whilst Weeks (2000) believes that Freud's theories did leave open the possibility that historical changes within society might alter sexual behaviour and sexual roles, he also questions the astuteness of Ellis's theory in the context of Victorian England. In staying with the biological theory, homosexuality was beyond man's control and therefore no blame could be apportioned. If however, it was seen as the result of social/environmental influences society would be to 'blame' and that would be unacceptable. In this instance collective denial by attributing homosexuality to biological causes allowed affirmation of the status quo.

Contemporaries of Freud had their own interpretations of homosexuality attributing it to developmental problems. For example Klein (1988) considered homosexuality to be an expression of an aggressive object relationship and a consequence of anxiety provoking situations which impeded the child's psychosexual development. Likewise Rado (1949) maintained that Freud's concept of constitutional bisexuality did not exist, but instead insisted that there is primary heterosexuality. Rado considered heterosexuality as the normal outcome of psychosexual development, condemning homosexuality to only be considered as pathological (Lingiardi & Capozzi, 2004).

‘Normal development’ became the mantra of mental health professionals both in England and the United States of America (USA). The Diagnostic and Statistical Manual (DSM) used by the medical profession in both England and the USA, did not remove homosexuality as a mental illness until 1973. The successful 1973 referendum to remove homosexuality from the DSM drew opposition from a number of mental health professionals, the belief of such people centring on homosexuality being a deviation from normal development and as such is associated with other deviations that may lead to, or be interpreted as, mental illness. Although the DSM ceased to define homosexuality as pathological in 1973, it was replaced with egodystonic homosexuality, a diagnosis that could be attributed to those who were deemed to be disturbed and/or confused by their sexual orientation. This diagnosis was not removed until 1987 when the distress associated with homosexuality was finally recognised as a response to growing up in a heterosexist society. However, the International Classification of Diseases (ICD), predominantly used by the medical profession in England and Europe, continued to classify homosexuality as an illness until 1992, with the category of egodystonic homosexuality remaining to the present day (WHO, 1993).

Professional Attitudes: homosexuality and clinical practice

The attitudes of mental health professionals have historically mirrored those of the lay public, there being a split between contemporary clinicians who advocate changing a gay man’s sexual orientation and those who wish to affirm it (Lebolt, 1999; Milton et al., 2002). However, homophobia amongst health professionals is well documented (Cant, 2005; Christensen, 2005; King & McKeown, 2004; Smith, 1993). With regard to Registered Mental Health nurses, a study undertaken by Smith (1993) exploring attitudes towards homosexuality, found 77% of participants gave homophobic responses, whilst Synoground and Kellmer-Langan (1991) concluded that 43% of student nurses who participated in their study opposed homosexuality.

The psychoanalytic school has contributed to the debate over the cause of homosexuality, 'cause' implicitly implying pathology. Regardless of homosexuality no longer being classified as a mental illness, some proponents of this school continue to see it as such (Sayce, 1995; Soccarides, 1996). Approximately ten years ago, Friedman and Lilling (1996) found in psychoanalytic and psychotherapeutic literature, that homosexuality was still presented as mental illness, developmental arrest, perversion or defense against unconscious heterosexuality. They also found that the most common counter-transference problem in the treatment of gay patients is the hidden agenda of conversion to heterosexuality.

Psychoanalysis cannot escape the social biases affecting gay men, and in accepting heterosexuality as the norm, the result, for the therapist, might be that of internalised homophobia, which for those who are experiencing homoerotic desires will lead to feelings of rejection, discrimination and stigmatisation. When adolescents seek professional help they may experience the effects of homophobia (Fontain & Hammond, 1996; Johnson et al., 2007; Travers & Schnider, 1996). These negative attitudes are likely to be incorporated into the individual's own self image, leading to a range of distortions from mild self doubt to overt self hatred and self destructive behaviour (Gonsiorek & Rudolph, 1991). These experiences place some gay men under a great amount of stress which may lead to the compromise of their mental well-being.

Fortunately accepting heterosexuality as the norm continues to be challenged by pro-gay psychoanalytic explanations of homosexuality (Isay, 1989; Lewes, 1988; Roughton, 2001). Recently Drescher (1998) espoused that rather than being concerned with the aetiology of homosexuality and human sexuality in general, the therapist should focus on the process of helping an individual to acknowledge and understand his being gay and to be able to live authentically with that self knowledge and, synonymously, with his external world. He concludes that gay men are a heterogeneous group of men and their individuality should be respected and harnessed within therapy.

Current Research on Gay Men and Suicidality

In considering empirical studies relating to gay men and suicide I have chosen to restrict my search to the last 15 years, 1992 – 2007. My rationale for choosing this time period relates to the fact that decriminalisation of homosexuality occurred in 1967, therefore by 1992 there would be a generation of young adults who had grown up in a society that was, in legal terms, more accepting of homosexuality.

Empirical Quantitative Research

For the past 25 years researchers have consistently reported high rates of suicidality among homosexual persons, particularly among adolescents and young adults (Garofalo et al., 1999; Remafedi et al., 1998). Epidemiological studies from North America, New Zealand and Europe demonstrate that gay and bisexual males are between two and eight times more likely to report a serious suicide attempt (Bagley & Tremblay, 2000; Fergusson et al. 1999; Sandfort et al., 1999). Garofalo et al. (1999) found that in the overall population, sexual orientation was a significant risk factor for predicting a suicide attempt.

Although data relating to homosexuality and suicide abound, data on completed suicide derived from mortality statistics collected from death certificates does not provide information regarding the sexual orientation of the suicide victim. According to Muehrer (1995) the only two studies examining the sexual orientation of individuals who completed suicide are those of Rich et al. (1986) and Shaffer et al. (1995). These studies used psychological autopsy, a method of data collection by which parents, siblings and significant others who knew the deceased person are interviewed. Psychological autopsy offers a retrospective re-construction of the history of the person who has killed themselves. This involves the examination of psychological and environmental details in order to try and cast light on why the suicide occurred. Together with

family and friends such studies involve interviews with members of professional groups who might have had contact with the person. There are many epistemological challenges regarding this method of data collection. General criticism has been aimed at interviews with surviving relatives and friends providing much more insight into the survivors themselves and how they construct the suicides, as into the people who have killed themselves (Scourfield, 2005). More specifically, Shaffer et al. (1995) did in fact acknowledge the limitations of using psychological autopsy, suggesting that their data collection could have been more sensitive and that the real rate of homosexual suicides could have been much higher. However, if we are to gain more knowledge with regard to suicide one has to rise to these challenges.

These two studies included all suicides in their respective communities during a defined period of time, raising the probability that homosexual people would be included, thus moving away from the much criticised non-representative samples used in previous research. In addition to passive inclusion, both studies also attempted to assess the sexual orientation of those who had committed suicide. Within the two studies 2.5% - 5% of the suicides in their overall samples were people believed to be gay. The shared conclusion of these studies was that mental disorder and/or substance abuse were critical predisposing factors of suicide, regardless of sexual orientation. However, and perhaps because of the methodological problems discussed above, neither study was able to clarify whether mental disorder and/or substance misuse is a precipitant to, or consequence of, homosexual orientation.

Shaffer et al. (1995) also challenged the hypothesis that suicidal behaviour in homosexual adolescents is related to stigmatization and feelings of isolation. In their conclusion they suggest that only a small number of suicides were 'openly gay', which, for Shaffer et al., raised the issue that the debate linking homosexuality and suicide may be a distraction from two real problems; adjustment difficulties experienced by gay teenagers, and the presence of psychiatric illness.

Although these comments are acceptable at face value they are somewhat disappointing and futile in terms of relevant meaning. Using the term ‘openly gay’ implies that other suicide victims included in the study may have had a homosexual orientation. It could be assumed that those who commit suicide do so because of mood disturbance, but the diagnosis of psychiatric illness is dependant on a number of factors not least of which is to declare yourself mentally ill by demonstrating a willingness to be referred to psychiatric services which are often insensitive to gay men. Flisher (1999) found that almost all adolescents dying by suicide showed evidence of suffering from some form of mood disorder, with a mild but chronic form of depression, often associated with apathy, being more prevalent in male suicide. Whilst Flisher makes a clear link between depression and suicide, he acknowledges the difficulty of knowing whether the depression causes or is caused by suicidal thoughts and feelings. However, there is a tendency amongst men to shun away from declaring that they are mentally ill, albeit a predominant factor found in suicides of both sexes (Qin et al., 2000). More common to males is substance misuse, which often presents as co-morbidity with the underlying primary mental health problem (Murphy, 2000). One explanation of this is that drug and alcohol use can help to anaesthetise unpleasant feelings and prevent the early stages of depression being visible (Wunderlich et al., 2001). Therefore an assumption cannot be made that those who have committed suicide without a diagnostic label, did not suffer mental illness and/or psychological disturbance. Indeed with regard to psychological disturbance, a prospective longitudinal study undertaken by Aube and Koestner (1992) found that those males who break the gender-related stereotypes and engender more negative social reaction are likely to experience a poor self-concept, poor adjustment and have a greater dissatisfaction with life. Other studies (Meyer, 1995; Reinherz et al., 1995; Skidmore et al., 2006) have reported a correlation between early age gender non-conformity and suicide ideation. Sadly Aube and Koestner (1992), in their longitudinal study, spanning 30 years, found that gender related stereotypes have not significantly changed and, in particular, have not changed among adolescents.

In contrast to the belief that social intolerance of minority groups might lead an individual to contemplate suicide, Muehrer (1995) presented a potent argument regarding the relationship between pervasive intolerance and suicide being unclear. His argument centred on the fact that nine out of ten suicides in the USA are completed by white people, eight out of ten being male (National Centre for Health Statistics, 1993). The premise of Muehrer's argument is that this is the reverse of what one would expect if pervasive intolerance based on gender / racial or ethnic status were a strong indicator of suicide. Muehrer (1995, p: 78) suggests that

“The paradox is further illustrated by the fact that 99.9% of racial / ethnic minorities and women do not commit suicide even though they are the target of reprehensible discrimination, intolerance and sometimes violence.”

Although a potent argument it may also be one of naivety. Discrimination and stigma will be experienced differently by different people. The difference is perhaps in one's own self concept and how that differs from how one should or feel they ought to behave, as opposed to what one aspires to, or wants to be. Factored into this will be the level of support one receives from family, friends and the community in which one lives (Connell, 1992; Coyle, 1992; Fenaughty & Harré, 2003). In addition to self concept, there is the desire to experience a social comfortableness which fits with a personal comfortableness, the interface between being true to one's self whilst simultaneously existing in the reality of the social world. In a society which conveys heterosexist attitudes, being willing to admit to one's self that you might be deviating from the social and cultural norms will put you in an untenable position. Aube and Koestner (1992) reiterate the self-fulfilling prophecy, believing that boys with more feminine traits may come to perceive themselves as they are perceived by others, that is negatively, and that this negative self concept will lead to poor adjustment in the future, possibly manifesting as internalised homophobia, whereby prevailing societal anti-homosexual attitudes create hostility towards one's own homosexual feelings (Fenaughty & Harré, 2003).

In addition, belonging to a group which experiences discrimination and stigmatisation, as opposed to experiencing discrimination, stigmatisation and isolation from what you believe is

your own group, could be catastrophic in terms of personal agency. An example of this is offered by Dickson et al. (2004), who found that men more than women in a birth cohort thought that sex between two members of their own gender was 'always wrong'. It could be argued that in the U.K. Section 28 of the Local Government Act (1988), forbidding the promotion of homosexuality, did in fact reinforce the view of same-sex attraction being unacceptable, with the implicit consequences being the furtherance of stigmatisation and discrimination during a child's formative years. The result of a national survey undertaken by the Royal College of Psychiatrists (2003) concluded that large numbers of gay men have considered suicide and have a history of attempting suicide, but this was associated with a history of intimidation rather than mental disorder.

Other research (Connell, 1992; Savin-Williams, 1994) takes a different stance on the stigmatisation and discrimination debate believing that, as members of stigmatised groups, lesbian and gay people are able to develop a variety of coping strategies for their being gay thus minimising its negative psychological consequences. For example, Connell (2000) stressed the importance, in terms of mental well-being, for gay men to seek out and forge vital links with the gay community. The ability to develop healthy coping strategies may well be a true reflection for many gay men, however, the problem still faced by a 21st century society is that of adolescent and young adult suicidality among the gay population.

In contrast to the debate relating to discrimination and stigmatisation, a number of other empirical studies offer alternative hypotheses to why there is a strong correlation between homosexuality and suicidality. D'Augelli (1996) found that coming out to family is associated with higher incidence of suicide attempts and ideation. They found that 41% of those included in their study who had come out, had made a suicide attempt in comparison to 12% of those who had not yet come out. The elevated rates were linked to verbal and physical abuse by family members. Remafedi et al. (1998) also refute the discrimination and stigmatisation theory. Their research identified sexual abuse, drug abuse, arrests for misconduct, more feminine

gender roles, and/or adopting a bisexual or homosexual identity at a young age, as important correlates in those attempting suicide. Minority stress and gender non-conformity and distress have also been associated as risk factors in terms of a person's mental well-being (Meyer, 1995; Skidmore et al., 2006).

A review of the literature undertaken by Muehrer (1995) concluded that the problems in existing research were such that no clear conclusions about the role of sexual orientation in suicidal behaviour could be drawn. The methodological limitations he cites include: lack of consensus with regard to the key terms, namely suicide attempts and sexual orientation; the uncertainty of reliability and validity of measures used; non-representative samples and lack of appropriate non-gay and/or non-clinical control groups for comparison; and the value of retrospective data both in terms of it being emotionally charged data and the change in culture, creating a different platform for the experience of lesbian and gay adolescents in the 1990s. In addition to the criticisms espoused by Muehrer (1995), Savin-Williams (1994, p: 262) also believes that;

“because lesbian, gay male and bisexual youth who are visible and willing to participate in research studies are often those who are suffering most physically, psychologically, and socially – clinicians and researchers may unduly present all such youth as weak, vulnerable adolescents who are always running away from home, prostituting themselves, abusing drugs and killing themselves.”

Whilst it is important to take account of the above criticisms, others (Bagley & D'Augelli, 2000; Morrison & L'Heureux, 2001; Remafedi, 1998; Rotheram-Borus & Fernandez, 1995) challenge this believing that 'at risk groups' who may be persecuted in school are likely to drop out, thus causing an under-representation of gay, lesbian and bisexual youths in high school studies. The evidence to corroborate this is strong. The Seattle Youth Project Team's Health Risk Study (Seattle, 1995) which looked at a cohort of 7,437 students, aged between 15 – 18 years, concluded that harassment and persecution of gay, lesbian and bisexual youths is likely to be implicated in suicidality. Du-Rant et al. (1998), examining a random sample of 3,996 sexually

active adolescents, found that there was frequent non attending of school because of fear being a significant correlate of having been the subject of physical attack based on same-sex gender orientation. Garofalo et al. (1999) found that experiencing violence and victimisation was a significant predictor of suicide, whilst in the UK Rivers (1996) and Warwick et al. (2001) identified how homophobia in schools compromised the mental health of lesbian and gay adolescents.

However, in more recent years and in addition to the above high school studies, there have been an increasing number of studies that have compared representative samples of gay, lesbian and bisexual youths with heterosexual controls. All of these studies have demonstrated increased rates of suicide attempts among the homosexual group. Bagley and Tremblay (1997) in a study of 82 homosexual and/or bisexual men aged 18 – 27 years and 668 heterosexual men found that rates of suicidal behaviours were nearly 14 times higher among the gay or bisexual subjects. Garofalo et al. (1999) compared 104 gay, lesbian and bisexual high school students with 4,055 high school students identifying themselves as heterosexual. They found rates of suicide attempt among the former group were more than 3.5 times higher than among the control group subjects. Similarly a study undertaken by Remafedi et al. (1998) demonstrated that gay, lesbian and bisexual youths had odds of suicide attempt that were 7.1 times higher than heterosexual controls and odds of suicide intent that were 3.6 times higher. The weight of evidence gained from these studies clearly supports the notion that young people who have a gay, lesbian and/or bisexual orientation are a high risk group in terms of suicidality.

Some of the larger American studies (DuRant et al., 1998; Seattle, 1995) used the ‘Youth Risk Behaviour Survey’, the reliability of which was further expounded by the use of logistic regression to explain why gay, lesbian and bisexual youths may have higher rates of suicide attempts. Four risk factors were identified: increased drug and alcohol use, increased sexual activity risk, increased risk of becoming the victim of violence, and increased risk of becoming defensively violent as a result of persecution about being visibly gay. The combination of all

these factors increased the risk of self harming behaviour, particularly with regard to males (Bagley & Tremblay, 2000).

In contrast to the growing body of literature on sexual orientation and suicide, there is less systematic evidence on the extent to which gay, lesbian and bisexual youths are vulnerable to mental health problems, although there is a widespread belief that this particular group of young people are at greater risk to these problems (Garofalo et.al., 1999; D'Augelli, 1996). This to some degree is supported by Noell and Ochs (2001), who found that gay, lesbian and "unsure" youths were less likely to have been in foster care or arrested, but were more likely to have spent time in a mental health secure unit. In a more recent study, Bagley and D'Augelli (2000) also found that gender atypical males were more likely to experience abuse, which can be linked to a range of negative mental health problems, including suicidality. Arguably, sexual orientation and mental health are independent dimensions and a homosexual orientation is not, in itself, an indicator of pathology (Roughton, 2001). However, a longitudinal study carried out by Fergusson et al. (1999), found gay, lesbian or bisexual people to be at an increased lifetime risk of suicidal ideation and behaviour, major depression, generalised anxiety disorder, conduct disorder and nicotine dependence, in comparison with their heterosexual counterparts.

While recent quantitative research has established the presence of consistent and replicable associations between gay, lesbian and bisexual orientation and psychiatric risk, the extent to which these associations reflect the consequences of social discrimination or the extent to which these associations can be explained in other ways remains to be established (Fergusson et al., 1999). However, what has been established is that the development of sexual identities begins during childhood, and continues to develop throughout adolescence and adulthood. For this reason studies based on adolescents' self-reports of gay, lesbian or bisexual identity are limited because sexual identities are continuously being formed during the adolescent years. Friedman (1999) suggests that the literature to date does not address relevant developmental issues. For Friedman (1999) these included age at which critical stressors occurred, parental neglect and /or

abuse, anti-homosexual attitudes within families, degree of supportiveness of parental figures, onset of sexual orientation, history of atypical sex-role behaviour and parental reaction to it, and age at which homosexual desires were disclosed to parents.

Garofalo et al. (1999) believe that while most gay, lesbian and bisexual youths cope with stresses and become healthy, productive adults, understanding the interrelationship among demographic variables, health risk behaviours, sexual orientation, and suicide risk may aid in the recognition of vulnerable youths and the identification of individuals at risk. Understanding links between suicidality and the formation of a person's sexual orientation may provide important new insights to the general problem of youth suicide. In attempting to address this perhaps the challenge is to move beyond statistical estimates of risk to the exploration of more complex issues, which impact on the adolescents' development of sexual orientation and their mental well being.

Empirical Qualitative Research

Whilst quantitative research relating to homosexuality and suicide abound, the literature is complemented by a small number of qualitative studies which have sought to document the experiences of young gay men (Epstein, 1994). However this evidence base is limited. I was only able to find two empirical qualitative studies, Fenaughty and Harré (2003) and Johnson et al. (2007) that specifically explored homosexuality and suicidality. Robertson (1998) explored the mental health experiences of gay men and their health needs and Flowers and Buston (2001) examined minority stress and identity construction. Other published empirical qualitative studies (Ben-Ari, 1995; Boon & Miller, 1999; Connell, 1992; Coyle, 1992; Plummer, 1995) have focused on sexual identity and the coming out process, both of which are cited in the previous studies as having a major implication for gay men's mental well-being.

Johnson et al. (2007) conducted a study exploring the experiences of suicidal distress and survival with mental health service users and young people who identified as lesbian, gay, bisexual and transgendered (LGBT). The study used a participatory-action research approach and in-depth qualitative analysis. The aim of the study was to compare and contrast meanings and experiences of suicide related behaviour and survival in two LGBT groups considered at risk of suicide, one group having mental health issues, the second group consisting of young people who did not have mental health issues. Initially nine people participated in a focus group to generate interview questions and approve the final schedule. The themes generated by the group were seen as being relevant to LGBT people who experienced suicide distress. Using the schedule one to one interviews then took place with 12 people, seven of whom had mental health issues and five being young people who had not experienced mental health problems. The findings of the study suggest that suicide distress is experienced in terms of feelings of worthlessness, hopelessness and acute isolation. Negative media images impacted on the participants' ability to develop a positive gay identity, with none of those in the group of young people describing coming out as a positive experience. They associated the '*coming out*' process with shame, confusion and fear of rejection. From an individual perspective discriminatory events pre-empted suicide attempts from a young age, for example homophobic bullying in school. However, in the main suicidal thoughts and feelings were bound up in a range of experiences related to the negative constructions of LGBT lives. Such negative constructions included; homophobic abuse from families, failure by friends and family to recognise the significance of same-sex relationships, perceived parental disappointment and rejection from religious friends. Another finding from Johnson et al.'s study emerged from the group who had mental health issues whereby they experienced a 'double stigma'. The people in this group felt alienated from the LGBT community because of their mental health issues and isolated, and sometimes pathologised, within mental health services because of their being gay. This is in keeping with Dickson et al.'s (2004) findings noted above, whereby a person is segregated from what they perceive as being their 'own' group through stigmatisation and discrimination.

In addition to explicating what factors might lead to suicidality among LGBT people Johnson et al. (2007) also identified strategies used for survival and the prevention of suicide. Three strategies were used by the participants; (1) self-attributes, for example finding a part of the self that wanted to live was considered important for surviving suicidal thoughts and intentions, and believing one had the personal strength to cope with discrimination; (2) interpersonal connections, emerged as the dominant theme as they provide the potential to reduce isolation and alienation; (3) sensitive service provision which encompasses specialist services and mainstream services. The findings of Johnson et al.'s (2007) are in keeping with the findings of the study undertaken by Fenaughty and Harré (2003) who explored the suicide resiliency factors used by young gay men.

Fenaughty and Harré (2003) used grounded theory methodology to explore suicide resiliency factors in eight gay men under the age of 26 years old and living in New Zealand. Four of the men had attempted suicide and four were non-attempters. Fenaughty and Harré used semi-structured in-depth interviews whereby each participant was invited to tell his story and then specific questions were asked for further exploration of the issues raised. Fenaughty and Harré (2003) acknowledge that the amount of resiliency factors afforded to the gay man can fluctuate at any given time. Their overall findings showed that positive social support, positive perspectives and an absence of internalised homophobia, foster and maintain high self esteem which will act as a buffer to living in a heterosexist world. For those showing a resiliency towards suicidality, this involved: positive mass media stereotypes and representations, thus reducing feelings of invisibility, isolation and alienation; positive family acceptance, decreasing hopelessness, giving a stronger sense of security and increasing the person's self-efficacy; school and peer support providing the potential to eliminate stress associated with sexual orientation-based victimisation thus enhancing self esteem and confidence; and gay support network participation, which facilitates collective problem solving, provides everyday positive role models and gives respite from hostile environments.

The study undertaken by Robertson (1998) was part of a larger qualitative study (Robertson & Hutchinson, 1995) exploring the health needs of gay men in Lothian. Robertson (1998) also used a grounded theory approach to analyse the responses of a sample of 37 gay and bisexual men with regard to their mental health experiences and what their health needs were. In total 20 participants were involved in focus groups, whilst 17 had individual interviews. The men all lived in the Lothian area, their ages ranged from 14-82 years old and all were HIV positive and current users of health services. Robertson's premise was that an individual's sense of mental health cannot be separated from their social interaction, sense of self-worth or identity. In view of this Robertson (1998) used a social interactionist approach to examine the effects of being perceived as deviant and the impact this has on a gay man's self-identity and self-esteem from the respondent's view point. With regard to mental health problems, the majority of respondents reported some experience of mental distress linked to their sexual orientation at some point during their lives. Additionally 25% had medical contact due to anxiety and/or depression associated with their homosexuality, with three participants having attempted suicide. The findings of the study suggest that depression can often be associated with hostile and isolating environments; guilt and attempted suicide was linked to family discovery and subsequent rejection and the stress of hiding one's sexuality pre-empted alcohol abuse as a maladaptive coping strategy in managing sexuality, for example to drown out one's feelings and/or giving 'Dutch courage' in pursuing homosexual relationships.

Whilst mental health emerged as a distinct category, Robertson (1998) identified three other categories that impacted on a gay man's mental health. (1) Coming to terms with one's sexuality; facing this alone was very difficult, but for those who did have the support of their family, feeling that they were a burden on the family was also problematic. (2) Whilst self and public acknowledgement was considered to be a source of mental well-being, previous negative media images of gay men and a lack of positive role models lowered their self esteem, thus compromising their mental health. (3) Family and social interactions appeared to be a central issue for the participants, all of whom practiced censorship with regard to their thoughts and

behaviours across a variety of social situations. The reaction of family to their homosexuality had a profound effect on their mental well-being. In a study carried out by Boon and Miller (1999) open-ended questionnaires and content analysis were used to explore the links between interpersonal trust and the reasons underlying gay and bisexual males' disclosure of their sexual orientation to their mother. The study concluded that coming out was related to the level of trust between gay men and their mothers. For those who had disclosed their sexual orientation to their mother, the sharing of this appeared to reinforce an already strong relationship, whereas the mother-son relationship of those who had not disclosed was seen to be weak, fragile and distrusting.

Similar to the findings of other studies (Coyle, 1992; Flowers & Buston, 2001; Johnson et al., 2007), Robertson (1998) identified that constant fear and the felt need to hide their true self resulted in feelings of isolation and alienation. For some in Robertson's study this led to compartmentalising feelings when engaging with the heterosexual world, the consequence often being that they lost the ability to express their emotional self. A consequence of not being able to express their emotions was unsatisfactory relationships and lower self esteem. It would appear that the findings from Robertson's study compliment the findings reported in Fenaughty and Harré's (2003) study. In addition Robertson (1998, p:38) also reported that in light of their experiences, and in particular those with healthcare professionals, the majority of men in his study also had a "deep distrust of professional health services." This finding is in keeping with a number of published empirical qualitative studies (Cant, 2005; Golding, 1997; Lebolt 1999; King & McKeown, 2004; Mair, 2003; McFarlane, 1998; Pixton, 2003) all of which have explored gay men's experiences of contact with health and social care professionals.

In reviewing the qualitative studies specifically focusing on suicidality, mental health and sexual orientation, what appears to be a central theme is the interplay between identifying as a gay man and living in a heterosexist society. Flowers and Buston (2001) used retrospective accounts from in-depth interviews with 20 working class gay men from a small town in the

north of England, using interpretive phenomenological analysis to explore their experiences of growing-up in a heterosexist society. They found that the process of forming a gay identity occurred both psychologically and across social contexts, for example work and school, both of which are characterised by the normative nature of heterosexuality. Flowers and Buston (2001) identified being defined by difference, inner conflict, living a lie, alienation and isolation, self reflection, telling others and wholeness and integration as dimensions of gay identity that were a response to prevailing social attitudes.

Being defined by difference was unanimously described negatively by the men in their study, and when discussing the time at which their difference was named, the consensus was that it had major implications for the onset of mental health problems at a young age. Flowers and Buston (2001) suggest that the accounts of the men in their study illustrate the interpretive nature of identity construction as retrospective accounts of childhood marginalisation. They propose that it is the growing perception of being different and linking that difference to a gay identity that leads to inner conflict. For Flowers and Buston the inner conflict is further exacerbated by internalised homophobia, the negative attributes associated with gay identity becoming a “common psychological experience.” (p:56). For the men in Flower and Buston’s study, such negative stereotypical associations led to experiences of alienation and isolation, seeing the self as both derided and worthless. The men in the study counteracted their negative feelings by ‘living a lie,’ and continuing to assume a heterosexual identity. This is commonly known as ‘passing’ (Coyle, 1992; Humphreys, 1972; Troiden, 1989) and involves segregating the social world into heterosexual and homosexual spheres. This requires an inordinate amount of emotional energy to ‘pass’ as a straight man whilst increasingly identifying as gay (Flowers & Buston, 2001). Disclosure, implicit in the coming out process, appeared to be pivotal in forming a gay identity for the men in the study, and like others. Flowers and Buston acknowledge its centrality in models of identity (Coyle, 1992; Wilson, 1999).

In an earlier study related to the coming out process. Ben-Ari (1995) using narrative interviewing, concluding that sexual identity is established prior to disclosure and suggesting that those who have not come out to parents need to feel comfortable with self before disclosing to parents. This was in contrast to earlier research (Cramer & Roach, 1988) which suggested that the coming out process has a positive influence on sexual identity. Regardless of sexual identity being established prior to or following disclosure, Flowers and Buston (2001) found that, following disclosure, the participants understood themselves and were able to achieve a sense of integrity and wholeness, thus “living their lives as their authentic selves” (p:60). However, Flowers and Buston also acknowledge, in keeping with others (Coyle & Daniels, 1992) that for gay men, coming out is an ongoing process.

In valuing the rubric of quantitative and qualitative methods, Coyle (1992) used quantitative methods, born out of qualitative studies, to explore gay identity experiences of a non-clinical group of 140 gay men living in the Greater London area. A questionnaire, previously piloted, was used to address a broad range of experiences and, in addition, the men were asked to complete the 30-item General health Questionnaire (Goldberg, 1978) to ascertain their level of psychological well-being. Two important findings emerged from this study; (1) psychological well-being was found to be significantly related to the extent to which the respondent perceived his being gay as advantageous and (2) the degree of involvement he has in the gay subculture. With regard to the latter finding Coyle and Daniels (1992, p: 192) suggests that;

“A high degree of involvement with the gay subculture can decrease the potential for gay men to experience anxiety, stress and depression as a result of their gay identity.”

For those who did not regard their being gay as personally advantageous there were reports of despair. Respondents had learnt that being gay was something to be despised and ridiculed and could be a source of distress for those who knew they were gay. Coyle (1992) suggests that this could be linked to psychological dysfunction with regard to alienation, isolation, loneliness,

guilt, low self esteem and self-blame. As a way of counteracting the negative associations of being gay a number of respondents, like the participants in Flower and Buston's (2001) study, engaged in passing as heterosexual, adding further stress to their life and compromising their psychological well-being.

To date only a few studies have used qualitative method of inquiry with people per se who have engaged in suicidality (Greenland et al. 2004; Johnson et al., 2007; Kidd & Kral, 2002), and even fewer have focused on suicide and issues relating to gay people (Fenaughty & Harré, 2003; Johnson et al., 2007). Regardless of the growing number of studies that demonstrate a correlation between suicidal distress and discrimination on the basis of sexual orientation, there remains a dearth with regard to studies that have addressed the individual narratives of gay people who experience this distress (Flowers & Buston, 2001; Johnson et al., 2007). In recognising the difficulties gay men have in 'coming out', Flowers and Buston (2001) concluded that it is only gay men who have run the gauntlet and succeeded in constructing a positive gay identity who are available to participate in explorative research. Whilst the above is a safe option, the challenge for my research was not to shy away from the emotionally difficult topic of suicide, but to move beyond the social taboos in pursuit of exploring the complexities of being a gay man living in a heterosexist society and the impact that may have on their mental well-being and, in particular, their suicidality. Whilst being mindful of the researching of sensitive topics always having the potential to restimulate painful memories (Coyle & Wright, 1996), the participant's decision as an adult to engage in research has to be respected. The next chapter sets out the methodology I used in this research to explore the experiences that are foregrounded during the childhood, adolescence and early adulthood of some gay men who have engaged in suicidality.

CHAPTER TWO: METHODOLOGY

In this chapter the research methodology used in undertaking this study is presented and discussed in the following seven sections: Producing a Methodology; The Approach: The Participants; Ethics; Data Handling; Presentation of Findings and Critical Reflection. The purpose of the study was to explore why young men with a gay sexual orientation are more at risk to suicidality than their heterosexual counterparts. The personal biographies of gay men who have experienced suicidality were explored, in order to gain a greater understanding of the complexities of their lives. My interest in this topic is born out of my work in clinical practice as a primary mental health nurse, as it has brought me into contact with a number of gay men who have, at different times in their life, experienced mental health problems and/or contemplated suicide.

Research Question

What significant biographical experiences are fore-grounded during the childhood, adolescence and early adulthood of some gay men who have engaged in suicidality?

Section One: Producing a Methodology

The quantitative qualitative debate

In choosing a research methodology the two paradigms of quantitative or qualitative approaches each reflect a specific philosophical stance relating to the nature of knowledge. Quantitative research is associated with positivism, post-positivism and modernism. In the Western world it has been the paradigm of choice for social research since the mid-nineteenth century (Rolfe, 2001). Positivists believe that there is a single, knowable reality which exists separate to, and independent of the self, and that such reality can be elicited through application of a rigid

scientific method. However, for many, positivism in its pure sense is considered untenable. Post-positivists adopt the position of critical realism, believing that, whilst an objective and independent reality exists, the ability of the researcher to accurately access it is more challenging (Rolfe, 2006). In keeping with the notion of post-positivism, modernists emphasise the belief that human-beings progress towards an ideal state through rationality and methods of science. Regardless of which position is adopted, quantitative research has played a central role in evidencing a strong correlation between homosexuality and suicidality in young people (Bagley & Tremblay, 2000; Fergusson et al., 1999; Sandfort et al., 1999). However, outcomes from epidemiological studies do warrant further exploration of the lives of young gay men in order to understand and ultimately improve their mental well-being.

To reiterate, homosexuality per se is not an indicator of pathology nor is it inevitably linked to mental health problems (Friedman, 1988; Roughton, 2001). Garofalo et al. (1999) believe that, while most gay youth cope with stresses and become healthy, productive adults, understanding the interrelationship between the internal psyche and the external social world may aid the recognition of vulnerable young people. To date, the plethora of quantitative research relating to homosexuality and suicidality (Fergusson et al., 1999; Garofalo et al. 1999; Remafedi, 1999) lacks the analysis of biographical details and fails to reflect the unique experiences of individual gay men who have encountered mental health problems and/or suicidality. From a social psychological perspective, there is a growing body of knowledge addressing such issues as gay identity, 'coming out', homophobia and heterosexism, all of which may have an impact on a young person's mental well-being (Coyle, 1992; Flowers & Buston, 2001; Plummer, 2001; Rivers, 1996). However, this literature does not directly address what could be relevant issues contributing towards the increased prevalence of suicidality among young gay men. In seeking to address this deficit, this study adopted a qualitative psychosocial approach, developed by Hollway and Jefferson (2000), which facilitated the exploration of the early memories of adult gay men who have experienced suicidality.

Qualitative research is grounded in a philosophical position that deals with how people understand experience and interpret their world (Mason, 1996). In general qualitative methods seek to embrace and explore the complexities of human experience by recognising the multiple realities constructed separately by each individual (Denzin & Lincoln, 1998). Post-positivist qualitative approaches challenge the idea of there being a single reality, replacing it with multiple realities which take account of human experience and the way it is structured through language and culture (Meier, 2002). However, qualitative methods are not homogenous, having emerged from a variety of traditions, for example ethnography, phenomenology, and social constructionism (Madill et al. 2000).

Taking an epistemological position

Qualitative research has been divided into two broad categories, 'realist' or 'social constructionist' (Bannister et al. 1994). Realism, whilst not being opposed to quantitative methods, assumes that 'scientific' methods can produce findings that reflect the 'real' world, whereas constructionist approaches suggest that research practices construct versions of reality. Social constructionists, whilst not opposed to science and how it operates, assert that realities are social constructs of linguistic communities and highlight the important socio-political aspect of research (Mills et al., 2006). For the social constructionist the idea that knowledge is based on objective, unbiased observation of the world can be challenged and credence needs to be given to the fact that knowledge is historically and culturally defined, and consequently sustained, by social processes (Burr, 1995). In acknowledging the socio-political aspect, the research process, as well as recognising the specifics of each case, also has to take account of particular meanings that are produced during the research encounter. A social constructionist position recognises the research process as social interaction informed by inter-subjective dynamics as well as taking account of the wider socio-cultural constructions such as gender, sexuality and mental health. This will require the social constructionist researcher to understand

and interpret the human psyche in the context of a person's lived experience, as it is retold in the research encounter. Gaining such understanding, however, is not always easy.

For example, Hollway and Jefferson's (2000) initial approach to gaining such understanding espoused an approach of critical realism, a realist ontology and a relativist epistemology, focusing on the relationship between a person's retrospective, and at times, what they considered as being ambiguous representations, and their lived experiences. To some degree this is in keeping with Crossley (2000) who suggested that narrative approaches should recognise the need for a relativist epistemology giving respect to the experiences of specific individuals. Hollway and Jefferson (2000) subsequently asserted that we can only understand the inner world of a person when we have knowledge of their experiences in the external world. However, they also suggest that this experience of the external world cannot be understood without knowledge of the way in which the person's inner world allows them to experience it. This dual commitment to a realist ontology, the basic premise being that events and processes studied have an 'out there' reality, and constructionist epistemology, whereby human behaviour is concerned that those events often come already organised into narrative form, has been a cause of concern (Mishler, 1986). Towards the end of their book Hollway and Jefferson (2000) reassert their position as neither being critical realist or constructionist, but one which values the discursive "in disrupting the traditional idea of the transparent, unmediated self" (p:156), and thus, they believe a more useful approach by way of understanding how people often construct their narratives.

In using Hollway and Jefferson's methodology I am aligning myself to the use of a psychosocial approach which acknowledges the interrelationship of self and others in personal development that is often polarised in an individual/society dichotomy. The social constructionist's perspective would be one whereby the individuation of self concept and its psychic struggles are no more than social structures mediated by language, their reality bounded by historical and cultural contexts (Kitzinger, 1992). The goal of constructionism is to understand, through

language, the individual and how he/she makes sense of their world as a unique, complex entity, whose lived experience is anchored to a historical socio-cultural reality that is often outside of immediate awareness, but accessible to be brought back to conscious awareness. Ontologically, constructionists believe that multiple realities exist and are constructed in relation to the individual's experience and perception of their social environment. For the individual, their experience and perception of their social environment will be influenced by a range of different and competing social discourses. Arguably, both homosexuality and suicidality are social constructs (Frosh et al., 2003; Remafedi, 1999; Weeks, 1995). Weeks (1995) believed that social processes construct subjectivities, not only in terms of categories but also in shaping individual desires. Implicit in where an individual positions themselves within a social discourse will be mediated by value judgements. This can make the research encounter in using these approaches more problematic. For example, epistemologically the constructionist might adopt transactional and subjectivist stances which maintain reality as being partial, situated and open to interpretation, and, as such, can be captured through the dynamic interaction between researcher and participant where the researcher's own lived experience becomes part of the research process.

However, when such lived experiences are differentiated and more so challenged by personal values and beliefs, understanding within the research relationship may become obscured. As a consequence of this the participant may become defensive in terms of their narrative only telling what they consider to be 'an appropriate story' in the eyes of the researcher. It is perhaps because of these difficulties that some critics of social constructionism (Kitzinger, 1992; Taylor, 2006) have suggested that it lacks a systematic approach in terms of analysis and tends to use discursive analytic methods for the process of analysing and interpreting data, albeit, such observations are also social constructions situated in a different paradigm. For example, reliability and validity within the context of generalisability as an important outcome of research, can be systematically demonstrated; however, they are in themselves social constructs associated with a positivist discourse.

Taylor (2006) suggests the logical extension of social constructionism is discursive psychology. Here the emphasis is on the social and situated nature of meanings and how such meanings are constituted within the language we use. For a few (Frosh et al., 2003; Wetherell, 1998), the work of Lacan has been considered appropriate to discursive psychology as, in addition to ascribing meaning through language, it also emphasises the way in which subjectivity is structured in and by culturally bound discursive relations. However, Crossley (2000) argues that whilst research needs to retain the ability of appreciating the linguistic and discursive structure of self and experiences, at the same time it also should retain “a sense of the essentially personal, coherent and ‘real’ nature of individual subjectivity” (p:530).

Thus in developing my methodological approach I began to understand that many of these approaches were ‘*useful*’ and ‘*appropriate*’ but often only in tightly bounded ways. For me, and in keeping with others, in considering the above, what discursive psychology fails to address is a conceptual framework to explain why people take up particular positions in relation to the dominant social discourses (Frosh et al. 2003). From an interdisciplinary perspective post modernists and deconstructionists have availed themselves of psychological and in particular psychoanalytical concepts as a means of deconstructing, analysing and interpreting the complexity of such individuation (Warne & McAndrew, 2007a). For example Hollway and Jefferson (2000) when analysing their data use the concept of defense mechanisms, as a means of recognising unconscious intersubjectivity, thus giving attention not only to the individual’s biography but also to the emotional subtext inherent in their narrative.

However, whilst psychoanalysis concerns itself with the unconscious and the deeper hidden meaning behind the manifest text of what people say, for some (Morse, 2000) the fundamental idea within qualitative research of ‘giving voice’ to human experience becomes obscured through interpretation of the unconscious on the part of the researcher. This created a tension for me as I am committed to the belief that it is only by listening to the voice of service users,

hearing their story, that mental health care will be effective. Returning to the notion of people taking up particular positions within dominant discourses, psychoanalytic interpretation has the potential to illuminate conscious and unconscious reasons behind why an individual chooses a specific rhetorical or discursive position, thus aiding greater understanding (Frosh & Emerson, 2005). For example Carl suggested *"I hated football, I always hated sport. I was never interested in playing cowboys and Indians because I used to feel stupid running around making silly noises, or kicking a ball, and so that made me a bit odd.....and I used to usually play with, with the girls because I found them a bit more interesting"* (Carl: 1, p11)

The positioning of self within a particular discourse could be posited as defensive, serving the purpose of protecting the vulnerable aspects of self (Frosh & Emerson, 2005; Hollway & Jefferson, 2000). For example, the image of the 'vulnerable self' reflects the different levels of self confidence I have experienced in undertaking this PhD. In keeping with a social constructionist perspective my pervasive belief, historically and culturally, is that the Doctorate is the 'gold standard' of academia. In terms of a prevailing social discourse that values education the award of PhD is attractive in terms of gaining formal recognition for the quality of work produced. As a doctoral student, my felt lack of confidence in my ability to achieve such a standard, hence my sense of vulnerability, would dictate where I place myself within that specific discourse. In terms of explaining myself with regard to realism, I believe I know who I am historically, but that person seems to change as I progress through different phases of my life and the way in which these are mediated through differing relationships. All of these aspects at different times combine to allow my vulnerability to resurface. For example, during my formative years education did not feature highly. Although both parents wanted us (brothers and self) to *'do well'* neither put pressure on us to perform well, but adopted an attitude of *'you can only do your best on the day'*. Now finding myself in a position of being employed to educate others and trying to gain this 'gold standard' award I have moved from a position where I felt I was not an academic because I simply believed (sic) that I did not have the same level of educational experience/preparation attributed to those who have dedicated their lives to

academia, to a position where I understand that the latter is a place few people get to. Borrowing from Winnicott (1960), I have personally come to the place of being a '*good enough*' researcher and as such I have started a journey where the current destination is one that is about how my work can contribute to the knowledge and understanding of others. However the destination is infinite in terms of learning and giving.

This is a strange place to be. At times I have felt like the '*hunt and peck*' ethnographer (Schwartz & Jacobs, 1979), I am stuck with me on one hand trying to find a path to enlightenment through the many philosophical approaches to research, yet being confronted with the incompleteness of these approaches in allowing me to do justice to those whom I have interviewed. For example, I originally felt strongly that I wanted to refer to participants as co-researchers as I had done in my Masters Degree. However, my PhD supervisory team and I debated the use of this term, and they were not convinced that it would be appropriate for me to refer to the participants in this way. As doing a PhD was '*all new to me*', I felt and believed that I should go along with the '*experts*'. My perception was the supervisor's knowledge was greater than mine and by working in their suggested structures I could create some security for myself as a student. In referring to what I saw as my '*co-researchers*' as participants, and in going along with my own passivity, I felt I was condemning them to what I considered was passive involvement. I was doing research on people and not with people. For me such passiveness with regard to the '*participants*' sits uncomfortably, as does the parallel process of my own passivity.

In terms of this study, at one level, my participants' stories are interesting from the point of one human being listening to another human being. However, there is more to their stories than simply '*fitting*' them into certain social constructs that focus on transient social, historical and cultural contexts or the language used at any given point in time to articulate their position based on their felt experiences. For me, in using a purely constructionist and/or discursive approach, an important dimension of the data would be missing; that is, the acknowledgement

of the pre and/or unconscious self of those engaged in narrative research in relation to making sense of the stories.

Becoming a bricoleur

Consciously, part of my personal struggle in developing a methodology has been to pick or choose one of many philosophical research methodologies and abide strictly to its conventions. Whilst each has their own strengths and limitations, I feel to commit to one is constraining. Each philosophical approach, as a single entity, fails to address all the beliefs I hold over how individuals should treat and be with each other. For me this was a dilemma. As a person I feel I am open to ideas and welcome creativity in my relationships with others in both my personal and professional life. Yet in undertaking this PhD study, I abandoned this way of being, in favour of a more bounded and, with hindsight, a more limited view of the world. The catalyst for change to this constraining way of thinking was undertaking my viva.

Drawing on the familiar (from practice) principles of psychoanalysis in challenging the unconscious, and until having to amend my PhD thesis, I had aligned myself to a pre-constituted philosophical base that allowed me to deny my unconscious process of feeling vulnerable and the anxiety/conflict it created inside me. In experiencing a viva and being challenged about some of the above thinking I was at once confronted with my suppressed yearning to think about doing my research through utilising not one particular philosophical or methodological approach but to develop a multi-faceted approach that recognised the complexity of engaging in the research process.

The viva allowed me the opportunity to momentarily stand on the shoulders of giants (Merton, 1965), and see the world in the different way required for me to gain confidence in pursuing and presenting my research endeavour. The catalyst for this was my introduction to the work of Kincheloe (2001; 2005) and others (Denzin & Lincoln, 2000; Morawski, 1997) and their

thoughts on the renaissance (in qualitative research) of the notion of bricolage. The origins of bricolage in the context of research can be traced back to the anthropological work of Lévi-Strauss (1966) in his work *The Savage Mind*, and to Denzin and Lincoln's (2000) work on qualitative methodologies. The development of their work in this area, can likewise be traced back to the work of Simmel, Goffman, Garfinkel and Schutz who as sociologists were all interested in better understanding 'everyday life'. Warne (1999) used a form of bricolage in his 'hunt and peck' ethnography of relationships used in 'GP Fundholders' during the mid 1990s. This was not ethnography of people, but of the topic of relationships from a sociological perspective, albeit these involved the behaviour and actions of people. In a similar fashion, the notion of bricolage, as advocated here, recognises the dialectical nature of such relationships and in this context, is concerned not only with divergent methods of inquiry but with diverse theoretical and philosophical understandings of the various elements encountered in the act of research (Kincheloe, 2001; Ponterotto, 2005).

Clearly just as the research process is multifaceted, the topics of homosexuality and suicidality are themselves multifaceted and complex, being contextualised in terms of social, cultural, religious, psychological and educational domains. In adopting methodological flexibility, bricolage offers new ways of understanding these complexities in the lived world. The bricoleur brings to bear in her research those positive aspects of various philosophies and methodologies that can be utilised within a given research methodology for the purpose of trying to gain insightful answers to the research question posed. Denzin and Lincoln (2000, p: 4) define a bricoleur as a:

"Jack of all trades or a kind of do it yourself person who deploys whatever strategies, methods, or empirical materials that are at hand... ...if new tools or techniques have to be invented or pieced together, then the researcher will do this"

The bricoleur believes that the object of inquiry cannot be separated from its context that is the language used to describe it, its historical situatedness and the social and cultural interpretations of its meanings as an entity in the world (Kincheloe, 2001; Morawski, 1997). In doing so it acknowledges a non-reducible plurality of such concepts (Bernstein, 1983). In addition to this bricoleurs also utilise their consciousness regarding the relationship between their way of seeing the world and the way in which the social location of their own personal history will shape the production and interpretation of knowledge. This allows the bricoleur to move beyond the notion of research method being merely a procedure, to one that respects the complexities of the lived world and works towards connecting the research act to the emotion and the heart of lived human experience (Kincheloe, 2005).

When reflecting upon my original thesis, the concepts of bricolage grew in significance in relation to my personal beliefs around the complexity of humanity and the struggle of trying to ‘fit’ the personal narratives of my participants, my self as part of the research process and the context of the encounter into ‘one’ methodological position. Becoming a bricoleur has provided me with a more cogent foundation for exploring the paradoxical aspects arising from embracing the plurality of approaches within the boundaries of a qualitative paradigm. However, this is not a paradox that simply arises from such polarised and ideal positions. It is a more complex and multi-layered challenge peculiar to the qualities of the researcher undertaking research in a world largely defined by positivism and quantitative methodologies.

Addressing the Methodological Challenges

Woolgar (1988) (cited in Bannister et al., 1994) describes a number of ‘*methodological horrors*’ that are characteristic of the above challenge. These include: (1) indexicality, the explanation always being tied to a particular occasion or use and will change as the occasion changes; (2) inconcludability, where the account offered can always be supplemented further; and (3)

reflexivity, the way in which we characterise a phenomenon will change the way it operates for us and that in turn will change our perception of it.

Indexicality

Rather than tying meaning to a particular occasion which will inevitably change and/or be used in different ways, the qualitative researcher might as an alternative, theorize it. To do this the researcher identifies patterns of influence on the research setting and develops an account of how these patterns have played a part in the outcome of the study (Henwood & Pidgeon, 1992). In recognising indexicality further thought needs to be given to validity and reliability. The scientific rigour of quantitative research methods, for example randomised controlled trials, are assumed to offer both reliability and validity on the assumption that good research can be replicated. However, it has been argued within the scientific community (Feyerabend, 1970; Phillips, 1973) that no piece of work can be exactly replicated as there will inevitably be a change of researcher, research subjects, and meaning of research tools over a given time.

According to Leninger (1994), rather than replicability, the reliability of qualitative research should be assessed by consistency of meaning. This would be the position adopted by realist qualitative researchers, who aim to put research on a more scientific basis. Researchers ascribing to realism believe that the methodology used should be cognisant with exploration and interpretation of their chosen object of study. With regard to human beings, who have the power to reflect on their actions and experiences, this means using methodologies which engage with, rather than screen out, those powers (Parker, 1994).

However, those who prefer to contextualise the analysis argue that all accounts are imbued with subjectivity and, as such, reject the notion of consensus per se believing that diverse perspectives potentially provide a fuller understanding of social and psychological phenomena (Madill et al. 2000). It is when the subjectivity and context of the research setting are explored

with regard to particular meaning that ecological validity is achieved (Parker, 1994). This can be done with the participant and will render demand characteristics, volunteer characteristics and experimenter effects both visible and accountable. In this study, whilst the participants will infer meaning to particular events in their lives the inter-subjectivity of the research encounter will have had some bearing on how he tells his story. The process of qualitative research respects both the importance of language and the rights of the participant to speak. In this way the research setting mirrors 'real life' and therefore in order to guarantee a stronger form of ecological validity it is important to acknowledge that the findings of the study are as fragile and mutable as real life itself (Parker, 1994). For example, after sending Ian his transcript from the first interview at the second interview he felt the need to recontextualise some of the data.

Inconcludability

One of the strengths of qualitative research is the way in which accounts of action and experience can be reinterpreted and understood from a new perspective. This will offer the reader the space to bring their own understanding of the issue to bear on the text. In order to be rigorous in conducting qualitative research, the researcher must aim to achieve an open context and at the same time be willing to let go of pre-constituted views by undertaking a process of deconstruction. The researcher will then examine many dimensions of the area being studied forming new ideas (reconstructing), but at the same time acknowledging that the present reconstruction is only one of many possible interpretations (Burns & Grove, 1993). Criticism of such inconcludability centres on the lack of generalisability.

Generalisation is a contentious issue with regard to qualitative research per se, and in particular case study research (Hollway & Jefferson, 2000). Qualitative research is criticised for attaining knowledge both from individual participants and/or by involving a small sample in one context, and therefore not transferable to another context. I suggest that whilst it might be difficult to generalise findings based on the sample of four used in this study, the in-depth narratives can

offer important insights regarding life experiences through exploring and analysing the similarities between these four men. Once this has been achieved the findings of this study can then be considered in relation to the findings of other similarly focused studies. Inherent in this standpoint are additional implications for the validity of the research. Kvale (1999) draws on Kennedy's (1979) premise of case law. The argument is made whereby it is the preceding case that is most comparable, having the most similar attributes, which is selected as the most relevant precedent. In this instance the validity of the generalisability rests on the extent to which the attributes compared are relevant, which in turn rest on the rich dense descriptions of each case. Drawing on these parallels, Kvale (1999) suggests that it is the researcher who should make a judgement with regard to the previous case being sufficiently analogous to be used as precedent for the present case and it is the responsibility of the researcher to provide adequate evidence for analytic generalisations to be made.

However a major strength of qualitative research is that it recognises alternative interpretations, in that it openly acknowledges that its results are always provisional and the report always open to a variety of interpretations offered by its readers. A deconstructive approach challenges the privileging of the written text over the reading of that text, whereby every reading of that text creates a new and different text, opening it to new versions of itself by bringing to light hidden assumptions, inconstancies and fresh meaning (Agger, 1992).

Reflexivity

Qualitative research does not make claim to be objective but does instead offer a different way of working through the relationship between objectivity and subjectivity and using that subjectivity as a resource. Parker et al. (1994) believe that the closest a qualitative researcher can get to being objective in their account of the phenomena is by an exploration of the ways in which the subjectivity of the researcher has structured the way in which the phenomena have initially been

defined suggesting that any pretence of neutrality would be disingenuous. However, this approach assumes a process that is entirely available to conscious awareness.

Actively participating in the study of phenomena will have an effect on them. As a researcher it is important to acknowledge that you go to the research encounter escorted by your own personal agenda, both conscious and unconscious, and come away with your own subjective interpretations and representations. The position of the researcher is implicit in the process both in terms of the initial defining of the problem and with regard to their interaction with the material to produce a particular type of sense. Accepting this situation, and in particular when engaging in an emotionally provoking encounter, it is impossible for the researcher to remain detached and therefore imperative that the researcher examines their own involvement in the process. The role of subjectivity needs to be acknowledged and one very important and practical way of doing this is by using reflexive analysis. Reflexivity has been an important part in the evolution of qualitative research, allowing the researcher the opportunity to reflect on how knowledge and understanding have been developed within the context of their own perspectives (Finlay & Gough, 2003).

The reflexive process enables the researcher to explore his/her impact on the inter-personal dynamic of the research encounter. As an integral part of the research process, being reflexive requires the researcher to engage in ongoing self-critique and self-appraisal. Indeed bricolage as a multifaceted process urges its use as a way of expanding one's critical consciousness. Without critical self-analysis the research will have limited value and could be open to the charge of self indulgence (Finlay, 2003). Whilst it is accepted that each researcher will tell the same story differently, what Barthes (1977) refers to as '*the death of the author*', reflexivity can promote transparency allowing the reader insight into how meanings have been negotiated and ascribed in particular social contexts. In achieving this, the reader is then offered the opportunity to revise the text thus adding to its constant growth, development and refinement.

Finlay (2003) describes five typologies representative of variants of reflexivity, each one taking account of differing epistemological values and assumptions. For me, her second typology, reflexivity as inter-subjective reflection, would be most akin to the emergent philosophical stance I utilised in the research presented in this thesis. This approach takes account of how unconscious processes structure the inter-personal dynamic between researcher and participant/s. The aim of this typology of reflexivity is to focus on self in relation to others. However, caution should be exercised not to focus on one's own experience to the extent of it overshadowing the experiences of the participants (Finlay, 2003).

All research settings are imbued with personal unconscious as well as conscious meaning (Hunt, 1989). In the therapeutic encounter, transference, counter-transference and resistances are interpreted as the emotional responses aroused in client and therapist. Whitelaw (1999) sees parallels with the research process, by exploring the emotional responses aroused in the researcher by specific qualities of those participating in the research and the research itself. Likewise, Gough (2003) identifies the long and rich tradition psychoanalytic theory has with regard to inter-subjective dynamics, but also notes the rarity of such theory being used in conjunction with reflexivity. During the research encounter the unconscious projection and introjection of ideas and feelings also take centre stage, but the complexity of accessing the unconscious, in this instance on the part of the researcher, is well documented (Crowe, 2004; Gadd, 2004; Whitelaw, 1999). Whilst keeping a reflexive diary is useful it does not always capture the complexity of the dynamics present in the research relationship. For this particular research study I chose to incorporate 'clinical' supervision, in addition to academic supervision and keeping a reflexive diary, in an attempt to access my own unconscious processes that will have impacted on the research process (see below). Critical reflexive accounts of differing aspects of the process will, from here on in, be included at the end of each chapter.

Section Two: The Approach

Psychoanalytically Informed Methodology

Professionally I spend one day per week working in clinical practice offering therapy to adults who are experiencing mental health problems that are often a manifestation of earlier psychological trauma. On a personal level my preferred way of working is by using a psychoanalytical approach as I subscribe to the belief that early life experiences shape the way that we function in the here and now of adult life. Kvale (1999) raised the notion of it being nonsense for a therapist undertaking research to forgo the research potential inherent in their own therapeutic practice. In giving consideration to this notion and the research question I posed, it felt natural to use the skills and knowledge that I have developed during my years of professional practice in the mental health arena.

According to Kvale (1999, p:101), “knowledge is neither inside a person nor outside in the world, but exists in the relationship between persons and the world.” Contemporary psychoanalytic theory emphasises the importance of the psychosocial context of a person’s life when trying to understand and make sense of their distress. Critics of post-modernism (Dunne, 1995; Parker, 1991) have been concerned with what they perceive to be an overemphasis on language and the socio-cultural context to the extent whereby the ‘self’ is in danger of being annihilated. With the above in mind and the chosen topic area, I felt that the most appropriate methodological approach would be one that aligns itself closely to psychoanalysis and is able to make use of conscious and unconscious processes inherent in the research encounter. In keeping with the chosen methodology and my experience and knowledge from clinical practice I have also used psychoanalytic theories as an explanatory framework for my analysis of each man’s experiences. Such theories include: oedipal theory, defense mechanisms, mirroring, language development, transference and counter-transference.

Psychoanalytic Theory

All interpretative research involves the application of some pre-set theoretical concepts. Consciously or unconsciously the researcher will apply such concepts as a way of making sense of the data thus compromising the notion of genuinely emergent themes (Freshwater & Avis, 2004; Frosh & Emerson, 2005). Over the years I have used the principles of psychoanalytic theories to inform my clinical practice. Psychoanalytic theory is rooted in the belief that we develop a sense of self during childhood and this will be mediated, consciously and unconsciously, by factors such as the socio-political and cultural context of our external world and how we interpret these. Such contexts are discursive resources that are often used in constructing identity (Taylor, 2006). Whilst there are many strands of psychoanalytic theory, one of the fundamental tenets underpinning the theory is that during the development of self, our inner world will at times be in conflict with the external world and any threat to the self will create anxiety and thus has the potential to lead to inner conflict. To understand how the former can arise from the latter it is important to comprehend the human psyche in the context of a person's lived experience. Suicidality is recognised as a time of inner conflict requiring exploration and understanding of how the person perceives his/her external world and where the self '*fits*' in that world.

In using psychoanalytic theories, particularly those of conscious and unconscious motivations, transference and counter-transference and the psycho-social context of a person's lived experience, to underpin my clinical practice I have become familiar with the various concepts to the point of them becoming a way of thinking. As noted above, using professional thinking and knowledge to inform the interpretation of what the data is saying is well recognised. The belief is that by using theory in this way it becomes grounded in the data as opposed to the data being immersed, and perhaps lost, in the theory (Midgley, 2006). Having familiarity allowed me to apply theoretical concepts to data rather than fitting data to pre-set concepts. For these reasons and in trying to avoid 'theoretical' interpretation, it was important for me that, as a researcher, I

was free to explore concepts from the three groupings of contemporary British psychoanalytic perspectives; Psychosexual development theory (for example the work of Freud, Jones and Isay); Object-Relations Theory (for example the work of Klein, Bion and Winnicott) and the Independent Movement (for example the work of Symington and Kohon).

Likewise, just as the researcher uses theoretical concepts to interpret data, people often locate their narrative within a theoretical, as well as their discursive understanding of the inter-subjective nature of self and the world. Using a psychoanalytic framework for interpretation can add meaning to discursive approaches by offering explanations not only of where a person situates him/herself, but also of motivation by perhaps revealing the conscious and unconscious reasons behind an individual's choice in their rhetorical and/or discursive position (Frosh & Emerson, 2005). The basic premise of psychoanalytic theory gave me the opportunity to explore how the life experiences of the participants, particularly during the formative years, have impacted on the men's behaviour in later life. It also enabled me to begin to make sense of how their experiences contributed to their suicidality by utilising a variety of processes, conscious and unconscious, inherent in the research encounter.

However, inherent within the application of any given theoretical framework to analysing data is its power to restrict available textual interpretations to those already given prominence by the theoretical system itself (Frosh & Emerson, 2005). I believe that the approach used for collecting and analysing data gave the participants opportunity to have 'free rein' to make associations and connections between the experiences of their external world and the conflicts they experienced within their psyche. Whilst this opportunity for 'free rein' exists, it also has to be acknowledged that the associations being made are situated in terms of the focus of the research and the interpersonal dynamics occurring between researcher and participant. In trying to address the issue of power I felt that it was important not to be tied to one particular psychoanalytic theory but to use the various concepts from each school in a flexible way using my skills as a therapist to extrapolate and deconstruct what the data are saying in an attempt to

avoid selecting data that ‘fit’ specific schools of thought within a given theory. Additionally, within the process of analysing data it was important that I remained cognisant of my own values and beliefs and question why I had chosen specific data and was interpreting that data in a particular way (see below).

I believe the theoretical underpinning of the research methodology I have chosen will facilitate an in-depth exploration of the participants’ gay sexual orientation and what, if any, relationship it has had to their suicidality. Given that this research study involves the exploration of complex early life experiences of four disparate men, the most appropriate method was that of developing case studies which utilises free association narrative interviewing (FANI) as a means of data collection.

Case study using narrative interviewing

Primarily it is clinicians who make use of case studies as a way of gaining insight into the whole person in the context of their lived reality. Individual case study has been at the core of most theory development in clinical psychology (Edwards, 1998). As a practitioner, case study is a method I am familiar with in order to gain knowledge, insight and understanding of my patients’ world. In terms of the research process, single case studies can be used to confirm or challenge a theory, and are ideal for in-depth understanding of an individual’s experience. Green (2003) emphasises the uniqueness of each gay man and the consequent need to look at each case individually. Through hearing the individual’s account of their lived experience in the context of their social world, an understanding can be gained of how each man locates himself in relation to his internal and external worlds. However, what is paramount in using case studies successfully is the way in which information is elicited and the skills of listening and attending on the part of the researcher.

Hollway and Jefferson (2000) identify four approaches to interviewing: traditional, feminist, narrative and clinical. Traditional approaches have tended to adopt an all structured or semi-structured question and answer type interview where the agenda, sequencing of questions and the language used have, in the main, been set by the researcher. However, it has been argued that doing this merely suppresses the telling of the stories on the part of the participants (Mishler, 1986). Feminist approaches (for example see Burman, 1994; Hollway, 1989) are critical of the unequal power relations within the interview encounter and have concern that this could parallel the subjugation of women in the wider social context. Feminists believe that such experiences would lead to the interviewee being constrained both by the interview encounter and by the lack of control regarding the analysis of the data (Hollway & Jefferson, 2000). Some feminist writers suggest that one way to address this dynamic is to match the interview pair in terms of gender. Whilst I appreciate the advantage of interviewer and interviewee being able to share understanding through their shared gender, my experience in clinical practice has led me to believe that eliciting a person's story can, on some occasions, be easier when the two do not share the same gender. Indeed the difficulty for gay men in discussing their mental well-being, particularly with another man is documented (King et al., 2003; Qin et al., 2000). Additionally, gender matching also has the potential to gloss over other differences, for example race, class. Whilst narrative interviewing, or story-telling, could be seen as compatible with feminist interviewing as it 'gives voice' to the narrator, allowing him/her to take control with regard to deciding which life experiences are most relevant to the topic under investigation, pragmatically I could not meet the preferred dynamic of a shared gender.

Drawing on my interviewing skills from clinical practice I chose to use narrative interviewing as a means of data collection. Polkinghorne (1988, p: 1) believes narrative to be "the primary form by which human experience is made meaningful....it organises experiences into temporally meaningful episodes." The process of narration involves an emotional labour on the part of both story-teller and researcher, thus requiring the researcher to use self, for example personability, maturity, perceptiveness and open-mindedness throughout the interview process

(Gadd, 2004). However, narrative interviewing is not without problems with regard to validity and reliability. Whilst narrative cannot elicit '*truth*' as in keeping with a positivist epistemology, story-telling remains closer to actual life events. Bauer (1996) re-affirms that what the narrative interview does facilitate is indexicality as stories anchor the person's account to concrete events with regard to both place and time. The content of the story, the manner and detail of its telling, and the points emphasised all represent choices made by the person telling the story (Hollway & Jefferson, 2000).

Narrative interviewing should not only take account of what is said, but also of what is not said, both within the context of the lived experience and within the context of the interview where representations of that lived experience are expressed verbally and non-verbally (Josselson & Lieblich, 1995). Likewise, Lacan (2003) further urged the need to take account of the subjectivity (of both researcher and participant) that focuses on lived experience being structured in accordance with cultural forces, as this might provide insight into the way in which those forces operate within the individual's life. For example, one of my participants, Carl, told me of his father's disgust towards his homosexuality. Because of the age of Carl's father (59) I was shocked at his negative reaction to Carl's sexual orientation. When reflecting on my reaction I became aware that it was due to the closeness of my age to that of Carl's father, and the fact that I had been brought up in a city where, throughout my lifetime, there had always been a strong gay community. The culture that I grew up in was one of acceptance of the gay community and therefore it was challenging to my own psyche when such prejudice in another from the same generation, became evident. When considering the complexities outlined above I concluded that narrative interviewing coupled with the psychoanalytic concept of free association, would be the most appropriate method to use in this study. This would give participants the opportunity to tell their story and emphasise, through conscious and unconscious choice, which aspects they felt were of most relevance.

Free Association

As stated in Chapter One, historically and socially, suicidality and homosexuality have negative connotations, as both deviate from the ideology of the hegemonic groups of the prolonging of life and of heterosexuality. It could be argued that both form part of religious and medical discourses; the former being older, but still pervading modern ethics. For those individuals aligning themselves, consciously or unconsciously, to either or both of these ‘deviant’ groups, by identifying themselves as gay and/or having used suicide behaviour, inner conflict and anxiety may manifest. As a way of protecting oneself against such anxiety and emotional pain the psyche uses unconscious defense mechanisms. Within my clinical practice I work with people who are psychologically defended and who are often resistant to what is happening within the therapeutic encounter. The nature of this study has the potential to evoke anxiety within the participants through the recalling of early life experiences, some of which might be painful recollections that they might have a need to be defended against. Narrative interviewing *per se* does not take account of defended participants but one way of exploring early unconscious experiences in the therapeutic encounter would be to use free association.

Free association is thought to be unparalleled in its ability to deepen analytic exploration (Alder & Bachant 1995). Originally, in the therapeutic situation, free association was designed to elicit the most vulnerable areas of self, the fantasies, wishes, fears and conflicts that over time the individual has disowned or become disassociated from. During the analytic process, obstacles to spontaneous verbalisation of associations emerge and in doing so give valuable insights into the emotional blockages that constitute the fabric of a defensive structure (Gray, 1994). With this in mind, it is important to acknowledge that in some instances expressive freedom can be a frightening experience and will inevitably set in motion further defense processes. In order to counterbalance this potential threatening situation, the skill of the researcher to create a safe place where the emotional milieu of the participant can safely be discharged is paramount.

In wanting to explore the experiences of gay men with regard to suicidality, it was important to access unconscious logic; that is the associations which are defined by emotional motivations, rather than conscious logic producing rational intentions (Hollway & Jefferson, 2000). In trying to achieve an understanding of the psycho-social context, Hollway and Jefferson (2000) argue that it is imperative that the narrative interview process allows the researcher to incorporate the use of free association, thus facilitating access to unconscious emotional drives which form part of the individual's psyche.

The use of free association challenges the unspoken rules of conventional narrative by offering the participants a platform where unconscious logic can have free rein and, as a consequence, the researcher is able to pick up on incoherencies such as contradictions, avoidance and incongruities, between the latent and manifest communication, thus recognising their due significance within the participant's story (Hollway & Jefferson, 2000).

In part the above can be seen as an example of bricolage. Whilst the free association narrative interview is used as a method of data collection, what is suggested here is that additional data becomes simultaneously available in enhancing analysis. Account is being taken of the unconscious processes ever present in any interpersonal interaction, and the participant's life story is being built from a range of available resources. The unconscious processes are then analysed and interpreted into the analysis of other more conscious data thus creating a richer and more in-depth understanding of the participants lived experience.

According to Hollway and Jefferson (2000) accessing the unconscious might be achieved in number of ways: using open-ended questions; eliciting the story, avoiding 'why' questions and, at follow-up interview, using the participant's ordering and phrasing. For example, the following, taken from the first interview with Ian, demonstrates my use of open-ended

questions, the avoidance of ‘why’ questions and how I used Ian’s phrasing, ‘*obsessional thoughts*’ to encourage Ian to offer more explanation with regard to his narrative:

“And so, you know, we messed around at break times and things but I sort of still felt, it was isolated from other people and more alienated and distant.”

“What do you think contributed towards those feelings?” (open question)

“I don’t know, it just suddenly, it suddenly appeared when I kind of hit this puberty kind of age. A deep thing of dissatisfaction with myself.....And this dislike of myself and I stopped, I didn’t feel comfortable with myself anymore, I think, and ugh, yeah, just these obsessional thoughts I suppose. Um, thoughts that I couldn’t control, that’s when it, that sort of started.”

“What would be a typical obsessional thought?” (using Ian’s phrasing) (Ian, 1st, p18/19)

Free association narratives are a retrospective qualitative design used to elicit in-depth descriptions of life experiences about selected topics. A retrospective narrative approach to exploring the context of the development of suicidality and sexual identity is appropriate and necessary for three main reasons. (1) The use of retrospective narratives of adults can allow the emergence of specific psycho-social characteristics. (2) Important and comprehensible insights may be gained by understanding what happened in childhood and adolescence, framing these events in their context, and exploring which of these life experiences contributed to the person’s suicidality. (3) Although it is a retrospective narrative, the underlying principle of psychoanalytic theories focuses on how the past affects the here and now and in doing so facilitates sense making in terms of the story being told. In using this approach, therapeutically-based interventions can be extrapolated to learn how sexual identity was established and if anything related to this could be implicated in the participants’ suicidality (Hall, 1996).

In this research study four individual case studies using FANI were undertaken, each one being analysed and interpreted as a separate entity. In doing this, the uniqueness of each gay man’s experience could be captured and interpreted giving richness to the data (see chapters three, four, five and six). Following on from this, the analysis and interpretation of each interview was revisited and each of the interviews were explored independently for specific overarching

themes (see appendix one). Further analysis of the commonalities was then undertaken (see appendix two and chapter seven). The way in which the analysis was conducted is described and discussed in later sections of this chapter. At this point it seems appropriate to consider the participants who took part in the interviews.

Section Three: The Participants

In this study purposive sampling was used which permits the researcher to intentionally select participants who have experienced the phenomenon under investigation (Parahoo, 1987). Four gay men were recruited who had all experienced suicidality on at least one occasion during their adolescent years. Whilst it could be argued that a sample of four is somewhat limited, it is the richness of data rather than sample size that matters when engaging in qualitative research. For some (Connell, 1992; Sears, 1992) the power invested in qualitative data is not in the number of people interviewed, but in the researcher's ability to ensure the quality of the data collected and the rigorous analysis of such data. More specifically in narrative research there is no fixed sample size (Holloway & Freshwater, 2007) as the focus is on the ideographic rather than the nomothetic in order to gain greater understanding of the lived experience.

At the outset of my PhD my supervisors and I discussed what might be an adequate sample size for this particular research. Account was taken of the chosen topic and the number of people meeting the criteria who might be willing to participate, in what could potentially be sensitive and possibly emotive research, by sharing very personal aspects of their lives with a stranger. At that point in time my supervisors and I agreed that I should take a pragmatic stance and start advertising for potential participants and at our next supervisory session we could discuss the response rate. After advertising for participants and the response being slow I agreed with my supervisors that we would reassess the number of participants in terms of an adequate sample after I had completed three double interviews. After completing this task the consensus was that the data I had collected demonstrated sufficient richness to stop at this point. However, I had

then been in contact with a possible fourth participant who was keen to be involved in the study. Again it was agreed with my supervisors that I would undertake this fourth interview as a way of completing the sample.

Recruitment of participants was achieved through placing advertisements for the study at the premises of voluntary organisations that support gay men. Participants comprised of gay men, aged between 35-41 years old, who had '*come out*' in terms of identifying self as a gay man, and who willingly and voluntarily chose to participate. The specific age range was chosen as it was believed that having a restricted age range would reduce cultural and social changes to which each participant might have been exposed. For example, a gay man who had been born post 1967, after the de-criminalisation of homosexuality, might have had a very different psycho-social experience to a gay man attaining adulthood prior to 1967. Additionally, this specific age group was chosen because, although the suicide rate amongst young men continues to rise, it does start to decrease in the over 35 age group (D.O.H., 2002). With regard to gay men, period prevalence rates indicate that males between the ages of 17 – 29 years have a much higher suicide attempt rate than those men who have not declared themselves gay (Bagley & Tremblay, 1997; Cochran & Mays, 2000). As noted in Chapter One, a person's sexual orientation is an on-going development from childhood through to early adulthood and occasionally beyond. It is therefore appropriate to listen to the life stories of men from 35 - 41 age range as, in the main, they are more likely to have established the sexual orientation that they are most comfortable with, and will have developed a concept of self which allows them to talk about their life experiences with a degree of detachment and having the advantage of maturity and personal security (Riessman, 1993).

When potential participants made contact, usually via telephone or e-mail, I introduced myself and took time to answer any initial questions that they had about the study. Following this initial contact, I asked if they would like me to send them written information about the study (see appendix three) and suggested that after reading the information, if appropriate, we could meet

informally to enable them to meet me face to face, and to check out any further questions that they might have. In total seven men showed interest in the study but after sending information and having contact by telephone and/or e-mail three of the men did not get back in contact. With regard to the four men who did participate, this process took place with two of the participants, whilst the other two were willing to be interviewed after e-mail and telephone contact, and reading the written information. Prior to being interviewed all participants signed a consent form (see appendix four) and each gave his permission for the interviews to be audio-taped.

Section Four: Ethics

Consent

I have included the ethics section at this point in the methods chapter to reflect its importance when carrying out this type of research. The research project was approved by the Ethics Committee of the Psychology Department at the University of Leeds, UK and adheres to the British Psychological Society Code of Practice. As stated above for those who considered participating in the study, written (see appendix three) and verbal information relating to the study was offered. Following a decision to participate in the study, written consent was gained from each individual (see appendix four). The anonymity of participants was guaranteed throughout. When interviews took place the researcher was careful not to use the name of the participant being interviewed as the audio-tapes were to be transcribed by a secretary working within the University. Participants were informed of this prior to consenting to being interviewed and were themselves reminded to try and avoid using names during the interview (see appendix five for example of one transcript). When transcribing the interviews any names that had been used were removed, and in written accounts, as with this thesis, pseudonyms with regard to names and places, are used.

Research or Therapy?

Hollway and Jefferson (2000) are keen to point out that FANI as part of the research process is not, and should not be confused with therapy. They strongly assert that this methodology does not offer the researcher license to psychoanalyse participants, but adopts a psychosocial approach that uses psychoanalytic concepts to produce meaning from the context of the interview. Hollway and Jefferson (2000) further clarify the difference as being that the therapeutic encounter is one in which the clinician interprets during the encounter, whilst the research encounter is one in which interpretations are left for outside the encounter. They stipulate that these differences in approach should be clearly articulated to the participants. In support of this view, others (Hunt, 1989; Whitelaw, 1999) believe that whilst the process of qualitative research has parallels with psychoanalysis, not least with the dynamics of the interpersonal encounter between participant and researcher, it is important that a distinction is made between interviews that are therapy-based, as opposed to an interview that is research-based. It is suggested that the former has a responsibility to lead to new insights and/or emotional change, but it would be unethical for the latter to deliberately instigate new self interpretations or emotional change (Kvale, 1999).

However, for me there is a naivety in this argument as neither the therapist nor the researcher has control over the effects of the intervention (interview and what it elicits) on the participant. Whilst the overarching ethic for the researcher is that of ‘doing no harm’, for both researcher and participant the research setting is imbued with both conscious and unconscious processes all of which play a part in the construction of our own reality, which in turn determines our perception of others and the meanings we attribute to the encounter (Clarke, 1999). Just like the therapeutic encounter, in-depth research interviews can stir the emotional self and/or the conflicted self and this needs to be acknowledged rather than avoided (Hunt, 1989).

In acknowledging the parallel processes between the therapeutic encounter and the research encounter the point of connection for the researcher and the therapist is that of the 'search'; the endeavour of making sense of and understanding the world of another (Moodley, 2001). By utilising therapeutic skills and having an awareness of the interpersonal dynamics present during the encounter, the researcher is, to a certain extent, able to contextualise a person's lived experience, extrapolate relevant data for interpretation and demonstrate understanding in the immediacy of the encounter. For the participant the telling of their story is said to promote an individual's self esteem and sense of personal continuity (Coyle, 1992). Indeed, Hollway and Jefferson (2000) acknowledge that the process of retelling distressing life events can be therapeutic, particularly in a safe context. In demonstrating understanding and attunement within the research process the interview can often be found to have dual purpose, that of therapy and research, and may be particularly pertinent when exploring sensitive topics such as those in this study (Coyle & Wright, 1996). For some participants the experience of being listened to and having their life experiences acknowledged may have been therapeutic in itself and have the potential to bring about new understandings and meanings and thus elicit the possibility of change within the person.

For me the debate as to whether or not research interviews are therapeutic is arbitrary given that what, as a researcher I had little control over, is whether those people deciding to engage in my research as participants would experience the process as being in anyway therapeutic. Just as an individual opts to engage in therapy to address a specific problem and/or explore certain aspects of their life, it could be argued that choosing to participate in the research process is therapeutic as it has the potential to result in a similar activity. The verbalising and/or repeating of a story, particularly one that encompasses trauma and attached emotionality, can be a cathartic process as the events gradually become divest of what has previously been experienced as their overwhelming emotionality. Indeed it has been noted that the therapeutic value of the interview emerges from its clarifying, constructing and cathartic functions (Coyle & Wright, 1996).

With this in mind, I approached each interview with an awareness born of clinical practice that for the participants, the telling of their story had the potential to act as a catalyst for catharsis which in turn could facilitate change within the individual. Whilst this is not the aim of the research interview, for some participants such change may be experienced as a positive outcome of their participation. However, given the focus of my research, sexual orientation and suicidality, I also knew within that process there was the potential for participants to have painful memories re-stimulated and that I needed to put safeguards in place that would support the ethical and moral notion of 'doing no harm'. In view of this careful consideration had to be given to how I could deal with any resultant distress and best support the participants before, during and post interview.

This awareness allowed me to put in place some safeguards. So for example, whilst no formal risk assessment was undertaken the age range identified to draw participants from was chosen as it had lower prevalence rates of suicidality and it has been reported that men 35 years old and above are more likely to have established a sexual orientation that they are comfortable with (Riessman, 1993). In addition, all participants had contacted me through an organisation which supports gay men and offers counselling as part of their service. All the organisations were familiar with the research I was undertaking and I had spoken in person to the managers of each organisation, who assured me that following the interview counselling would be available to anyone wishing to take it up. All participants were informed of this prior to being interviewed.

Likewise, prior to the interview starting I allowed time to check with each participant that they were clear about the topic area the interview would focus on, whether or not they still felt comfortable at participating in the research and also what support networks were readily available to the participant if they had a need for support following the interview. However, because of the nature of the topics being researched 30 minutes were also set aside at the end of each interview to allow participants the opportunity to discuss any unresolved emotional difficulties they encountered during the interview and what they might need in terms of support

to deal with these in the longer term. As a qualified mental health nurse and therapist I believed that I could confidently direct a participant to appropriate services that would meet their mental health needs. The 30 minutes debrief was not recorded or used to form any part of the analysis and three of the four participants used this time to debrief by discussing some of the emotions the interview had evoked for them.

Section Five: Data Handling

Collecting Data

Face to face interviews

FANI was used as the main method of data collection. Data were collected by 1:1, face-to-face narrative interviewing. Face-to-face interaction is especially suitable when people experience anxiety associated with shame and guilt (Yalom, 1985). In reviewing the literature it was clear that homosexuality and suicidality are topics which challenge social boundaries (Edley & Wetherell, 1997; Weeks, 1995) and for some would have personal connotations linked to shame and guilt (Green, 2003).

Each interview lasted for approximately one and a half hours. Each participant had two separate interviews; the second one occurring after the first one had been transcribed (see appendix five). The time lapse between the first and second interview was approximately one month, taking account of the participant's commitments, my commitments, time for me to undertake a process of clinical supervision (see below) and time for the tapes being transcribed and sent to participants. Following the first interview, a copy of the transcript was sent to the participant prior to the next meeting. Whilst this afforded the researcher an opportunity to analyse the transcript it also gave the participant an opportunity to check the transcript for contextual accuracy and reflection on emotional experience. Hollway and Jefferson (2000) have been

criticised for their use and/or abuse of power over participants in terms of their penchant for selecting, interpreting, modifying and at times disagreeing with the narratives of their participants (Fryer, 2001). With regard to this study, and in deviating from Hollway and Jefferson's original methodological approach, I hoped that in sending the transcript of the first interview to each participant the possible power differential between the participants and myself would be reduced.

In analysing the first interview I had to be cognisant of contradictions, resistances and/or what I considered to be absent topics from the first interview. The second interview was more structured towards clarifying and exploring these and other issues arising from my analysis of the first interview. Second interview transcripts were not sent to the participants as there were no further follow-up interviews planned and therefore it would have been meaningless at that point in time. This was discussed with each participant and whilst all four agreed not to have the second transcript, two of the participants did ask if, on completion of the study, they could have a copy of the second transcript and the analysis of both transcripts. Whilst believing that the transcripts were the shared property of participant and researcher, it was considered that the analysis was one interpretation of the participant's individual story, and consideration had to be taken of the fact that as a researcher I would not be available to discuss the analysis with each participant. After much discussion with my academic supervisors we agreed that it would be inappropriate to automatically send second transcripts and/or the analysis of the narrative to each of the participants. However, it was suggested that after successful completion of the study I would write to each participant thanking them for their involvement with the study and at that same time offer them the opportunity to request a synopsis of the overall findings.

In the main the interviews were non-directive as, similar to the therapeutic use of free association each participant could make their own links with regard to what was important when recalling biographical experiences that they felt had an impact on their mental well-being and consequently contributed to their suicidality. However, I did initiate the interview process by

asking each participant to go back in their mind, as far as possible, until they could establish a clear picture of themselves. I then asked them to describe the picture, paying particular attention to whom was present, where they were and what was happening.

Their response to this opening gambit facilitated the interview process. Prior to interview the literature I had read had suggested that areas of tension for gay men included: family relationships; relationships with significant others; experiences at school; the cultural context of growing up; experiences of coming out or not coming out; and past significant and/or traumatic experiences. Whilst I tried, during each interview, not to let these areas inform my questioning it was often difficult not to revert to this set agenda. It could be argued that because of the set agenda that the research encounter demands, that is the specific topic that as a researcher I want to focus on, coupled with my previous reading of the literature which I take to the encounter, albeit at an unconscious level, only quasi free association could be used (Goldfried & Wolfe, 1998; Meirer, 2002). (See Section Seven, p75 for further discussion of this).

Beyond the spoken word

As data are a co-product of the interview encounter, it is important that the researcher acknowledges the inter-subjective dynamics that are present during the process of data production and analysis. This can be achieved by exploring transference, counter-transference, recognition, and containment. Transference and counter-transference are inherent in all relationships. However, in the psychoanalytic encounter particular attention is paid to this dynamic. The transference that occurs within the research encounter is equally important, as it will give insight into how the participant might have related to significant others, for example parents, earlier in their life. Transference is an unconscious process whereby the participant transfers strong feelings associated with past experiences onto the researcher (Bateman & Holmes, 1995). Transference reactions are prompted by current situations in which frustrations, needs, traumas or anxiety are brought to consciousness. Whilst it is accepted that some element

of transference exists in all relationships (Freud, 1925), in psychoanalytic relationships, the transference is thought to be intensified (Miles & Miller, 1995).

Counter-transference is the emotional response, albeit conscious or unconscious, on the part of the therapist, in this situation the researcher, to the participants' transference. Similarly, just as transference reactions are elicited from within the patient, the therapist does not seek to eliminate their own feelings and reactions towards their patient, but learns to employ them as part of the therapeutic process. Unlike the general acceptability of the notion of transference, counter-transference has been the subject of debate amongst psychoanalysts (Lakovics, 1983). For some, the concept of counter-transference relates to the therapist's transference to his/her patient (Fleiss, 1953) whilst others believe it refers to the therapist's response to the patient's transference (Gitelson, 1952). Kernberg (1965) distinguished between what he deemed to be 'classical' and 'totalistic' approaches to counter-transference. The classical approach restricts the concept of counter-transference to the therapist's unconscious reactions to the patient. These reactions reflect unresolved conflicts that need to be addressed before the therapist can effectively work with the patient. The totalistic approach broadens the concept to take account of the therapist's total response to the patient. This includes both conscious and unconscious responses, which are viewed as being helpful in understanding and making-sense of the patient's internal and external world. Regardless of the specific understanding of counter-transference the therapist's responses need exploring in terms of what is happening in the encounter. Maroda (1991, p66) describes the interplay between transference and counter-transference as an "*intricate psychological dance*", the nuances of which have to be recognised and, more importantly, managed on the part of the researcher.

With regard to recognition and containment, this is in keeping with Bion's (1963) notion of the therapist acting as a container for the emotional pain that re-emerges when a person is recalling earlier life traumas. In the wider context, the aim of containment relates to the nurturance of human life (Warne et al, 2004), and is in keeping with Bion's (1963) concept of recognising the

centrality of the mother's role in helping the infant to deal with bad feelings. In this instance containment calls upon the researcher to stay with, and be with, physically and emotionally, the participant as they recall painful memories. Hollway and Jefferson (2000) believe that this will be experienced as empathy which will lead to the participant feeling that his distress is recognised within the research encounter through emotional understanding. For example, in the second interview with Ian I recognised his emotional difficulty when he is recalling a time that was particularly painful for him:

"I remember getting off the tram and walking across the park and shouting at the top of my voice at God and just being really angry with him about it...and feeling like your going mad. Sorry I haven't been, put that very well". I respond by saying it's fine and he goes on to say, *"It's just really hard to express"*. At this point Ian is crying and I wait a minute or two before offering emotional understanding by acknowledging to Ian *"some things are hard to express."* (Ian, 2, p10)

However, giving succour to these concepts is not an easy task, and Hollway and Jefferson (2000) highlight the importance of self scrutiny as being central to this methodology. They believe that this will provide information regarding the emotional and intellectual factors that inevitably influence the researcher's involvement and activity, whilst at the same time it will give insight relating to the dynamics of the participant. This process is not without its problems, as both researcher and participant are simultaneously influencing each other, and Ogden (2002, p: 780) warns of

"The solipsistic world of a psychoanalytic theorist who is not firmly grounded in the reality of his lived experience with patients [participants] is very similar to the self imprisoned melancholic who survives in a timeless, deathless (and yet deadened and deadening) internal object world".

Hollway and Jefferson (2000) tried to achieve self scrutiny by each analysing the transcripts, sharing their interpretations and keeping reflexive notes of the interviews they had with each participant. Whilst this is one approach for checking out understanding and interpretations of both the research encounter and the context of what was said, for me there was still an important element missing. In the context of my clinical practice, and specifically with regard to

transference and counter-transference, I need to be challenged by a like-minded professional who is in a position to question what is occurring between me and the patient within the therapeutic encounter. Similarly, in the research encounter, in an attempt to scrutinise each interview encounter, taking account of conscious and unconscious processes present for both the participant and myself and the ensuing dynamic they create. I kept a reflexive diary, and following each interview, I arranged for what, in a different context, could be termed 'clinical' supervision.

'Clinical' Supervision as part of the data collection and the reflexive process

Integral to my practice as a mental health nurse is clinical supervision, as it facilitates understanding of what is happening within my therapeutic encounters with patients. Central to mental health nursing is the psychotherapeutic relationship, which encompasses an emotional human interaction where there is a reciprocal involvement of the patient and the nurse/therapist, the latter offering the former time, serious interest, and sensitivity without resisting the personal attachment which may develop. Whilst the unconscious cannot be empirically observed, its effects can be explored through the way in which the individual repetitiously re-enacts aspects of experience that occurred in the past with significant others, for example parents. As discussed above, such re-enactments of emotions and attitudes that belonged to important early relationships can be transferred onto the analyst. In terms of therapeutic value such interactions offer the patient a safe place to transfer his/her emotions onto the therapist, which, in turn, can be used by the therapist to enable the patient to overcome his/her emotional resistance towards a deeper self-knowledge which precedes change (Kvale, 1999). The process of clinical supervision allows the 'therapist' to explore transference and counter-transference with a person external to the therapeutic encounter.

Again, parallels can be drawn between the therapeutic encounter and the research encounter, as any research setting is imbued with both conscious and unconscious processes and meaning.

Clarke (1999) articulates the part played by the unconscious in the construction of our own reality, which in turn determines our perception of others. This is significant both in the generation of research data and construction of the research environment, and according to Hunt (1989, p: 27)

“Research is inevitably emotional and conflict ridden and this should be acknowledged. Once accepted the researcher like the psychotherapist can examine, articulate and use her feelings rather than assume there are field settings and situations in which they can be avoided.”

With this in mind the concept of counter-transference may be of value in understanding and making use of emotions inherent in the research process. In moving away from fidelity to the original method described by Hollway and Jefferson (2000), ‘*clinical supervision*’ was utilised in order to explore what had taken place during each interaction, with specific focus on transference and counter-transference.

I sought this supervision from the person who supervises me for my clinical practice. My supervisor and I share a similar nursing background and we both use the principles of psychoanalysis in our current counselling practice. We agreed that whenever possible I would access supervision within one week of each research encounter. This would be within a time frame whereby I could easily recall my feelings and thoughts that occurred during the interview whilst at the same time offering some distance to explore what could have been happening. On all but two occasions this was the case. On one occasion supervision took place ten days after the encounter and on the other occasion it was two weeks after the interview. Supervision sessions lasted approximately one hour and explored transference and counter-transference; used the concept of a parallel process, whereby the phenomena that had occurred between participant and researcher were reflected in the relationship between supervisor and supervisee (researcher); and metaphor (Hawkins & Shohet, 2000).

This way of working added to the richness of the data enabling me to gain further insight into the research relationship by being able to explore my own emotional response to each participant and the impact this might have had on the encounter. For example, the supervision that took place after I had interviewed Nigel for the second time, focused on my inability to ‘see’ him. The interview took place at his home and the way he positioned himself and me in the room made it difficult for me to see him in full light. Throughout the interview he appeared to be in shadow. I found this frustrating, and at times distracting, as it felt that I was talking to an obscured person. When exploring this in supervision consideration was given as to the possibility of Nigel transferring his frustration onto me, him being frustrated by not being able to ‘come out totally’ and be seen as a gay man, and having to keep part of his self obscured from the ‘world’. My counter-transference was initially of frustration at his lack of confidence at not being able to assert his self as a gay man, followed by sympathy for the child that dominated his psyche and kept him obedient to the authority of heterosexuality.

Keeping a reflexive diary

Whilst the added dimension of live supervision can challenge blind spots which may occur through my own defended self, reflexive notes can provide a backdrop for the research, as well as acting as a quality mechanism for the process (Fetterman, 1991). For example, the following extracts from my reflexive diary demonstrate some of my thoughts after distancing myself from each interview:

15. 7. 03. *At times I feel as though I am looking for reasons to explain homosexuality rather than suicidality. This worries me a lot, and to some degree frightens me as it is not where I started out and it feels judgemental and prejudicial, characteristics within me that make me uncomfortable.*

5.10.05. *After writing up Ben’s analysis I have been rereading a part of the interview when he tells me about having his temperature taken rectally, by a teacher, in front of the whole class. I am not shocked by this and I think that might have come across in the interview. I am now left wondering what message my not being shocked gave to Ben? And also, because of working in clinical practice with people who have been sexually abused, I questioned if I am becoming immune to their emotional pain?*

Both the reflexive diary and the clinical supervision are in keeping with a psychoanalytical approach and acted as vehicles to explore what was occurring during each of the research encounters. They also allowed me to reflect on my own thoughts, fantasies, feelings and engagement with the process as a whole. These additional processes will enhance the richness of the interpretation of data by adding further dimensions to the process. I will return to the concept of reflexivity at various points later in the thesis, where I will evaluate its impact on specific aspects of the research process.

Data Analysis

All analysis involves interpretation and whilst analysis can be considered a reductive process, interpretation is a broadening process used to make sense of existing theory and at the same time building new insights (Freshwater & Avis, 2004). Using FANI as a methodology requires the researcher to analyse the interview(s) as a whole. This is one approach to analysing unstructured qualitative data which, rather than adopting the more traditional approach of fragmenting data, such as phenomenology, where the data become fragmented by virtue of requiring the researcher to '*bracket out*' subjectivity (Parahoo, 1997), seeks to analyse the data holistically. In an attempt to achieve this, I chose to utilise the principles of Gestalt, the fundamental belief being that the whole is greater than the sum of the parts and that the parts must be defined in relation to the system as a whole; that is, they have to be placed in context. Using the gestalt of a person's narrative provides opportunity for the sum of all the links which can be made within the available material, to be made (Hollway & Jefferson, 2000). With regard to this study, it meant understanding the individual and his experiences of living within his interpretive reality of his social world. In trying to achieve this level of understanding, five processes informed my data analysis; (1) my personal experiences of the interview encounter; (2) attentively listening to what each participant was saying; (3) empathic attunement when interpreting the stories that were offered; (4) the sharing of interpretations with participants.

‘clinical’ supervisor and academic supervisors; and (5) the use of the psychoanalytic theories highlighted above. The use of multiple resources to enhance the richness of the data is in keeping with the notion of bricolage. Pragmatically this was achieved by using my reflexive diary and two processes of supervision, the first of these being the ‘clinical’ supervision and the second being that offered by my academic supervisors who also read the transcripts and shared their interpretations, thus highlighting the differences and commonalities in our interpretations.

Hearing and sharing the interpretations of the stories

The transcript of each interview was interpreted and analysed as a complete life story, paying particular attention to the way in which each participant made sense of their felt experiences in the context of what was occurring in their social world at a given time. In keeping with the principles of a psychoanalytic orientation, and after the first interview had been transcribed, I familiarised myself with the text before undertaking a preliminary reading for contradictions, inconsistencies, emotional language and avoidances. I sent a copy of this transcript to my academic supervisors who also did a preliminary reading of the text. At my next academic supervision session we compared notes as to what each of us had focused on within the transcript. This helped me clarify what I needed to address during the second interview. In addition to this, the participant was sent the interview transcript, asking him to read it and identify any areas he thought needed clarifying or adding to during the second interview. During the second interview both the researcher and participant were able to clarify and further explore issues that had arisen from the first interview. Again the second interview was transcribed and I then analysed it in conjunction with the first interview. The two interviews were then analysed together in order to develop a richer understanding of the participant’s narrative.

After reading the two transcripts together and familiarising myself with the contents, I then read them again only this time I read the transcript line by line paying particular attention to exactly what the participant was saying, the words chosen to communicate what he was saying, how he

moved from one topic to the next and what was missed in terms of what he was discussing. In addition to this I also listened to the audio-tape of each interview paying specific attention to the emotional context of what was being said. For example towards the end of the first interview with Carl the following dialogue took place:

(Carl) *"I feel like I'm a bit out on a limb on my own, that I don't really, I, I find it very hard to feel loved and, and wanted."*

(Sue) *"Who, who do you want to love you?"*

(Carl) *"I would really like my dad to love me. I'd love him to love me. I see other parents. I see other, I see other people and, um, and they've got really brilliant relationships with their parents."* (Carl, 1, p30)

When talking about his need for his dad to love him there was emotional distress in his voice, and when listening to the tape and re-reading his words it made me cry as I felt a deep sadness for the child not able to experience the love of those who are so important to him.

During the reading of the transcripts I also made notes as to my own emotional response and gave careful consideration as to how this might have impacted on the interview process and my interpretation of the narrative. Initially I made rough notes on each of the transcripts about what I thought the participant was trying to communicate to me at different times during the interview. I later looked at the notes I had made in my reflexive diary from each of the interviews in conjunction with the notes I made on each of the transcripts, and identified a number of themes which appeared central to the participant's life. I also had the experience of academic supervision, whereby my academic supervisors and I had on-going discussion of my draft analysis, and clinical supervision between interviews, both of which further aided this process of interpretation. Using all the information available to me I then wrote up my interpretation of both interviews as a whole, using psychoanalytic concepts to make sense of the data.

Using existing knowledge

Unlike some qualitative research methods, for example grounded theory (Glaser & Strauss, 1967) which seeks to generate theory from the data, previous research and established theories were used as a framework for interpretation of the data. As stated above analysis and interpretation can only take place in the context of theoretical perspectives that ultimately provide explanatory frameworks (Freshwater & Avis, 2004). In using my interpretation of each narrative to make sense of existing theories I have been able to develop new insights that can be translated in new theoretical contexts and used in clinical practice. To authenticate my role as a researcher, I needed to acknowledge my own subjectivity both in terms of choosing a theoretical framework and the choice of research methodology.

As noted above, the psychoanalytic theories used in this study arose out of the clinical practice of psychoanalysis. Contemporary psychoanalytic theories take account of the psycho-social existence of the individual and support the exploration of the interrelationship created by the merger of the intra- and inter-psychic worlds through use of free association narrative interviewing. I believe that psychoanalytic theory best illuminates the meaning of the person's lived experience. Whilst it cannot be ignored that psychoanalytical literature has previously tended to pathologise homosexuality (Drescher, 1998; Roughton, 2003), there is now growing recognition of the powerful social biases affecting this group of people (Kernberg, 2002; Liniardi & Capozzi, 2004). In keeping with this, it was also interesting how the participants placed themselves within the social discourse of homosexuality. For example, all four participants made several references to how, around the ages of six to eight years old, they consciously chose to play with the girls as a way of avoiding playing 'boys' games', for example football, and how this action was deemed socially unacceptable and gave rise to their feelings of difference.

Reeder (2002) warns of the tendency theory has to split our perception between what we are actually experiencing in the analytic encounter and what it demands we see. For example, returning to Carl and his need for his father's love, one aspect of psychoanalytic theory would dictate that I focus my attention on the implications of an absent father-son relationship with regard to homosexuality. But what happened at that specific juncture during the interview, was his, and my own, felt experience of sadness and the complexities of those feelings for each of us made me question the existing theory relating to absent father-son relationships. In choosing a specific school of thought there needs to be a balancing of whether the claims of theory fit with our own experience of the analytic encounter and with our own philosophical convictions concerning human existence. Reeder (2002, p: 808) suggests that;

“By resolving to stay faithful to the psychic reality of the analytic experience, however difficult it might be when faced with the plurality of speculative possibilities is the ethical precondition for good theoretical work”.

When analysing each case study thought was given to a range of psychoanalytic theoretical concepts that might appropriately give understanding to my interpretation of what each participant was communicating. Warne (1999) refers to this as a “*theoretical soliloquy*”, whereby theory that has some point of contact with the data and my own reflections are used to draw attention towards particular aspects of behaviour. This mirrors the tendency in clinical practice, whereby the complexities of people's lives require the practitioner to tailor theories in order to enhance clinical effectiveness.

Choice of data

For Bruner (1990, p: 114) “Why one story rather than another?” centralises the question of power in terms of the researcher and the researched. It could be suggested that choosing one set of data over another is no more than the folly of the researcher/author, with professional positioning and personal values and beliefs impacting on which aspects of the data are

considered most relevant. However, in terms of qualitative research being credible, selected elements should stay close to the participants' own material and be interpreted in such a way that makes most sense at that given moment in time (Midgley, 2006; Sears, 1992). However, sense making that leads to meaning is attributed to specific situations and mediated through the inter-subjective encounter of the research process hence the opening up of any text to alternative interpretation (Frosh & Emerson, 2005).

Alternative interpretation was evident each time I met my academic supervisors and following 'clinical' supervision. My initial reading of each transcript identified what I believed to be the most important data, but when comparing notes with my academic supervisors my own thinking was sometimes affirmed but often challenged. Likewise during 'clinical' supervision my own processing of the data and my supervisor's ability to bring to the fore part of my unconscious self prompted my re-examining of how I had initially made sense of the data. At times, following these sessions, I felt so immersed in the data and the different interpretations these people and my interpersonal relationships with them brought to bear on the data, that it felt like drowning. On a different level, a more emotional level, I also struggled in selecting data as I did not want to leave any data out when analysing the transcripts. This was out of respect for the participants and acknowledgment that they had ownership of their narrative, leaving me to question what right I had to deconstruct and reconstruct another person's life story. For me the tensions arising were three-fold; from being a practitioner, and wanting the client to own their story, making sense of it through their own insights and understandings; being a researcher and relying on the deconstruction and interpretation of their stories in order to explicate my thesis; and as a human being and the emotions different aspects of each story elicited in me. The resolution for the above issues came from allowing myself some time and space from the data. During this period I was able to come to an acceptable compromise whereby I focused on the data that was agreed uppermost within each of the supervisory sessions and to do my best to present it in such a way that it did not lose any of its complexity or richness in my retelling of each participant's story. In working in this way I believe that it was the data and not the theory

that led the analytic process, hence the use of differing perspectives from psychoanalytical theories.

After analysing each interview individually I then re-analysed each of the interviews specifically looking for themes which might be common to all four men. Carefully revisiting each of the original analysis, I tried to identify those experiences that appeared most pertinent to each gay man. For example, amongst other experiences, three of the most pertinent themes for Nigel were 'absent father', 'leading a double life' and 'using obsessive behaviour to overcome his feelings of being out of control'. Once I had explored each analysis I then went back to the original transcripts to check for clarity of meaning and whether the exact words spoken, and their given context, were in keeping with my initial interpretations. I then returned to each of the four analyses and made a list, under each participant's name, of the pertinent themes (see appendix one). Once this had been achieved I then cross referenced each theme to establish which were applicable to all four participants (see appendix two). The commonalities shared by all four men were identified as 'knowing and not knowing', 'the centrality of fathers' 'the loneliness of outsidersness', 'leading a double life' and 'crime and punishment', and are discussed in chapter seven.

Section Six: Presentation of Findings

Building a series of psychosocial case studies can help to construct more meaningful general theories with regard to the topic being researched. This can be achieved by aggregated single case research, involving the presentation of a series of case studies, followed by a synthesis drawing out the theoretical and clinical implications (Midgley, 2006). In keeping with this and the notion of bricolage being sensitive to multivocality and the difference it produces, I chose, in the first instance to present each individual case study before presenting a synthesis of finding across all four. In presenting each voice in context, I am arguing that this will allow the reader to gain an understanding of the difficulties each man encountered and how he perceived such

aspects of his life in terms of his suicidality. In presenting each narrative in this way the reader, to a certain extent as they do not have access to all the data, will be afforded the opportunity to challenge, dispute and make their own interpretations (Freshwater & Rolfe, 2001). Following the four single case study presentations I will then offer a chapter whereby the similarities across all four will be synthesised and the principle of analytic generalisation can be applied (Kvale, 1999). I hope that this chapter will provide some insight with regard to how I have developed my own interpretation of what is important in the biographies of gay men who have engaged in suicidality. Again, this is in keeping with the concept of bricolage, and specifically intertextuality, whereby although appreciation needs to be given to the complexity involved in researching lived experience, it must also be acknowledged that all narratives obtain meaning from their connection to other narratives (Kincheloe, 2005). For example, in developing and explicating a composite view of the four narratives presented in my study, my intention was to draw the reader's attention to there being evidence of the existence of shared experiences. In then connecting such shared experiences to the existing literature focusing on gay men who have used suicidality as a way of coping with their distress the validity of the evidence base increases (Connell, 1992; Coyle, 1992).

However, before discussing the analysis across all four narratives I have used chapters three, four, five and six to present my interpretations of each of the four case studies. These are my own interpretations, that is they are simply one perspective and as Winnicott (1991, p: 66) stated "...I dare say that some of what I said is not quite rightly put. But it is not all wrong..." Whilst this is not to suggest that "anything goes" it is an open acknowledgement that I will have inevitably made interpretations from my own perspective. As such, I hope I have achieved my aim of presenting each of the men participating in this study as individuals' defining and defined by their narratives and as people with ultimate concerns centring on their lives, loves and losses.

Section Seven: Critical Reflections on Methodology

Clearly the methodology has numerous strengths. Two particularly important ones for me are (1) the researcher acting as a catalyst for story telling rather than imposing structure through use of questions and (2) the stories presented as a gestalt, rather than being fragmented or decontextualised. However, my main concern with regard to the methodology is the use of free association as an integral part of narrative interviewing. I was initially seduced by the idea of using the principles of psychoanalytic therapy to inform my data collection. In my eagerness to pursue this option I bought the book, 'Doing Research Differently' by Hollway and Jefferson (2000) and started to read about the way in which I was going to conduct my research. On reading the book I became doubtful of how, in the research situation, free association could be used, keeping fidelity to the therapeutic approach, as an integral part of narrative interviewing. In addition to using 'free association' I would also like to reflect on the returning of transcripts and the probing of defense mechanisms

Free Association as part of the research process.

In the context of psychoanalytic theory, free association along with dreams is seen as the path to the unconscious. The use of free association engenders a very different process from the more interactive model of therapeutic engagement, whereby the patient's story is repeatedly captured by the therapist's responses. Free association gives expressive licence, guaranteeing opportunity, if not obligation, to speak spontaneously without consideration for conventional ideas, propriety or thematic organisation (Adler & Banchant, 1995). Free association was designed to evoke the most vulnerable areas of self; fantasies, wishes, fears and conflicts, that over the years have been disavowed.

When using free association therapeutically it forces the patient to observe their own thoughts and feelings through their verbalisation. Speaking freely in this way, without self-censorship in

the presence of another human-being can be difficult and frightening. The most difficult to speak of are those aspects of life that are directly concerned with fears, wishes, fantasies and feelings towards the therapist whose presence the patient is in (Adler & Banchant, 1995). Inevitably obstacles to spontaneous verbalisation of associations will emerge, but in doing so offer valuable insights into the emotional blockages that manifest as defense mechanisms. Whilst Hollway and Jefferson (2000) suggest that using free association as an interview technique accommodates defended participants by allowing the researcher to pick up on incongruities, contradictions and avoidances, my belief is that the research situation does not facilitate such depth of personal communication. Indeed, Fryer (2001) describes Hollway and Jefferson's debt to psychoanalysis as '*modest*', whilst Gadd (2004) suggests that what they use within their methodology is an '*element*' of free association by using a '*can you tell me*' type of questions.

Using the method as prescribed by Hollway and Jefferson, data were collected within the space of two interviews, the second providing an opportunity to revisit the participant's defended self in order to probe their defenses further. This approach raises process, moral and ethical dilemmas. Firstly research per se has a pre-determined agenda. For this study it is about the experiences of gay men in terms of their suicidality, the focus of the interviews being on the concepts of being gay and suicidality. Having this focus will in itself force thematic organisation during the interview, thus not allowing the participants to freely associate. As mentioned above, free association is often difficult and frightening, and to introduce the participant to this level of vulnerability at the first time of meeting and knowing that you will only be meeting on two occasions, for me raises moral and ethical questions. Whilst the examples offered by Hollway and Jefferson (2000) within their text are not as sensitive as the topics being explored in my study, I believe that it is the responsibility of the researcher to fully acknowledge the emotionality that could be inherent in discussing such sensitive issues. (See 'ethics section' for the arrangements I made if the interview triggered such emotionality).

The requirement on the part of a therapist to facilitate free association would involve, drawing on their own personal and professional experiences, a capacity for empathic identification, their emotional experiences of the moment, theory and a sense of the current dynamics of the therapeutic encounter. Central to all this would be having the capacity of staying with the patient and the ability to pick out the latent content of the patient's story, whilst at the same time implicitly accepting the patient's story (Adler & Banchant, 1995). My experience of working in clinical practice is that achieving these complexities, inherent in the therapeutic relationship which adopts this approach, is dependent on the level of trust that one is able to establish in the interpersonal relationship and for which time is an important consideration. As Green (1974, p421) suggested "*There is no point in the analyst [researcher] running like a hare if the patient [participant] moves like a tortoise*". However, this research methodology does not afford the time required for this level of interpersonal trust to develop.

With regard to implicitly accepting the patient's story, Fryer (2001) vehemently accuses Hollway and Jefferson of not doing this, but rather abusing their power as researchers by selecting, interpreting, modifying and disagreeing with their participants. Personally I believe that there are parallels between the processes of therapy and research with regard to selection, picking out latent content, and interpretation, these being a requirement of each process. However, my concern in relation to modification and disagreement, using these processes would change the meaning of a person's life experiences thus rendering their story redundant. This would be akin to using power constructively to therapeutic ends versus using power to further research ends.

Returning transcripts

Whilst Hollway and Jefferson (2000) advocate the products of research being '*fed back*' to those from whom the data has been derived, they also warn of the danger of analysed and interpreted transcripts being shared with participants, as researcher and participant will have differing

knowledge bases and interpretations. In rationalising, and likewise being defensive of their decision regarding this, they suggest that the closer to the mark the researcher gets, the more a participant's defenses will work against them accepting the interpretation. This might be construed as paternalism given that qualitative research subscribes to the belief of their being multiple realities and that any text is open to alternative interpretation. Whilst holding on to the analysed and interpreted data could be akin to holding on to the power through taking control of the research findings, at a pragmatic level the data are time limited in terms of what was '*right*' for the participant at that specific moment in time rather than an interpretation made in hindsight. The non-sharing of the findings could be interpreted as researcher as expert who only shares what has been discovered with other experts, thus having the potential for disempowering those deemed to be participants in research (Parker, 2005).

With regard to the above, Carl did ask if I would send him a copy of his interpreted transcript and a copy of the findings. Carl and I talked about his request and I felt confident that as an adult he did accept that the way in which I interpreted his narrative might differ from how he interpreted his own story. However, I did find this request difficult to deal with as whilst initially I had no problem with returning his interpreted transcript he did know one of the other participants and although all data was anonymised there would have been the potential for him to recognise the other participant from the findings and thus details of his life which perhaps were not known to Carl. I explained to Carl that I would like to discuss his request with my supervisors and that regardless of the decision that was reached I would not be able to provide anything until I had completed my PhD.

My academic supervisors and I felt that the returning of interpreted data was a thorny issue. One of my supervisors was particularly against it, considering it to be unethical given that within my interpretations I could raise issues that would be very painful for the participant and I would not be present to deal with their distress. After a very long supervision session which involved unpacking the research process and the therapeutic process we eventually reached a

compromise. Partly this came from my reading of Hollway and Jefferson (2000), which led me to believe that, for them, returning the transcripts per se was never considered. What they seem to focus on in their book was the debate regarding whether or not the interpreted transcripts should be returned. Like Hollway and Jefferson, I did not return analysed or interpreted transcripts but did return the transcript of the first interview to each of the participants. For me returning the transcripts and returning the interpreted transcript are two different courses of action.

In returning the transcript of the first interview my aim was to give each participant the opportunity to read what had taken place in the interview and to offer additional information and/or clarify what was previously said. For me this mirrored the process that I undertook, the second interview allowing opportunities for my own clarification as well as that of the participant. Whilst credence has to be given to the interview occurring at a specific moment in time, the content of that moment being captured within the data, reading the transcript after the event was useful as it gave opportunity for the participant to bring to light what they believed to be important information they might have missed. For example Carl told me that he was surprised that he had not talked about his granddad as he had been very close to him when he was young. Hollway and Jefferson talk of making sense of what is not disclosed within the narrative. However, if Carl had not referred to him leaving his granddad out of the story I would have had no knowledge of his granddad and the role he played in Carl's life. The fact that in the initial interview he missed his granddad out could be interpreted as Carl only associating the bad things in life with his suicidality and/or that the '*bad*' aspects of his life totally eclipse any '*good*' experiences. However, one of the other participants adopted a different stance. Nigel had not read his transcript of the first interview. He believed that he had spoken at a specific moment in time and on reading the transcript he might have felt differently, wanting to change it as it was now a different moment in time.

I felt that, asking participants to look at their transcript was a way of acknowledging each participant as being the holder of important knowledge. In terms of addressing a possible power differential, I felt that in doing this it would offer a more equitable second interview as both participant and myself would have had chance to revisit what had been said and just as I would have opportunity to check out what I believed to be important issues, each participant would have opportunity to clarify what they believed to be important facets of their life.

When agreeing to participate in the study each participant was aware that it would involve two interviews, the primary aim of a second interview being to clarify and/or pursue issues arising from the first interview. The decision to not return the second transcript was a more difficult decision. Personally I had no problem in returning both transcripts to the participant other than there being no opportunity for the participant to have ‘the final word’ if they felt the necessity to do so. For me there was something about ownership of what had been said and captured on tape. I do not own their life story but rather have been in the privileged position of being able to hear their story. After discussing the implications of returning the second transcript with my supervisors I made the decision not to return the second transcript. The main reason being that I would not be having any further contact with the participants and therefore could not offer opportunity for further discussion or clarification of their story. In not affording this opportunity the participants could be left feeling frustrated and for me would be a very unsatisfactory ending to our relationship.

Probing defense mechanisms for the purpose of research

Finally, reflecting on the aim of the second interview, being to further probe the participant’s defense mechanisms, for me raises another ethical dilemma. Busch (2004) warns of the inappropriateness of stripping away a person’s defense mechanisms for no-one other than the therapist, in this instance the researcher. Unconscious defense mechanisms play a central role in protecting intra-psychic equilibrium, minimising conflict by establishing a barrier between

living out unconscious phantasies and conscious understanding of doing so (Busch 2004). In running the risk of making known to a participant what was previously unknown to their self (unconscious), cognisance has to be taken as to the motivation for doing this. In keeping with the notion of 'doing no harm' I did have the more difficult task of being very mindful of the way in which I responded to each participant during the interviews and not challenge them with my interpretations of what was taking place within the encounter.

Reflecting back on the process of my research I believe that what took place in each of the interviews was quasi free association. The prompt for my focusing on this part of the research came from an article that I with my supervisors, submitted to be considered for publication and the comments that accompanied its non-acceptance. The journal that the article was sent to is an eminent journal for those working in the psychoanalytic field. Both reviewers commented on using the '*free association*' method, questioning the validity of this in the context of research. Their concerns centred on how a person could freely associate when the research was determined by a specific agenda. I found these comments challenging and they made me think of an article by Goldfried and Wolfe (1998) who questioned the notion of academics, with no clinical input, doing research relating to contemporary practice. The premise of their paper was an exploration of why practitioners were reluctant to use research findings, generated by academics, within their clinical practice and why practitioners avoided involvement in research. One of their findings revealed how the use of quasi therapeutic principles on the part of academic researchers contributed to the refusal to use research findings in clinical practice. Arguably, when researchers manipulate therapeutic principles and/or use them inappropriately, the credibility of the research might, in the eyes of many clinicians, be compromised. My personal motivation for undertaking this study was to add to the body of knowledge with regard to gay men and suicidality, and thus to improve mental health services for this group of people. I believe that free association as used in the therapeutic setting does not transpose unproblematically into the research situation and I would not make claim to using it if I were to repeat this or similar research at a future date.

With the above said, it is now appropriate to return to central foci of the thesis, the narratives of each of the four participants with regard to their life experiences growing up as gay men and their suicidality. Chapters three, four, five and six offer analysis and interpretation of each participant's unique story.

CHAPTER THREE: NIGEL'S STORY

Overview of Family Background

This is my analysis of the transcript of Nigel, a 41 year old gay man who came out at the age of 22. Nigel's interview took place at his own home, where he lives with his partner of 12 years. Nigel is currently undertaking PhD studies and working as a part-time lecturer.

Nigel was brought up in the South of England. He was adopted as a baby and has one sister, three years younger than himself, who was also adopted within weeks of her being born. Nigel's mother is now in her 70s and his father died approximately six or seven years ago, although Nigel could not remember the specific date or year. Nigel has very minimal contact with his sister. Nigel describes his parents as "*working class*" (1, p2) and "*aspirant*" (1, p6) particularly in relation to education. The transcript suggests that Nigel believes judgements were, and still are, made towards working class people:

'Middle class adoption societies don't look favourably on people who lived on council estate and there is, you know, quite a lot of judgement made then' (1, p2)

Nigel talks both in the present and past tense implying that class distinctions and judgements are still very much alive in today's society. With regard to these beliefs he has used a number of strategies over the years to disassociate himself from his working class upbringing. One of the ways in which he did this was to work hard at school and attain a place for himself at the local Grammar School. This allowed him to distance himself from the other kids who lived on the council estate, whilst at the same time it also went some way to meeting his parents' aspirations.

Nigel talks of being:

"very academic always. You know into books and everything, and very different from the people on my, on the housing estate for example like the accent and I've always spoken like this, I didn't speak like the rest of the people on the estate, they didn't sound like me" (1, p11).

Whilst his parents had '*aspirations*' in terms of his education, Nigel describes his family as a:

"Relaxed family, not formal, informal, the sort of family where you don't have to be on your guard" (1, p4).

This is an interesting description of his family as he was unable to come out until the age of 22, and he used a range of strategies to prevent his parents from learning of his sexual orientation during the intervening years. In his narrative Nigel talks of being:

"On the fringes of what you call the sort of stuff people in their teens did... ..it was a safety thing really because if I didn't engage on that sort of level there would be no danger of being found out." (1, p19)

Regardless of Nigel suggesting that his family were '*relaxed*' it would appear that he felt it was '*dangerous*' to publicly acknowledge his sexual orientation and therefore had a need to be '*guarded*' with his family. Nigel's not coming out until the age of 22 could be attributed to the prevailing heterosexist culture that his parents, and therefore Nigel and his sister, were brought up with. However, regardless of contributory factors leading to his dualistic existence, the consequence for Nigel has been that he has endured mental health problems throughout his adult life. I started Nigel's interview by asking him to think back as far as he could remember and when he had a picture of himself in his mind to describe to me what he saw. In keeping with the concept of free association, Nigel's description of what he '*saw*' acted as the starting point for the interview.

Being Close to Mum: Embracing the Feminine

Nigel's earliest recollections are of his mother; he puts himself at about age four, five or six. He describes these as happy memories recalling how his mother always spent time talking to him and how well they got on. His mother described him as being the '*one she chose*' (1, p2) when attempting to explain his adoption. The transcript highlights Nigel's perceived closeness of his

relationship with his mother, particularly during the formative years. At one level this is to be expected given the role expectations of men and women during the 1960s, women stayed home to look after the children whilst men went out to work to provide for the family. However Nigel describes a more pronounced closeness to his mother. He describes himself and his mother as *'similar'*,

"but I think in personality I'm more like my mum, I've always thought that...we are a lot more effusive and tend to say what we think a lot more, we are more similar definitely (1, p3).....mum was more outgoing as I am more outgoing."(1, p5)

When Nigel spoke about his relationship with his mother I got the sense that their relationship was symbiotic and excluded Nigel's father. Symbiosis is usually concerned with the infant-mother relationship, in that the relationship allows the infant to experience a nurturing and sensitively attuned mother and thus have their primitive needs met. However, as the infant grows up, in psychoanalytic terms and specifically that of classic Freudian theory, the crucial phase relating to sexual development is the oedipal phase as it is during this phase that sexual differentiation occurs (Freud, 1933). The boy at the sight of the female genitalia, that is the absence of a penis, becomes fearful that he will also be castrated and therefore abandons his wish to take his father's place with his mother. It is thought that the oedipal complex is resolved for the boy by identification with the all-powerful feared father which offers him the promise of his future potency. In pursuing an exclusive mother-son relationship Nigel might have compromised his ability to resolve the oedipal complex, as he may have experienced difficulties in separating himself from his mother. One of the consequences of such a relationship might be the unintentional absence of his father as a role model.

Similarly, due to the boy's early involvement with his mother, Greenson (1968) recognised the boy's greater vulnerability in terms of the development of his masculine identity. Greenson (1968) believed that the threat of fusion with, or engulfment by the mother was fundamental in understanding the development of the boys' sexual identity, believing that the child's ability to

dis-identify with the mother will determine the success or failure of his later identification with his father.

Current psychoanalytic theory continues to stress the importance of the earliest relationship to the mother for both boys and girls as well as the importance of the boys' positive relationship to the pre-oedipal father which will facilitate the important task of dis-identification from the mother. However Frosh (1987) believes that, in a psycho-social context, the oedipal complex should be treated as a parable with the real challenge to the male child being their capability to live up to the expectation of a patriarchal society. Nigel had no desire to fit with societal expectations of a little boy;

"I was aware that I was different at an incredibly young age.....long before I put a word to it.....I wasn't a raging poof or anything....when I was in primary school I was always playing with the girls not lads....I didn't particularly like nasty rough games, I didn't want to play football and get dirty" (1. p10/11)

Nigel was aware from the age of six or seven years old that he was different to the other boys at school. One interpretation of Nigel's experience of being different during his primary school years could be his uncomfortableness at not wanting to align himself with the activities expected of little boys. Similar to Frosh's notion of the oedipal complex being a parable, Lacan (2003) also suggests that Freud's ideas are best considered as metaphors rather than scientific facts. Lacan suggests that the oedipal child enters a world of signs which convey to him the meanings of self, gender and the body, just at a similar time to him having to assimilate language and grammar in order to become part of his social world. It is the language that forms the reality with which the child has to accommodate his primeval experiences of the world, his sensory impressions coalescing into objects that are named and classified by the power of society, the most potent symbol of these being the phallus, the fundamental construct of patriarchal discourse (Bateman & Holmes, 1995). At 15 years old it is evident that Nigel has assimilated language which conveys meaning of his difference and the consequences of such for his existence in a patriarchal discourse;

"It was a safety thing really because if I didn't engage on that sort of level there would be no danger of being found out.....because by that stage of course I did know that I was gay and at about fifteen I started putting a name to it. So if you didn't engage in the sort of expected, social activities you could protect yourself." (1, p19)

Absent Father, Missing Dad

With regard to his father the narrative suggests that he was absent from Nigel's life,

"He set up his own business; he worked even longer which was worse so I did more with mum." (1, p3)

Nigel's father's absence through work could be accepted as typical family behaviour of the 1960s, but in analysing the transcript there was a constant desire on Nigel's part, when talking about his father, to return to the subject of his mother.

"Dad was quite quiet. I mean he was, he was quite a stoical sort of character really. Mum's more like me in the sense that we are a lot more effusive and tend to say what we think a lot more. Dad didn't, he was quite reserved really, I guess. We always got on okay, you know, no major clash or anything like that but I think in personality I'm more like my mum. I've always thought that. I think we are a lot we are more similar definitely" (1, p3)

This suggests that at an unconscious level Nigel continues to identify with his mother, excluding his father from their relationship. When specifically asked about what memories Nigel had of his father he suggests:

"Dad was quiet, I mean he was, he wasn't, he was quiet a stoical sort of character really. (1, p3).....I mean the opposite really dad was the sort of person in a group if, he'd be the one who would probably sit there the whole evening and say absolutely nothing..... but so what I'd say, I'd say we I'd say mum and me talked more". (1, p4)

Again returning to early classic Freudian theory it could be interpreted that Nigel saw his father as a rival for his mother's affections and therefore Nigel had to exclude him from their relationship. Freud (1910) suggested it was the result of the absence of a father during the oedipal phase that can lead to homosexual identity. In addition to Freudian theory, Nigel's

identification with his mother could also be considered in the light of Stoller's (1985) somewhat controversial theory relating to 'feminine boys' (although this does not refer specifically to gay men). In his study of transsexuals Stoller explored patterns of familial life concluding that mothers were over involved in the life of the male child and that fathers were absent or uninvolved. The theory per se emphasises the role of conflict in male development which occurs in the first two years of life when the child is dis-identifying from the mother. Stoller claims that during this conflict situation boys develop a vigilant attitude which creates a symbiotic anxiety or barriers to symbiosis with regard to the mother-son relationship. Stoller believes that the early histories of feminine boys have an absence of such conflict and this leads to developmental arrest which is the source of their femininity. Feminist psychoanalysts (Chodorow, 1978; Hollway, 1989; Olivier, 1989) have extensively criticised the theory because of its implications regarding the devaluing of femininity and the need to restore the atypical man to that of normal masculinity (Edley & Wetherell, 1997). Whilst I would agree with the position taken by feminist psychoanalysts, I am more concerned that implicit in Stoller's and Freud's theory is the belief that pathology exists for boys who do not subscribe to a heterosexual orientation.

Analysing the transcript in its entirety, Nigel's father is invisible from the transcript in that he is only fleetingly talked about when Nigel is asked specific questions relating to his father. Nigel's father being invisible in the transcript might mirror his absence, as Nigel perceives it, from his life. Loving primary relationships (with mother, father) are crucial in providing the child with a positive mirror image; an illusion of something external leading to an interest outside of the self and a realisation of one's separateness to others. When a child is not mirrored in a nurturing way he can experience intense painful shame for wanting his emotional needs met (Kohut, 1984). Children growing up knowing that they are homosexual may experience problems in accessing such mirroring in relation to their sexuality from their father (Green, 2003).

Mirroring is useful in terms of understanding Nigel's ego development in that there is agreed consensus on the part of psychoanalysts and in particular those who ascribe to object relations theory (Klein, 1975; Masterson, 1985; Winnicott, 1971) that it is relations with others that shape the ego. For these theorists mirroring equates to how the original others view and respond to the child. When the process of mirroring becomes distorted the child fails to develop a 'real self' (Masterson, 1985) and this can become a pre-cursor to mental health problems in adult life. For example when Nigel is talking about coming out, he describes it as an emotionally turbulent time for him and his parents, but tells of his father's response as:

"He just said "oh well its' fine, not fine, but you know he just said "if that's the way it is," you know, he was very stoical." (1, p31)

At what was a very emotional time, what is mirrored is a lack of emotion. His father appears to offer 'no response', and although his father has a physical presence, emotionally he is detached, not a part of what is going on and not able to provide a positive nurturing mirror image. The absence of Nigel's father has prevented him from introjecting his father's image and setting the standards and ideals for his future behaviour (Edley & Wetherell, 1997). There is a consensus within psychoanalytic theory that in order to do this, the boy first has to start the process of separation from the mother. Greenson (1968) believed that boys in fact have to endure two processes of separation. Firstly they have to dis-identify from the mother and the female model and secondly they have to counter-identify with their father. This is difficult if the father is absent as it is expecting the child to give up his secure base (attachment to his mother) for the unknown. Cooper (1986) believes that the second process of counter-identification can be based on rivalry and fear of punishment if the attachment to the mother is too great.

This might offer one explanation as to Nigel vaguely identifying with his father *"we had reasonably similar views"* (1, p4), but then he quickly retracts the identification *"I mean the opposite really, I'd say mum and me talked more"* (1, p4) and later Nigel clearly dis-identifies

with him *"he was very good at maths I'm not, I mean he was very good, very good at maths"* (1, p7). It is also interesting that his father set up his own business, but still Nigel continued to see the family as working class, not giving recognition to his father's achievements. However this could relate to my agenda, my own parents being in business in a working class area, but my family being viewed by others as above working class. The contradiction here might be between Nigel's and my own ideas of what constitutes working class. Nigel's reluctance to recognise his father's achievements could be interpreted as defensive on Nigel's part, associating working class as living by rigid rules, one of which is the unacceptability of homosexuality (Flowers & Buston, 2001). This would enable Nigel to rationalise his parents' difficulties in accepting his being gay. Finally there is also the vagueness about when his father died and I do question whether or not this signifies the level of importance of the absence of a father-son relationship in Nigel's life:

"Oh gosh, isn't it awful, you say that, and you sort of think, which year was it, six or seven years ago... It seems a long time now.....I remember leaving the hospital when he was dying.....but it seems years and years ago now." (1, p8)

Nigel's reticence in talking about his father is intriguing. It could be interpreted as loss of his father, disappointment in his father and/or frustration and annoyance with his father. However these are strong emotions which were not verbalised in any way during the interview leaving me wondering if the total lack of emotion on Nigel's part mirrors what appears to be a lack of emotional investment on the part of his father towards Nigel.

The Rejected Sister

A relationship with his sister does not and never did seem to exist. A starting premise might be that of sibling rivalry, Nigel, having established a mutually exclusive relationship with his mother, suddenly had to make way for a newcomer, who could be seen as a threat to that relationship (Klein, 1975). His sister was adopted as a baby when Nigel was three years old and

it is not difficult to assume that, like Nigel, she would be demanding of his mother's attention. When I asked about his sister there was obvious avoidance of talking about her apart from emphasising:

"Oh we never got on, never have done, never got on.....mum has a sort of folk theory.....it's a folk theory that basically, if you try and put together too many genetic pools it's bound to not work out somewhere along the line." (1, p5/6)

Whilst Nigel repeats the fact that he and his sister did not 'get on' he also re-iterates his mother's explanation for this. However Nigel continues this part of his narrative by being keen to tell me:

"Whereas mum said she always felt that I sort of fitted in somehow in a way [sister] never did.....I can see what she means....what basically happened was my sister ended up trying to trace her original birth mother and found her....I think the fact that she wanted to do that says a lot, I never wanted to." (1, p6)

The use of emotionally charged language, how he "fitted in" where his sister "never did" at this point in the narrative, gives the impression of Nigel being defensive. Defense mechanisms are unconscious processes, the person being unaware of their occurrence, that protect the individual against uncomfortable feelings of anxiety. In the narrative Nigel acknowledges that he has never 'fitted in'; "I've always been very much an individualist...I was always an outsider" (1, p13). In this specific instance I question whether this is evidence of splitting and projection (Klein, 1975). Splitting involves the complete separation of the good and bad aspects of the self and others. In Kleinian terms, splitting refers to the separating of an object (originally the mother's breast) into good and bad. For the child this means mentally keeping the good and bad mother strictly separate so that the ambivalent conflict between loving and hating the mother, who is in fact one and the same person and a mix of good and bad, can be avoided. Nigel views his sister as being the 'bad' one, who tried to find her 'birth mother' and his account of her 'not fitting in' could be his own 'not fitting in' being projected onto her.

Projection would allow Nigel to attribute his own undesirable emotional state on to his sister. By externalising what he believes to be his inadequacies, Nigel is able to disown responsibility and gain a feeling of an illusionary sense of mastery over his impulses (Bateman & Holmes, 1995). In terms of projection Nigel may feel that he is the bad one, the one who does not fit in because of his sexual orientation. This was apparent when during interview he was asked about his extended family:

“Not many of them officially know I’m gay..... I’ve never made no attempt to hide it but I haven’t seen most of them for years.” (1, p9)

Nigel is unable to acknowledge his sexual orientation to his extended family and although he does not directly lie to them, he avoids contact with them in order to keep his “*secret*” (1, p23). However, whilst Nigel appears to accept his own dishonesty with regard to his sexual orientation, he expresses his anger at his sister’s lying:

“the stream of lies.....basically you never know whether she’s.....whether what she is saying is the truth or not.....the biggest thing of all really [why he does not get on with his sister] is just the fact that it was just a constant sort of barrage of lies and I’m afraid I haven’t got very much patience with that sort of thing.” (2, p8)

One interpretation of the above would be that Nigel’s own frustration and anger towards having the need to lie about his sexual self is projected on to his sister, the ‘bad’ in him being split and projected onto her. However, when talking about his sister’s misdemeanours during the first interview, Nigel brings up his parents’ aspirations;

“They were certainly working class but they’re quite aspirant in some ways and ugh, you know, they are very keen on education particularly.” (1, p6)

Later in the narrative Nigel has the need to reassure me that he was the one who met those aspirations through his academic achievement, “*I was very academic....very academic always*” (1, p11). At one level this could be interpreted as compensation being used as a defense mechanism. Nigel works hard to do well academically in an attempt to play down him being

gay, because as far as Nigel is concerned the former is socially acceptable, and would placate his parent's aspirations, whereas the latter is unacceptable.

However at another level it could be construed as further splitting in relation to the good and bad parts of his self. If Nigel's response is considered within this frame of reference it could be suggested that his academic achievements are the good part of him, his intellectual prowess, whilst his being gay is viewed as bad, as it is associated with the feminine and in patriarchal society this is associated with weakness.

Nigel said that he has now fallen out with his sister after she tried to trace her biological mother and kept this secret from her adoptive mother. Nigel saw this as an act of disloyalty towards his mother and he describes himself, in the here and now, as having little contact with his sister. Nigel also said that his sister has in recent years declared herself to be alcoholic and he became quite scathing about it. He talked about;

“not being convinced about the illness definition of alcoholism.....it just being a way of medicalising your lack of ability to manage your life.....if it works for some people by sticking a label on them fair enough.” (1, p7)

Again this verbalisation and pervading attitude towards his sister's alcoholic label made me wonder if Nigel makes connections in terms of his sexual orientation. Parallels could be drawn whereby both alcoholism and homosexuality have, in some arenas, either been labelled as an illness or seen as a way of life not in keeping with social norms. This again could be interpreted as projection, Nigel's homosexuality being an aspect of self that compromises his life, which he now projects on to his sister, suggesting that her life is compromised by her alcoholism. It is also interesting that, during the first interview, Nigel has no recollection as to whether or not his sister was there when he came out and was careful not to offer information during the first interview as to whether or not she knows about him being gay. However when the subject of his sister knowing was revisited in the second interview Nigel said that;

“Oh yea [she does know] that’s not the problem, that isn’t an issue really it’s all the other stuff that I don’t get on with her about, it’s not gay issues.” (2, p8)

For Nigel it would appear that he continues to blame his sister for the difficulties that prohibit them from engaging in a sibling relationship, exonerating his self, at a conscious level, of any responsibility.

The Rebellious Feminine Child

Nigel on the subject of himself appeared a mass of contradictions. He describes himself as a “pretty kid” (1, p11) who was aware that he was “different” (1, p9) from a very early age. On the topic of difference Nigel gives an account of a young boy who desperately needed to fit in, he talks of;

“not being a raging puff or anything” (1, p10), “not daring not to fit in” (1, p11), “not being able to join the gay society at university” (1, p20) and “caring what people think of him” (1, p21)

However interspersed among the above statements are contradictory statements such as:

“I didn’t care what people think” (1, p11), “I like being different” (1, p12), “I’m not bothered about being liked” (1, p12) and “not fitting in never really bothered me” (1, p14)

It would appear that knowing he was ‘different’ caused him inner conflict and although he wanted to be true to himself he obviously felt vulnerable and therefore suppressed his difference, particularly in relation to his sexual orientation. During one part of the interview he vehemently denies his concern about what other people think of him.

“My friend said you’re the only person I know that doesn’t care what other people think...and I looked at him strange, he said well you don’t...you wouldn’t even consider changing because of what someone else thought, would you?” (1, p11/12)

Nigel's response was *"I said of course not...and it was interesting that he said that to me and I think that has always been the case...I actually like that about me...it's like a strong characteristic...I don't aim to be liked"* (1, p12).

Analysing the transcript as a whole there is an obvious incongruence between what Nigel verbalises and the way in which he behaves, as, with regard to his sexual orientation, rather than not being bothered what people think of him, he was extremely careful not to expose his being gay to others for fear of their rejection of him. When recounting his life between the ages of 14 and 16 he talks of being;

"On the fringes of the sort of social stuff that sort of people in their teenage years did..... but I'm quite sure that was just a conscious reaction, it was a safety thing really because if I didn't engage on that sort of level there would be no danger of being found out.....because by that stage of course I did know that I was gay and at about fifteen I started putting a name to it. So if you didn't engage in the sort of expected, social activities you could protect yourself." (1, p19)

Looking back on this time as an adult, Nigel interprets being *'on the fringes'* as a safe place where he would not be in *'danger of being found out'*. One interpretation of what Nigel might be achieving rhetorically, through using what appear to be contradictory statements, is his acceptance of self as gay whilst at the same time trying to please and be accepted by others by not bringing attention to his being gay. However, Nigel feeling the need to *'protect'* himself would suggest that his need to be accepted by others compromised his acceptance of self. Historically Nigel described himself as being different to the other kids on the housing estate in terms of his ability to read books and the way he spoke and when he went to the grammar school he took a different political stance to the majority of his peers. But again the showing of difference in these areas of his life could be considered a *'safe option'*. As academia is valued by society, again the defense mechanism of compensation could be considered, the academic achievement being used to escape the emotional turmoil he was experiencing, due to his homosexuality, during early adolescence. For Nigel, being different in terms of academic achievement did result in an opportunity to isolate himself from his peer group and the community in which he was growing up. Nigel did actually identify himself as *"I've always*

been an outsider" (1, p13), but again the evidence he offers is full of contradiction. He describes himself as *"fastidiously neat and tidy and everything was in order"* (1, p14) yet he goes on to describes himself as *"outside social order"* (1, p14). He talks of being a *"very social person but I'm also very happy being on my own"* (1, p19), that *"I wasn't a recluse or anything like that... but I'm not a pack animal"* (1, p19), and *"I didn't particularly like nasty rough games, I didn't want to play football and get dirty"* (1, p11) but later says that *"I like football now and then"* (1, p15)

One must question if being an 'outsider' brings safety, allowing you to live in your own inner world protected from the judgements and criticisms of the external world. Nigel does admit to the notion of being an outsider and deliberately creating this image of himself in order to protect his self from the external world in which he lives. The final contradiction of self is when he talks of *"There's a whole sort of part of me that like that you know, it's quite happy with that"* (1, p19). This is a very mixed up statement and perhaps mirrors his mixed up sense of self. In psychoanalytic terms the interpretation would be that of a fragmented ego, and because of such, Nigel has a weak sense of self which leaves him vulnerable in relation to his psychosocial existence.

My use of bricolage can be seen in the above text. At one level Nigel is positioning his self as an 'outsider' in order to protect himself within the prevailing social discourse, construct by society, and where the implicit measure is that of heterosexuality. The creation of the image of himself being an outsider could be explained with regard to Lévi-Strauss's (1966) notion of bricolage, mentioned in the preface, whereby mythical thought generated by human imagination is based on personal experiences and the pre-existing knowledge derived from such experiences. Nigel knowing the unacceptability of homosexuality draws on his pre-existing knowledge, be it conscious and/or unconscious, to create a mythical position for himself. In the 'final contradiction' I make use of unconscious Freudian slips to add to the richness of the interpretation of the data, suggesting that the latent text manifesting itself through the spoken

word could be the impact the mythical position is having on Nigel's life. In using such a range of available resources greater understanding of a person's life experience can be achieved.

Returning to the possibility of a fragmented ego, Klein (1975) believed that since internal and external objects are intrinsically related to the ego, a split in the ego may also occur. In the main this is a transient situation. For most people the ordering of the internal world relies on splitting as a pre-condition for later integration, as it allows a person to suspend one emotional distress in order to come to a decision or make a moral and/or intellectual judgement. In the context of this analysis I would reiterate that the contradictions presented in Nigel's verbal interaction with me could be construed as evidence of an existing fragmented ego or a resistance to acknowledge his being gay at that particular time in his life.

I believe that the above contradictions play a central role in revealing Nigel's struggle to be his true self during his child and adolescent years. The contradictions need to be considered on three levels; firstly there are contradictions in terms of 'fitting in and not being noticed' whilst at the same time behaving in a way that would get you noticed; secondly there are contradictory statements (see above); and thirdly, and at an unconscious level, there are the contradictions between what he verbalises and how he behaves. In Nigel's case these contradictions would support what a number of theorists (Auchincloss & Vaughan, 2001; Connell, 1994) believe is paramount, that is, psychoanalysis has to engage with social analysis if it is to be meaningful and if recognition is to be given to the social being which exists within the person. In merging these two important concepts understanding can be given to Nigel's contradictions. With regard to his sexual orientation it is likely that the social pressure to conform to heterosexual values was so overwhelming that he, like a high proportion of gay youths, would need to deny or reject his thoughts, feelings and actions and because of that start to lead a double life (Rotheram-Borus & Fernandez, 1995).

The Struggle Towards Self-Acceptance

Nigel said that *“I was aware I was different from an incredibly young age”* (1, p9). At junior school he talks about playing with the girls and not wanting to get involved with the rough games that the boys played. However he also knows that he is not attracted to the girls, but that he is attracted to the boys;

“I never struggled with my sexuality, I always knew exactly what my sexuality was in the sense that I did find boys attractive and I’ve never found the opposite sex attractive” (1, p13)

It could be questioned whether his choice of playmates is an avoidance strategy used as a defense for what he feels is wrong. In playing with the girls, whom he has no physical attraction for Nigel might have felt safe in that his attraction for boys would remain hidden. Frosh (1987) believes that during childhood the child experiences a struggle in which he has to curb his desires in the face of the power of the social world in which he exists. When talking about being attracted to boys and not to girls, Nigel admits that he *“struggled with issues around how to cope with that”* (1, p13). Nigel describes one particular boy who was approximately eight years old and attending the same primary school as Nigel, as *“the most screaming queen you could imagine”* (1, p10) and appears to harbour a desire to emanate this boy in so much as this boy can be true to himself, does not appear to worry about the way he presents himself, or what people think of him.

It was interesting that at certain points during the interview Nigel also looks for my approval or normalising of the situation of boys playing with girls *“that’s incredibly typical isn’t it?”* (1, p10) and in terms of his decision to keep his sexual orientation a secret although, with hindsight, felt it would have been easier had he not done. He said;

“That is the weird thing about it, I still didn’t try and fit in, yes, I still was like that. But this one was my secret. So I was the one that no one would ever know....I’m sure there’s some

reason for that but...I think life would have been a lot easier, had I if I had have come out at that stage...I really do but it wasn't to be was it?" (1, p23)

The seeking approval would indicate that transference might have been occurring at this point during the interview, seeing me as a mother figure who could give him the unconditional acceptance he has long sought from his own mother.

During the early part of his sexual development Nigel describes there being a gradual awareness but no blind flashes. At nine/ten years old Nigel recalls being aware of an attraction to another boy but does not link it to sexual orientation and he states that;

"I clearly had a sort of crush on him and that's why I behaved like this or whatever...but at the same time, it wasn't very obvious, it's only in hindsight I can do that. I don't think at the time it necessarily went through my head this is what's going on...I don't honestly think I consciously thought I am trying to be friends with this person because I fancy them because I'm gay. I think behind it though there was sexual stuff but I don't think I was aware of it or maybe I wasn't acknowledging it consciously at that age" (1, p16/17).

Whilst a 'crush' may not be isomorphic with sexual feelings, Nigel believes that at this stage of his life he had sexual feelings that linked to his same-sex attractions, but he did not have the language to process his thoughts in terms of his orientation. Language enables the young child to integrate feeling states with cognition. Developing a vocabulary for feelings and having the ability to verbalise them, aids the integration of painful feelings into the self, creating a sense of control and mastery (Shapiro 1991). However the development of such language may come at a later stage. If the child is not able to talk about his/her feelings and denied the opportunity to verbalise and integrate those affective states into the developing personality then he/she is vulnerable to becoming overwhelmed by them. This compromise of the communication process will lead to a block in relation to self development and the individual may feel out of control when faced with other aspects of human emotion.

This period is also a very contradictory time for Nigel. He denies struggling with his sexual orientation *"I mean when people talk about struggling with their sexuality I didn't on one level"* (1, p12) but then he goes on to say ;

"Funny, I've never actually had any gender sort of issues ever I mean I've always been very aware of my sort of masculinity and I don't think I am at all feminine, the way I do things is, I'm, I'm, you know, they sort of talk about sort of typical masculine and feminine ways of thinking and doing things, I, I find that I can sort of blend the two quite easily. I've never really had a sort of, any sort of gender dis..... or anything like that, that's never been an issue for me. I've always been very much an individualist." (1, p13)

Many theorists (Burn, 2000; Winnicott, 1971; Young, 1994) have identified that all human beings do have both a masculine and feminine aspect of the self, but as we develop and mature, one or the other becomes dominant. However, it feels that Nigel at this point in time is still in transition. He denies his gender by stating he *'sort of blends the two'*, believing that it is not an issue for him as he has always been an *'individualist'*. Again this is difficult to interpret other than it has a suggestive element of him dissociating from sexual orientation. There is a lot of uncertainty in these statements, perhaps a fear of commitment to, or a need to deny his sexual self, of which his sexual orientation is part. This is corroborated throughout the interview; he talks about being attracted to the same sex, he tells me that admitting he is gay is *"a little step"* (1, p10); and that he does not hide the fact that he is gay from family and friends at home but he avoids visiting home. In addition he also avoids using the words gay or homosexual with his family and he reverts to using childish language when talking about sex: *"you would, you know do naughty things to him"* (1, p17)

It was when Nigel was 15 years old that he started equating his attraction, thoughts and feelings to his sexuality and it was at this point that he had some conscious awareness of being gay and its meaning in the external world. He started putting a name to his sexual orientation, *"by that stage of course I did know that I was gay...about 15 I started putting a name to it"* (1, p15). At this point in his life he isolates himself further from his peer group, ensuring not to expose himself publicly. Nigel admits that by not engaging in the;

“expected social activities you could protect yourself....it was a safety thing really because if I didn’t engage on that sort of level there would be no danger in being found out.... you don’t get drawn into the whole sort of going out with girl stuff” (1, p19).

At 15 Nigel now has a conscious realisation that he is gay, different, outside of the social norm. The culture and environment in which he has been brought up would make it difficult to stretch the parameters of social norms and in doing so would place those who did vulnerable to victimisation. Nigel is also still living at home with his parents who are likely to have grown-up within a culture that believed homosexuality to be wrong.

The difficulties of adolescence are well documented (Frosh et al., 2003). However if superimposed onto these is a socially unacceptable sexual orientation the negative psychological effects in relation to self will be dramatically compounded (Green, 2003). For me it has a sense of unresolved grief, knowing that a part of you is denied, the unconscious instinct cannot be acknowledged by the conscious mind thus creating inner conflict and tension (Freud, 1917). In his narrative Nigel moves from being 15 years old to going to university at 18 years old. The period 15 – 18 years old is absent from the transcript, and I wonder if this void is indicative of a very painful, and therefore repressed, period in his life. I suspect that this period must have been a very unhappy and turbulent time for Nigel. Again returning to the missing years (15 – 18) it could be concluded that Nigel was condemned to a state of anonymity.

At 18 years old and during a ‘Freshers Fair’ at university Nigel meets a woman who is lesbian and who declares that she is going to join ‘Gay Soc.’ Nigel states that *“I remember thinking oh I would love to join Gay Soc. but thinking that I couldn’t possibly”* (1, p20). Even though Nigel has now left home and moved to the other end of the country he remains tied to the social constraints of acceptability. When reflecting on this poignant time Nigel suggests that joining Gay Soc. would have *“stopped all the nonsense that went on for the next few years”* (1, p21) and joining the organisation would have enabled him to *“have gone through your sort of*

screaming queen phase or whatever" (1, p21). Nigel's reason for not joining Gay Soc was fear and when the fear is explored further he admits that although he knew he was gay he suggests, *"that was the way it was but nobody was going to know"* (1, p21). Whilst this does not really encapsulate what the basis of the fear is, it does reinforce Nigel's perception of his sexual orientation being socially unacceptable.

Nigel goes on to say that he *"is no good at relationships, was very guarded and was quite detached"* (1, p21). Nigel recognises the latter two as defense mechanisms. He eventually relates the fear to the hostility he envisages from society if he was to be 'found out'. This state of sexual anonymity is obviously very important to Nigel as he keeps repeating *"nobody knew...absolutely nobody knew... nobody knew at all"* (1, p21/22). Nigel connects the 'nobody knowing' with the start of his mental health problems although diagnostically they were not recognised until some years later. Nonetheless, Nigel believes that a lot of the decisions that he made regarding his sexual orientation during his three years at university *"set the scene for my mental health problems"* (1, p22). (These will be discussed under a separate heading). In not being able to accept his sexual orientation and thus forsaking a major part of his identity to fit with his external world, his inner conflict was further compounded.

At 18 years old, Nigel describes himself during his first year of university as being very unhappy. At the start of his second year at university Nigel became friendly with two male students and, with their encouragement, became a Born Again Christian. This is a very interesting move on Nigel's part and he actually states that *"I think if I hadn't become a Born Again Christian I would have come out"* (1, p24). I question what was going on for Nigel in this instance. One suggestion could be that becoming a Born Again Christian further facilitated the masking of his sexuality. In the context of achieving personal clarity and certainty becoming a Born Again Christian might have offered an antidote to his previous state of uncertainty, by providing a shelter, a hiding place from the conflict he was experiencing in both his external and internal worlds. However, it could also be construed as a way of punishing himself by setting

himself up to fail. He was entering into a social domain that viewed homosexuals as 'outcasts', people who were in need of help for their affliction. Being exposed as homosexual in this group would only lead to humiliation and hostility which were the things Nigel feared. When asked what prevented him from joining the Gay Society at university he said:

"I think probably, very probably fear really to be honest. And I isolated myself quite deliberately from other people.....it was a case of, I was becoming more aware, I mean I became aware this is how I am, I was obviously aware that other people might not like that and there might be consequences." (1, p21)

Here Nigel suggests he is too frightened to join a society that would be accepting of his sexual orientation, but instead joins an organisation which would be hostile to his being gay. It is almost as though Nigel needed to be punished which is in keeping with low self-esteem and a fragmented ego. It resonates with the not good enough child who is not able to construct a strong sense of self. To cope with the stress and ambivalence of such experiences many gay youths will try to deny or suppress their feelings of homosexuality, whilst others will engage in risk taking behaviour as a consequence of their conflicting feelings that they associate with their homosexuality (Rotheram-Borus & Fernandez, 1995). The risk taking behaviour in becoming a Born Again Christian is phenomenal regardless of Nigel identifying all the positive rewards it gave him, e.g. distraction, friendship and support. On yet another level and perhaps linked to the prospect of exposure Nigel also thought that;

"if I believe in this enough it will go, you know, I won't be gay any more...if I believe it enough and did all the right things God would take it away" (1, p25)

This is very childlike naïve thinking. It is the fearful man reverting to his inner child, to a place of safety. It could also be seen as akin to the bargaining phase of the grief process; bargaining with God that if you promise to be 'good' (become a Born Again Christian) he will take away the illness/problem (Kubler-Ross, 1982). For Nigel this raises the notion of grieving for what is expected, but not to be.

However, despite becoming a Born Again Christian, the issue of Nigel's sexuality resurfaced when he "*had a massive crush on someone in the organisation*" (1, p24). When Nigel talks about this during the interview he demonstrates that he is still unable to publicly or consciously acknowledge his sexual orientation. He talks of having "*varying sorts of strong feelings for him*" (1, p25) and that the man whom he was attracted to "*was quite aware of that really*" (1, p25). The language here is important as it avoids the issue of gay attraction. Nigel gets to know the man better and tells him "*he had gay feelings*" (1, p25), but the use of the past tense '*had*' would suggest that he continued to struggle with his sexual orientation.

On completion of his degree, Nigel believed that he had no option but to return home and describes leaving university as;

"where it all fell apart.....I felt that I didn't want to be there [home] and I felt that I had done this three years and for what, I was back where I started and I didn't feel happy about that" (1, p26).

Although I believe that when making this statement Nigel was referring to his life in general I was also aware that the retrograde step would have parallels with the partial acknowledgement to self and others of his orientation. In returning home Nigel must again repress his being gay and behave in a way he believes is acceptable to his parents and the social world in which he and they live.

Edging Out

Nigel said, after approximately one year living back at home (aged 22) he "*started to come properly to terms with his sexuality*" (1, p26). At the same time this occurred Nigel 'came out' of the Born Again Christians and he himself saw parallels between the two processes.

"I mean one of the first things I did was come out of Born Again Christianity. It was quite interesting really because there's a lot of parallels between coming out as gay and becoming a Born Again Christian, there's a remarkable amount of parallels there in terms of the processes that go on, adopting this identity and, that makes me think that I did the one to hide the other." (1, p26)

At this point in the narrative Nigel recognises that joining the Born Again Christians was a way of hiding his homosexuality. After leaving the Born Again Christian church Nigel states that *"I realised that I wanted to be openly gay"* (1, p28) and he then started writing to everyone to tell them of his sexual orientation. In this context 'everyone' equated to those who were not particularly significant in his life.

"I just started literally writing to everyone and telling them. There were a number of friends who I just started to tell, I remember there were certain friends I didn't tell for quite a long time. Probably the ones, in some ways who were more important to me, actually..... I didn't tell anyone very much at home, I told people outside, like I told my friends from university mainly, I didn't tell the few people, the contacts that had been made at home." (1, p28/30)

This was a very 'safe way' of coming out. This again has an element of fear attached to it, a fear of rejection. In order to protect himself, Nigel chose people who had little relevance in his life and by writing to them telling of his sexual orientation, he avoided having to 'face' their possible rejection, through using restrictive impersonal communication. In doing this, if disapproval or rejection was the consequence of his exposure of self, Nigel might have been more able to cope with the aftermath in that it would be easier to rationalise people's reaction or non-reaction if he was not confronted with such in the interpersonal encounter. However, Nigel also believes that it was when he started writing to people about his sexuality that he came out to himself 'properly'. He states that,

"I think that it was then that the acknowledgement, yes I am gay, yes I like it, yes I want to be gay and being a political animal I basically got quite militant about it" (1, p29).

The statement starts off as one of acceptance, a realisation that his homosexuality is part of his true self, but one interpretation of the latter part of the statement '*getting militant about it*' could suggest that, for Nigel, there is still something not right about being gay. Perhaps for Nigel the emotional trauma of declaring himself gay would be eased if it were connected to a social cause, an altruistic gesture. However, for some the psychologising of engaging in political activity is unacceptable (Kitzinger & Perkins, 1993). Regardless of covert meaning, this event of conscious acceptance did appear to move Nigel on in terms of self acceptance, in as much as he could be "*himself a lot more*" (1, p29). Although he is still not able to acknowledge his homosexuality all the time, he is at last working towards gaining a sense of being a gay man. At this point in time Nigel had written to university friends, but still avoided telling anyone connected to home that he is gay. As a way of getting militant about his homosexuality Nigel joined the Young Socialist Party, but in terms of further avoidance of exposing his sexual orientation to family he also teamed up with a girl, allowing his family and friends to assume that they were engaged in a heterosexual relationship. This promulgation of the relationship suggests that Nigel is still not at ease with his being gay and is reluctant to gain public recognition of it.

With regard to his family, the way in which his sexuality did emerge was through an argument. During the interview Nigel initially had difficulty recalling this event, questioning "*when was it...oh it's so difficult with timing isn't it?*" (1, p30). The hesitancy and questioning of this important event suggests that there might be a block to his conscious acknowledgement. The latter, regarding the difficulty of timing, is also interesting as Nigel could be referring to the inappropriateness of when and how his homosexuality became known to his family. On closer exploration of this event the reality of the situation was that Nigel and his mother were engaged in an argument and it was his mother who said to him "*you're gay aren't you?*" (1, p31). Initially Nigel had said that he felt very dissatisfied with his life in general, and said "*that's when it all came out*" (1, p31) leading me to believe it was Nigel himself who had said he was

gay. But the reality was that it was his mother who spoke the words, suggesting that Nigel was still reluctant to confront himself by verbalising the fact he was gay.

When talking about his coming out Nigel is also initially vague about who is there. When I asked if his father was there he initially said yes but then said "*I think mum told him later*" (1, p31). As previously suggested, the response he got from his father feels to me like a no response. Nigel said that his father said "*that's fine, if that's the way it is*" (1, p31); he then describes him as stoical. In sociological terms stoical is strongly associated with women and particularly in terms of mothers and their children (Johnson, 1988). This for me raises the issue of Nigel desiring a stronger emotion from his father in order to give Nigel and his sexual orientation some sort of recognition and hopefully acceptance.

Nigel goes on to tell me that his mother said "*she had known for years*" (1, p32) but despite their close relationship Nigel had not felt safe enough to share this part of self with her. He described his childhood as happy and enjoying a very close relationship with his mother, but still he did not feel able to disclose his sexual orientation to her. This is out of keeping with gay literature as in the main it is mothers whom gay boys first come out to (Boon & Miller, 1999; Savin-Williams et al., 2003). He goes on to explain how, during a row, his mother said;

"You're gay aren't you? And I said yes. In the middle of a row she said she'd known for years. I just said yes. I mean, we could, we could row for England me and mum so, once we got going blows were swinging at each other really but, yeah, um, it was exactly like that. She challenged me, and I just said yes." (1, p32)

Again this has the feel of a non-entity, the expectation of a more turbulent reaction which never happened, a minimising of his feelings, leaving Nigel let down and disappointed. "*She challenged me and I just said yes*" (1, p32) mirrors a lack of emotion, perhaps the most important event in a gay person's life and it becomes a non-event. This made me think of a child in limbo, confused with regard to love, acceptance and belonging, the absence of emotion, in

itself, being interpreted as rejection. Interestingly when recapping on coming out to his parents Nigel states *“that was how I told them”* (1, p33) creating a phantasy rather than acknowledging the reality. When asked if there was any further discussion regarding his sexuality he initially suggested that all three of them discussed it, but then clarified that it was just him and his mother and that *“it was very much a case of she didn’t understand it”* (1, p33). According to Stolorow and Banchaft (1987) if parents are not able to adapt themselves to the changing self-object needs of the developing child then the child will adapt himself to what he believes is required of him to maintain the ties. This is how inner conflict becomes structured and according to Freud (1930, p:115)

“Is why civilised man continues to exchange a portion of his possible happiness for a portion of security.”

Nigel is only able to disappoint in terms of not living up to the expectations of the social world in which he lives and in terms of his self he continued to struggle to be able to be true to his self. Nigel’s continual denial of his being gay has impacted on his mental health.

Destroying the Self

Nigel identifies the point, at which he started experiencing mental health problems as being when he was 18 years old,

“the consequences of nobody knowing, what eventually happened were I think the sort of beginnings of what then happened later on in terms of becoming ill and having sort of...mental health problems....and I think a lot of the decisions I made during the three years at university set the scene for that.” (1, p22)

It is easy to accept that the level of splitting that Nigel was engaged in throughout his childhood and adolescent years would lead to a fragmented ego and thus his struggle to cope with the machinations of what he would perceive as a hostile social world. From childhood Nigel sees himself as *“always an outsider”* (1, p13). Although at times, Nigel rationalises being an outsider as something positive, his experience appears to be that he had a secret that he could never

share, a secret he felt ashamed of, and therefore one that condemned him to the position of outsider, from a young age. In his narrative Nigel talks of his fear in publicly declaring his sexual orientation:

“very probably fear to be honest...I was very guarded, quite detached....I was obviously aware that other people therefore might not like it and there might be consequences” (1, p21)

Living in fear and the inability to be true to self will have an impact on one's mental health. On his return home from university Nigel struggles to cope with his inner conflict:

“because I was living at home it was quite difficult...there didn't seem to be any outlet for it...I think I felt very much constricted by being at home, by being in the place where I grew up” (1, p34)

In this statement Nigel emphasises his compromised position of not being able to be true to himself in terms of his family, but also in terms of the wider community. Not being able to be your true self will leave a person feeling disparate in terms of who he is, and a sense of loss of control over one's life. This is confirmed by Nigel's suggestion that he does not feel in control of his life. He was outside of social order and knowing this he developed pragmatic ways of exercising control, *“my room was fastidiously neat and tidy and everything was in order”* (1, p14) and he talks of his *‘obsessiveness’* in terms of some of his relationships. Not feeling and believing that you are in control of your life is a recognised source of anxiety (Rungapadiachy, 1999) and in an attempt to regain control, Nigel is vulnerable to obsessive compulsive behaviour. At the end of the interview the notion of control re-emerges but in this instance it is about others trying to control him and he becomes very angry about this.

“I used to sort of get incredibly angry when I felt I was being manipulated....it's amazing what you can do when your...really.....I nearly threw a sign through a plate glass window once.....I felt so angry, I actually picked up a car, I felt so angry I just walked up to this car and went ahhh and actually picked it up” (1, p42)

One interpretation of the above would be that Nigel is desperate to stay in control of his life, but feels under threat of 'others' taking control of his life by expecting him to be something that he is not. His anger, at not being true to his self, manifests in trying to take control in a destructive way. This is in keeping with Greenberg's (1975) concept of omnipotentiality, a state whereby the adolescent tries to gain total control over his inner and outer worlds at the very time their security is threatened. However, Nigel's attempts to regain control over his life are thwarted by his inability to acknowledge his being gay and this takes its toll on his mental well-being. Within six months of leaving university and returning home to his parents' house he experienced his first bout of diagnosed mental illness. He was diagnosed as having depression and anxiety. Initially Nigel links the onset of his mental illness to the unsuitability of the job he had at that time, but he also acknowledges that it was at this time that he started to try and come to terms with his sexuality,

"it just bored me [sales job] to tears and eventually culminated in me having a first spell of depression or anxiety....I'm never sure how it was diagnosed .this was the Valium era and I just remember getting a stash of them.....and it was round about, it was that year really that I started coming what I would say properly coming to terms with my sexuality....I was 22 at the time" (1, p26).

This period of his life appears to be a very turbulent time, being at home and not wanting to be there, knowing he is gay but being frightened that he will be 'found out' and therefore feeling a need to live a lie. This turbulence appeared to have continued for three years. Interestingly it is during this period Nigel suggests that he starts acknowledging his homosexuality, albeit with some reluctance;

"I started to sort of take it on board for myself and acknowledge it to people.....I couldn't do anything about it...that wasn't so important to be honest, it was much more an identity thing rather than the need to go out and have lots of sex" (1, p34).

Again there seems to be a splitting off of what might be acceptable, having an identity, and what might be a socially taboo subject, the actual sex behaviour. However in splitting the two his ego

remains fragmented. At this point in his life he also moves away from home. (to a completely different part of the country), and starts making links with the gay community.

At 24 years old, after a brief spell away from the area where he moved to, he returns saying *"it was interesting because I went back as a totally openly gay person"* (1, p37). During this period he secures a new job working for an HIV/AIDS project, engages in a new relationship (current partner) but experiences a severe bout of depression.

"I got a new job and met a new partner, oh you know think fantastic, everything is working out and it just kicked everything off. Whether it was just not being able to cope with all the change I don't know but things started going badly wrong" (1, p39).

Nigel was again diagnosed with depression which he said lasted a year. In his narrative Nigel appears to have no understanding of why, when everything was going so well, he should become depressed again and his rationalisation of these events again lay blame on his employment. However later he does acknowledge that

"I think that was the catalyst [his employment]...well I know that that brought on the depression and the depression itself uncovered loads of all sorts of messy mucky stuff that I hadn't dealt with...all sorts of weird things happened, I became agoraphobic" (1, p40).

The terminology Nigel uses could be considered in terms of metaphor as, for me, it conjures a picture of the muckiness of his sexuality, bubbling up to the surface and spilling out to create a mess in his life. His unease with his sexuality has been and remains evident and I question that when his life does start to improve he feels unworthy and his depressive state is an unconscious attempt to punish himself for allowing his 'badness' to surface. This unworthiness is to some extent supported when Nigel talks of meeting his partner;

"it was one of disbelief actually...I had worked out I will probably stay single...I think I had almost come to terms with that, that I wasn't going to meet anybody.....for the first time in your life you have this really good relationship and you fall down with this horrendous depressive illness. Is it a way of yourself punishing yourself?" (1, p47)

Nigel questioning whether or not his depressive illness, which manifested just after he met his partner, was self punishment suggests that he may still be having difficulty in accepting his being gay. For Nigel the depression was a horrible experience;

“it wasn’t a rational reaction to what was going on, ugh, and it was very horrible, really, the whole experience was just awful I remember one morning I just suddenly burst into tears for no explicable reason, I don’t know why” (1, p43)

It was during his bouts of depression that Nigel contemplated suicide. For Nigel suicide was a way of escaping;

“Feeling that life was just totally shit.....and it really was, it was horrible. I mean I don’t think unless you experience actual clinical depression that you can really understand what it is like...it takes up virtually all of your energy just being depressed. It’s a very safe place to be. It’s a horrible place to be, but it’s a safe place to be...you pull up all those drawbridges and barricade yourself in. The trouble is when you’re in it breaking out of that seems totally impossible” (1, p45).

Nigel said that these thoughts occurred during his depressive illness, but the emotive language he uses to express how bad life was, confronted me with the hopelessness he felt and made me question if there are still remnants of that hopelessness around for him. Towards the end of his narrative there is evidence to suggest that Nigel’s ego remains fragmented and that he continues to have problems in accepting his sexual orientation;

“This is, what every, well you see, this is what, this is what I think was going on in my head and which was the problem. On one level I bet there’s a part of me that is absolutely fantastic and got on really well and it was lovely, but I was also punishing myself because I’d never really truly accepted that it was right to be gay.” (1, p47)

In the above extract Nigel is confused as to how to articulate why he had experienced such mental turmoil. Nigel’s explanation is offered in both the past and present tense. *“I bet there’s part of me that is absolutely fantastic”* suggests that he has still not been able to locate the good part of self, the phantasy being that part of him, if he could experience it, would be ‘lovely’.

However, at the same time Nigel phantasises about the good self, he also acknowledges that his 'bad' part, being gay, is wrong and needs to be punished. As previously noted when splitting becomes intrinsic to one's life the ego will remain fragmented and the person's mental health will be compromised. It would appear from the transcript that for most of his life Nigel has experienced the turmoil of intra-psychic conflict. For the most part this has increased his vulnerability to mental health problems and at times has detracted from his ability to enjoy his psychosocial existence

Summary

Nigel perceives that during his formative years he had a close, almost symbiotic, relationship with this mother. Nigel's father, for the most part, was absent both in physical and emotional terms, leaving him without the much needed mirror image offered to the boy through the father-son relationship. From primary school age Nigel was aware of being different from his peer group and tried to compensate for his difference through his academic achievements. Whilst this was successful in that he gained a place at grammar school, his achievements also gave him the opportunity to segregate his self from his peers and hide his true self. As Nigel's cognitive abilities increased and his language developed, he experienced a growing awareness of what his difference meant in terms of his external world. This realisation led to him having a need to further distance himself from his peers and adopt behaviours that would allow him to be included in various social groups which, in a perverse way, would require him to deny his homosexuality.

During the telling of his narrative, there was a gap between the ages of 15 and 18 years old, one interpretation being that the painful realisation of being homosexual was so great in terms of inner conflict that he repressed those turbulent years. During late adolescence and early adulthood, Nigel continued to deny his homosexuality and could be seen as trying to punish his self by joining organisations whose philosophy would be the antithesis of gay sexuality. Nigel's

life story is full of contradictions and his constant denial of his true self has led to a fragmented ego, which has impacted on his mental well-being.

Because of Nigel being gay and living in a heterosexist society Nigel felt that he was never good enough to be accepted and as a consequence had low self-esteem and was unable to construct a strong sense of self. For Nigel the fear of being exposed as a gay man was too threatening and his way of avoiding this was to lead a double life, a false self dominating over his true self. However, at a time when he had come out and his life should have been a positive experience, he succumbed to depression. Nigel believes that it was this bout of depression that *“uncovered all the messy, mucky stuff he hadn’t dealt with”*. This would suggest that despite ‘coming out’ and meeting his long term partner, Nigel continued to struggle with his sexual orientation. It was during such bouts of depression that Nigel contemplated suicide as a way of escaping his inner psychic conflict that overwhelmed him. Throughout his life Nigel has experienced emotional turmoil as a consequence of his inner psychic conflict and that, in turn, has compromised his mental health and increased his vulnerability to suicidality.

Critical Reflection

I felt nervous when going to interview Nigel, both excited and anxious simultaneously. This was my first interview and I needed to get it right, but was unsure of what ‘it’ was. I had to knock on the door without knowing the person on the other side. It brought back old familiar feelings of being a community psychiatric nurse, worrying if I was capable of developing some kind of relationship with the person I had been asked to see. I sometimes still get nervous before meeting patients for the first time in clinical practice. This becomes exaggerated when I perceive that the person I am seeing might have a better intellect than me. And here was Nigel, writing up his PhD thesis ready for submission, where I was just starting out, both of us lecturers in higher education and my vulnerabilities feeling more exposed by the minute. On

reflection I feel my anxieties impacted on the interview as I was, at times, defensive and did not always feel in control of the interview.

With regard to transference and counter-transference, at times I felt Nigel placed me in the role of mother, in both a critical and nurturing way. As critical parent, at one point during the interview I felt annoyed that he was unable to remember the date of his father's death. I felt that this was an important event in Nigel's life but he could not even remember whether his father had died six or seven years ago. On reflection my own father's death was very important to me, as it left me (at 15 years old) abandoned, feeling lost and lonely and perhaps the absence of Nigel's father within his life left him lost and lonely. On a different occasion Nigel sought out my approval for being gay and again this could be him looking for parental, 'mother' approval, or as a researcher representing authority, or me representing wider society.

During the interviews, particularly the first interview, I had difficulty seeing Nigel, his face obscured because of the poor light. When discussing this in clinical supervision I wondered if Nigel positioning himself where he could not easily be seen was mirroring the hiding of his self as a gay man. Nigel was unable to accept self as a gay man and his sense of hopelessness in relation to his experiences of depression were to say the least challenging for me. Initially Nigel's obscurity from view frustrated me, but when reflecting on this my frustration was perhaps more to do with me being there as a researcher and not a therapist, whereby I would, over time, have been able to help Nigel address his sense of hopelessness. My response was one of nurturing mother/therapist, to contain his hopelessness until such a time that he could work through it and reach some form of resolve in the immediate encounter. This experience really challenged my boundaries in terms of being there as a researcher and not the more familiar role of therapist, something I had also had to work through and resolve through 'clinical' supervision.

During the second interview Nigel was more visible, but I felt that I completely lost control of the interview. Nigel avoided questions, went off at tangents and questioned my ability to research the topic of gay men and suicide, given that I am not a man. The interviews with Nigel were not an easy experience for me and I found myself, at times, being defensive. Perhaps for both Nigel and I the anxieties the interview situations created led to us both being defensive with the inter-psychic battle for control impacting upon the quality of the interview gestalt.

CHAPTER FOUR: IAN'S STORY

Overview of Family Background

Ian is 35 years old and currently employed as a translator. Ian was brought up with his mother and father and two younger brothers. The family were heavily involved with a charismatic church throughout Ian's upbringing, his mother being the main motivating force for them attending church. Ian was 24 years old when he came out to his parents, but was not at ease with his sexual orientation and two months after coming out suffered from severe depression. I met Ian through his involvement with the church (a church which is welcoming of gay people) where he attended on a regular basis when visiting his partner of three years. At the time of Ian participating in the study he and his partner were living in different cities in the UK. The interviews took place in a room connected to the church that Ian attends when visiting his partner at the weekends.

When analysing Ian's narrative, three main categories appeared to be generated from an interpretation of the data; these were 'sexual orientation and the coming out process'; 'the power and the glory'; and 'matters over mind'. For Ian the acknowledgement of his sexual orientation appeared to be a long, protracted painful experience, particularly from the time of conscious awareness and the realisation of the implications of his same-sex attraction. The consequence of this impacted on his coming out, causing him to experience mental anguish whilst postponing the event of coming out for what became an intolerable frightening period of his life. In trying to integrate his sexual orientation into the self, Ian seeks solace in his religious beliefs, but in doing so he inadvertently exposes himself to further denigration. The 'power and the glory' explores the way in which Ian's religious beliefs, the church and his longing for acceptance shaped his all important adolescent and early adult years, only to leave him fragmented and in denial of his true self. Finally 'matters over mind' examines the consequences of the two former categories in that this section looks at how they have impacted

on his mental health. The three categories are intertwined and it is very difficult, at times impossible, to separate them. Ian cannot separate them and they are presented prominently throughout the interview as a gestalt.

Sexual Orientation and the Coming Out Process

Being Different

The coming out process, for Ian, started in childhood when early recognition of difference took place. For Ian, his earliest indirect recollection of difference was at primary school. He describes himself during this period as;

“Not a typical boy...I did all the girl things so I did gymnastics. I was the only boy who did gymnastics. I was the only boy who went to the dance workshop....I didn't think anything of it, it was just who I was.” (1, p12)

The realising and interpreting of one's own sense of difference is an integral part of the self identification process (Olsen & King, 1995). Ian's narrative suggests that his difference was also recognised by self and others, and with regard to some, Ian perceived that they connected his difference to his sexuality.

“They would sometimes refer to me as gay.... he [boy in the year above] referred to the way I skipped down the corridor” (1, p12). *“When I was at primary school I had crushes on boys....I'd be at home and I'd be thinking about sort of cuddling another boy or whatever....so that was when I was in primary school but I didn't equate that then with anything sexual...it was just a desire to be with that person.”* (1, p7)

Within psychoanalytic theory, sexual orientation is said to be set in early childhood and it is recognised that erotic feelings are a fundamental part of an individual's psyche, being established much earlier than conscious choice would indicate (Bell et al., 1981). This would be in keeping with Ian's experience. The data suggests that, although at a young age Ian

experiences a felt difference, at primary school age he is not yet able to name the difference or consciously connect it to his sexuality.

Explanations for this could be that his difference, in terms of sexual orientation, may not, at this age, be present in his conscious awareness and/or that his language skills have not reached the appropriate level of development. Lacan (2003) believes that the unconscious is, in fact, structured in the form of language and that the oedipal child enters a world of 'signs' which convey to him the meanings of self, gender and body. Lacan's premise is that language has a symbolic order and that, for its acquisition and development, the child is dependent on the language it speaks and that understanding is mediated by the symbolic world of culture and tradition in which we exist. In this respect, language is developed in such a way that it promotes an awareness of our social environment. In taking account of this, the lack of language, could be viewed as being protective of the child as, in psychoanalytic terms, creating a protective space between the ego and the superego. As a subject of the unconscious, language resides in the inter-subjective space in the domain of social discourse which mediates through censure and control (Richardson 2003). If language is not available, meaning cannot be attached to behaviour. Therefore, the superimposed rules, morals, beliefs and judgements of society do not enter one's intra-psychic world. For Ian, his sexual orientation of being gay can remain 'safe within', protecting him from social stigmatisation.

When interviewing Ian for the second time, he had carefully read through the transcript of the first interview and made notes throughout that he wanted to add or explain. On his copy of the first transcript, Ian adds that, during this time, he had a doll's styling head and enjoyed dressing up as 'Iona' in his mum's nightie. This could be interpreted as part of the child's normal development, the child identifying with the mother as part of the developmental process (Chodorow, 1978; Freud, 1933; Klein, 1957; Winnicott, 1965). As stated in Nigel's story, boys have to go through two processes in the attainment of individuation, involving a process of dis-

identification with the mother and a process of counter-identification with the father (Greenson, 1968).

Ian's dressing-up and becoming Iona could be an indication wanting to identify with his mother, whilst at the same time identifying with his father, thus creating a splitting of the ego. At an unconscious level he knows who he is and attempts to integrate this part of the self, but he also knows that he cannot be himself so he has to create two selves; a private self and a public self. At seven or eight years old Ian knows that he;

"Is not happy doing the things that boys were expected to do" (1, p13), "At primary school, that wasn't really what you would call a typical boy in terms of my behaviour wasn't macho, I didn't play football." (2, p11)

"And there are certain things that have kind of hurt. I don't know, its like, oh, I don't really know how to describe it. I remember at, we went on a Cub camp once, father and son Cub camp. And there was an assault course thing and um, I sort of fell over halfway through and I actually insisted that I should carry on and finish it and then he was really proud of me that I'd been a man about it and done that and I don't know, to me it was a bit odd that I would have to do that to be able to earn his approval." (1, p4)

This suggests that outwardly, the public self, might have prompted Ian to engage in some activities expected of boys but inwardly, his private self, feels miserable at what he is having to do. This could be open to further interpretation in relation to the phenomenon of splitting. Klein (1957) recognised the primitive defense mechanism of splitting; an object being divided into 'good' and 'bad'. Klein suggests that as internal and external objects are intrinsically related to the ego, the use of this defense mechanism may also cause a split in the ego. This is more akin to Freud's (1927) original theory of splitting, whereby the split occurred when there was a contradiction between a wishful fantasy and reality. Splitting is characteristic of a person's ability to divide his/her experiences into two separate worlds; the existence of one being kept in abeyance of the other (Thompson, 2003). For Ian, his conscious awareness of the external world could have forced him to comply with his perceived 'good' self (the public self), that is,

meeting the cultural and social expectations of little boys, whilst his inner 'fantasy wishes' are ascribed as 'bad', (the private self), and subsequently give rise to his feelings of misery.

At 11 years old Ian has experienced the difference between himself and others for approximately four years and was then able to acknowledge that others may also recognise his difference. However, Ian is still not able to articulate his difference. When Ian moved up to secondary school the name calling continued and with regard to this he makes the comment that *"they probably saw something that I didn't see myself"* (1, p13).

At this point he must have been using denial as a defense mechanism which, for me, reaffirms the premise that he knows at an unconscious level who he is, but remains aware that he cannot be that person. Denial also involves splitting (Bateman & Holmes, 1995). Ian is denying his own internal experience and by doing so is able to dissociate himself from it. With regard to the development of sexual orientation, the literature (e.g. Sophie, 1986; Ehrhardt & Remein, 1992) suggests that most children experience a period of heterosexuality, but those children or adolescents who find themselves persistently attracted to the same sex, have same sex fantasies, or who engage in same gender sexual behaviour will begin to question their heterosexuality. These thoughts, feelings and behaviours belonging to their inner world will be in direct conflict with their presumed heterosexuality, the reality of their external world, thus creating a tension within the self. In the second interview Ian vividly recalled,

"dad used to take us swimming sometimes and I remember going to the swimming pool and being very interested in looking at the men's bodies in the changing rooms, and also sort of having fantasies about them at home, not, not really sexually then, but, you know, thinking about them naked, well I suppose they were hanging around naked and, just being close to them but not actually doing anything physically with them I suppose. So it wasn't about looking at men's bodies in terms of, what do other men's hips look like, it was about attractiveness....Yes, yeah. Um, and also, the wet dreams I remember having were always gay wet dreams, you know." (2, p11/21)

It is suggested that for the boy, the earlier he becomes consciously aware of his homosexual orientation the greater the level of his distress (Remafedi, 1999). At puberty Ian started to become distressed to the point of it manifesting as a mental illness.

“When I hit puberty, that’s when I started to get sort of, ugh, a negative self image, a kind of a depression and then this fear of the devil.” (2, p12)

For many young gay men the conflicts created may be too great to deal with and, in order to cope with the ambivalence and stress, defense mechanisms of denial and suppression maybe used to counter the realisation (Ehrhardt & Remien, 1992; Troiden, 1989). With regard to physical sexual awareness and his developing sexual identity, Ian identifies that at 13/14 years old he has a close male friend and states;

“I would get erections if I was just sort of talking to him or in his company” (1, p8). I remember being given pornographic magazines by boys at secondary school and although I got an erection looking at the pictures I didn’t use them to masturbate.” (1, p13).“when I, when I was a teenager I did masturbate I did sometimes think about women but it wasn’t really a great turn on, it was because it was what was expected or what I was expecting I should think of, I think. But then my wet dreams were always gay.” (2, p21)

Naming and Realisation

In the rudiments of his sexual awaking Ian still associated men as partners rather than women, but continued not to acknowledge his preference, thus denying this part of self. At 14/15 he experiences a significant ‘event’. The choice of the word ‘event’ is interesting as it usually refers to a public or social happening. The ‘event’ was very negative but has played a very significant part in Ian’s life. For Ian it was a ‘public’ happening that occurred during a social occasion and was the first conscious point of reference within his coming out process. Ian went on a youth weekend with the church and prior to going he already had a very negative self image. Ian had a crush on one of his friends, but when he tried to join him and another boy in their room they shut the door on him. This compounded his negative self image as he experienced this incident as rejection. Ian said that he *“just felt really very negative and in*

turmoil and I sort of walked out" (1, p8). After *'walking out'*, one of the elders found him and took him off to a room to discuss how he was feeling and to pray for him. During their discussion the elder suggested that Ian was keeping something from him and eventually Ian said, *"I'm afraid that I might be homosexual"* (1, p9). The elder then told him that *"it was a lie"* (1, p9).

This 'event' is analysed separately with regard to the power of religion and mental health problems (see below), however, in relation to Ian's sexual orientation and his coming out process, it cannot be ignored. This was the very first time Ian had verbally acknowledged his sexual orientation and his choice of the word *'afraid'* denotes the feeling he attached to his homosexuality. At that moment in time there is a conscious realisation and a verbal admittance to himself of his sexuality and that he is frightened of that part of himself. In addition to this his fears are affirmed by the elder who negates what has been said by rationalising it as *'a lie'*. What Ian has said cannot be right; it is unacceptable within the social parameters of Ian's life. Ian's turmoil is dismissed rather than recognised, and when he finds his voice he is not listened to or heard. Not being afforded the opportunity to talk about his feelings and, consequently verbalise and integrate those affective states into his developing self, then Ian could be vulnerable to becoming overwhelmed by them (Shapiro, 1991). Green (2003, p: 181) suggests that;

"The gay child often has no help in regulating affect states, in processing information, or in verbally decoding experiences."

The elder's remedial action would have not only further exacerbated the fragmentation of Ian's ego, but also would have compromised his ability to integrate emotions such as anger and frustration. Ian may have perceived such emotions as dangerous to parental and/or 'significant other' figures (in Ian's case the church elder). The covert message is often one of blame with the consequence for the child being one of guilt and resulting in a compromise of their communication process. This will lead to a block in relation to self development and the

individual may feel out of control when faced with other aspects of human emotion (Shapiro, 1991).

The response of the Elder gave Ian little or no option but to live with the conflict within: contain it and not to speak of it again. In contrast to the Elder's response Winnicott's (1971) theory of 'the holding environment' and Bion's (1963) theory of 'containment', both referring to the role of the therapist, stress the importance in the nurturance of the patient's conflict in order to facilitate growth and resolution. For such nurturance to have occurred the Elder would have had to encourage Ian to talk about his fears. By the Elder being accepting of what he was saying, without passing criticism or judgement, Ian might have felt that he was in a safe environment where there was opportunity for him to explore his sexuality that he had become consciously aware of. It is the reliability and responsiveness of the holding environment that is paramount for emergent attachment patterns as the child starts the process of separation and moves towards individuation (Symington & Symington 1996). Whilst the holding environment, in this instance, refers to the main caregiver with whom the child is growing up, for Ian, his early awareness of difference may have prevented him achieving the desired reliability and responsiveness from his parents. Early messages, particularly from his father, could have led to his reluctance in sharing his difference with his family. For example, in addition to the incident previously discussed at the father-son cub camp, Ian also recalled a time when he was in a school production of Grease;

"Yeah. and then there are other things like um, that have hurt, when for example, I did um, a production of Grease at school and um, there was a fight scene and I was in the fight scene and he said to me, you know, instead of saying, oh, you know, I thought the production was brilliant and you were really good in it, he said, um, yes it was good but I think that you should try and get more angry, more like a man." (1, p4)

Ian's early recollections (cub camp and the above) are indicative of his father having very specific ideas of what it is to be a man and one interpretation would be that his fathers' perception of being a man is the antithesis to Ian's view of himself as a man. Ian's family had a strong commitment to the church and perhaps if the nurturance described above was not readily

available to Ian within the family then an obvious place to gain positive responsiveness might be the church. But the response Ian received from the Elder was one of denigration, possibly unconsciously reaffirming the insecurity of his attachments to his parents, for example not living up to his father's expectations, and the vulnerability his difference brings. It is during these sexually formative teenage years that Ian makes a direct conscious connection between his negative self image and his sexual orientation (1, p4; 1, p9; & 2, p12, see above). It would appear from his narrative that Ian felt stuck, albeit unconsciously, at this point in his life. Following his recollection of this particular event with the Elder his narrative then has a gap, a period of silence in terms of his sexual orientation and the coming out process. This, for me, highlights the enormity of the impact the incident with the Elder had on Ian's life. It feels to me like a huge void, whereby communication is abandoned and Ian is left in a vacuum.

Tortured Liaisons

In his narrative, and in relation to defining his sexual orientation, Ian next talks of being 19/20 years old when, during a gap year spent in Germany, he meets his "*first gay role model*" (1, p10) who I shall refer to as Mark. Ian was lodging with this man for a year, but states that, for the whole of that period of lodging, "*neither of them knew that the other had homosexual tendencies*" (1, p10). When analysing the transcript one issue that arises is that there again appears to be evidence of splitting in terms of a discrepancy between Ian's public self and private self. The statement suggests that within his inner self there is a realisation of his sexual orientation but externally he needs to keep this in check. In doing this Ian creates a false self to mask his true self. Whilst the false self protects the true self, the true self is acknowledged intrapersonally allowing Ian to lead a secret life. The purpose of the false self is to defend the true self against exploitation which would result in its annihilation (Winnicott, 1965). For the person who believes that to expose his true self would make him vulnerable to prejudice, ridicule and stigmatisation the false self becomes the crucial mask for survival. If the false self was not available the person would be fearful of their true self being destroyed. Mills (2003) argues that

the pattern of adopting a false personality is constructed in reaction to the fear of death of the self and such fear is the most rudimentary form of anxiety that relates to our very existence. By this juncture in his life, Ian has already experienced the negative consequences his true self will be exposed to if he does not protect it from the culturally and socially bounded world in which he exists. Gay men posing as 'straight' and denying the true self is a common phenomena, particularly prior to embarking on the active process of coming out (Coyle & Daniels, 1992; Green, 2003).

Another issue arising with regard to Ian's chosen role model is that Mark also has problems in coming to terms with his own sexuality. Just as Ian effectively hid his sexual orientation from Mark, the fact that Ian did not realise Mark was homosexual suggests that Mark also hid his sexual orientation from Ian. In addition to this, Mark did not reveal his sexual orientation to Ian until Ian had finished lodging with him and had returned to England. Mark then wrote to Ian telling him of his homosexuality but articulating it in very negative terms. According to Ian,

"Mark describes himself as homosexual because he thinks that if you say gay then it is accepting it more thinks it [gay] is a positive thing." (1, p10)

Mark's negativity perhaps provided a mirror image for Ian's own turmoil. The psychic need for mirroring and idealising self object experiences form the rudimentary basis of a cohesive self. When mirroring becomes distorted and the false self is magnified pathology tends to develop (Cannon, 2003). In this instance, Mark mirrors the negativity Ian experiences internally, further corroborating the belief of homosexuality being wrong and the need to berate one's self for identifying with that group of people. This is evident in Ian's use of the phrase '*homosexual tendencies*' (see above 1, p10) which leads me to believe that Ian was still using denial, in that 'tendencies' would appear to be a compromise in terms of the process of internalising his sexual identity. However, 'tendency' could also be used as a pre-emptive for a socially taboo subject.

Just prior to him returning to England a mutual girl friend of Mark and Ian's, who was attracted to Ian and who he rejects, confronts him by asking if he;

"Has a tendency towards men?". At this point Ian said *"that must have been the first time apart from the elder that I'd ever said that to anybody I think"* (1, p10).

It is interesting that, on Ian's edited version of his narrative, he changes the word 'said' (a more passive voice) to 'admitted' (more active voice) and I query if the original 'said' demonstrated the unconscious process of denial still being used during that period of his life, whilst 'admitted' is a fantasy of the here and now, that is after he has had chance to read through the transcript as a 35 year old adult. When analysing the transcript of our second meeting I wonder if Ian had reinterpreted that period in his life as a more active part of his coming out process. There had been a seven year gap since telling the Elder that he was *'frightened he might be gay'*. He describes the conversation with this woman as being *"a milestone"* (p10 ed) although he would not let her reveal the conversation to Mark with whom he was lodging with and who, at that time, was *"the object of his affections."* (1, p11)

As stated above, on his return from Germany Ian received a letter from Mark. In the letter Mark refers to their homosexuality, offering Ian his own theories relating to how it is *"the result of a dysfunctional family, bad relationships between fathers and sons, and overbearing mothers"* (1, p11). Hence, Ian's chosen role model was covertly re-iterating the mixed messages he had received from the elder; the church that the Elder represents encouraging it's congregation to be honest and truthful about who they are, but when Ian approached the Elder the message he received in response to his honesty was, who he is, is a lie and culturally unacceptable. My own thoughts were about skewed communication and Laing and Esterson's (1964) theories of mystification. The child who constantly receives mixed messages grows up not to trust his own judgement, his own sense of self, and his own ability to communicate his emotional self. Later in the interview when he starts telling me about the way in which he came out to his parents, Ian refers back to Mark;

"I told them when I was twenty-six. Which was Christmas, during my first year in Europe and um, and, you see, I was, that's when I sort of started really confronting the fact that I was gay. So I'd kind of kept, I'd, I suppose it, can I just like, just continue the story about (Mark) that?" (1, p19)

With regard to his continuance of this particular story the point in his narrative where I introduce the topic of coming out to his parents is eight pages on from where we spoke about his experiences with Mark. In addition to this the dialogue becomes disjointed, suggesting that the topic is one which he still has difficulty with. For me, it felt as though Ian was avoiding the topic and this made me question if the communication between himself and his parents was skewed and if they also gave mixed messages. The second interview I returned to this and gained insight of how Ian's parents dealt with the emotional aspects of family life.

"And I was thinking well its, maybe it's not fair to say that there wasn't enough affection. Um, I think its to do with, again I think I mentioned that he's kind of more from a working class background and I think its, I think, well, you know, that's the way it is more for working class people because they've been brought up with that kind of ethos or mentality that you don't say to people that you love them that much, you don't, um, show them that, you know, lots and lots of physical affection but you do it in practical ways, so I think his way was like providing for the family, making sure that we were taken care of and we had enough food and clothes and things like that and I think that's more how he showed that he cared about us if you see what I mean." (2, p3)

"I couldn't have not involved them in it, I would have felt like I was deceiving them, um, being, you know, and also I needed their support and their help. The fact, you know, that they found it difficult to give, I mean they did give me support and they did give me help but they didn't embrace me as a gay man kind of thing straight away. But then I don't suppose many parents, well some parents might but there's probably a lot of parents who don't." (2, p8)

For me, the quotes are indicative of Ian expecting a specific response from his parents, but it is not the one he gets and this suggests to me that the mismatch could have arisen from a skewed communication process. Both quotes highlight the need for Ian to offer a rationalisation with regard to why his parents behaved in the way that they did. Firstly he associates their behaviour with their working class backgrounds and secondly he globalises their reaction to 'many parents' react in this way.

Returning to Laing and Esterson's theory of mystification, the repeated pattern of receiving mixed messages will lead to the child becoming 'lost', repressing his emotions and withdrawing from what he experiences as an untrustworthy world, believing himself to be lesser than his peers. Both transcripts of the first and second interviews offer evidence for this possibly being the case for Ian. During the first interview Ian said of Mark that;

"he was kind of, he was kind, he was a means of support" (1. p19) (however in the edited transcript he adds) *"he was homosexual, he was kind...."*

On my first meeting with Ian he could not say that Mark was homosexual when we were talking about the process of coming out. When reading and analysing the transcript of the first interview, and Ian's edited transcript, I questioned whether on our first meeting Ian struggled to trust me. At the beginning of the second interview Ian clearly articulates his initial mistrust of me;

"I was a bit sort of shocked by the question [opening gambit of first interview]. Because I didn't know what you were going to use that for, you know, I was like, I was a bit scared you were going to try to hypnotise me and take me back to my earliest memory or something stupid, but you know, it was a stupid idea of mine that you might try and do that or something, I don't know, but anyway that, so that's why I got a bit thrown by that, question. Um, but I think in fact my first, earliest memory is, is quite a lot earlier than that. Um, and it was when I was three, um, and when my youngest, well not my youngest brother, my next brother down from me was born, um, and I remember that quite clearly so I don't know why I didn't say that at the time, I think it was just I was really thrown by the question." (2, p2)

At one level it could be construed that Ian was simply thrown by being asked to do something at the start of an interview, but his comment, *'I was a bit scared you were going to hypnotise me'* is more suggestive of mistrust of interpersonal relationships. The pattern of mistrusting others continues and, in particular, with regard to his sexual orientation. In his last year of university Ian met someone who he knew was Christian and *'homosexually orientated'*. Again the language Ian uses suggests that he is still unable to be definite about being gay. One interpretation of this might be that Ian has not yet fully integrated his own homosexuality; or it could be interpreted as Ian still feeling unsure about me in terms of my acceptance of him as a gay man. A further example of the former interpretation could be offered when Ian describes his

meeting with this man. One evening when he was very distressed he went out walking and bumped into an acquaintance who he chose to tell of his sexual orientation. After Ian told him of his being gay, they then went to a field together and prayed. Ian said;

“We prayed and it, I felt God really close then...and that was kind of it for a long time and my attitude towards it was the same but I kind of still didn’t admit it to myself.” (1, p20)

Ian on this occasion uses ‘it’ as a euphemism for his homosexuality further demonstrating his angst with his own sexual orientation. The ‘*long time*’ he refers to was the next two to three years, and it is at this point the stories relating to homosexuality, mental illness, and religious alignments become enmeshed. Ian describes the person he prayed with as being from the Christian Union but being;

“Very non-judgemental and not praying for his healing or anything.....crazy like that” (1, p20)

The last remark, ‘*crazy like that*’, suggests to me that in the here and now Ian still feels that he should have prayed for him to be healed. My interpretation is that Ian associates having a non-judgemental attitude and not praying to be healed with being absurd and/or unusual behaviour. Ian’s categorisation of such behaviour is indicative for me of his continuing unconscious unease with his own homosexuality.

Ian’s first job after university was teaching, and an incident during this period also reaffirms the unease he had about being homosexual. He vividly recalled a French lesson when one of the pupils mentioned;

“Hom, gay or something like that”. Ian responded by saying to the boy, *“I don’t think that’s an appropriate thing to be talking about in the French lesson.”* (1, p20)

The pupil went on to question him about what he had against gay people. When analysing this part of the transcript I wondered about the word ‘hom’ and it simply being the French for man

(homme). What might have been occurring was that Ian was becoming pre-occupied with his homosexuality to the point of taking everything personally. In addition to this, it is interesting to note that he refers to homosexuality as a *'thing'* rather than naming it. This may allow him to continue to dissociate from this unacceptable part of self. Ian goes on to say that;

"I found myself thinking if only you knew that in fact I am one of these people.....it's just because I'm Christian I can't live it out" (1, p20)

The term *'these people'* is the first suggestion of identification towards his sexual orientation, although his inability to verbalise the word homosexual allows the dissociation to continue. The second part of the statement is the first indication that he is consciously aware of the way in which his beliefs compromise his true self. He then clarifies that;

"At the same time another part of me believed that I was going to meet this women and fall in love....this dual thing going on." (1, p20)

The splitting of his two selves is still evident and/or the false self continues to blatantly dominate and mask the true self. During this period of his life he talks of meeting and starting a relationship with a fellow teacher with whom he was working with. He said;

"I spent the night with him and all we did was just sort of spend the night embracing passionately...and the next day I went to church and I just cried all the way through because I couldn't handle it and it was the most awful thing I could have done in my mind." (1, p20)

The statement is not altered in any way in Ian's edited transcript. For me reading and trying to analyse this part of the transcript was onerous, due to the fact that everything was so interwoven and it felt impossible to separate out. I wondered if this was a parallel process, in that this was how these specific experiences felt for Ian. The inter-relatedness of Ian's sexual orientation, the church and his mental well-being are evident when he continued to describe his first gay relationship as part of the coming out process.

“It moved on to being more intimate and I was really screwed up inside...feeling disjointed...completely soiled...I was opening myself up to demonic forces....in a right mess.” (1, p21)

In terms of object relations theory, this could be interpreted as Ian splitting the sexual part of self off as the ‘bad’ part. Green (2003) points out that splitting is not a result of sexual orientation, but the result of our external world creating a fragmentation within. With regard to Ian’s sexual self, he has experienced a number of negative responses towards himself from his external world which could have further compounded the sense of a fragmented self. To me the above statements are suggestive of a fragmented ego which may have been the result of a series of negative experiences. In Freudian terms, the last part of the statement ‘completely soiled’ could also suggest that he was anal retentive; frightened to let go as he might lose control. He is frightened that the devil is inside him, taking over his ego; the bad self rather than the good self emerging. Ian’s first relationship lasted three months and after it ended they still worked together which he describes as;

“Torture....I was still in love with him really profoundly.” (1, p21)

How Ian described the relationship was reminiscent of an adolescent’s first love and first break up, although Ian was approximately 24 years old by this point in time. It could be argued that the compromising of Ian’s communication process has lead to a block in relation to his development of self (Shapiro, 1991). Ian said that he was;

“Crying all the time...anywhere, anytime....I was crying on my own” (1, p21/22)

The words he uses echo his loneliness during this period of his life. He goes on to describe the ongoing debate in his head as to whether or not he could reconcile ‘it’. He wrote to the Evangelical library for their book ‘Faith, Hope and Homosexuality’ which he describes as *“not very helpful at all, not surprisingly”* (1, p21). He then wrote to ‘True Freedom’. This group subscribe to the idea that homosexuality is caused by defective family relationships and does

not believe that the orientation can be changed, but does advocate life-long chastity. These attempts to address his vulnerable emotional state seem almost masochistic, in that it feels as though, by contacting these people he is vulnerable to being compelled to accept an exceptionally harsh solution. In psychoanalytic terms, masochism aligns itself to acts of deliberate self harm with some of the underlying psychodynamic hypotheses including an attempt at self healing, rage towards the self or internal bad object, symbolic castration, and the inability to form strong ego boundaries (Favazza & Conterio, 1989). 'True Freedom' has the implicit message that homosexuality is wrong and therefore you are not deserving of enjoying a sexual relationship as an implicit part of human life. Not only do you have to bare the consequences of your difference you also have to pay a penance for transcending the boundaries of accepted social parameters.

Ambivalent Responses

Ian acknowledges that after the break up of his relationship he was "*in such pain*" (1, p22) and was in a dilemma either to '*run back*' to his parents in England, who by this time knew of his homosexuality, or to "*come clean with the church*". In my analysis I questioned if one subsumed the other and/or does he have multiple parents in terms of his biological parents and the church. With regard to the church Ian said:

"They would have probably told me to repent and never have any kind of homosexual relationship again." (1, p22)

Again there appears to be an inconsistency here. Although he talks of a close caring family he considers 'coming clean' (being cleansed) with the church who, to date, have re-affirmed all his negative beliefs about himself; that he is not deserving of love and acceptance, but only fit for judgement. His deliberation between his family and the church could have resulted from his preparation with regard to telling his parents. The first family member he did tell was his sister-in-law, as he considered her to be "*more on the outside of the family.*" (2, p4)

"The first person I told was my sister-in-law actually, during that Christmas. Yeah, that's right because I was worried about how mum and dad would react, um, and so I told (name) first to gauge what her reaction would be before I told mum and dad. She said something like, um, well your not the first person, I've never, I wouldn't have, you know, even thought about you being gay or whatever. Your not the first person who's kind of told me that they feel that way, um, or I don't agree with it, but and that was, I can't remember what she said after that but it was something like that. So it wasn't particularly positive it was, um, but it wasn't scathing or, you know, she wasn't full of contempt for me or anything." (2, p4)

Although Ian's sister-in-law offers no hope of acceptance or approval he rationalises what he can remember of her response as not '*particularly positive*' but not '*scathing*'. Later in the second transcript I asked Ian to clarify his brother's (sister-law's husband) disapproval with him joining a church which accepts gay people. Ian's response was

"Because he thought it was a bad influence on me, that it would encourage me in, um, thinking that it was ok to be gay. In his mind its not ok to be gay or to have a gay relationship and so I should avoid, because in his mind its something that's sinful and bad so he doesn't want me associating with something that's sinful or bad, that's why he doesn't want me to, didn't want, sorry, didn't want me to be a part of that, the church." (2, p5)

It is interesting that Ian should test what reaction he might get from his parents by telling his sister-in-law who is married to his brother who has such strong religious views and negative views about gay people. Again it raises questions regarding Ian's need to berate himself over his sexual orientation.

Ian told his parents about his homosexuality when he was visiting them for Christmas, just after he had started his first gay relationship. Ian told them on Boxing Day as he was going to visit friends the next day and as soon as he returned he was flying back to Europe. He rationalises this decision in terms of giving his parents some time and space to think about it and then he would come back and be there, albeit for a very short time, if they wanted to "*talk to him*" (1, p24). Although he had used his sister-in-law to test for what response he might get from his parents, in setting it up this way I wondered if, at an unconscious level, he was frightened of

them rejecting him; whether they would want to talk to him, literally or metaphorically. When checking this theory out in the second interview Ian was able to articulate his fears.

"It was a complete fear of the unknown, I didn't know how they would react. I didn't know where they would be on the scale of how people react. Whether they would be absolutely outraged and angry and say 'get out of the house.' I mean, they would be really upset if they knew that I'd thought that they would do that I'm sure. But there was that fear yeah, that they could react like that. Um, also just that they'd be disappointed in me and, you know, that I wasn't the person that they wanted me to be." (2, p19/20)

Children who experience intra and inter-psychic conflict associated with their sexual orientation can unconsciously fear parental response (Green, 2003; Savin Williams et al., 2003). Ian describes how he told his parents.

"I told them I was gay and then I told them that I was seeing X but I obviously hadn't couldn't come to terms with it....I actually said I've sinned sexually with X or something." (1, p24)

To me *'hadn't, couldn't come to terms with it'* is suggestive that Ian was still not able to integrate his sexuality. For me, it felt as though there was resistance and he would not allow himself to fully integrate that part of his self. The *'sinning'* is a further demonstration of the entanglement between his sexual orientation and his religious beliefs. The two cannot be split and it is questionable as to whether he still harbours thoughts of being saved. He talks of his parents' reaction of being one of shock. They did affirm that they loved him and questioned why he had not said something sooner. His father suggested that it explained why he was unhappy as a teenager. Ian said he felt relieved once he had told his parents; he said that he felt;

"Big relief but I was worried how they would react.....I think that they were really angry" (1, p25)

There could be two processes occurring at this point. Firstly there is ambivalence, in that his perception is that, when he tells his parents, they are angry. However at the same time, he actually feels great relief suggesting he experiences these opposing emotions concurrently.

Projection, another of the primitive defense mechanisms, could also be happening. Ian hates himself and is angry at himself because of his homosexuality and he projects his anger onto his parents, interpreting that they are angry with him, hence Ian receives what he feels he deserves for his ‘*sinful*’ behaviour. Ian’s anger is evident in the narrative;

“I remember feeling full of self hatred” (1, p23), “at school I thought about killing myself” (1, p23) “when I got to 12 I became very introspective I think in some very negative ways and negative towards myself and I had quite strong feelings and dislike towards myself and rejection.” (1, p8)

Ian said that later on he found out from his brother that they (his parents) were

“Annoyed that when he had told them he had gone off to see friends” and then states “whatever I did it would have been wrong wouldn’t it.” (1, p25)

This reinforces the fear of his parents reaction; that of possible rejection, and he rationalises that he was in a no win situation. However there also appears to be some self doubt as, during the interview, he looks for my approval with regard to his actions. After telling his parents at Christmas, the next time he saw them was when they visited him in Europe the following February.

“I met them off the plane and I was really nervous and tense because I knew that there was probably going to be tension between us and there was a bit of tension...we got on but there was tension there.” (1, p25)

To some degree, the anticipated reactions of his parents do not match the reality of what did happen. Although there was tension within the relationship when he was visited by his parents, Ian was keen to clarify during the second interview, that;

“I felt they (parents) didn’t come through particularly, um, when we spoke last time and I kind of felt that there wasn’t maybe enough time spent on the coming out period when, you know, when I was in Europe and coming to, you know, the first stages of coming out, and coming to terms with who I was, um, and also what helped me to get over that worst period of depression. I was crying every day. Um, and I felt really hollow, as I told you, like I was a shell, like um, and then I think during that time what helped me was having that lifeline to mum, being able to talk to my mum and dad.” (2, p6)

The statement is more in keeping with parents who are accepting and nurturing which would be an opposite reaction to the one Ian was anticipating. One interpretation of his parents' accepting and nurturing behaviour could be that it was more to do with them being confronted by his mental turmoil rather than their acceptance of his homosexuality. Parents look after and care for their sick child. However I question where this premise would fit for Ian as, socially and culturally, homosexuality has been attributed to 'sickness and/or abnormality'. This is particularly true of the church of which his parents were members.

"he (the elder) basically told me that it was a lie, um, presumably some sort of lie from the devil or something um, and um, so that was one of the things as well that we prayed about so, um, and then I, I kind of expected the feelings and attractions for other men to go, um, or sort of boys because I was only about fifteen, um, so I kind of um, I kind of tried to push them under so that if I felt myself attracted to a boy then I would try to eliminate that feeling. By concentrating on it or something or praying about it and trying to make it go away. So I kind of did that and that's, because I thought well I can't be gay." (1, p9)

Ian worked hard during this period of his life to suppress his sexual orientation and the feelings he attached to it. He assumed that strong anger and tension would be the reaction of his parents and that would have been in keeping with what Ian believed he deserved, whilst acceptance by significant others is contradictory to his own lack of self acceptance. Similarly he still seems unclear about his parent's acceptance. He said *"I don't know to what extent they accept it"* (1, p26)

However, there appears to be some incongruity here as Ian then goes on to talk about his parents meeting his boyfriend, sending him birthday cards, and accepting him. These statements appear incongruent in terms of Ian still being unsure of his parents' acceptance of him being gay, but at the same time acknowledging that they are openly accepting of his partner. Ian's doubt of their acceptance again raises the question of projection, suggesting that it is Ian who is still not able to accept his being gay as an integrated part of the self.

Finally, on his edited transcript Ian added that he gave his parents a ‘Greenbelt’ compact disc to listen to, which he said they liked and which gave them greater insight into ‘the issue’. Again a euphemism, ‘*the issue*’, is being used to describe his sexual orientation and re-iterates the difficulty Ian has in articulating and owning his homosexuality. In analysing this part of the interview, I was struck by him saying that he gave it them to listen to. One interpretation could be that Ian had never felt listened to or heard. To me, giving someone a compact disc about homosexuality feels a very safe way to discuss your sexuality as it allows distance. However, I am also conscious of the need Ian had to discuss his sexuality with his parents and how that might differ for those who are heterosexual. Green (2003) acknowledges the forcefulness of cultural expectations and how they can contribute towards the forbidding of any expression of feeling that is contradictory to commonly held cultural assumptions; heterosexuality being “the truth and the light” (p180). However, it is unusual for young heterosexual adults to discuss their sexuality with parents, but Ian, at approximately 26 years old, felt the need to ‘explain’ his sexuality to his parents. This compulsion to discuss one’s sexuality with parents could be a consequence of cultural expectations, and may explain why prior to coming out the gay person will often pose as ‘straight’ thus denying the true self (Green, 2003; Plummer, 1995). At the end of his edited script Ian makes comment that there was not enough time spent on the coming out period and what actually helped him get over his worst depression. These were obviously important elements of his story and he strongly links his episodes of depressive illness to the process of coming out and again, his final comment of “*not enough time being spent on the coming out process*” (edited p28; 2, p6), leaves me thinking if this process is still ongoing for him, both on a intra and inter-personal level.

The Power and the Glory

A fundamental part of Ian’s self development is the religious experiences he has encountered throughout his life. Interestingly, Lacan (1979) in conceptualising the unconscious, identified two important dimensions: the ‘mirror image’ and ‘Name of the Father’ (Crowe, 2004). As

previously suggested, the ‘mirror image’ provides an illusion of something external to the individual leading to an interest outside of the self and the realisation of the individual’s separateness from others. The recognition on the part of the individual being a separate entity changes the way he engages with others, by providing visual confirmation of the expectation that the self is distinct from others. However, the self remains culturally determined. For Lacan, the ‘Name of the Father’ represents the symbolic intrusion of the individual’s culture into the merged world of the mother and child. The ‘Name of the Father’ represents those cultural meanings that are permitted in a particular culture and determined by its language. The ‘Name of the Father’ is considered to be the voice of authority in relation to cultural phallogentric norms. In this instant the child identifies particular attributes as the ideal and, in order to challenge these, the child would be transgressing cultural norms. In terms of religion, predominantly a male dominated organisation, the ‘Name of the Father’ is used as the symbolic ideal in which Christians should live their lives. The notion that ‘man is made in God’s own image’ carries the covert message that man should follow a ‘godly’ life adhering to the teachings of the Bible and any deviation from this would be ‘man’s sinfulness’. The consequence of transgressing such religious norms could be that of being outcast from the group. Perhaps, for Lacan, using the ‘Name of the Father’ in terms of unconscious processes verifies the centrality and powerfulness of religion in culturally ordered societies.

From a young age, Ian was exposed to the power of religion and the church. The event Ian describes whilst away on a youth weekend with the church is extremely significant in that it brings into conscious awareness his repressed sexual orientation, the stigmatisation that could confront him and, to a large extent, it shapes his adolescence and early adult life (see previous section). What, to Ian, started out as an opportunity for him to talk about his emotional difficulties became a more formal interview where there was an expectation that he would ‘confess to his sins’. Ian describes this particular church as a:

“Charismatic church...hot on the words of knowledge....when you know something about somebody that you couldn’t have known otherwise, because God has told you.” After

telling the elder that *'he was afraid that he might be homosexual'* the elder said *'yes that's what it is the thing that you knew that you haven't told me.'* (1, p9)

When reading this I felt cross (more religious symbolism!) as Ian, at 14/15 years old, must have felt intimidated by the elder, God, and the situation he found himself in; the latter referring to the change from a 'talk' to an 'interview'. My own belief is that intimidating a child who has low self esteem and is at a stage in life which is full of uncertainty is abusive. It is abusive in terms of wielding power over a vulnerable person, and using the auspices of religion to allow you to do that. Ian is told by the elder that his homosexuality is a lie and Ian interprets this as he had been given *'this lie from the devil'* and therefore he is someone who needs to be prayed for. Again, returning to Laing and Esterson's (1964) theory of mystification, the child who is denied their true feelings and/or told that the feelings they have are not right will grow up having self doubts and a mistrust of the self and others. After being prayed for, Ian expected the feelings and attractions he had for other boys to go, but when they did not disappear he

"Tried to push them under...tried to eliminate that feeling by concentrating on it, praying about it and trying to make it go away...because well I thought I can't be gay." (1, p9)

It could be argued that Ian was trying to deny or repress his feelings which would suggest that he associated his sexual feelings with feelings of anxiety. With regard to Lacan's (1979) concept, the 'Name of the Father', it appears that Ian is aware at some level of transgressing the cultural norms and at the same time is frightened of the consequences of doing so. Arising out of this fear, the desire to be regarded as normal, and to be accepted by others, reinforces his need to use unconscious defense mechanisms in such a way as to prevent the crossing of cultural/ religious boundaries. He needed to find a way to suppress his own true feelings as he was convinced that they were wrong, had associations with the devil, and, by implication, that part of him was evil. Ian's relationships with others may have been overshadowed by the fear that he would be discovered as 'not normal'. This might account for some of Ian's behaviour. In

trying to establish his identity during adolescence he may have acted out responses that reinforce his sense of worthlessness and being out of control.

“I don’t know, it just suddenly, it suddenly appeared when I kind of hit this puberty kind of age..... a deep thing of dissatisfaction with myself. And this dislike of myself and I stopped, I didn’t feel comfortable with myself anymore, I think, and ugh, yeah, just these obsessional thoughts I suppose, thoughts that I couldn’t control, that’s when it, that sort of started. And I think that’s gone on ever since really. And I still get troubled by thoughts now, so. Its got better over the last few years but um, just, Its, I don’t know, I suppose this fear of evil and sort of um, worrying I suppose that I worship the devil or, I don’t know, just stupid things, they are stupid, when I talk to someone about them, I can see that they’re really stupid thoughts and they are just thoughts and I talk to (name) about them um, and you know, he’s, I suppose, you know, I’ve just got to stop worrying about them and letting them get to me really, but its almost like um, I get twisted by them and then get more deeply entangled in them and I can’t break free.” (1, p18/19)

As a consequence of such denigration of self and feelings of worthlessness, Ian might overvalue significant others, for example church elders, and attempt to over conform to their expectations. The message given to him by the elder was extremely powerful and stayed with him throughout school, sixth form, and university and remains with him to this day.

Further influences of religion on his sexual orientation are seen in the first interview transcript on p11. In terms of his being gay, Ian’s first role model Mark also had a commitment to the church. Eventually Mark, who is homosexual, sent Ian a wedding invitation which ‘shocked’ and ‘unsettled’ Ian, whose reaction to this was *“God must have changed him....I was wrong, I had taken the wrong path”* (1, p11). Ian goes on to talk about how he started feeling *“sort of sinful....I was bad...it still effects me now...an obsession with a fear of the devil.”* (1, p14)

In his edited transcript, he tries to clarify these thoughts further by describing them as the way in which he was unable to cope with the things that he did not like about himself. He said he thought

“he was the only one who didn’t measure up inside...he had nasty thoughts about others....the church didn’t teach me to care about myself or like myself it only taught me to beat myself up.” (1, p14)

Ian's phrase *'didn't measure up inside'* made me think of not coming up to the expectations of others, lacking in some way, and/or not being whole and I am again (as with Nigel) left wondering if a 'not good enough child' (Winnicott, 1960) remains within Ian today compromising his mental well-being. It is interesting that I interviewed Ian in a church hall and later thought about what impact this might have had on the research encounter. I question if Ian, in choosing to be interviewed in the church hall is still berating himself and/or if he thinks that his participation in my research would go some way towards 'cleansing' himself. Ian himself questions his homosexuality in terms of *"how can I be pleasing God?"* (1, p14) Not all his experiences of God are negative. At times he has had very strong positive experiences and connections with God. At one point Ian talks of:

"being filled with the Holy Spirit....an electrical feeling, it's almost like electricity going through you...it kind of absorbs you....when they prayed for me I fell over and then I was shaking and I started with the crying and then as God worked through me I ended up laughing and being full of joy." (1, p15)

But there is ambivalence inherent in these experiences as, at the same times these more positive experiences occur, they heighten his negative feelings towards the self. When meeting for the second time, with his edited transcript, Ian said that he cannot believe he said this; *"it doesn't make sense"* (ed. p15). Although he does acknowledge that the above incident did lead to a reconciliation with his brother, it did not lead to a reconciliation with himself; leaving him only to continue to deny those parts of him that he perceives are not acceptable. During the second interview Ian again expressed a need to please God, and at the same time re-iterated his ambivalence by describing his anger towards God:

"I can't even put it in to words, the feelings, you believe in a God who is all powerful and you believe in a God who can, can change situations and yet there's, and then you're trying to, how has he let you be in that situation, in that position, where you feel that you are displeasing to him because you are being or doing something that he doesn't like and yet he has got the power to change you or help you and doesn't do anything." (2, p9)

"I thought well I need to do what God wants me to do. so I, I thought, I'll write of to a variety of organisations or whatever and try to, to weigh it up and see which seems the right course of action, or the right attitude to have towards it, so I, I got their book, Faith, Hope and

Homosexuality, or something... which was absolutely no help at all because it was just them being very homophobic, um, but trying not to be, if you see what I mean." (2. p15/16)

The power of religion cannot be ignored. Ian talks of the:

"Subtext of the church....the something about it that made me feel bad and not worthy to be there....if you move out of their boundaries you fear becoming a heretic, rebel." (1, p16)

These thoughts remain with him, when at church his obsessive thoughts increase (1, p19) and he later states that:

"My evangelical view of life hindered my acceptance of being gay...because I believed myself that it was wrong and so I couldn't....I wanted to please God... I wanted to do what was right.....so it was important for me that I did." (1, p27)

These are powerful messages that have been internalised throughout his life engulfing his fragmented ego, isolating the 'good' from the 'bad' parts, and not allowing integration to occur. Ian spent emotional energy trying to please the external world to the detriment of his internal world, using the negation of the self in an attempt to placate others, and as Laing (1969, p90) warned:

"After an almost complete holocaust of one's own experience on the altar of conformity one is liable to feel somewhat empty."

Matter over Mind: Compromising of Ian's Mental Health

It would appear from Ian's story that throughout his life he has felt the need to keep his true self hidden as a result of his experiences of his external world, whilst his false self has continually dominated and strived to please others. To me, the consequence of Ian attending to matters concerning his public self have compromised his private self, in terms of his mental health. Ian describes himself as *"being quite happy as a young child"* (1, p8) and pinpoints the time this changed as being approximately 12 years old. He said that he became;

"Very introspective...negative towards self.....had quite strong feelings and dislikes towards himself....and rejection." (1, p8).

The rejection was further exacerbated when he was 14/15 years old and went on the youth weekend with the church and his friends shut the door in his face as Ian associates this with his sexual orientation, that they *'somehow knew'* (1, p8). It is well documented that male children and adolescents who cross the gender boundary are, more likely than those who stay within their gender boundary, to experience isolation and rejection from the peer group, which can lead to suicidal behaviour (Aube & Koestner, 1992; Meyer, 1995). Ian goes on to talk of denying his homosexuality throughout secondary school, sixth form and university and also adds that

"I'm grateful I didn't come into contact with gay people at university, if I had fallen in love then I would have probably committed suicide...I thank God for being so gracious." (1, p9)

When analysing this transcript I was very mindful of putting this information here because it did not feel right. I felt that I was reinforcing the connection and attributing his mental health problems to his homosexuality, a connection and blame already made by others and Ian himself. But it is very difficult to disconnect them and perhaps wrong to try and disconnect them if Ian's perception of these aspects of his life is that they are merged. During the second interview Ian states;

"And what I meant by the depression was when I was in Europe and I was really having to try and, to confront the, you know, the issue of the homosexuality with my faith and try and integrate it with my faith for the first time, and because I've always, I've kind of struggled with depression on and off since I was quite young, since I was a teenager I would say, but when I said the depression and he (father) was a real help, I was referring to the really severe depression that I suffered when I was in Europe." (2, p2)

Ian associates the time he was severely depressed with the time when he was trying to come to terms with his sexuality, but at the same time he is able to recognise that he has had a tendency towards depression since a young age.

"I suppose it must have been the end of primary school and then secondary school that I was sort of, the depression started to develop alongside, and at the same time as I had started to get these obsessional fears of the devil, while I was at secondary school... when I hit puberty, that's when I started to get sort of, a negative self image, a kind of a depression and then this fear of the devil." (2, p12)

Although when living in Europe Ian was 24 years old, his account of his emotional self remained indicative of a fragmented ego. He makes a strong connection between his negative self image and his sexual orientation and continues to harbour fears of the devil and that the devil is inside him (1, p14). When asked to articulate what it felt like for him to be severely depressed he described himself as

"I was so, hollow, I was like a shell, I felt like I was a shell talking to him (father) and my mum, you know, at the end of my tether just totally desperate, hopeless really, that's how I felt at the time." (2, p2)

In terms of happiness Ian distinguishes between times as a small child and being a teenager. He talks of being *"a lot less happy 'inside' during his teenage years."* (1, p18) saying *"I felt more alienated and isolated when I was in secondary school."* (1, p18) When asked what he thought could account for these feelings Ian could offer no explanation. He said;

"I don't know, I mean, I just wasn't like them I suppose. I'm not sure, I don't know, I really don't know. I mean, I had friends at secondary school who weren't that much different from me in terms of the fact that, you know, they didn't like football or sport and they didn't play games and as far as I know they weren't gay, so, you know, I was no different from them externally, the way I behaved or anything, so, I don't know." (2, p18)

Although he did have male friends and other boys at school did not play football he appears to have used these as his markers of acceptance during his secondary school years. However, rather than feeling better because he could identify with other boys he felt more isolated. When analysing the transcript one interpretation could be that the alienation was related to feeling 'bad' inside about his sexuality and being around boys who might reject him if they knew he

was gay. This is demonstrated when Ian states, *"we messed about at break times...but I still felt...it was isolated from other people and more alienated and distant"* (1, p18). *'It was'* is a telling statement. *'It'* refers to the self in derogatory terms, the part of him that does not fit in, that is lesser than. *'It'* is a term Ian uses a lot in this part of the narrative *"it suddenly appeared when I kind of hit this puberty kind of age...a deep thing of dissatisfaction with myself"* (1, p18). There is an emptiness and sadness when he makes these statements. In his edited transcript he makes an attempt to explain the reasons for the change in his mood. He talks of being at primary school and not knowing that his feelings for other boys were unacceptable, whereas at secondary school the difference between himself and other 'straight' boys was more pronounced.

"There is a difference between the primary school picture and the secondary school picture. Um, I was a lot less happy inside as I went through my teenage years. I was kind of, I felt more alienated and isolated when I was in secondary school, and even though I did have friends, mainly male friends ...this dislike of myself and I stopped, I didn't feel comfortable with myself anymore, I think, just these obsessional thoughts, thoughts that I couldn't control, that's when it, that sort of started. And I think that's gone on ever since really. And I still get troubled by thoughts now." (1, p18/19)

In the second interview when I tried to clarify why he disliked himself so much Ian eventually said,

"It's very hard to, um, pinpoint, I mean, I suppose it, it must have been to do with a feeling of being an outsider, of not fitting in, I think." (2, p17)

Again one interpretation could be that of language development, and how, in Lacanian terms, we use language to make sense of our social and cultural world. This re-iterates the importance of the child needing to develop language in order for him/her to be able to appropriately express their affective states and subsequently successfully deal with overwhelming emotions (Shapiro, 1991). Perhaps for Ian, not being able to express his emotional distress at feeling different, *'an outsider'*, could have lead to his conscious awareness of *'being out of control'*. Strong links between feeling out of control, overwhelming feelings of anxiety, self harming behaviour and

suicide attempt are clearly identified in the literature (Favazza & Conterio, 1989; Skegg et al., 2003). In addition to the above, Ian links his dissatisfaction of self to the start of his obsessive thoughts which he is again unable to control.

“This fear of evil...worrying that I worship the devil...I get twisted by them and get more deeply entangled by them and I can’t break free.” (1, p19)

Ian believes that he has no control over these thoughts and one must question whether or not this mirrors the lack of control that he has over his sexual orientation. Although Ian associates the start of his obsessive behaviour as being during his adolescent years it is evident in his narrative that his obsessive behaviour was established during his more formative years. At primary school Ian remembers having to *“blow on his hands if he had come into physical contact with anybody.”* (1, p20) This highlights a discourse in that at primary school he denies knowledge of his feelings for other boys being unacceptable, but it could be interpreted that at an unconscious emotional level he must have sensed an awkwardness or unacceptability about it, thus reinforcing conflict between his real self and his false self.

The ultimate breaking point with regard to his mental health came following the break up of his first relationship. On his return to Europe he found it difficult to concentrate and believing that;

“He wasn’t functioning properly, feeling disjointed, in turmoil”. He goes on to describe how he “just needed to find a pen in his pencil case and I couldn’t...I couldn’t take a pen out of my pencil case because I was in such an anxious state...not capable of taking a pen out.” (1, p22)

This appears to be the point at which his psyche could stand no more, and his ego starts to disintegrate. He talks of himself as *“not really being there”*, of having a *“big argument and conflict inside”* almost having *“hallucinations”* (the blackboard moving) (1, p22). When the notion of hallucinations is pursued in the second interview Ian clarifies what he means by saying.

"I didn't mean a hallucination in that I could see things that weren't there or anything like that. No, but it, I don't know if I, did I mention when I felt that I could feel my own, sort of, spirit or person moving around inside me? That's what I meant, like that. And I, it was, I think it was just all the mental pressure I was under that I was, I was so disjointed inside that all these bizarre perceptions were happening." (2, p18)

This is in keeping with a state of extreme high anxiety, of withdrawing into an inner world and dissociating the self with the outside world. Again an interpretation of a fragmented ego can also be made based on his choice of language, *'I was so disjointed'* Eventually Ian returned to England and was referred to a psychiatrist, had counselling from a Christian organisation, and was prescribed Seroxat as he had suicidal ideation. Ian said that he thought about;

"killing himself...in the sixth form or just before I went out for a walk and put my wrists on barbed wire...I told my mum and she said did it hurt." (1, p23)

In the edited script he crossed out *"she said did it hurt"* and replaced it with *"she was very upset and worried about me."* This, to me, initially felt that his act of self harm had been dismissed by his mother, that he was not taken seriously and again denied an opportunity to communicate his distress. The changing of the response in the edited transcript is significant, as it suggests that he wants to believe that his mother cares about him or perhaps he feels guilty for exposing what could be interpreted as his mother's inappropriate response. When I asked Ian why he felt the need to cut his wrists he said that he;

"Did it because I just felt at odds with myself...so much pain in my head...I wrote a poem about the emotional turmoil and pain inside that I felt all the time." (1, p23)

Again cutting has been clearly identified as a way of dealing with overwhelming emotional distress (Hawton, 2000; Suyemoto, 1998), with, as previously mentioned, some of the underlying psychodynamic hypotheses including; attempts at self healing; rage towards the self or the internal bad object, symbolic castration and poor formation of ego boundaries (Favazza & Conterio, 1989). Similarly writing poetry is a recognised way of communicating when you fear rejection or not being listened to (Pembroke, 1996). In symbolic terms, it could also be a way of

transferring what is on the inside to the outside, purging oneself of the bad inside. It would also appear that the pain was persistent, that there was no release from it and I question if suicide is one way of getting release from such pain.

During 'A' levels (often recognised as a stressful time for young people) Ian remembers

"feeling full of self hatred...I got into these negative thoughts...I remember walking round school and thinking why don't I just end it this life is not worth it, I don't want anything to do with it, I didn't ask to be born." (1, p24)

Ian continues to experience the turmoil and pain for several years and it being particularly bad when he was in Europe. However, when he returns to the UK to do his M.A. Ian remembers:

"going back to the MA course, I sort of had ups and downs during that, and obviously still moments where I did feel desperate.... I remember a few times when, because I was living in a big block and I was on the eighth floor, and coming back, um, a few times and sort of hanging out of the window a bit and just thinking about, um, about throwing myself down to the bottom, so I did, you know, think about that a few times." (2 p9)

When asked how he thought his suicidal ideation related to his sexual orientation Ian said;

"Just the confusion, it's so bad some times that you just want it to stop, I think it's feeling that you're a particular way and that you shouldn't be that way because it's not right and so you want it to stop. And, I think you don't really know how to, how, because you can't stop being Christian, you can't stop believing God but at the same time you can't stop yourself being attracted to other men. So, and it's, um, I suppose it's because you've been told all your life that it is wrong and that God can't accept gay relationships that you just feel like you're running into a brick wall where there's no way forward and there's no where for you to go anyway, it's a dead end." (2 p9)

At this point during the second interview Ian becomes initially very angry and directs his anger at God before becoming distressed which manifests in crying.

"I can't even put it into words, the feelings You believe in a God who is all powerful and you believe in a God who can, can change situations and yet there's, and then you're trying to, how has he let you be in that situation, in that position, where you feel that you are displeasing to him because you are being or doing something that he doesn't like and yet he has got the power to change you or help you and doesn't do anything." (2, p9)

“When I was in Europe, I mean, I lived, there was like a former airfield that was a park, they’d turned it into a park and I lived, um, you know, in the block of flats across the park from the tram stop and I remember getting off the tram and walking across the park and shouting at the top of my voice at God and just being really angry with him about it, yeah, and feeling like you’re going mad..” (2, p10)

Rather than his homosexuality being related to his suicidality, it would appear that for Ian, God and the church is the mediating force that has led to his unacceptability of self. At times Ian is overwhelmed by the conflict he experiences in the person he is and the person others expect him to be. My interpretation is that it is a desire to put an end to such conflict that leads to his suicidality.

Summary

For Ian suicidality and mental health problems are brought up as part of the trajectory relating to coming out and therefore have to be considered as an entanglement of this process. What appears to be an overarching feature of this connection and holding a position of centrality within his narrative is Ian’s commitment to his religion. He is unable to separate them because they are so interconnected and therefore have to be dealt with as a gestalt. Ian said that

“the only things that stopped me going over the edge (in Europe) were the support of Christian friends, colleagues and my mum and dad, who were great over the phone when I was at rock bottom” (edited, p25)

He added this to his edited transcript at the point where he talks of tensions between himself and his family. Despite his ambivalence Ian needs his family and he needs the church because, while they stifle his true self, at the same time they provide familiarity and stability and perhaps that, for someone who still struggles to integrate all aspects of self, is all he feels worthy of asking for.

Critical Reflection

I enjoyed interviewing Ian, I liked him. I think that part of the attraction was his visible vulnerability as this was in keeping with those I encountered on a regular basis in clinical practice. For me, Ian presented as the bewildered child, uncertain of self, wanting to please and spontaneous in his behaviour (crying) which was representative of his emotional state. At times I wanted to put my arm around him to comfort and hold his distress. Ian readily transferred his pain onto me and my counter-transference was that of 'mother', nurturing the child back to 'health'. This pattern of responses emerged at several points during the interview. For example, when Ian talked of and cried about his exchanges with God and the church, I described myself as being cross with the church and wanted to protect Ian from this overpowering institution. I wanted to protect Ian against the ramifications of the abuse, in the name of religion, that had impacted on Ian's mental well-being. Reflecting back on my interviews with Ian my thoughts are of unfinished business. It was interesting that I struggled to finish writing up the analysis of Ian's interview and, during 'clinical' supervision this for me raised the issue of mirroring. My own struggle in completing the write up may well mirror Ian's own struggle in coming to terms with his being gay. It was interesting that on Ian's edited script where I had put 'name' he had inserted 'Neil', this being the actual name of his partner. This, for me, highlighted the importance to Ian that we all (me possibly as 'mother' but perhaps also representing wider society) accept, recognise, and acknowledge him and his world. It also made me question if perhaps his participation in this research is another part of his coming out process and what right I had (as researcher) to censor his use of his partner's name, thus denying a very important part of the reality of Ian's external world.

CHAPTER FIVE: CARL'S STORY

Overview of Family Background

Carl is a 37 year old artist, who lives alone. He describes himself as the “*only one in the family to be educated*” (1, p7). He was brought up Catholic in a “*lower city, working class environment*” (1, p6). He is a middle child, having a sister four years older and a brother four years younger. Carl's mother died ten years ago, when she was 47 years old. Carl describes his relationship with her as ‘*ok*’. His mother suffered with anxiety and depression and when Carl was young he remembered her “*always on sort of, she was one of the Librium, Temazipan, Valium sort of generation, always on pills and potions*” (2, p9). Carl's father was a plumber and builder and according to Carl is also an alcoholic. Carl only enjoyed intimacy with his father when he was very young but felt the relationship deteriorated when Carl recognised that there were problems in his parent's relationship. Carl's parents finally split up when he was 17 years old. His father is still alive and in his late fifties, but Carl has very little contact with him “*even though he only lives 200 yards away*” (1, p2). In fact Carl spoke to him last year for the first time in almost 20 years. The interview with Carl took place in the G.P.'s surgery, where I work one day per week in clinical practice. Carl did not want to be interviewed at his home and agreed to come to the surgery.

The entangled web of Carl's inner emotional life and his inter-personal relationships, warranted being considered as a whole in order to explicate his subjective experiences. For example, within Carl's narrative, the past is continuously fore-grounded in many aspects of his present life, particularly the expectations he had, and still has, of himself and others, namely that of his parents and/or parental phantasies. With this in mind. I was drawn to considering the value in adopting Object Relations Theory as a theoretical framework in analysing Carl's narrative. The central tenet of this theory is that a person's primary motivational drive is to seek a relationship

with others and the success or failure of early relationships will act as a template for future interpersonal experiences (Young, 2000).

The origins of this theory and the seminal work I wanted to draw upon was that of Melanie Klein (1957, 1988). Implicit in Klein's object relations theory is the capacity human beings have to experience opposing emotions such as love and hate for the same object. The first object for the infant is that of his mother. Kleinian notions of the good and bad breast demonstrate how the infant perceives to be fed and nurtured by the good mother, the loving and loved mother, whilst the bad mother rejects her child leaving him with unmet needs. Klein (1988) argued that from the earliest stages of life, under the threat of annihilation in which the self is in danger, good and bad are separated, and that the danger arises because of any lack of definition between the two. When attempting to organise the initial analysis of Carl's narrative this separation was clearly revealed.

Warm vs. Cold Memories

When recounting his early childhood memories Carl describes how he feels he has survived what he perceives to be a cold, hostile social environment, but not without various attempts at taking his own life and putting an end to the unhappiness he experienced. Carl's earliest memory is of being carried by his father:

"I was being carried in and I can remember it being cold and they were trying to light a fire..... And that's my earliest memory... Well this is what's strange because it must be so early that I can only have been about two, at the most or three, it really was very, very early..... I can't remember my mother being there but I can remember my father and some of his friends were there." (1, p1)

When asked if this was a good memory Carl's initial response was yes, but then there seemed to be ambivalence about this event.

"It does actually. Umm. Yeah it does. It's not a frightening memory or anything like that, it's not an unpleasant one, but it's not, no it's not an unpleasant one.... I remember them trying to light the fire but I don't remember thinking oh, I'm cold or I'm uncomfortable, I just remember that the real feature of the memory was that they were trying to light a fire and I was very interested in them and I found the fire burning in the stove interesting, you know, I wanted to watch it because I could see the flames flickering." (1, p1)

One interpretation of the above statement could be that this is the first identification he has with men and wanting to feel a sense of belonging and being loved by the men and in particular his father. He initially remembers *'it being cold'* but at the same time he is *'not cold'* suggesting that at this very early age Carl may harbour his own longing to experience the sense of being loved, the men in his life igniting his emotions. It would appear that the phantasy Carl has of experiencing a feeling of emotional involvement would be good, he wanted to *'watch'*, perhaps feel the warmth, as *'the flames flicker'*. This early childhood memory could be interpreted as Carl's first understanding of parental warmth.

When talking of his early childhood memories Carl often uses metaphor. In psychoanalytic terms metaphor is one way of telling the story, the person using an everyday commonality to convey the meaning and intensity of what he is saying. For Carl the metaphor was articulated in the use of temperatures to qualify a description of a particular event; warm representing the feeling of being loved, cold representing an absence of that feeling and perhaps, also evoking a sense of emotional isolation. The *'cold'* aspect was continually projected onto his father. Metaphorically, the *'cold'* in the above extract might represent Carl's thoughts, feelings and needs in relation to love and how at times he is let down, the coldness always being in the background. In Carl's account of the memory, the men were trying to light the fire, Carl was interested in what they were doing, but rather than him being able to have involvement in igniting the flames and feeling the warmth, he is detached from the process and he simply finds the fire burning in the stove. It could be interpreted that Carl hoped that the men would bond with him and love him, he wanted to feel the warmth of their love, but this did not happen and instead the love he desired as a very small child was contained or constrained (represented by

the stove) and only rendered accessible to him indirectly. These very early life experiences may be a source of conflict for Carl, his inner needs and desires remaining unfulfilled by interpersonal relationships, and it could be suggested that this has continued throughout his life causing him to oscillate between phantasy and reality.

Good Mum, Bad Dad

Klein suggested that splitting is a primitive defense mechanism. The mother's breast is the first object that the infant introjects and forms the basis of the superego (Klein, 1959). The concept of introjection suggests parts of the other are taken into the self and then split and idealised. At this point perception is distorted in that the 'other' is perceived as all good, loving, accepting, or all bad, thus persecuting and dangerous. The good is then introjected whilst the bad is split off and projected back onto the object (Young 2000). Returning to the metaphor which Carl employs in recalling his earliest memory it could be argued that the absence of his mother, who pre-natally provided the warm space of maternal nurturance, from this memory could be a way of keeping her idealised as he separates her from the coldness that he associates with his father. The splitting of these two significant people is a re-occurring theme of Carl's narrative and although he can acknowledge that his mother did not live up to his phantasy of what a mother should be like, the passivity Carl awards her in terms of splitting is in stark contrast to his active disdain of his father.

"Typical working class, you know, quite um, I wouldn't call them very loving parents. You know, they didn't show their affection very easily." (1, p2)

"I think my mum, I think she married too early, she married when she was sixteen, she was pregnant with my sister. I think my parents could have really benefited from having a bit of a youth and adolescence..... And, you know, before they got hitched and, and I think my mother was always controlled by my father. I think my mother was just held back by all her experience of life." (1, p6)

"But he [father] would come home on an evening and just cause misery... as soon as my father came in and it was always winter nights, it was always winter nights because that was the time when we, it was too cold to play out and we'd always be in the house and, and

they were the worst because he would come home and, and he would just make people feel uncomfortable." (1, p4 & 5)

Whilst Carl acknowledges that both his parents found it difficult to demonstrate affection and rationalises the absence of this behaviour to their '*working class*' backgrounds, he further rationalises his mother's lack of affection by attributing it to '*marrying too young*,' and being '*controlled*' by his father. When talking about his father Carl reverts back to metaphor, and moving from a position where he could not remember thinking *I'm cold* or '*miserable*', he now talks of the '*coldness*' his father introduces into the home and the '*uncomfortableness*' and '*misery*' that he experiences on his father's return from work.

Early on in the interview Carl described his relationship with this mother as '*I suppose my relationship was ok with her*' (1, p2) and although she is absent (from the quotation) when talking about this childhood recollection of being at home, it is when his father arrives home that '*misery*' is introduced. At one level this could be interpreted as classic oedipal theory, whereby the father intrudes on the mother-child relationship, thus rivalling the child for the mother's affections. Carl's memory of his childhood is that of a miserable childhood which according to the above quotation appears to get projected onto his father. Projection occurs when we attribute our own affective state to others. For Carl his father represents that which is dangerous, that which in oedipal terms could castrate him from the warmth of his mother's affections. Carl blames his father for his feelings of misery and discomfort;

"I was always getting into mischief, you know, as far as he [father] was concerned..... so I would always get, he would just smack me very hard and send me to bed. And I think that made me feel miserable.....and something inside feeling different an outsider....I was a real loner for a time." (1, p17)

However, it is evident that Carl struggled to accept his self, and particularly his gay self, and as he grows up his unacceptance of self is projected onto his father. This was evident when Carl recalled a time when his father was critical of his behaviour with another boy;

"I was about fourteen I think, fifteen maybe and he'd [father] come in drunk and mum had gone to bed to get out of his way early onhe started conversation and I just felt I was uncomfortable because I, he never had such conversations my dad was unusual that way. To have something where we are actually talking to each other was unusual in itself. But then when he introduced this sort of criticism of how I was behaving [with his male friend] I was just furious. And furious perhaps that, you know, he could see through me. He knew what I was and what I didn't want to be. (2, p1)

At 14 Carl is still projecting his own uncomfortable feelings on to his father but at the end of this statement he acknowledges that it is himself he is not comfortable with. Carl is angry with his inner self for being *'what he didn't want to be,'* but his anger is projected onto his father because he believes his father *'can see straight through him'*, therefore he will see the 'bad' in him, and the threat of this causes Carl to feel uncomfortable. The consequence of this for his father is that of 'bad father', who became a demonised and hated object. Carl's disdain for his father can be interpreted through his dissociation from his father.

"Um, my father, he's still alive. I don't really have any contact with him at all even though he lives two hundred yards away. I never really got on with him particularly well apart from when I was very young and, um, but as soon as I developed any sort of maturity and ability to recognise what was going wrong in their relationship, my parents' relationship, then my relationship with my father kind of broke down." (1, p2)

Carl uses rationalisation, but on this occasion it is in defense of his own behaviour of dissociating himself from his father. More specifically the reason he gives for doing this is his father's violence towards his mother and again this demonstrates splitting which now seems to be a necessary process for Carl's survival.

"But I think on the whole, yeah, I think she was just always at the mercy of my father, he was always bullying her emotionally and physically, you know, he beat the hell out of her on one occasion which, spelt the end really of my relationship with my father and um, that was when I finally say, you know, 'As far as you're concerned [father] you don't exist any more.'" (1, p7)

One explanation of the above might relate to his inability, because of his age and his own inner turmoil, to protect a defenceless female, and a female that he loves. An alternative suggestion

could be that what Carl experiences as a consequence of his father's violence is feminine suppression. In the transcript Carl talks of playing with the girls which in oedipal terms could be interpreted as Carl having a strong identification with the feminine and/or it could be seen as his way of rebelling against the masculine. With regard to the former, the use of the powerful primitive defense mechanism of dissociation is in keeping with the Kleinian (1988) belief, whereby Carl is fearful of the danger of his own annihilation. The threat posed by Carl's father and/or a general sense of how explicit masculinity might threaten him, as he aligns himself to the feminine, resonates with Clarke's (1999) suggestion that a distorted perception of otherness, whereby things that should be integrated are separated in defense of the 'self', is created. It is created in order that the hatred, destructiveness and danger contained in the inner world of phantasy can be projected onto the outer world of society. Captured within this example of Carl's account is the suggestion of his mother being a victim and/or a passive recipient of his father's angst. At a purely sociological level this could be explained within the context of patriarchal culture. With regard to his mother, who 40 years ago may have been socially contextualised as the main caregiver, Carl exonerates any part she may have had in the breakdown of the marriage, in order to protect the image of the good mother whilst at the same time further compounding the image of the bad father. However the powerful emotional language used, at the end of the quotation, '*you don't exist any more*', cannot be ignored. In the context of psychoanalytic theory Carl fears for his own life and resorts to his own phantasy of violence, that of patricide, killing off his father so he no longer exists in Carl's phantasy world and no longer poses the threat of being able to destroy him.

Lost Love

Within Carl's narrative there is a strong sense of an absence of affection, especially when as children Carl and his sister are perceived as 'growing up' and moving from a state of dependence to one of independence.

"It was never particularly close or anything like that. My father has a real problem expressing any form of affection or warmth, you know, he was quite, but when we were very young children I can remember that we used to play, you know, he used to tickle us and, and, and, you know, we'd sit with him in a chair when we were very young, my sister and I, but as soon as we became, I would say any older than, older than sort of eight, seven, eight, you know, there was no physical contact or, you know, he would never hug us or, or say anything, you know, particularly warm or loving to us. It's almost as though as soon as we'd lost that sort of very childish..... sort of state, then, at this distance..... He had a problem with his affection and his, his warmth." (1, p3)

Here we see not closeness only distance, a restrictive opportunity to identify with loving relationships and an implicit message that the need for emotional support and love can no longer be met through the parent – child relationship. In addition to Carl's iteration of his father's problem with expressing warmth and affection, he also acknowledges his mother's inability to make the children feel loved.

"she (mother) always cared for our needs, you know, she always fed us well and clothed us to the best of her ability but we were never, ever, we never ever felt loved by her. You know, she never ever hugged us, never ever told us she loved us, never kissed us, you know, there was none of that contact, at all, which most people seem to take for granted." (1, p6)

As a mother, Carl's mother met the physical needs of her children but was unable to give the emotional support Carl sought. For Carl the need for parental love has remained with him throughout his life. According to Oliver (2000) if all our relationships are formed on the basis of our primary relationship (mother and father) then in order to imagine loving relationships we need to first experience those primary relationships as loving. However if our primary relationships are incapable of love then it becomes more difficult to imagine being loved in any relationship. It would appear from Carl's account that he perceives his primary relationships as being commensurate with the latter and there is evidence to suggest that throughout his life Carl has found it difficult to establish and maintain loving relationships.

"I found it really hard, I found it really hard to have a relationship and I think a lot of gay men do. Because they just don't know what to do, they don't know how to be. They don't know how to behave. Sometimes I just think two men are the least likely to be able to settle down together. Because they are just all over the place aren't they, a lot of the time?" (2, p19)

Whilst articulating his need for parental acceptance, at another level he rationalises the difficulty he has with his own ability to engage in homosexual relationships, as being global for homosexual men. At another level, transference (of which projection is a strong feature) inherent in this interaction could be identified. Carl seeks parental acceptance (from me) in order to confirm his existence in the external world. However, with regard to Carl's primary relationships it appears that neither his father, nor his mother have been able to provide Carl with the sense of love and acceptance that he desperately needed.

"It was very cold. Even on her [mother] death bed, you know, I told her that I loved her but she never said it back..... And that's the kind of, but I think, you know, I think that's, culturally, it's a very working class, Northern kind of way..... You know, I think it was just how people, some people were in those days." (1, p6)

In this part of his story Carl returns to describing the event as 'very cold' and right up until the end of his mother's life he continues to seek her love of him, but remains let down and disappointed. The emotional consequence of this denial of love appears to be too painful to acknowledge as a reality and Carl once again uses the culture of his upbringing to rationalise why his mother was unable to finally succumb and meet his need for her love. However it appears that Carl does have some insight into this being rationalisation as his last statement, 'some people,' suggests he is consciously aware that despite the culture some people do love their children. Within the milieu of these experiences of lost love Carl talked of being 'lost' in a 'terrible (perhaps frightening) space'.

"It was when I was about sort of twelve, thirteen I think. There is a part in the transcript where, where I mentioned that I locked myself in my room. And my sister had been calling me poof and names and on top of that I was being quite badly bullied at school, um and didn't really have any friends, didn't really have any, I was just really lost and it was a particularly terrible space." (2, p1)

Freud's (1917) paper, Mourning and Melancholia, was the precursor to object relations theory, mourning being the world becoming poorer and empty as a result of loss, and melancholia being the ego, itself affected by the loss. In melancholia the person may not be aware of what he has

lost but even if they know, they may not know what they have lost from within their own psyche. The 'lost object' can be seen in terms of disappointment, for example not being able to access parental love or gain parental acceptance, but the young immature unconscious ego will not be aware of what this represents for self (Ogden, 2002). Carl's earliest memories were of disappointment, not being able to experience parental affection and not being comfortable with self, the consequences of which are still evident in his present life.

Ridding Self of Bad

Winnicott (1965) made a distinction between those defenses organised against the experience of impulses and those organised against more traumatic environmental failure, the latter leading to more pronounced defense. Modell (1975) suggests that in instances of massive empathic failure, defense is organised against realising the failures of important caretakers. A more pronounced defense effort would involve a deeper split and the more powerful defense mechanism of projective identification, which involves forcing the unpalatable parts of the self into an 'other'. For Carl this appears to be his father with the unpalatable parts of the self being those which connect to his difference in terms of his sexuality. Carl has been aware of his difference from being at primary school.

"I was always bullied at school and called 'poof' and 'nancy boy', you know, and the rest..... Because I was quite, I hated football, I always hated sports. I was never interested in playing cowboys and Indians..... and so that made me a bit odd. I used to usually play with, with the girls because I found them a bit more interesting..... You know, and just more fun to be with and so I think that caused me to be called 'poof' and 'queer' and, and I was quite quiet and shy and um, in a lot of the schools I was bullied to such a degree that I had to be taken out of one or two of them."(1, p11)

In this instance it could be suggested that Carl could identify with his mother in that he has become a victim at school, perhaps mirroring the victim role he perceived his mother had at home. There were tangible reasons for arriving at such a perception. For example there appeared to be much evidence of Carl's father's clear suppression of anything feminine. It would appear

that Carl feels more comfortable in identifying with the feminine but, because of his experiences, he unconsciously might associate his identification as not being acceptable in the patriarchal world in which he exists. Such vivid experiences of bullying will not only reinforce his belief of men as the aggressor, but it will also exacerbate his distress, as his felt experience of difference in terms of his sexuality is forced to conscious awareness by the other children's name calling. Ultimately this may compound his need to rid himself of this unpalatable part, that of his difference. Busch (2004) notes the overwhelming anxiety that might arise when unconscious content is brought closer to conscious awareness. In Carl's narrative, this is vividly illustrated:

"at one point I was just really withdrawn and I was really upset and I was, I was, I was, at one school I was just making excuses why I couldn't go, I was, I remember once, we used to have chickens and ducks outside in the garden at home... .. And I remember throwing myself on the floor, pretending to fall down, and get all the dirt, it was a very dirty, wet winter morning, and getting all the chicken shit all over me, all over my uniform so I could not go to school, because I was so frightened to go to school." (1, p11 & 12)

For Carl school, as a social institution, appeared to symbolically represent the masculine or paternal world and a world that he wanted to avoid. Carl's fear of going to school might be reflective of both the difficulty he experienced in functioning in the 'external world' and the inner pain and turmoil his difference caused him. He was unhappy at home, unhappy at school and unhappy inside. He saw himself as a misfit.

"You know, I didn't fit the role model that a little boy's supposed to be." (1, p38)

Within Carl's narrative there is evidence that, on occasions, he attempted to take steps to 'fit in' with his male counterparts. In the first incident he recalls how using violence, the behaviour that caused him to dissociate from his father, paradoxically empowered him.

"then I got taken out of that school and sent to another one when I was about eleven... .. And then you go in and you are a real outsider and, but luckily I knew a few people because it was a very local school so I knew a few people who were there already and um, and so I kind of befriended them but they were very bullying with me and, but then something really strange happened and it was a really sort of pivotal part of my life, you know,

something really changed, my direction in life really changed. I was at a friend's house and we were playing, I think it was a game like hide and seek..... And I remember them forcing me to be on all the time, so that, you know, they could have more fun and um, I said "No, no its your turn, it's your turn," and they were like saying "Come on come on" and then they started hitting me, one of them started hitting me and sort of pushing me and saying "Come on it's your turn, come on". And um, and I just clicked and I punched him in the face really hard and sent him flying and gave him the most amazing black eye. And he was just, he was just totally devastated, you know, that this little poof (name), you know, had smacked him in the face and, and I was more shocked than him I think..... It was a, you know, I just snapped, I'd just had enough." (1, p 12 & 13)

This event happened when Carl was 12 years old. Carl suggested that the event happened because he could no longer handle the stress of being bullied, *'I just snapped, I'd just had enough'* and had to resort to desperate measures. It could be interpreted that by Carl having to resort to what might be described as typical male tactics, that is using aggression (which Carl associates with 'maleness'), he was conforming to what he believed at the time to be the stereotypical male image. He was re-enacting what he perceived to be masculinity to prevent himself being the victim of maleness. Horkheimer and Adorno (1994) identify the concept of mimesis, a powerful instinctual defense mechanism for coping with the external world. In an attempt to make the inner world like the outer world mimicry is used in order to camouflage and blend in. Carl goes on to say that he found this event empowering, his perception being,

"It went around school that I'd done this and um, and people's reactions, people started reacting differently with me..... They weren't as aggressive with me." (1, p13)

However Carl's empowerment through being accepted as being 'one of the boys' was short-lived. By the age of 13, less than one year later, his difference was again affecting his mental health.

"I remember getting a really bad bit of depression, when I was, um, and it was about my sexuality and it will have been when I was about thirteen." (1, p15)

However, Carl continues to use mimesis as a defense, in an attempt to reconcile his inner and external worlds.

"I had girlfriends and things you see, so, I mean, well we (first homosexual partner) both did because when I got to about fifteen I said I don't want to do this any more, I don't want to have sex with you any more, I'm not like that now..... I'm changed, I've changed, you know, and I've got girlfriends and so it kind of threw people off, off the trail really. (1, p20)

Here Carl appears to engage in having relationships with girls as a way of conforming to the social norms and what he perceives are the expectations of a 15 year old male. He uses the fact that he has a girlfriend to 'prove' to others (peers) that he fits with the stereotypical male image. At the same time he is pursuing a sexual relationship with another boy who goes to the same school thus, acknowledging his being gay. Carl tries to disentangle himself from the relationship by trying to convince self and others that he has changed. At a deeper level he obviously still finds his homosexuality unacceptable and projects this unacceptable part of himself into his partner, blaming him for his homosexuality.

"And we were lovers I suppose looking back at it now, in a sort of strange immature sort of way. So I was quite lucky in that respect that I wasn't entirely on my own but one of the things that happened then was I started really re, lay there, when I got to sort of fourteen, fifteen, I started thinking, I don't want to be like this, I don't want to be a queer, I don't want to be a poof and I started really resenting my friend (name) who I was having sex with. I started resenting him because I was blaming him for what I was doing and who I was." (1, p18)

It appears that at 14/15 Carl was initially able to form a relationship whereby he is able to cope with the excitement of a physical sexual relationship but as he became consciously aware of the implications of enjoying a sexual relationship with someone of the same sex his anxiety is increased, and he feels the need to reinforce his boundaries and disconnect from his partner. Although this event could be interpreted as Carl desperately wanting to fit in with his male heterosexual contemporaries, what he does next appears paradoxical to this desire:

" I started becoming a bit, you know, the way I dressed was a bit eccentric I suppose and I was a bit, seen as a bit alternative, you know, a bit punky..... and so I was kind of seen as just a bit, you know, eccentric I suppose." (1, p20)

Rather than camouflage, blend in, or merge with his peer group, Carl dresses to get himself noticed, to be identified as someone who is unconventional, eccentric and ‘outside’ of the group. Carl views his behaviour as being very different to his male peers. Many boys of this age would defend themselves against such accusations as being called poof and nancy boy, by deliberately using behaviour in keeping with a more socially acceptable male role, and in so doing reducing the attention paid to themselves. But Carl does not appear to do that despite his obvious unhappiness with not fitting in. This is a key enigma in Carl’s narrative as in many ways it exacerbates not only the difference between Carl and his male peers, but also how his difference impacts negatively on his inner psyche.

“You know, I was so depressed I just didn’t know what to do with myself. I knew that I was different, I didn’t actually think, oh I’m gay, because, because I didn’t know what that was, you know, and I just knew that I was odd and that I was different.” (1, 14)

One interpretation of Carl’s behaviour challenges the concept of projective identification and whether or not an external ‘other’ has to be involved in the process, or if one can project into parts of one’s own mind (Cooper, 1998 Young, 2000). The notion that within the internal psyche, bad parts of self can be split off and introjected into part of one’s own mind could arguably be described as a pervasive phenomenon, particularly during early childhood (Meltzer 1992). For example, from an early age Carl fears his difference, (later articulated as his homosexuality) and could have unconsciously split this bad part of the self, which creates mental distress, off into another part of his own mind, giving rise to the severity of Carl’s unhappiness. This is evident in his inability to *‘feel anything pleasant’*:

“I just felt lost in myself and there was no, I just couldn’t feel anything that was pleasant. I was completely lost, how to feel anything good, it was horrible.” (2, p22)

If Carl had split the bad parts of self into his own psyche, he might not have been able to allow his self to experience any positive feelings. Bion (1962) suggests that the recipient of the projective identification acts as a container for emotional feelings such as fear, anxiety and hatred. In this instance the unpalatable parts of Carl and their associated feelings would be 'contained' in his own unconscious. The hatred, destructiveness and danger may create more inner conflict with the undesirable part of the self which would have to be punished and destroyed (Young, 2000). This may offer one explanation regarding Carl's difficulty in conforming to the male stereotypical image. If the unpalatable parts of Carl's inner self had been split off and projected into his own unconscious, there would be an overwhelming desire to punish those unacceptable parts of the self.

Pain and Punishment

Carl's continuing knowing of his difference may have provided him with the punishment he believed he deserved. It would appear from the transcript that Carl's punishment of himself manifests in both his mental (depression) and physical well being.

"I was very unhappy about, you know, all the school situation because I was never very settled in schools but I used to wet the bed..... I wet the bed until I was about ten, eleven..... And it used to just, I hated it. I hated the fact that I did it, you know, I just used to, I mean I come from a Catholic background and I used to go to church and pray that I would stop doing it and I didn't, you know, I'd go to bed that night and I would pee the bed and my mum used to get really angry with me and she was completely convinced I did it on purpose. Not that I, I was just laid, I just couldn't be bothered getting out of bed, you know, I was just. But I would go to bed on a night and I would wake up in the middle of the night and I'd wet the bed..... on a regular basis, most nights I would do it." (1, p15)

From his adult self, Carl associates the period of bedwetting to his difficulties at school. For the child, and more pertinent for the young adolescent, bed wetting is a very embarrassing occurrence and Carl's distress can be interpreted through his attendance at church and pleading with God to make him stop. In addition to this, his mother, the 'good, idolised mother', also gets angry with him and blames him for what is happening. In psychoanalytic terms, a possible

explanation might be that Carl was harbouring a wishful phantasy that he is not deserving of anyone being 'good' to him as his own hated difference forces him to be a 'bad' person who is no good and worthless. Carl *'couldn't be bothered getting out of bed'* he just *'laid'* in the mess he had created. One view of this is that of a parallel process of the messiness of being gay in a heterosexist society. Carl felt he was deserving of nothing more than remaining in the mess within his own psyche, the mess he blamed himself for.

"It was really odd. But that [bed wetting] just supplied me with so much misery, I hated myself for it. I hated doing it and I hated the humiliation, my brother told everybody that I pissed the bed, you know." (1, p15)

This last statement illuminates the severity of punishment the bed wetting caused him. The word 'supplied' is interesting as it implies that Carl wanted to be miserable. The bed wetting provided him with something that he needed, perhaps to experience feelings of misery and humiliation that he believes he deserves. It would appear that during Carl's late adolescence and early adult years the misery and humiliation created by his sexual difference continued and the consequence manifested itself as another period of depression.

Around the age of 17, Carl engages in a sexual relationship with an older woman. On one occasion, just prior to intercourse, Carl loses his erection and there was nothing that he could do to get it back. This experience had a profound effect on him and he associates it with a marked deterioration in his mental well being.

"Because I couldn't get an erection or feared that I wouldn't be able to. And that put me in to a great depression for quite a few years because all my contemporaries were, you know, at the height of their sexual activity really I suppose. I was quite sexually inactive I could go quite easily eighteen months without having any sexual contact with anyone. Which was unusual in that environment, you know, the gay scene tends to be quite promiscuous and sexualised." (2, p16)

For many men, getting an erection is viewed as the quintessential signifier of masculinity. For Carl his inability to get an erection could have again reinforced his difference, his identification with the feminine being brought into conscious awareness. For Carl this event is possibly

paradoxical, as not only does it re-affirm his difference from that of the heterosexual man, but it also creates further anxiety by ostracizing him from what he perceives might be his homosexual contemporaries. It is possible that his inability to maintain an erection might be interpreted by Carl as a punishment from within, the forcing of his own unpalatable parts into conscious awareness, which may have created overwhelming anxiety. For men a symptom of such anxiety is failure to get, or maintain an erection (Bancroft, 1989; Hawton, 1985). Despite Carl ending the relationship the profound effect this event had on him continued into his mid twenties.

“Or it was very up and down. And, um, and that, that made me feel terribly kind of inadequate and incapable and lonely, whereas all my contemporaries, you know, were copping off and, you know, I wasn’t, I was kind of just getting drunk.” (1, p35)

The ‘*up and down*’ could be commensurate with his life and the struggles he has encountered between the realities of the external world and the phantasy of his inner world. The consequences, on this occasion, are his negative feelings about himself which he attempts to deal with by using stereotypical male orientated behaviour (for example, getting drunk) to reinforce his rejection of his gay identity (Bux, 1996; Frosh et al., 2003; Green, 2003). It could be suggested that his behaviour resonates with his perception of his father. Just as Carl could not accept his father’s suppression of the feminine (his mother) he is now suppressing his own feminine by using the alcohol just as his father did. Likewise, he is once again angry with his own need to suppress the feminine, but rather than projecting it into his father Carl now turns it in on his self causing him frustration, anxiety, guilt, loneliness and isolation. Freud (1917) suggests that the person who represents their ego as worthless, incapable of any achievement and morally despicable will reproach the self, vilify the self and expect to be cast out and punished.

No Mirror Image

The psychological internalisation of a belief system is often based on symbolism and imagery (Clarke, 1999). It is possible to conceive that Carl may have internalised a belief system whereby the symbolism of being a man and the imagery of how a man should behave were culturally strong. His inability to identify with this image, which is evident throughout the transcripts, could have further compounded his difference thus heightening his anxiety and loneliness. From an early age and through lack of having someone to identify with, Carl, like many young gay men, experienced disconnectedness or what Smith (1992) described as outsidership.

“And again I just felt like a real outsider.” (1, p37) “I just feel like that sometimes I don’t connect, I feel quite disconnected from people.” (1, p30)

The centrality that his difference plays in Carl’s life is palpable. His difference is exacerbated by the identification, offered by his father, as being that of a stereotypical ‘man’ and the ‘male role’ in society. This is something which Carl appears to have struggled to identify with throughout his life.

“I’d kind of go fishing with him [father] and then I’d go off and do my own thing..... It wasn’t like, you know, he was patting me on the head and saying come on let’s do this, you know, and, it was kind of, right, you stand there and I’m off up here..... It would be a very separate thing and, I don’t know why he actually took me really, to be honest, looking back.” (1, p3)

“I mean, he [father] was always trying to get me to do things which I didn’t want to do. He wanted me to be a boxer. He was very interested in boxing and, and he used to take me to boxing clubs and I would just sit there in a trance of boredom, you know, sort of, why are they making that stupid noise every time they punch each other, and I just found it completely ridiculous, to me it just seemed nonsense..... And he couldn’t understand why I just wasn’t interested in, he basically wanted me to be like him, you know, and do the things which he wanted to do and because I wasn’t like that we just didn’t understand each others’ needs at all.” (1, p3/4)

These recollections of his interactions with his father demonstrate the lack of identification between father and son and thus a sense of consequential disconnectedness. Carl talks of being different from his father, and rather than being able to meet each others needs as father and son, he suggests that they never even reached the point of understanding each others' needs. For Carl this could be interpreted as a loss in terms of a relationship that never was. Carl talks of the relationship being '*a separate thing*' and he appears lost in knowing and/or understanding what he had lost in not experiencing a positive father-son relationship. Again this is reminiscent of melancholia. Melancholia is a disturbance in early narcissistic development, and in childhood the melancholic person is unable to move successfully from narcissistic object love to mature object love, involving a person who is separate. When being confronted with object loss or disappointment the melancholic person is incapable of mourning, meaning that he is unable to face the full impact of the reality of the loss and over time is unable to enter into a mature object love with another person (Ogden, 2002). Carl's early experiences of the absence or lost love from his parental relationships have led to him experiencing difficulty with trust, which consequently has hindered the formation of new meaningful relationships.

"And this guy who I've been on and off with for seven years, he's the same as me. He wants, he wants to be loved and he wants to love and when he gets it he's horrible because I think he's doing the same as what I'm doing, he's resenting the fact that, that he's with a man and I think I do the same to a degree." (1, p32)

In the above quotation Carl demonstrates his awareness of how, when talking about his partner, he is also talking about himself. It is Carl who wants to feel loved, to give love, but he is fearful of doing this as he is '*resentful*' of being in a relationship with a man. In order to protect himself from the pain that he associates with his relationship, his partner's reprisal of Carl's love, Carl stays in his own phantasy world not allowing anyone to get emotionally close to him. Again this would be in keeping with the melancholic person who does not have the capacity to disengage from the lost object but instead avoids the pain of loss through regression from narcissistic object relatedness to narcissistic identification (Ogden, 2002). In relation to Carl this would

equate to him viewing the other as an extension of himself, rather than a separate entity who is able to offer empathic mirroring. Regardless of the conflict this creates with the loved person, it results in not giving up the love relation need. This is evident for Carl when he recalls meeting his father after 20 years of having no contact with him.

“And I said, “dad it’s really nice to talk to you”, I said “I know an awful lot has happened in the past but it’s really nice to talk to you, it’s the first time, you know, I’ve spoken to you as an adult I think. And um, you know, whatever happened in the past you are still my dad and I still love you even though you, all the trouble we’ve had” and, and I felt, I felt quite sort of proud of myself for getting that in because he’s never ever, none, neither of my parents ever said they loved me.” (2, p13)

Despite his dissociation, disconnection and phantasy of patricide regarding his father Carl still seeks out his father’s love. Whilst this might be a somewhat self congratulatory position, as in Carl’s sense of his having more emotional maturity than his father, it could be interpreted as narcissism. This occurs when there has been difficulty giving up the idealised gratifying parent and also, for Carl, the need to break free from the inner bad object, his homosexuality. When the idealised object (his father’s love) continues to be fused with the primary narcissistic self (Carl), one consequence might be the manifestation of a sense of a grandiose self sufficiency and omnipotence (Gardner, 2001). However, this could be considered as risk taking behaviour as there is always the danger that Carl will again be let down and disappointed by the possibility of rejection on the part of his father. To some degree Carl guards against this by blaming himself for his father’s love not being forthcoming and by defending his father’s behaviour in terms of their relationship;

*“And I think he was a bit aware that I was maybe a bit, you know, a bit of a mamby pamby, I was interested in gardening and, and I read science books and Enid Blyton books, you know.... And I was kind of developing into **this thing** which he didn’t want me to, you know, he wanted, I think, I think the intention was that he would toughen me up a little bit..... Because I was being bullied at school and, and so maybe it was, was, you know, out of concern for my welfare and development really.” (1, p4)*

Contemporary psychoanalysis believes that defense mechanisms protect the self esteem of the individual, but as well as defending they can also gratify (Cooper, 1998). An example of this is

to be found in Carl's rationalisation of his father's behaviour. Carl has reservations about the relationship he has with his father and recognises he is different from his father. His difference renders him the lesser of the two and this is highlighted when Carl describes himself as developing into '*a thing*', something which would be unacceptable or may be abhorrent to his father. Carl knows that he is not the same as his father but obviously feels that it is him who needs to compromise with regard to any acceptance of his difference. This might serve two purposes; firstly Carl may feel gratified that again he is able to punish his difference by acknowledging that he is 'less than'; secondly the rationalisation of his father's attitude and behaviour towards him allows him to continue with his wishful phantasy for the relationship that never was.

A further complication of Carl's opportunity to identify with masculinity was the lack of, or at least the distorted, homosexual role models that he was able to encounter during his formative years.

"Because the idea of being gay was just so abhorrent and just, well it just wasn't even, I just didn't even know what gay was in, you know, I didn't know anybody else who was gay other than my friend (name), I didn't know any adults who were gay apart from Larry Grayson and..... you know, and John Inman. And I wasn't like that and I didn't feel like that..... And so I didn't even think of them as being like me." (1, p21)

"There was nothing on television. There was no in depth reports, you know, it was all perverts, .and queers, you know, and the only sort of out gay people were sort of comedic frauds, you know, John Inman, Larry Grayson, Kenneth Williams. There was nothing to say, oh yeah that's me. There were no role models or, you know, people to look up to and say gosh that's what I'm like." (2, p3)

"So there was just nothing to identify with, there was nothing to connect with and so I just didn't think about it, you know, I didn't think, oh I'm gay and I find men attractive because, because I just didn't know how to think that." (2, p3)

Carl raises the importance of having someone to identify with, someone to connect with, but the reality of the external world, for him, does not match his own inner phantasy. The first two statements demonstrate the negativity of being gay, it was '*abhorrent*', '*perverted*'. Clarke (1999) suggests the split involved in projective identification is paradoxical as the unpalatable

parts of the self are projected into someone else, constructing the 'other' as a form of defense. The 'other' then becomes responsible for depriving us of our psychological well being by not providing something that we have imagined in phantasy but never possessed. For Carl these available role models deprived him of a mirror image of how he imagined his self to be as a gay man. Carl knows he is gay but consistently and vehemently denies that he is like any of the above people, dis-identifying with them to the point of emotionally disconnecting. In noting '*I didn't feel like that*' he is suggesting that it is because of the lack of role models that he is at a loss of who to identify with emotionally. Furthermore in the last extract Carl states '*I just didn't know how to think*' which could be an indication of the chaos his life was in at that particular time. Apart from being emotionally disconnected he also describes how, at this time, he perceives his self as being cognitively compromised. This gives rise to a sense of Carl being lost, both in his external world and in his inner world, the consequence being that he no longer knows how to think about himself.

"I just don't seem to be able to express it [sexuality] or get what I want from it..... I seem to be just um, I don't know. If I say I'm confused about it all it's because I am. I just think I don't know what I want. There's part of me that would, that craves settling down with somebody and living ever, happy ever after..... And then when I find somebody who I like I don't want it and I can't help thinking that that's possibly because inside I won't allow myself to relax with it and I won't allow myself to have an easy life with it. It's almost like, as soon as I get a relationship and it starts going ok, then I hate it, I've got to get away from it, I feel trapped by it and frightened by it..... and I've spent my entire life being like that with my relationships." (1, p32)

It could be suggested that Carl's constant pursuit of an 'idealised' relationship is the consequence of a failure to find a primary loving relationship with his parents. Whilst the central concept of object-relations theory is that the motivational drive is to seek out a relationship with others, failure of such relationship can lead to pathological responses manifesting as a compulsive quest for pleasure (Balint, 1957). As Carl grows up he is only left with a wishful fantasy and when his relationships do not live up to expectations Carl is left feeling disappointed, isolated and empty and with a compulsion to seek out another 'loving' relationship. For Carl the pleasure could again be in the form of sado-masochism, as in his

present life the person he identifies with is the person he has had an 'on and off relationship' with for the past seven years and who Carl describes as;

"An emotional idiot and he's a bully and he's so confused and screwed up himself that I don't know where, what, I don't think he knows what he's doing a lot of the time. And there's a part of me that feels really sorry for him and, and there's a part of me that kind of sees some of the things in him that, that I struggle with..... I see his low self-esteem, I see his lack, you know, I see his lack of confidence and I, his uneasiness with his sexuality, which I had, which I think I've managed, to a degree, to get over." (1, p31)

In some respects this man could be considered as someone akin to Carl's father in that he is also a 'bully' and not emotionally adept. For Carl the relationship he has with this man could be a re-enactment of his parents' relationship, Carl taking on the passive, victim role he associates with his mother. Carl's choice of partner could be interpreted as further punishment for the bad within himself or at another level it could be a way of gaining the love and acceptance of his father through someone resembling his father. The relationship Carl has with this man arguably not only offers negative identification but provides Carl with a mirror image of himself. Unfortunately, for Carl, the mirror image offered by this man is only of negative aspects of self which impact on his mental well-being and compound his struggle to integrate his homosexuality, suggesting that this part remains split off from the rest of his psyche.

Living in Chaos

According to Frosh (1989, p:122) "the paranoid-schizoid position is about attempting to organise the chaotic contents of the psyche and it is fundamental to ordinary thoughts and discrimination." For Carl the chaos within his psyche appears to have remained for much of his life and at times has driven him to thoughts of suicide.

"I started becoming suicidal and very, and very depressed at quite an early age really..... when I was about six or seven. I remember taking, being so unhappy. I don't know why I was so unhappy at the time, it probably was because my dad had been hitting me..... Um, but I can remember taking my mum's, of all things, contraceptive pills, because they were in the cupboard..... I remember taking them thinking, maybe it will kill me." (1, p16 & 17)

When asked why his father was hitting him Carl's response was, "*Because that's what he did,*" but then went on to say it was because he (Carl) "*irritated*" and "*annoyed*" him. However, being hit by his father caused Carl to experience deep unhappiness to the point of suicidality and although he blames his father for his inner distress, at the same time he talks of '*it killing*' him. Although Carl suggests that he takes the contraceptive pills because they are available in the cupboard, it could also be suggested that by taking these pills he could have symbolically represented a wish to have never been born. At the end of this part of the narrative Carl talks of '*it*', not they '*killing*' him, the interpretation being that it is the bad within his psyche, the increasing inner conflict which he is finding more difficult to deal with, and which he later associates with his sexuality that is '*killing*' him.

"I didn't actually start thinking oh I'm gay, ... I remember getting in to a really bad bit of depression, when I was, um, and it was about my sexuality and it will have been when I was about thirteen. I remember my sister was calling me a poof and I was getting it at school and I remember locking, well just sitting in my bedroom on a summer's evening and looking out of the window and just, I used to dangle out of the bathroom window and, because it was a four storey house, five storey house and thinking shall I just throw myself out."(1, p14 & 15)

From being six years old Carl has harboured suicidal thoughts which could be interpreted as him wanting to destroy the 'bad' inside. At six years old he is very unhappy but tries to rationalise his unhappiness. At 13 years old he is still unable to directly link his distress to his being gay, but indirectly knows that it is related to his sexuality. The content of the latter statement appears fragmented and chaotic, and I wondered if this mirrors the chaos and fragmentation in Carl's psyche. It could be construed that because of the name calling, at home and at school, Carl is being confronted with the part of the self he finds unacceptable, bringing it to conscious awareness and having to deal with it. The narrative suggests that Carl has not been able to integrate the splits his psyche has created and because of that his own ego remains unremittingly fragmented. In the paranoid schizoid position the ego becomes fragmented through guilt (Segal 1974). It could be suggested that Carl attaches guilt to him being different.

Because of this his lack of resilience in facing the realities of the external world is overwhelming and he can find no other solution than to contemplate suicide.

The paranoid-schizoid position is not a developmental stage that an individual passes through, but one that is often returned to throughout life, particularly when experiencing stress and anxiety. As the infant starts to realise that the breast that frustrates him is the same one that gratifies him, then it can result in an integration of the two with an ambivalence of being able to hate and love the same object. This will lead to the capacity to integrate experiences leading to a shift from primary concern for self survival to one in which there is concern for the object the infant depends on (Steiner, 1993). This has been described as the depressive position and is akin to Freud's resolution of the Oedipus complex. The depressive position involves what has been described as the "*reconciliation of difference*" (Clarke, 1999, p29), when there is recognition of good and bad being contained within the self, thus allowing the same recognition in others.

There is little evidence in Carl's narrative of him moving to a depressive position. It would appear that Carl has always struggled, and continues to struggle with his difference and the reconciliation of the good and bad which are contained within his own psyche. From his first suicide attempt at the age of six or seven it could be suggested that the 'bad' in Carl completely eclipses the good, leaving him feeling persecuted by his own psyche. An example of this forms an important part of his story when he is approximately 16 years old.

"Yeah, things were breaking down. It was horrendous actually, um, because, and I've never forgiven myself for it really, um, because at the time my bedroom was being, um, renovated, I used to have a bedroom up in the attic of the house and it was all being renovated and I was sleeping down in what we called the best room, you know, it was the front room..... You know, the room we used for guests and what not, and I was sleeping on the sofa in there. And my father had come in drunken one night and, um, and they started fighting, my mum and dad, and whereas it had always, as far as I know, it had always just been verbal I think on this time, on this occasion it became physical and um, and I can remember waking up in the middle of the night and hearing my father saying, you know, I'll throw you out of that window and, and really being angry and, and I could hear furniture moving around and, and for some reason I just fell back asleep..... And the next day, he'd punched my mum in the face and burst all her nose and pulled so much of her hair out that she had bald patches on her head and, you know, and really gone to town on her, and um, and I was just furious with myself.

Looking back, It's probably good that I didn't wake up because I probably would have killed him..... But at the time, I was just so angry with myself for not having woken up." (1, p7 & 8)

The above narrative is possibly emotionally loaded in terms of what Carl had taken on as his responsibility. He talks of lying in bed listening to the violence but does nothing and goes back to sleep. It could be construed that Carl was repressing what was happening by being unconscious that is, asleep. His rationalisation is that in not doing anything he is protecting his father, as, had he been conscious, he might have killed him. This is suggestive of Carl inhabiting a phantasy, the reality being that he was afraid of his father killing him if he had got involved. The consequence of this for Carl might have been identification with his mother as victim, and further victimisation of the self through his impotency, at not being able to stop the violence, as well as his '*furiosness*' with self. This part of the narrative was communicated in a tone that reflected the aggressiveness of the event. However, the final part of the narrative, '*I was jut so angry with myself for not having woken up,*' was offered in a much quieter, more passive tone. Interpreting this made me think of the shift from homicide to suicide. Carl is angry with himself, angry with his impotency, which further disconnects him from his (and the prevailing) cultural perception of masculinity, thus highlighting his difference. Rather than killing his father, Carl might have been left with no option but to kill off this part of himself which caused, and continues to cause him nothing but pain.

"I seem to have discovered a part of myself which was so painful and horrible and I don't know, I really don't know, to this day I don't know why I felt so bad." (2, p22)

Carl appears lost in knowing what inside him causes him to '*feel so bad*'. Intellectually he can articulate that a part of him was '*so horrible*' and '*painful*' but it is almost as though he dismisses and/or denies this as a reason for feeling bad. In this part of self there is an absence of any good and for Carl this appears to be interpreted as him being left with the only option of believing himself to be all bad, perhaps with the pain serving as punishment for his badness.

Britton (1992) believes that the depressive position and similarly the oedipal situation are never finished but have to be re-worked in each new life situation. As previously suggested there is little evidence in Carl's narrative of him being in the depressive position, which in itself is perhaps an indication of how he has struggled throughout his life, not least with his perceived difference and its badness in terms of his sexuality. It is difficult to envisage how a child, who has never felt secure and able to trust and therefore never achieved the depressive position, would be able to transcend the boundaries from what is known and familiar (for Carl the paranoid schizoid position) to what is unknown and unfamiliar (the depressive position).

Seeking Out Forgiveness

A move from the paranoid-schizoid position to the depressive position must involve a repairable object that is capable of forgiveness and a self that is willing to be forgiven (Waska, 2002). Whilst there is evidence of Carl trying to make reparation with both his mother and his father, there appears to be a lack of self forgiveness;

"It was very cold. Even on her [mother] death bed, you know, I told her that I loved her but she never said it back." (1, p6)

"It's the first time, you know, I've spoken to you [dad] as an adult I think. And um, you know, whatever happened in the past you are still my dad and I still love you even though you, all the trouble we've had" (2, p13)

"I try not to have uneasiness....I can't see how I could have gone through my childhood and my experience without having some bad feeling inside and some negative thoughts about myself, and it would explain why sometimes I am so self-destructive.....I really do hate myself and I hate what I am and who I am" (1, p31 & 32)

The former could be seen as a pragmatic attempt to repair the damage he believes he has done to his mother, perhaps reflecting his ambivalence towards her and his failure to protect her from his father. The latter finds Carl verbalising his need for his father's forgiveness, acceptance and ultimately love but this would mean Carl accepting, forgiving and loving himself which he seems incapable of doing. The move to the depressive position involves fear and anxiety about

the ability to make reparation with those destroyed in phantasy (Clarke, 1999). The anxiety created by Carl's 'killing of his father' may lead to his doubting his ability to make reparation, leading to a constant retreat to the paranoid-schizoid position.

Envy and anxiety are two barriers to the reconciliation of good and bad and therefore hinder a person's ability to move from the paranoid schizoid position to the depressive position. When a person perceives that the 'other' possesses something good which is inaccessible to them it creates envy which compounds the anxiety and consequentially prohibits reparation (Clarke, 1999). For Carl, whether phantasy or reality, his parents possessed love that was inaccessible to him leaving him unable to make reparation. This might find him in a place where the missing love that his parents never gave him causes him to feel empty inside and envious of others.

Throughout his life Carl has rebelled against the role model that his father provided for him, but at the same time he has experienced inner conflict about his difference, and his inability to identify with that role model. In terms of sexuality Carl may perceive that his 'good' sex (acceptable heterosexuality) had initially been denied him by his father, in not providing someone to identify with and for suppressing the feminine, leaving him with only his 'bad' sex that of homosexuality. Guilt is implicit in both the paranoid-schizoid position and in the depressive position. In the former it manifests as fear of an object; in the latter fear of oneself (Stein, 1990). However, in keeping with the notion of the unpalatable parts of self being split off into one's own psyche, the object feared would be the object within. For Carl the fear of his difference was further exacerbated by his failed attempt to engage in a heterosexual relationship, as he sees this as pivotal to the deterioration in his mental health.

"I did really love her to bits, I did really like her and I, and I did enjoy having sex with her even though felt a bit out there as well she was um, probably not the best first sexual partner to have." (1, p22)

Initially Carl started to recount the event by saying that he ‘*loved her*’ and ‘*enjoyed having sex with her*’. But at this point in his life Carl knew he was gay, and attracted to other men, and therefore the relationship per se seems incongruous. It could be suggested that this mirrors the incongruence between his ‘true’ self and the unacceptability of this self in his inner as well as his external world. In the second part of the statement he introduces the notion of blame and this could be a rationalisation of why the relationship was unsuccessful, whilst at the same time denying and punishing his homosexuality.

“When I was, um, when I was having sex with my girlfriend on one occasion, she did the oddest thing. We were getting through the warm up procedure and foreplay session and, um, and she just got up and went out of the room and went to the bathroom and, um, and did what she had to do but she was gone quite a while and then she came back and she’d brushed her teeth and everything and she was a bit, she was a very odd woman, very eccentric you might say and we got, ugh, and we got into bed and I lost my erection and, um, and no matter what I did it wouldn’t come back, I just couldn’t get it back..... No matter what I did and that had never, ever happened to me before..... And I can’t, I found it really frightening..... I found it really shocking that this had happened..... And, um, and after that I developed a real fear of having sex in case it happened again.” (1, p34)

Carl’s sexual relationship with a woman may be the result of striving to meet the constraints of socially acceptable feelings and behaviour. In not being able to achieve these expectations Carl is again confronted with his inner fear. The fear, at one level, could be associated with losing his erection, and the implications of that for him as a man, but at a deeper level it could be a consequence of his defenses being stripped by bringing to conscious awareness the ‘bad’ part of self which he continues to be fearful of. In trying to deal with this inner conflict Carl again uses splitting and projective identification, the woman becoming the bad object, causing his incompatibility with women and denying him both his sexual ability and his (‘normal’) heterosexuality.

“Because I’d maintained the idea that once I’d had a sexual relationship with a woman that that would change me and I would be alright, you know, that somehow, you know, things would fit into place, which of course it didn’t” (2, p10)

In the narrative above Carl does hint at an acknowledgement of his homosexuality and the part it might have played in his inability to maintain an erection. He also verbalises his phantasy of a heterosexual relationship *'putting him right'*. The final part of the sentence, *'things would fit into place, which of course it didn't'* could be construed as an unconscious knowing that a woman's vagina is not the right place for his penis. It is as this relationship ends that Carl 'comes out' in terms of his sexual orientation.

"Because whilst in the relationship I realised, that was probably when I thoroughly accepted that I was a gay.....And it does have the effect of confirming right, this is what I am, who I am." (2, p10)

'Probably' and *'thoroughly accepting'* seem contradictory terms, one suggesting uncertainty about an issue whilst the other suggests clarity. This could mirror his inner dichotomy; intellectually he knows he is gay but emotionally this is unacceptable to him. The last part of the statement indicates that Carl continues to hate his difference and therefore experiences hatred of the self, as he acknowledges *'what'* he is before *'who'* he is. For me *'what'* as opposed to *'who'* is dehumanising and is suggestive of having little or no sense of self. In the depressive position the individual comes to hate the hating self and tries to make reparation for the damage done. As previously stated, at this stage care for others develops but with it comes guilt in the realisation that the attacked other contains good as well as bad. For Carl this would equate to recognising his homosexuality as something which contains both good and bad. This realisation can compromise an individual's ability to move to the depressive position as it creates fear and anxiety regarding the ability to make reparation with those (or that) which it has sought to destroy. If the anxiety generated is so great it might lead to a retreat to the paranoid-schizoid position. This could go some way to explain Carl's contradiction and subsequently why he associates the break up of this relationship with his coming out, with what he perceives to be the pivotal point for the deterioration in his mental health.

Dreaming of Phantasy Becoming Reality

From the point at which Carl's heterosexual relationship broke up and he came out, Carl perceives that he has experienced a number of mental health problems, which in the main have been diagnosed as depression and anxiety. For me there is lots of evidence in Carl's narrative to suggest that he has encountered mental health problems from a very young age and those problems remain with him.

The narrative suggests that Carl perceives his parents as being unforgiving and that he also struggles to allow himself to be forgiven. However there are times in his story when he phantasises about being forgiven by his parents. In Kleinian terms phantasies are primary, unconscious and innate, linking feelings to objects, whereas in Freudian theory they are instinct-driven, lie at the core of conflict and are believed to be secondary, arising out of frustration (Bateman & Holmes, 1995). Carl uses wishful phantasy to fulfil some of the gap left by a lack of his mother's love.

"I suppose later on in life before she (died), it was when I was going to college and I was, and I was making some big changes because I'm the only one in my family who's educated to any degree... I think she was really proud of me... She never said it... And she probably never would but I could tell in her behaviour with me that she was, she was kind of, you know, really pleased that I was doing well and she felt proud." (1, p7)

Carl's interpretation of his mother's behaviour is presented here as a wishful phantasy: he wants her to be proud of him, accepting of him, he has a desire to please her and he rationalises her inability to articulate such emotions as a way of keeping the phantasy safe. Similarly to the way in which Carl phantasises about his mother, he also engages in wishful phantasy regarding his father seeing a newspaper article written about him;

"you know, in the evening paper which he gets every day, you know, he's a real evening paper reader, so he will, and everybody saw it you know, I was getting phone calls and people bumping into me and, you know, I'd walk round the market and people would go, oh its you out

of the paper..... But my father will have had the strangest experience of it because he will have been, he will have been really proud and impressed by it." (1, p27)

Carl phantasises about his father reading in a newspaper article about some work he received public recognition for, and in doing so imagines his father being proud of him. Similarly to the way in which he phantasises about his mother, Carl also demonstrates the need he has for his father's acceptance of him and his need to please his father. Later on in the narrative there is further evidence of wishful phantasy, but in this instance Carl is imagining more than being accepted or pleasing his father.

I'd love him to love me..... Although there is a part of me that says well, "Well sod it," you know, I can't, I can't be responsible for his failings and I shouldn't have to suffer for his failings but I think it would be really nice to have, now that my mum's gone..... You know it would be really nice to have a, you know, my dad to say something nice to me at least." (1, p30 & 31)

Carl admits he wants his father to love him, but he knows of his '*failings*'. However the '*failings*' are verbalised as his father's '*failings*' as if it is Carl who is projecting his own '*failings*' into his father, thus obscuring any possibility of a more loving relationship with his father. Towards the end of the statement there is a suggestion that Carl compromises his need of his father to love him, to one in which his father '*says something nice to him*'. Carl's willingness to make this compromise could be attributed to the anxiety created within when there is a conscious awareness of his failings and his need for love of the 'bad' object. Regardless of whether Carl's phantasies are primary or secondary what they do signify is the strong boundaries he continues to use to separate his inner phantasy world from that of the external world. Unfortunately the plea to be loved and have love accepted was not reciprocated again leaving Carl disappointed and experiencing a feeling of emptiness.

"But later on in life, I think again, some of my past has come back to haunt me in a way, I sometimes feel very, very empty in myself and very kind of lost in myself." (1, p30)

Inherent within Carl's story is the inner conflict and unconscious anxiety that his being gay created and which to a degree continues to still hinder his life today.

"I am so self-destructive and, because when I am down, when I am in a bit of a mess I am, I really do hate myself and I hate what I am and who I am." (1, p32)

Carl acknowledges the compulsion he has to destroy his self and there is also the suggestion of a fragmented ego, '*a mess I am*'. Right at the end of his story Carl tells me of a re-occurring dream which he includes as one of his earliest memories and which he still occasionally has now.

Trapped Inside the 'Fag' Machine

Dreams lie at the heart of psychoanalytic theory and are considered the royal road to the unconscious. Dreams represent parts of the self and those such as aggression, sexuality, submissiveness, anxiety and persecution may be split off from the waking self, with a recurrent dream encapsulating the central drama of a person's life (Bateman & Holmes 1995). Lewin (1955), in keeping with object relations theory, talks of the dream screen, whereby the maternal breast is flattened and invisible, providing a 'blank' screen for the dream to be projected. He suggested that people conveying long tortuous and muddled dreams may be conveying experiences of confusion and psychic entrapment. Carl is trapped in what he perceives to be the reality of his external world.

"You know, I didn't fit the role model that a little boy's supposed to be..... Well the stereotype that a little boy's supposed to be, you know, and, and I, and I was just always made to feel exceptional, in a negative way..... You know, that I was the odd one out. Going back to one of my first memories as well, this is going to sound very, very dark and strange. But one of my most vivid dreams, I have very, very vivid dreams..... Very realistic and lurid, quite often, and I can remember when I was a very, very young child having a nightmare about being in, we used to go this Working Men's Club, which was an old club..... I remember being in a cigarette machine, I was trapped in a cigarette machine but in the cigarette machine it was full of blades..... That would, and I remember all my relatives and all my family all being around the cigarette machine and if they pressed the button it would cut me up and they'd all come to watch me being cut up. And, um, whether they'd just given me some strange worm tablets or

something that made me dream like that but it's always stayed with me..... And that was a dream from very, very early in my childhood, it's one of my first." (1, p37 & 38)

He is familiar with the working men's club that he is taken to in the dream, a place where his difference, his homosexuality will be the antithesis of the male environment surrounding him. Carl is trapped in a cigarette machine, what could be referred to as a 'fag' machine. suggestive of him being trapped by his homosexuality. Carl feels trapped both in terms of his external world and his inner self. Bion (1962) believes dreams act as a container for the uncontainable, in relation to Carl this could be interpreted as his homosexuality being the split off part which he has had to contain, but that has been the 'uncontainable'. The dream, for Carl, provides the container (in this case literally) in which he keeps his sexuality repressed.

Freud (1920) described how dreams portray the instinct for mastery as being the driving force to make over in the mind some overpowering experience so as to make oneself master of it. Joseph (1989) discussed the concept of the compulsion to repeat, a phenomenon whereby a person has a recurring dream which relates to the source of his/her anxiety as a way of gaining power and control over the emotional distress the waking situation creates. Carl's need for repetition, through dreaming, could be seen as a way of him gaining mastery over the anxiety he experiences because of his difference, but at the same time it could also be an indication of his need to endlessly punish himself and perversely and narcissistically gratify his urge for punishment.

The latter part of his dream is sado-masochistic: the machine is full of blades which, at the whim of his family and relatives pressing a button, will cut him up whilst they watch. This feature of the dream could be attributed to his vulnerability in terms of not being accepted by his family or significant others. The dream could also be sado-masochistic. Sado-masochism is associated with mastery, whereby one person has power and control over another (Benjamin, 1988). One interpretation could be Carl's perception of being controlled, in terms of his mental

well-being, by others. Being watched by his parents whilst being cut up by the machine, could be interpreted as being perverse. However, Welldon (1988) suggests that if there has been experience of perverse parental behaviour in early life the victim of those perverse attitudes or actions will not necessarily act in a perverse way but will encounter great strain and difficulty in achieving mental equilibrium.

“So yeah, I was an unhappy child. At the end of the day, a lot of the time. I found just, certain things going on in my life just really difficult to deal with. And looking back now I think that I was just, I was just a very sensitive child with very insensitive parents.” (1, p16)

Summary

The central tenet of Carl's story appears to be of him not being able to experience his primary relationships as loving, and how he takes responsibility for this using his difference, his homosexuality, as being the barrier to being able to access such relationships. Although object relations theory was used to explore Carl's experiences, it was Freud's notion of the 'melancholic person' and 'lost love' that gave meaning to this part of the story. The not knowing what he had lost, in terms of his parents not providing primary loving relationships, impacted on Carl's future relationships.

From the outset of the first interview Carl uses metaphor, (warm representing the absence of his father and cold the presence of this father), to help articulate the emotional component of his upbringing. During a child's sexual development object relations are inextricably bound up with all the emotions, including feelings of anxiety, guilt and depression, which shape the child's attitude towards his mother and father. Thus during the child's emotional and sexual development, object relations and superego development interact from the beginning, prompting the infant to build early defenses, such as splitting and projection, to mediate the anxiety between love, hate and guilt and the vicissitudes of the child's identification (Young, 2000). Carl's anxiety with his inner self is projected into the 'bad dad' thus protecting the idealised

‘good mum’ or ‘good enough mum’. Carl struggled to identify with his father, leaving him with no acceptable mirror image and perhaps because of this, for the most part he became consciously aware of his difference. It is this difference that appears to play a central role in his story and specifically in relation to his sexuality and his mental health. At one level it seems as though from an early age Carl is ‘trapped’ in a cold place which he associates with his father and this causes him to feel and experience discomfort. Similarly Carl’s sexuality and his early experiences of feeling different led to feelings of discomfort, the difference and discomfort being trapped inside of him. His reoccurring dream from childhood is symbolic of this, conveying the unconscious centrality of his entrapment by his homosexuality.

Whilst in some parts of the narrative Carl uses projection as a defense mechanism to attribute his own affective state onto others, he also uses projective identification as a way of defending his self against what he could perceive as massive empathic failure. Projective identification involves forcing the unpalatable parts of the self into another. However, from the narrative it could be suggested that Carl splits the ‘bad’ part of self off but then introjects it into his own psyche, where feelings of fear, anxiety and hatred have to be contained. This has led to a hatred of self and thus creates further mental distress. Because of the ‘bad’ within, Carl develops a need to punish this part of self, which manifests as sado-masochistic behaviours. Carl wets the bed until the age of 12 years old, he engages in a heterosexual relationship knowing he is homosexual, cannot allow himself an easy life in terms of his homosexual relationships and from the age of six years old he engages in suicidality.

Projective identification is a characteristic of the paranoid-schizoid position, a position in which Carl seems entrenched. In order to move from this position there has to be a repairable object that is capable of forgiveness and a self that is willing to be forgiven. Carl is unable to forgive his self for his sexual orientation. Guilt is implicit in the paranoid-schizoid position, manifesting as fear of an object which has the power to annihilate. However, if the unpalatable parts of self (Carl’s homosexuality) have been split off into his own psyche, the object feared would be the

object within. It would appear that for Carl the ‘bad’ object within has become larger than life leaving him with no option but to kill off this part of self which caused, and continues to cause him nothing but pain. As Carl holds on to the phantasy of being accepted and loved, primarily by his parents, reality drifts further away leaving him marooned and isolated from his true self. He is lost and empty and vulnerable to the fragility of his self which throughout his life has compromised his mental health.

Critical Reflection

I immediately liked Carl but found the process of analysing Carl’s narrative extremely difficult and for the most part I have felt stuck and have, at times, been confused to the point of not really being able to make a coherent interpretation of his story. One of the main difficulties was the emotional response triggered in me whilst reading the transcripts. It made me cry and that made me uneasy, and wanting to avoid closeness with the narrative. One way of detaching myself was by desperately adhering to what I perceived to be a research process, seeking that which seemed to be describing similar phenomena, and then moving back to the safe haven of reading theoretical concepts. My academic supervisors suggested that this is perhaps representative of the messiness of living versus achieving academic clarity. With hindsight my oscillations perhaps added to the confusion. I was confused about how or where to start as the content of Carl’s story seemed to be an entangled morass, his past still taking central stage in many aspects of his present life. Such confusion perhaps mirrored Carl’s position in life. In therapeutic work I would have considered such mirroring, but as this was research and not therapy, I was conscious that delineation between the two has to be made. However, as suggested earlier in this thesis, qualitative research has parallels with psychoanalysis, not least with the dynamics of the interpersonal encounter (Hunt, 1989; Whitelaw, 1999). Research of this nature can often be emotionally charged and conflict ridden and the power of transference and counter transference cannot be ignored merely by changing the context of the encounter.

The bricolage that can be identified above includes not only the manifest and latent text in relation to Carl's narrative, but also the co-analysis (academic and clinical supervisors) of my manifest and latent text when interpreting my response to hearing Carl's story. In this instance I use psychoanalysis alongside historical situatedness, textual analysis and deconstruction to gain a deeper understanding of what occurred and why it occurred in the encounter with Carl. In exploring my unconscious processes my own defenses are brought to consciousness thus allowing for the explication of how they impacted on the interpretation of the data bringing greater understanding to the reader of the thesis.

As a post-script to this and to further the explain the notion of bricolage, on completion of my PhD and having my theses returned from my examiners, one examiner had written in pencil at the end of Carl's chapter that "despite your reservations, I think the theoretical interpretations offered in this chapter are the best in the thesis – complex concepts applied with insight and sensitivity." Bricolage can provide a platform that enables the researcher to revisit their own thinking on a given subject, re-evaluate what has been written and if inclined change one's mind. Whilst I am not necessarily changing my mind the comment, as part of the bricolage inherent in this research, the comment has given rise to my further thinking in terms of empathic response and the important pre-requisite of being emotionally engaged with the interpersonal encounter to ensure sensitive sense making of the life of another. I liked Carl and felt an affinity towards him and for this particular examiner this was evident within the written text.

The transference and counter-transference inherent in this research encounter was explored during my 'clinical' supervision, as were other issues including doing the interview at the surgery, blurring of boundaries and role conflict and the attractiveness of the participant all of which impacted on this encounter.

CHAPTER SIX: BEN'S STORY

Overview of Family Background

Ben is a 37 year old gay man who lives alone and is currently unemployed. Ben was brought up by his natural parents and has one older and one younger brother. From a young age he lived in Europe with his family and moved back to England at the age of 18 when he started university. When Ben was 11 years old his parents split up and subsequently divorced. However in more recent years they got back together, remarried and live in Europe. Ben has contact with all his immediate family. Ben came out to his mother at the age of 15. The reoccurring theme, and that which plays a central role to Ben's story, is the absence of a father – son relationship. The interview took place at Ben's own home, where he lives alone.

Early Memories

As with the other interviews I started off by asking Ben to think back as far as he could until he could see a picture of himself in his mind. I then asked him to describe what he saw.

"There's a little boy there." (1, p1)

The opening statement that Ben makes is one characterised by distance and /or dissociation. He does not see himself as a little boy but forms a picture and describes 'a little boy', someone separate to himself, being there. It could be suggested that such description could be indicative of unconscious dissociation, Ben having a need to emotionally detach himself from these early childhood recollections.

"I must be about four or five. I can see I'm in the garden at my parents' house and I can see I'm in the garden and I'm just around looking at stuff and I used to, do you know what, I'm getting confused as to whether I should just be talking as if I'm there as though that's what you want me to do, talk as if I'm there not as I remember it, not as like me saying I can remember doing this and I can remember doing that. Talk as if I'm there. Um, It's really like,

well as far as connecting back. I'm not sure if I can remember specific events, I can remember climbing and tripping over my toy tractor and chipping my tooth, I can remember events like that." (1, p1)

Unconsciously Ben appears to be reconnecting with his 'child' by checking with me what I want him to do, thus ascribing to me the role of parent, but at the same time he continues to avoid emotional contact with his past. Although he checks with me the position I want him to speak from, he ignores this and continues to focus on tangible events. If Ben has repressed his emotional self for the intervening 30 plus years, perhaps what I am expecting him to do in the here and now is an impossible task as he will be heavily bounded by the development of strong defense mechanisms. Indeed Busch (2004) draws attention to the problems of bringing to consciousness what has been unknown, without acknowledging the presence of unconscious resistance.

"Um, I mean, are you wanting sort of emotional stuff or are you just wanting any, because I'm very visual I just see stuff, I see my mum sort of blowing balloons, huge rabbits as she made for parties and just a whole load of things come back, I mean if I jump back to that era, I can remember going to the local [European] school, and there were other English, um, kids there that I got on with but still feeling quite isolated was what I remember feeling, and I can remember sort of being punished by a teacher, because my dad's car had broken down outside and I'd gone out to check that he'd [father] got the engine started." (1, p1/2)

Still checking with me and continuing with earliest childhood recollections, when introducing an emotional component Ben's memories now become a milieu of inconsistency. Some of the events that he remembers are in keeping with what might be interpreted as a 'normal' childhood, climbing, chipping a tooth, his mother blowing up balloons for parties, but he talks of feeling isolated at a young age. When recounting his early childhood memories Ben quickly moves from talking about his parents to going to school, a place which was an unhappy experience for him.

Managing Homosexuality in Heterosexist Institutions

In his narrative Ben speaks simultaneously of isolation and punishment, the latter, at the end of the previous quotation, being indirectly attributed to his father. Ben goes out to check that his father was alright but his care for his father was compromised by the punishment he receives from his teacher. It could be suggested that Ben was reaching out to his father, seeking out his approval through the care and concern he is able to demonstrate, but instead all he receives is humiliation.

“And when I came back in the teacher was very angry with me, grabbed me, and I remember a lot of nails digging into my arms, grabbed me and like shoved me in a corner, and then he faced this corner and very Draconian old style [European] severe forms of punishment that was really dated and, humiliating. I can remember thinking, I mean he used to take your temperature by your bottom not on your ... and in front of the class, it wasn't like you had privacy. And I can remember feeling humiliated by things like that.” (1, p2)

“And I was only, I must have only been six or five but I still can remember feeling this is, I don't want to expose this to the class.” (2, p12)

The above took place when Ben was five or six years old. The humiliation that Ben experienced is centred on the physical and sexual abuse he suffered at the hands of the male school teacher. Not only is he abused by having a thermometer inserted into his rectum, but this is done in front of the class causing him to be devoid of all dignity. As this action is couched in terms of punishment for his alleged misdemeanours, Ben would learn from an early age that he has been judged by the external world and his display of care and affection towards his father are unacceptable. In addition to this, it could be suggested that this event may be symbolic in terms of his homosexuality, relating it to the pain and pleasure of engaging in anal sex. The humiliation of the incident at the time left him feeling distressed and unhappy and has stayed with Ben.

“I can remember feeling threatened and uncomfortable really. Um, so yeah, that, they weren't particularly happy times really.” (1, p2)

Ben associates his unhappiness and isolation with the school he attended. Initially he rationalises this in terms of lack of identity with European culture and it being a lot stricter than what he describes as his more *'permissive, free sort of home [English] life .You know, I did have quite a permissive, free sort of home life'*. (1, p2)

These two social structures, family and school, both represent authoritarianism but in this instance appear to be the antithesis of each other. Just as Ben experiences humiliation and distress at the severe punishment practised in school, the permissiveness of home may not be what a child needs or wants as being unbounded can lead to feelings of chaos and insecurity (Winnicott, 1971). However, regardless of the perceived difference in these two important social structures, Ben often refers to them synonymously. For example, in keeping with Ben's dualistic recalling of home and school he articulates his parent's marital difficulties in terms of problems for him in having to move schools.

"what happened to me and my older brother, [when parents split up] we were taken out of the British School and put into a [European] school, which we both hated, absolutely hated.... I had my first essay thrown back in my face by the teacher because he couldn't read my writing, and I mean, I'd never had complaints from the British School. And it was just a massive shock to me and I came home crying and I don't think my mum really knew what to do. So, yeah, that was a terrible time and um, those teenage years and now on top of that as I was becoming sort of twelve, thirteen and sexually aware and then there was the whole gay thing starting to kick in." (1, p4/5)

In his narrative Ben associates his parents' marital break up with him having to move schools and returning to a European school where he had previously been unhappy and humiliated. It could be suggested that his return would bring to conscious awareness his previous bad feelings which in turn would trigger his unhappiness. However in this situation these feelings may have been further compounded by the insecurity brought about by becoming aware of the break up of his parents' marriage, and at the same time, the growing awareness of his homosexuality and the implications of it. Ben describes his homosexuality as *'kicking in'* a term I associate with aggression, pain and hurt, but one which would also denote that it was something beyond his control and perhaps arriving with overwhelming force.

“I didn’t know who to turn to, and it was just a very lonely experience is what I’ll say, it was a very lonely experience and there was, as far as homophobia in the school, there were homophobic remarks, it wasn’t something that you were going to come out and say I’m gay and feel good..” (1, p5)

Homophobia in schools is well documented (DuRant et al., 1998; Remafedi et al., 1998; Rivers, 1996) and has serious consequences for young people who are gay, for example becoming the victims of physical violence. Many develop maladaptive coping strategies, such as truanting themselves from school, abusing alcohol, taking illicit drugs and/or running away from home. It would appear that Ben adopted similar maladaptive coping strategies,

“So I started to rebel and I started to get very self destructive and, I started to drink and I started to miss classes, I started to smoke dope, I started to do other drugs and, I didn’t care about myself, it was really a very, I was frightened and I didn’t know who to turn to and it was a sort of cry for help really, that is the way I see it, it was a cry for help, I’m saying that I don’t know where I stand here as far as who loves me and I mean, I feel vulnerable, I felt very vulnerable. And I started getting very paranoid. I mean there was a lot of paranoia which was exacerbated by the dope smoking when I was getting stoned in class and my whole focus was about this gayness, I wasn’t able to sit and just be a part of the lessons and be focused on what was going on, it was all this fear and anxiety about me being gay and whether people could tell that I was gay and whether they could sense it, it just became obsessive sort of thinking.” (1, p5)

This part of the narrative gives a sense of Ben being lost, frightened and anxious and that he feels transparent, exposed and under surveillance.

Self-exposure

At this point in his life Ben has become obsessed with his homosexuality and it was interfering with his ability to concentrate. In the next part of the narrative Ben tries to further clarify this experience.

“Because of this coming out and being exposed as a gay person and thinking oh, everyone’s thinking about this and everyone’s sort of focused on me which sounds really self centred but that was how much it was at the forefront of my mind, so, I mean, I’d got labelled as a rebel and as a group of these rebels, so whenever we turned up at assembly, just all these teachers and everyone was looking at you like you were this lesser being and, or whatever, that you were being judged somehow and then the minute, the silence, for me it was a deafening

silence and this whole thing of just having to sit and having to watch someone with all these thoughts churning round it just used to bring on panic attacks, and being sat on a row of chairs and not being able to get up and go, and thinking, oh I want to get up and go but that's going to draw even more attention to me and it was like this dichotomy, like what do I do? I want to escape this, I'm not comfortable here." (1, p10)

It is interesting that Ben sees himself as being 'exposed' despite having come out. This could be suggestive of the dichotomy he talks of at the end of the narrative, having the courage to be true to himself, but at the same time his internal world is in a state of angst through his perceived threat of being exposed. Ben describes himself as a 'rebel', but Ben's rebelliousness could be interpreted as omnipotence, the omnipotent self being used as a defense mechanism to protect him against his ever increasing anxiety. Greenberg (1975) discussed 'omnipotentiality' in relation to young adolescents and suggested that the resolution of this phase comes about by acting out omnipotent fantasies and testing them against reality. However, Segal (1997) warns of the fragile nature of omnipotent fantasies and, regardless of his status as a rebel, Ben still feels exposed as a 'lesser being', 'being judged'. Ben's fragility manifests in the narrative, as he eventually distances himself from this memory by talking in the third person about his experiences at school, 'having to watch someone with all these thoughts churning round', indicating that in recounting his story the anxiety might once again be too much for him to bear and he has the need to depersonalise it and 'escape'.

"But even in some of the Art College lectures I think I was having these panic attacks. so that has been an issue for me these panic attacks but whether they have just been brought on by my drug use or whether it's because of this feeling extremely vulnerable and not having integrated my being gay into who, who I am and feeling vulnerable about it because at any moment somebody could expose me." (1, p10/11)

It is evident from the above that Ben continues to struggle with feelings of vulnerability which in turn reinforces his internal stress and anxiety. Although he makes vague reference to his anxious state being related to his misuse of drugs, he appears to make a much stronger connection between his anxiety and his homosexuality. Ben states that at 18 years old, and

despite coming out at 15, he had not been able to integrate his sexuality as part of his self, perhaps making exposure a bigger risk.

Ambivalent Mother

“My mum I suppose I’ve always been close to, I had always been close to and I trusted her and I did, she was an extremely maternal person and was always very affectionate with me and I think there is still some of that bond there now, I think, with my mum, I mean she’s talking about me coming to Europe, when I come to Europe, so, and I’m thinking is this, is this because I mean she remarried my dad, they ended up getting divorced and after eight years they remarried.” (1, p11)

In the above extract Ben talks of the good relationship he has with his mother. He talks of his relationship in the past tense as being close, but moving to the present, he appears to be unsure if the relationship continues to be the close relationship he remembers.

“they’ve now since both retired and my mum’s saying, come down and she, and my dad still does consultancy work and flies off to other countries and it seems like the minute he’s gone or the next day my mum’s phoning me and talking to me and so I’m there thinking was it that she kind of, her emotional needs were met from us kids and particularly me because I was such an easy going baby and she said like I was a really easy baby, I just ate, slept and drank and I haven’t really changed much but, except for the anxiety.” (1, p11)

Again Ben appears to be idealising his mother and the relationship he has with her. It is suggested that it is his father that hinders the relationship he has with his mother, one interpretation being that they are rivals for her affection. At one level this personifies Freud’s oedipal complex. However, there is also the suggestion that Ben, and his siblings were meeting his mother’s emotional needs. Ben’s mother replaced the love she sought, but was unable to get from her husband, with the love she was able to get from her children. An alternative explanation could be notion of the ‘over-inclusive pre-oedipal infant, whereby the ‘holding mother’ is the object of identification (Benjamin, 1995), a phase that Ben was unable to dis-identify from.

“It was unconditional and I felt safe and I just thought I suppose I’ve always been on for truth in life questions might become subjective but there is only truth and my truth was

that, I was having gay feelings and gay fantasies and why should I have to deny that, that this is who I am and I'm going to show you that this is who I am, and hopefully be accepted for that and I was and I wasn't I mean it wasn't one of those where my parents disowned me and said right get out of the house, we're not having a gay child in the house, it wasn't like that but, but I, I, I think there was a disbelief and there was a, they figured it was a phase." (1, p12)

This might explain some of the ambiguity when Ben talks about his relationship with his mother. As a child he remembers a loving, caring, trusting relationship, one in which he felt secure and safe. However, when he tries to be accepted as a gay man his true self is denied, perhaps compromising the trust between him and his mother and his father.

The Distant Dad

It would appear at 37 years old Ben is still unable to trust his father. In the here and now Ben believes that it is his homosexuality that “*gets in the way*” of him having the contact he desires with his father.

“I think this sort of gay thing does get in the way as well. I mean I just have to touch him. I feel awkward about touching him even though Even though he has said, I think when I first came out, that he didn't have a problem.” (2, p20)

With regard to his father and early childhood memories, Ben talks of wanting to touch him, to touch something, but is warned against this by his father:

“I can remember watching my dad on television, I remember when my dad used to be on TV, I can remember sitting next to him watching him be on television and being fascinated by all that and I can remember him teasing me saying if I touched, I wanted to touch something, he'd say I'd go to the moon, you know, or you'll get a massive shock if you touch that I think he was just teasing me.” (1, p1/2)

Initially Ben perceives that his father was teasing him, but when recounting this event in the here and now, he questions whether or not he was teasing. This could be interpreted as Ben reaching out to his father, wanting to have physical and emotional contact with the person he might identify with, but during his formative years this is denied. In his narrative Ben recalls

from the age of approximately six years old incidents where he tried to 'find out' what his father's feelings were towards him.

"this is to do with my relationship with my dad, um, whereby I can remember being very angry with him to the point that I put my fist through the kitchen window and he was stood at the sink and I was in a rage and I just thought I'm going to show you how angry I am and I put my fist through the window and I broke it and he came running after me and I used to just climb up the cherry trees and walnut trees in the garden." (1, p3)

This early act of self harm could be an indication of Ben's frustration at not being able to elicit his father's love and/or acceptance. He talks of being '*angry*' with his father but, in psychoanalytic terms anger is to do with the self. At six years old Ben is aware of his difference and could be angry with his self for being different. Ben is frustrated that he is not acknowledged by his father which in turn may raise the question of Ben's existence. Ben, unable to cope with such imposed anonymity may have projected his anger onto his father. Ben was '*five, six or seven*' when he put his fist through the window. Ben acknowledges that what he wanted was a response from his father, but this need was not met and he talks about wanting the relationship between him and his father to be a '*struggle*'.

"I can remember I wanted some sort of response really is what I was looking for, I was wanting him to respond and it was the same when he wanted to take photographs of me, he was so inarticulate about how he wanted to take a photograph he was so awkward with it all, I can remember just pulling away, I'm not going to let you take a photograph of me and I wanted that to be a struggle, I wanted him to say what he wanted from me, but he wouldn't, he just wasn't able to verbalise itI don't know if I'd call it a conflict." (1, p3)

The '*struggle*' Ben talks of could be within himself, the representation of the conflict between good and bad within his own psyche. Within the above statement there is more evidence to suggest that during these formative years Ben is unable to access his emotional father leading him to harbour self doubt. Ben talks of wanting his father to tell him what he wanted from him, perhaps because of his lack of security and his need to have explicit boundaries. Ben describes his father as '*inarticulate*' and that he is unable to verbalise what he wanted from Ben, but again this could be interpreted as projection in that it is Ben who cannot verbalise the love and

affection he wanted from his father. This is evident in the second transcript when this particular incident is revisited.

“And that was the only way I did get my dad’s attention, was for me to be self-destructive, that was the way to get to know what he felt about me. That was my sort of survival tool. I mean it was about wanting my dad’s attention and it was about wanting his concern I just put my hand through a pane of glass, I mean to be concerned about my wellbeing that was one way I could get his attention. So it was just sort of a dramatic way of getting my dad’s attention, um, and it was probably hurt and anger about not getting the affection from him that I craved, and a cry for his love ultimately.” (2, p14/15)

This attempt to get his father’s attention could relate to Ben’s age, as young children do experience difficulty in verbalising their emotional needs (Lacan, 2003; Shapiro, 1991). However an added complication could have been that he was also afraid of his fantasised response that he might have elicited from his father.

“I retreated into my world because I couldn’t connect with him sort of thing. I was thinking more, he doesn’t love me, and he doesn’t care about me because I’m not the same as other people. I wasn’t sure of his love for me or I wasn’t sure of his feelings for me so I didn’t show him mine.” (2, p15)

The above three statements portray Ben’s emotional distress and inner conflict at an early age. Ben projects his distress and frustration onto his father and his lack of response, which in turn causes Ben to protect himself by withdrawing from his father. In psychoanalytical terms this could be in keeping with the concept of narcissism, which occurs when there is a withdrawal from the external object. Klein (1957) believed that autoeroticism and narcissism represented the first internal relationship to the external object and conceptualised narcissism as the merger and identification with the loved and idealised object. She suggests that every urge and instinct is bound up with internal and external objects, with the complexity of the internal object resulting from a mix of instincts, phantasies and environmental factors which have been introjected and projected. However, Kleinian theory also suggests that narcissistic retreat occurs when there is a particular type of relationship with the object. For Ben the relationship he had with his father was unfulfilling. Segal (1974) believed that the structure of one’s personality is

largely determined by the most permanent of the phantasies that the ego has about itself and the objects it contains. At six years old Ben is doubtful of his father's love or care and blames his own difference for this situation. Ben wanted his father to love and accept him, to care for him and be there for him. But these emotions were not forthcoming and Ben believing that this was because he was '*not the same as other people*', was left with no option but to protect himself and retreat from his father, creating an awkwardness within their relationship.

"I pulled away very early on from my dad because I just didn't, there wasn't, he has since been described as emotionally autistic, my dad, that he just doesn't know where to start with his emotions and um, and I just don't, didn't ever really connect with him, I never felt, I mean, he used to say the other, my elder brother and younger brother used to go and play on him but I always used to be the one sort of holding back and not feeling sure if I could or, yeah, there was just something, I just didn't feel safe for some reason." (1, p3)

When listening to the tape recording of the interview Ben communicated the above extract from the narrative in a very stilted way, perhaps verbally paralleling the '*emotional autism*' he speaks of in relation to his father. Although Ben talks of '*pulling away*' and disconnecting from his father he also rationalises his behaviour. He describes his father as being '*emotionally autistic*' and therefore unable to provide Ben with the emotional comfort he needed. He describes '*emotional autism*' as not knowing where to start with emotions and I wonder if this is mirroring Ben's own difficulty in demonstrating his emotions rather than those of his father. At a social level it could be suggested that such emotional reserve is akin to stereotypical views of masculinity that is, men do not show their emotions. Another explanation for this could be the lack of love within the primary relationships (Cooper, 1998; Oliver, 2000) and/or absence of the primary caregiver providing containment for the child's inner conflicts (Bion, 1962). Ben verbalises his insecurity but is not able to articulate where this stems from. However in contrast to Ben's reluctance to connect with his father, he perceives his two brothers as being able to enjoy father-son relationships.

"my mum will say that my two brothers knew how to get my dad's attention, they would go and climb on him and my dad cites a time when both (name) and (name) were playing on him, I don't know how old five, six, seven, eight. And I was out of the picture and I wouldn't go to him, so he can distinctly remember that they both felt safe about going and being close to him"

but I didn't and this was before I had any kind of sexual inclinations so there was something that pushed me or kept me away from my dad..” (2, p15

Ben's brothers did not experience emotional distance from their father and this raises the question of why Ben should experience his father in this way. Benjamin (1995) suggests that whilst the pre-oedipal mother is a source of goodness and comfort, the pre-oedipal father (the masculine position) has different positive attributes, which are experienced by both girls and boys, and that are experienced as exciting, different and separate. She suggests that this is particularly evident in the pleasurable narcissistic relationships that younger boys sometimes develop with their fathers, and which often seems to be nothing less than a celebration of phallic qualities. It would appear from the narrative that, prior to sexual awareness Ben's 'felt' experience was to distance himself from his father. However, rather than being a source of goodness and comfort Ben's mother implicitly gave the message of Ben's homosexuality being a fault, something that was unacceptable and in need of being put right. At a more profound level his mother was also suggestive of Ben's homosexuality being associated with his father's behaviour and/or his emotional unresponsiveness;

“Well they [parents] had to find a reason for it [being gay], and then it was to do with my dad, , being the way he was, my mum's then saying oh you know, looking at my dad and going, oh because he wasn't affectionate and demonstrative it affected...he's been described as emotionally autistic...And all of that is all about blame, them then blaming each other so there is still something wrong, my dad sussing that my mum was quite a, well she is a very strong character my mum, and then, looking for the clichés, and I'm, there thinking, yeah, but you've got two other sons that aren't gay. It just doesn't make any sense, they've grown up in the same family, if that was the case they would be gay as well.” (2, p5)

It is interesting that again Ben's father is described as '*emotionally autistic*'. Freud (1914) described early infancy in terms of a psychical system being shut off from the external world, being able to satisfy its requirement autistically, a concept akin to primary narcissism, a self-love necessary if we are to have the capacity to love others (Bateman & Holmes, 1995). Following on from this state is that of symbiosis whereby the infant has an intense need to reach out to a nurturing figure, usually a sensitively attuned mother. Ben is, from an early age, aware

of his difference and the distress it causes him, and in repudiating a relationship with his father during childhood and early adulthood, he perhaps phantasised of reducing the risk of rejection by his mother, who continually intimates that his being gay is 'wrong'. However Ben appears to be continually reaching out for a symbiotic relationship with this father.

"I have a very strange relationship with my dad, and I suppose I am probably desperate to change it and I'm trying to find the will to be the bigger person and to be more like my brothers who just kind of, they tease him and they coax him out of himself by teasing him and, taking jibes at him that gets him to come out of himself, but um, I don't, I'm more like him, and this is the reality I suppose that we are more similar in character." (2, p16)

Ben associates his father's emotional autism with his inability to demonstrate love and whilst his own reaching out for nurturance from his father persists, Ben acknowledges that he is 'similar in character' to his father. Freud (1914) believed that primary narcissism persists into later life, manifesting as the ego-ideal, forming our aims, values and ambitions. This later coalesces into the superego and in the narcissism of parental love, which makes one's own child special above all others (Bateman & Holmes, 1995). But Ben was not able to experience his father's love and because of his perceived difference, during the formative years, might have felt unworthy of his father's positive attributes. One way of coping with these feelings was to exclude himself from the notion of a symbiotic relationship with his father by constantly re-affirming the distance between them.

"I think I never really knew what he felt about me I mean, why else was I doing this stuff to try and get attention from him, I suppose show me what he felt towards me and that's what I think I was trying to do and the only control I had was when he wanted something from me I would pull back and say no well you're not going to have that because I want that, pulling away from him deliberately and that is still now an issue today, with me and my dad." (1, p3)

The perceived lack of recognition on the part of his father appears to be a central tenet of Ben's relationship with him. One interpretation could be that in having his father's recognition his existence in the external world would be affirmed. The notion of recognition involves the self being offered the opportunity to act and have an effect on the other, thus affirming the existence

of the self (Benjamin 1998). However, if this is not possible and the other does not respond then the person will have no outlet for his phantasies and desires. Ben's father's absence in terms of acknowledging and responding to his emotional needs seems to have left Ben lost in terms of self. The consequence of this seems to be a fragmented ego whereby he has no concept of how he is perceived and he feels out of control unless he holds power over his father. Unfortunately this situation was not resolved and Ben uses the defense mechanism of omnipotence to protect himself from his father. However, Ben's omnipotence at times manifests as fearlessness leading to destructiveness, which he associates with his father's depression.

"But I had this fearlessness in me, definitely there was, I can always remember just thinking I'm just going to do this and not really care about the consequences. I had that aspect and that's still in me but that borders on self destruct. I think there's an element there that, where it borders on self destruct and I mean, my dad suffered from depression, when I was nine my dad got clinically depressed." (1, p4)

In psychoanalytic terms depression is seen as anger turned inwards. In talking about his own self destructiveness Ben identifies with his father's clinical depression. It is the negative parts of his father that he associates with, suggesting that Ben harbours anger and hatred of the self hence the need to destroy the self. The language he uses and repeats is interesting: *'borders on'* gives me the impression of vacillating, not knowing which option to take. If Ben experienced home as being unbounded, a place where borders do not exist, he could be trying to create his own borders, or parameters which might provide him with feelings of being safe and secure. However, what he identifies within his father is unsafe;

"when I was visiting my dad in the hospital, just seeing this person that was just so in his own world and wouldn't look at you in the eye and was like shuffling along the corridors with his head down and I just didn't understand it, it was like you just couldn't relate to this person who was just not there." (1, p4)

Again there could be some mirroring of Ben's own beliefs about himself, having to stay in his own inner world, having to keep his head down, not able to have eye contact and being non-existent. For the most part he associates his father's illness with weakness. This might have

been re-affirmed through the social context of the time whereby men, who had mental health problems, represented a taboo subject, just as homosexuality was a taboo subject. Another interpretation would be splitting, his father being the weak, emotionless bad person, leaving his mother as the idealised lovable and loving person. Benjamin (1995), when discussing the oedipal crisis, suggests that boys are obliged to give up the attachment they have with their maternal object and identify with the father as a means of disavowing this loss. However it would appear that despite his two brothers being able to identify with their father Ben did not experience his father as being readily available for him to identify with. If this was what was occurring within Ben's psyche he would struggle to dis-identify with his mother as at a pragmatic level she was meeting his emotional needs, in providing structure to the family, and giving up this attachment at this particular time might lead to an overwhelming void.

"I can remember thinking um, really there was very little physical contact with me and my dad and then when I was gay I think I became afraid then of physical contact with him because all my own paranoia and fears about it, about thinking if I touch him is he going to be thinking I'm touching him in some gay sexualised way rather than sort of thinking well he is my father, this person is related to me for God's sake, um, but yeah, so I withdrew into my head didn't I, but I can see him, just like constantly in my own little mind all the time really." (1, p14)

Whilst the above quotation symbiotically echoes his description of his depressed father at the start of the previous quotation, it seems strange that Ben should distance himself from his own father because of his growing awareness of his homosexuality. He remembers having little contact as a young child, but when he gets to 12/13 years old and becomes conscious of his own sexuality, he is the one who feels compelled to withdraw to protect his father from himself, implying that his sexuality might contaminate or kill his father. This could be interpreted as a fantasy of patricide, leaving Ben unable to risk dis-identifying with his mother in order to identify with his father. Ben then talks of withdrawing into his own 'head', trying to keep what little control he has of his bad parts, keeping them contained. But it appears that his father is also there, suggesting that Ben's guilt regarding his homosexuality and him wanting to keep his father safe are symbiotic.

"My dad describes times when, my two brothers were playing on him and with him and seeing me sort of not really knowing what to do, being stood sort of away from the situation, like looking on but not knowing how to get involved. I did used to go to my mum for hugs and affection I mean, I did used to go and hold her hand and touch her but I didn't used to do that with my dad. And I still don't and I find it very awkward, and what saddens me now is that my dad is a very sensitive person, he's got this sensitivity and he is musical, I mean my musical gifts really have come down through my dad and, I just have immense compassion, but that there's this sort of lack of real connection with it and yet he's my father." (1, p14)

This part of the narrative suggests that Ben's distancing from his father impacted on the relationships he had with his parents. He identifies with his mother, he goes to her for love and affection, and although he recognises his father as being a sensitive man something forbids him to get close and share affection with this dad. In *Mourning and Melancholia*, Freud (1917) suggests that the melancholic person represents his ego as worthless and morally despicable, and is self reproachful. The self reproaches are reproaches against a loved object, in this instance Ben's father, the reproach having been shifted away from him and on to Ben. Ogden (2002) talks of the ambiguity that often belies what the melancholic person has lost in terms of the important tie he had with the object and the consequential alteration of the self in response to the lost object. Ben appears to be taking responsibility for his homosexuality at a young age, but this seems to hinder his ability to develop or engage in a relationship with his father and because of this he has a need to alter the way he behaves towards his father. Whilst Ben shares some interests and characteristics with his father, and although he might harbour a wishful phantasy to identify with his father, he cannot allow his self to pursue such a relationship for fear of the damage he perceives he could do.

"this friend had died and I started seeing a German counsellor, one thing she said to me, she said, 'I think you blame yourself for your awkward relationship with your dad,' she said, 'I think you're telling yourself it's your fault that you've not been able to bond with your dad' and I think she was right and that was a big sort of eye opener for me and now what I get is, my brothers saying, that my dad is never going to change he's never going to become this kind of demonstratively, open, affectionate person that you may be wanting him to be and I need to move on from that and accept that, and now I think I do, there is a guilt in me in thinking that I, I'm not making it easy now when he reaches out to me, that I do still pull back and I do still hold away I don't quite know why and what I want from him any more, I don't quite know what it is I'm expecting him to do." (1, p15)

It would appear that the death of a friend and subsequent counselling led Ben to an awareness of his relationship with his father. In keeping with the counsellor's suggestion I also think that Ben blamed himself, and more in particular his homosexuality, for the difficult relationship he encountered with his father. He has not allowed himself to 'bond' with his father because he has been frightened of getting too close to his father, afraid that he might harm him through his sexuality. Ben's brothers have accepted how their father interacts but it would appear that Ben is still harbouring the phantasy that his father will change. At an unconscious level perhaps Ben is re-enacting his childhood, playing a childish game with his father in the hope that if he withdraws his father will come to him and provide all the things (love and affection) that Ben so desperately needs from him. Also at an unconscious level Ben might be mirroring his earlier relationship with his father, in that as a child Ben did not know what his father wanted from him, now as an adult Ben does not know what he wants from his father. However regardless of the relationship being described as difficult it could also be suggested that Ben's father was a sensitive, emotional (rather than emotionally autistic) man which might be more in keeping with stereotypical views of homosexuality. This made me question if Ben finds he was identifying with the very thing he finds abhorrent. Regardless of interpretation Ben was and still does seek to find the lost relationship between father and son.

"I mean there are things that move me and the way it happens is sad in that what's moved me about my dad is knowing that he has written some poems about me, he's written poems when I was younger about, this little child absolutely beguiled, and this is the way I find out, I mean I like through a poem, which is an amazing thing but on the other hand it's like, if that's what you are feeling, why can't you show me, why does it have to come through some sort of third party external thing." (1, p15)

The above suggests that Ben's father was affectionate towards him albeit in an indirect way. but when telling this part of the story Ben introduces ambivalence towards his father's love. Ben enjoys being able to acknowledge his father's love but is also angry about the way that he chooses to show it. Again Ben reverts to using the third person as though distancing himself from any possible emotional connection with his father. It could be interpreted that Ben is

unable to accept any closeness from his father as he does not feel worthy of his love and acceptance.

“So there is definitely some big issue between me and my dad or I feel there is, I feel that we are these two very sensitive people, creative people yet we don't seem to be able to show each other what we feel for each other.” (1, p15)

“if I opened up a bit to him it might help, free himself up a bit. I just feel awkward when I'm on his own, on my own in his company, I feel awkward. I feel tense and I pick up on his discomfort, we don't put each other at ease.” (2, p19)

Again the above is suggestive of a symbiosis between Ben and his father. At several places within his narrative Ben talks of himself *'not being free'* and now he suggests his father is not *'free'*. In the latter part of the statement Ben speaks as though he and his father have merged into one, *when I'm on his own*, perhaps voicing his unconscious phantasy regarding the relationship he desires with his father. But Ben shies away from trying to nurture such a relationship perhaps because he fears the sharing of parts of the self that Ben feels uncomfortable with because he associates them with his homosexuality and they may contaminate any positive relationship he might desire with his father. In analysing the narrative it would appear that Ben's perception is that his father has been absent and never been able to avail himself in meeting Ben's needs.

“I think the side that I've missed and I crave is feeling that he's there believing in me, support, encouraging,, encouragement, I mean, that side of things just wasn't there and the sort of father support, when you kind of think your dad's there with you and, is making you feel special His son whereas I just, I don't have that with my dad.” (2, p21)

Ben's anger, both in his past and in the here and now, are more palpable in the next part of the narrative.

“I just, I think that vulnerability has come from having a father figure who was seen very untrue to himself, I think that has had a lot to do with it. I haven't had this clear, strong sort of male role model and this person that I'd felt emotionally close to and connected to and able to go to if I felt frightened or vulnerable, I mean, it just wasn't there so I think that has played a part. I'm definitely less comfortable around men and, being able to sort of open up to men and definitely heterosexual men, I mean I suppose gay men, sort of, have got this common

ground and understanding often, um, but, I'm much more worried about a straight man finding it disgusting." (1, p21)

This could be interpreted as projective identification in that it is Ben who is being untrue to his self creating his own vulnerability which he projects into his father. It could be suggested that there is a part of his self, his homosexuality, which he is fearful of emotionally connecting with, and because of this he distances himself from men. The latter part of this statement puts Ben in no man's land, unable to offer allegiance to either heterosexuality or homosexuality. For me this feels like a very lonely and isolating place, one which he has known throughout his life, and one as a human being he will struggle to stay in.

Destroying the Unhappiness

The pain and hurt that Ben experiences with the advent of conscious awareness of his homosexuality is evident throughout the narrative. His sense of loneliness and vulnerability is palpable. Not only does he not know who to turn to, he also questions whether or not anyone loves him or if he is worthy of anyone's love. Returning to Freud's (1914) concept of primary narcissism, one interpretation of this would be narcissistic disorder, the inability to really love or value one's self, and therefore experiencing the inability to love someone else. According to Gardner (2001) narcissistic disorder is closely linked to auto-eroticism which relates to any type of sexual behaviour in which a person gains satisfaction from their own body without there being a need for any other person to be involved. However, certain types of sexual fantasies will evoke feelings of guilt and shame which may exacerbate any existing inner conflict and anxiety.

"I suppose, there has been a lot of guilt, a lot of guilt, sexual guilt, I mean when I was first, was sexually aware and masturbation was like a part of your life, it's like I would do it and then feel guilty about what I'd fantasised about so there was like tying in all the time, it was just, you're doing this thing that you find enjoyable and pleasurable and that should have been just a free from guilt experience ideally I think, but then feel guilty what you fantasised about." (1, p12)

Ben talks of his '*sexual guilt*' not in relation to him starting to masturbate, but with regard to his fantasies when masturbating. Again he uses the term '*free*' and I wonder if this is his way of trying to convey the sanction his being gay caused him. This was re-affirmed in the second interview when Ben revisited this period of his life and talked about "*so much guilt, just years of guilt, years of guilt and shame about it.*" (2, p4).

As previously stated guilt and shame are the source of inner conflict. One way of coping with inner conflict, often manifesting as anxiety, is in taking illicit drugs. Drug taking is one way of avoiding the anxieties associated with such fantasies and compulsions (Hopper, 1995). It is the fear of his sexuality that leads to Ben using illicit drugs and abusing alcohol. The consequence for Ben appears to be a compromise of his mental well-being.

"So I was never sort of able to fire on all four cylinders or whatever, my mind was always fragmented with this fear and vulnerability about being exposed as a gay person." (1, p5)

Ben is suggesting that he never felt that he was a whole person, that his ego was fragmented because of his fear and vulnerability. Fear is something that manifests from guilt (Stein, 1990). In the paranoid-schizoid position (Klein, 1957), where much of Ben's narrative is located, guilt is linked to a fear of revenge from the object; a fear that results from projected aggression and destructiveness which is then translated into persecutory anxiety. Anxiety in the paranoid-schizoid position is about survival of the ego, an ego that is fragmented through poor primary relationships and the continuous repression of conflict.

"I didn't feel like I was being victimised... but there were pansy and poof and stuff being used and [because of] my surname all of those terms were hurtful really, you're there thinking well actually, I am gay and you're just using it in a derogatory, well now when I look back I can see that's what was going on, it was something to be ridiculed and it's like you're a pansy, you're a poof, you're a queer, you're someone lesser than me. But whether that was just me being paranoid or overly sensitive to what they were calling me. So yeah I did some strong drugs, I started taking LSD once and I can remember I was fifteen when I took my first LSD trip and just thinking I don't care what happens to myself, you know, that's how sort of destructive I was then." (1, p6/7)

The name calling must have been very hurtful for Ben. In the narrative he starts using the third person when describing these events perhaps as a way of distancing himself from the emotional pain attached to this period of his life. He interprets his peers' taunts as those who are gay being lesser human beings and the result of these experiences lead to Ben taking LSD and trying to destroy himself. The annihilation of one's self is in tandem with the death instinct. The fear of annihilation can be a response to severe trauma and can manifest as helplessness and powerlessness (Hopper, 1995). Although the ego is continuously guarding against annihilation, the behaviour Ben adopts in this very stressful situation would seem paradoxical to this belief. However, linked to the fear of death, that involves feelings of isolation and vulnerability, is the desire for omnipotence. Gardner (2001) suggests that there is an inverse relationship between longing for omnipotence and taking destructive control, and the deep insecurity and fear of annihilation that is experienced by the self. She describes this as pseudo-omnipotence, one in which, like Ben, the young person believes that they can deal with anything life throws at them, but in the unconscious there is a passive, regressed masochistic belief about what will happen to them. The tension for Ben was not knowing how he was going to survive in what he perceived to be a hostile outer world and, as a defense, took up the position of having control over his own destruction by taking LSD and *'not caring what happens to him'*.

Trying To Make Your Desires Known

Ben talks of wanting to destroy the self. He is fearful and wants to get rid of the bad part of his self, his sexual orientation, which is unacceptable to his self and others. However there is ambivalence in that whilst he wants to destroy this part of the self, he also starts to acknowledge it by coming out to his mother. Ben is 15 or 16 years old when he comes out to his mother.

"My parents just didn't know what to do, they just didn't know what was going on. So, what I did, was, at fifteen or sixteen I came out to my mum and I said, I've got something to tell you and I was thinking that she would guess, that she would kind of guess this was what was going on, it's got to be this, there were enough clues and signals but I'd had girlfriends, I mean I had girlfriends." (1, p7)

Although Ben told his mother that he was gay, he appears angry and frustrated that she had not guessed and, for Ben, that might have been symbolic of the relationship he had with his mother at that time. During this period Ben's parents had split up and his mother was living with the man she had left his father for. Perhaps Ben was unconsciously testing the closeness of his own relationship with his mother, whether she was able and/or attuned to his emotional turmoil (Bion, 1962; Winnicott, 1971). Another explanation could be Ben's anger with his inner self, angry at not being truly able to conform to the pressures of the external world. Lacan (2003) warns of the need to take account of subjectivity, focusing on how it is structured in line with cultural forces, as this will provide an account of how these forces operate in the individual's experience. It would appear that the impact of the cultural forces of the external world at times overwhelmed Ben. He deliberately goes out with girls to meet social expectations but knows that for him this is not right. This is a common occurrence for young gay men. Frosh et al. (2003) believe this is particularly common in the sexual domain. They suggest that the struggle to present the true self when it does not conform to the stereotypical portrayal, is a consequence of the anxiety that is created over whether or not his exposure can manage the demands he imagines it will place on him. The consequence of Ben coming out to his mother involved betrayal and denial.

"Well it was a massive release to me, and I think shock to her and I didn't want her to tell my dad, it was like, that was why I came out to her, I felt safe with my mum and I didn't want her to tell my dad, probably, I don't know whether I knew that she would anyway, I mean, that's what people said, oh I bet you must have thought that she would tell him anyway. I don't know because I remember feeling betrayed" (1, p8)

"I mean the reaction I got from my parents was the 'phase' word was used, and that your sexuality can shift and I certainly didn't feel that they genuinely believed it to be true." (1, p9)

Whilst telling his mother he is gay is anxiety provoking, it is at the same time a '*massive release*'. Although his mother was '*shocked*' Ben talks of feeling safe with his mother. When his mother tells his father, which Ben had asked her not to do, he feels betrayed by her. In addition to the betrayal, she let him down by her non- acceptance of gay men per se and to some

extent a denial of the person he was, thus denying him the opportunity to be true to himself. Ben trusted his mother and she let him down.

This is further exacerbated when his parents tell the school about his homosexuality as Ben, in terms of his being gay, has been mistrustful of both teachers and peers. At school Ben had fantasised that he was transparent and that *'they could all see through him'*. His parents telling the school may have led to the resurfacing of his old familiar feelings of humiliation.

"The next thing I knew was that they had told school and that just increased my paranoia tenfold because then I'd got all the teachers knowing and it was on my school report. So any teacher had access and then the feedback from the school was, there was nothing about me that was gay and I didn't walk like a gay person and I didn't talk like a gay person and oh it's just a phase, the classic sort of line about it just being a phase and all that sort of rubbish, absolute rubbish and it makes me angry thinking about it" (1, p8)

In turn the school is dismissive of his sexuality also asserting that it is *'a phase'* as he did not show characteristics of a gay person. Again this denial on the part of the school could have equated to Ben not being given permission to be his gay self and in doing so reinforced his non-existence. When narrating this part of his story Ben's tone of voice was one of anger which could be indicative of his anger towards those in authority and the feeling that they elicit within him; alternatively it could be the anger he feels towards himself for being gay.

"But there was a gay psychologist at the school who my mum knew and got on with, and I agreed to go and see him but we didn't end up talking about me being gay it was a weird situation, ...but I had to agree to kind of jump through these hoops and go and see this sort of psychologist and it was suggested that the reason I wasn't interested in work was because I was above average intelligence and it wasn't challenging enough for me" (1, p8)

Although Ben is referred to a school psychologist, whom he believed to be gay, his sexuality is ignored and the focus is about his school work. This again may have re-iterated Ben's non-existence or at the very least the non-existence of his sexuality. At the core of his thought process is his being gay, but when he finally thinks he is going to have his sexuality, and the

problems it brings him recognised, it is ignored. In contrast to ignoring Ben's sexual orientation, his mother then turned to blaming his father for Ben being gay.

"It was all about trying to find a reason as to why I was gay and then if I found an explanation, that everything would be ok then. Like, you're gay because of this and blaming of my dad, I think that in itself suggests guilt, doesn't it? If my mum's looking to blame my dad and his lack of demonstrative affection towards me, she's looking to sort of go well, he's the one that's wrong but that in itself implies that there's something wrong with being gay." (1, p20)

At this point in time Ben's mother appeared to be inadvertently pathologising him being gay and in doing so unconsciously re-affirms to Ben that being gay is something that is wrong. Whilst she now appears more accepting of him being gay there remains a part of her that reiterates the message of it being wrong thus causing Ben more distress;

"And I think my mum can see that now although I don't know that she's confessed to it really or admitted it to me perhaps we were wrong and our initial response, but now, they have come round a lot more to it and my mum will send me articles on gay people that have achieved things out of the newspaper, she'll cut stuff out and post me stuff and, did this stuff that's sort of encouraged me but I mean there was this kind of oh, a lot of other gay people are able to do things and get on and get jobs and do, there was that kind of like, stop being so cowardly, so it's like on the one not completely accepted and then I'm told not to be a coward, and yet I came out to her when I was fifteen and as far as I'm concerned that was a brave thing to do." (1, p21)

When telling the above, Ben appeared to become frustrated and then began to sob. This extract is suggestive of Ben being ambivalent towards his mother. Ben is still seeking out her acceptance of him but is also resentful that she is unable to see the qualities in him that he sees. It is as though he wants her to recognise her 'brave little boy' but instead all she is able to see is that he does not meet her expectations of a son. Ben's mother sees him as a coward for '*not getting on with his life*' but Ben perceives her dismissal of his bravery in coming out as a rejection of him as a person. These mixed messages have continued throughout his life.

"When she was living on her own and my parents had split up and I did come back from college, Art College, she did let me bring, sort of, blokes back, but it was like you've got to close the curtains and don't let the neighbours see and it all had to be hidden away." (1, p23)

It could be interpreted that Ben's mother is giving him mixed messages. At one level she is saying that she is accepting of his being gay, allowing him to '*bring blokes back*', but at the same time she is covertly telling him that it is wrong and something that must be '*hidden*'. This was the message Ben received and he said "*it made me feel like I was doing something that was wrong,*" (1, p23)

"So there was a lot of anxiety all the time and I can remember, it was like, I still do now, I remember having breathing difficulties and sort of panic attacks and getting dizzy....so I mean, I was just not relaxed in any shape or form, I was just afraid of truly accepting what I was and what I knew I was and I think I was fighting it and pushing it down." (1, p8)

Never Good Enough

Ben unconsciously needs to contain his homosexuality as he has learnt that it is unacceptable and incompatible with the external world. However, there is a tendency for repressed wishes to return to consciousness which compounds the tension and anxiety for which other defense mechanisms are mobilised. Ben clearly attributes his increased level of anxiety to his being gay and readily admits to the fear which it created in his inner self.

"I mean this apprehension, but I think this anxiety and apprehension was also to do with this lack of bonding with my dad, I felt there was also a vulnerability, I did not have a strong male role model, so I think that just kind of, that just acerbated the whole gay thing for me." (1, p9/10)

"I was going through this adolescent thing and because my dad hadn't been around and possibly it was to do with this sort of male role model thing and it was all that analysing why, it wasn't, that's what angers me now. It was all about trying to find out why I'd ended up gay instead of just thinking, this guy's telling us he's gay. This, that's fine, why do you need to find an answer, why does it need a justification and that in itself, I think, makes you feel guilty, it makes you feel like you are different and there is something wrong, its like, why do I need to now look for reasons." (1, p9)

The above extracts demonstrate Ben's and his family's non-acceptance of his homosexuality. They seek reasons as to what has gone wrong as though his homosexuality were a malfunction. What appears to have happened is that his father was blamed for Ben's faulty sexuality. There is

a suggestion that he has not fulfilled his role as a father and that was why Ben *'ended up gay'*, again suggesting that being gay makes you a lesser human being.

"So my mum, you know, perhaps because of (father) being a weak sort of male role model, I mean, he was a very kind of gentle unaggressive person my dad, and very unauthoritarian, I mean, it was all left up to my mum and my mum was the strong dominant sort of figure, you know, and that's kind of been espoused as a, as a concept for explaining homosexuality hasn't it?" (1, p9)

What Ben is saying here is in keeping with Freudian theory, which espoused over identification with the mother as a possible explanation for homosexuality. However implicit both in the theory and Ben's expression of such, is homosexuality being a 'fault', something that can or needs to be corrected. At an intellectual level Ben is able to dismiss the notion of the dominant mother being a contributing factor to a person's sexual orientation, but at the same time he also still looks for answers as to why he is gay.

One explanation for differentiating one's self from masculinity as represented by the father is a poor relationship with the father and an idealised one with the mother (Frosh et al., 2003). Ben is able to describe his father's characteristics as gentle and non-aggressive but does not identify with any of these characteristics as part of his self. It is almost as though he is unconsciously re-affirming his lack of an identifiable role model, but when Ben offered this part of his narrative (above and below) he cried throughout, and I wondered if the tears were symbolic of the grief for his loss in terms of the father-son relationship. Again this could be interpreted as being a disturbance in early narcissistic development and can be explained in relation to Freud's (1917) concept of melancholia. With regard to what is thought to be normal development, the infant initially seen as being in a state of primary narcissism, but as he develops he moves towards a state of narcissistic identification, whereby he treats an external object as an extension of the self and there is a displacement of love of oneself on to the object. This is described as narcissistic object love. As the infant matures and learns to differentiate the self from the external object, a more mature object-love evolves, allowing the infant to achieve relatedness to

the object which is experienced as separate to the self. However, during infancy and childhood the melancholic person is unable to successfully move from narcissistic object love to mature object love. Consequently when faced with the loss (or disappointment) of such an object the melancholic person is incapable of mourning, rendering him unable to face the full impact of the reality of the lost object and over time is unable to enter into a mature object-love with another person. Rather than experiencing the pain of the loss, the melancholic person regresses from narcissistic object relatedness to narcissistic identification (Ogden, 2002). For Ben this equates to displacing the love of his self on to his father in an attempt to allow a love relation to continue, as he struggles to integrate his sexuality and is unable to love or even accept this part of the self.

"I feel disconnected from who I am and what I want and what I think and feel. There has been this sort of split, this disconnection. This gay identity it's not fully assimilated to this kind of split and, the day I do that, or, when the time comes and I fully, sort of value myself as a gay man, I don't know, I think I'm going to be a different person, I think a lot of the negativity will go. There's been a lot of negativity but I think it's come out of my unhappiness with myself." (2, p29)

Because of his homosexuality Ben is not able to love his whole self and perhaps this further exacerbates his sense of loss for object love. Ben questions why him and in doing so acknowledges his perceived non-acceptance to his significant others.

"what I feel annoyed about is, if I was seeing a partner and when I have been seeing a partner I'm not asked questions like I'm expected to talk about my brother's relationship, my younger brother and his girlfriend, and I'm expected to talk about my older brother's relationship and I'm expected to talk about my parents' relationships, when my mum was having this affair." (1, p13)

In the above extract Ben's homosexuality is ignored by his parents, as though he is non-existent. This might re-affirm his unworthiness and his frustration could be a result of his invisibility in his external world. There appear to be social expectations, whereby he has had to acknowledge his mother's affair and his brothers' relationships but this is not reciprocated.

"Out of my two brothers I can just remember thinking why me, why me? So there was not an acceptance from anyoneit's not possible that it's just in the whole scheme of

God's scheme, if you believe in God, but whatever God is, you know, in the scheme of things, is that homosexuals are just a part of that big scheme, so it doesn't need any justification." (1, p9/10)

Ben's distress during this part of the interview was palpable. He appeared angry and frustrated with himself. The above quotation demonstrates Ben's felt unacceptability in his external world, but some of the language he uses also suggests that he is still unable to accept his homosexuality. It could be suggested that his need to be accepted is compelling. Despite describing himself as an agnostic he brings God into his argument for being considered acceptable. As this part of the narrative progresses and Ben denies the need for justification of his sexuality, paradoxically it feels as though Ben is trying to justify his homosexuality to me. In analysing this part of the transcript it is not surprising that Ben should feel the need to justify his sexual orientation. In essence, in the research interview situation, I am also '*analysing*' and this could have prompted Ben's feeling of anger to resurface and for him to transfer those feelings onto me. However, Ben moves from non acceptance of his parents back to his own non acceptance;

"But, I don't feel that they really talk to me in the same accepting way, like sort of, how's it going with (name) or how's it going with, are you enjoying, it still, it still feels like there's this non acceptance or ultimate non acceptance, I'm not a total acceptance of what it really means, that my life as a gay person means that I may someday hitch up with another man, that is going to be mine and I think that is what I've absorbed and what I still kind of push away and inside myself, its like I don't quite necessarily see that happening." (1, p13)

The phrase '*I'm not a total acceptance of what it really means*' is suggestive of a fragmented ego as there is a part of him that he is unable to integrate into self. Ben then talks of defending himself against his homosexuality by pushing it away from his conscious mind, the consequence being that it is regressed to somewhere deep within his unconscious, "*It's more to do with me feeling awkward about myself and having these thoughts and stuff that makes me defensive*" (2, p26). One interpretation would be that Ben finds his homosexuality unpalatable and needs to rid his self of this 'bad' part by involving a deeper split from his good self through

using projective identification, characteristic of the paranoid-schizoid position. However rather than splitting off the bad part and projecting it into someone else Ben appears to be projecting it into another part of his mind (Young, 2000). *“I feel disconnected myself in that sense, I feel disconnected from who I am and what I want and what I think and feel There has been this sort of split, this disconnection”* (2, p29). Segal (1992) suggests that projective identification can be used as a destructive attack, whilst Clarke (1999) warns of the danger of the ‘bad’ becoming larger than life, thus becoming a threat to the self and accounting, in this instance, for Ben’s mental anguish.

Mental Turbulence: Panic, Anxiety and Sexual Despair

Ben’s first recollection of anxiety was during *‘assemblies in the auditorium in the British School’* suggesting that this was around the age of 6 – 9 years old. Around the age of 13 or 14 Ben started to experience panic attacks which he associates with a growing awareness of his sexual orientation.

“I think I just felt very frightened of being exposed as a gay person so it was all just churning around inside, there was nowhere I was walking that I wasn’t self-conscious about it and worrying that other people were thinking, oh, he’s gay or there was something I was doing that was giving me away as being a gay person and I was just constantly conscious of it so I was just never relaxed and I think that just eventually you just end up having panic attacks because you never switch off.” (1, p17)

It would appear that Ben was very troubled by his homosexuality and is suggesting that it caused him to be in a constant state of anxiety. At times his inner conflict manifests as panic attacks and in the past this has caused Ben to turn to illegal drugs and socially unacceptable behaviour to try and resolve his problems and reduce his anxiety. Drug and alcohol misuse are considered two forms of self harming behaviour which are common amongst young men who self harm. Whilst such behaviours are sometimes seen as having low lethality (Hawton, 2000) there is always a risk that such self harming behaviours will lead to death. In more recent years Ben has considered committing suicide.

"I think when I was taking the drugs I was at a stage where I didn't care whether I lived or died it was kind of, I really didn't care what happened to me but whether that was kind of conscious, like I'm going to kill myself, I don't think it was the same as that. I mean, more depressed phases I've had have been more recently and I suppose time and my unemployment and my isolation, where I have thought it through, to the point where I've thought, if I did, what would be the consequences and what would I write and would I write a note, I have kind of contemplated it and there are times I just sort of think, do I still, do I hate myself so much." (1, p17)

"I get up in a morning and I'm worried, I think that there's just this constant churning, churning, churning, I don't really know what it's about and where its coming from but it's constantly worrying, there's an apprehension all the time.....apprehensiveness about things and I suppose because I felt very apprehensive, I have spent long periods feeling apprehensive about am I going to be discovered as a gay person." (2, p28)

Ben hates himself because of his homosexuality and wants to destroy that part of his self. Ben is able to distinguish between his self harming behaviour where he is not bothered what happens to him, to actually making plans to commit suicide as he does not belong to, or have a rightful place, in the external world.

"I am sort of frightened of death to a certain extent, it's like, I don't really want to go there until I have to, why bring it on prematurely and, but I have contemplated suicide I don't know whether it's in a revengeful way its almost in a kind of, it's not to get back at anyone so much as just how unhappy I can be with myself." (1, p17) "I've become a sort of expert, holding myself back and destroying myself." (2, p30)

This is paradoxical in that Ben seems to be punishing himself more by considering something he is frightened of, the annihilation of self. It could be interpreted as revenge on the self, on the part of him that causes his unhappiness. Ben goes on to associate this with his sexuality;

"I feel failure in some respects, I do feel like I've sort of failed with my life and I've been constantly told that I've got these skills and abilities but I don't seem to really do anything with them and it's tied in with a lot more than just being gay but I think the being gay is part of it and not feeling free, not feeling like I could just, as a gay person you can't just walk around arm in arm, you can't have your displays of open affection without it being dangerous, I mean that kind of freedom just isn't there." (1, p17)

Although there is a hint of denial that his unease with self is exclusively related to his homosexuality, what is demonstrated in this part of the story is the opposite of that. The notion

of not being free is again raised and is suggestive of something Ben must contain as it would be dangerous to expose this part of self in the external world. Kleinian theory talks about the 'containing function' of the other, particularly with regard to the destructive urges that arise within the infant. However, Ben appears to be containing his distress within his self. A consequence of having to contain such repugnant parts of the self within one's self, may lead to the destruction of the self. As previously suggested, if the 'bad' part becomes larger than life the compulsion will be to destroy the bad part.

"There is always going to be these people that are disgusted by it and I'm always going to be afraid of bumping into one of those people. I think I'd learnt how to really hate myself. And be disgusted with myself." (2, p29/30)

"I think that is, it [being gay] is oppressive, I find it oppressive and I think why should I live like this why should I live feeling like I can't do things that everyone else can do, but then I kind of realise well the world isn't going to change its views and attitudes to homosexuality overnight and if it was really a big enough issue for me I would move somewhere where there is a lot, greater acceptance like Amsterdam." (1, p17)

Ben's disgust with his homosexuality is projected onto the external world then introjected into self, leading to hatred of the self. In the second piece of narrative Ben starts to articulate his gayness, acknowledging that it is that which restricts his world. He appears resentful of his homosexuality, others and the social constructs of the external world. At one level he is able to acknowledge that the outside world is not going to change, but it also appears that Ben takes up a position of being helpless in being able to do anything about it. It could be interpreted that this is another form of punishment for Ben and the part of him that he is unable to accept. However it could also be seen as Ben's need to be bounded in order that the gay part of self he rejects remains contained within the self. For Ben this seems paradoxical as what he longs for is freedom from his homosexuality, but what he ensures is strong secure boundaries.

"there's just always this tension about being gay, it's still there, and still this kind of, don't know whether I can come out to my work colleagues, don't know what the reaction will be. I'm frustrated and annoyed with myself that I can't say, no I'm gay I mean, I'm a gay man and so, and I don't have a partner, get annoyed that you can't just answer the questions honestly. I think sometimes you keep yourself in a stronger position by keeping the mystery." (1, p20)

Ben continues to berate himself for not being able to come out and be honest with himself or others in his external world. Again he detached his self from being gay by using the third person when re-iterating this part of the narrative: *'you get annoyed that you can't just answer the questions honestly'*. However toward the end of the above extract there is a suggestion that he is becoming omnipotent by keeping his homosexuality a mystery thus giving him some sense of power over others. However, the reality appears to be that Ben perceives people having power over him.

"I just think, well I've got this one life, I will eventually die, and giving this power of my happiness to all these people I don't even know, it's what I'm doing., I have a right to happiness why am I giving them all this power. I'll be there imagining what they're thinking about, thinking that they're thinking oh, that's disgusting, those two men next door are having sex together." (1, p22)

"I'm just hiding myself away and I try to slip out at night, which is funny sometimes and I run to the Co-op and it's quarter to ten and it's got dark, you know, now I can slip out of the house." (2, p26)

Ben relies on others to have control over his emotions and his life. In judging him they are omnipotent and hold power over him because he is lesser than they are. He is disgusted with the homosexual part of self but projects this into those whom he perceives judge and punish him.

"It almost feels like it's not what's meant to be [living with partner] somehow and I can feel sort of exposed then, it's like the rest of the neighbours would see that, they are an ok couple, there's two men living there and I don't feel safe doing that and I think well why don't I feel safe, and is that because I'll feel like I'm going to crumble if someone challenges me about it and then that's to do with my own personal acceptance because if I had fully accepted I wouldn't care what anyone else thought." (1, p22)

Ben's homosexuality causes him to feel unsafe. He feels as though he will *'crumble'* if he is challenged about his sexuality. This gives the impression of a fragmented ego, a sense of self that is vulnerable and not strong enough to cope with the stresses of the external world. Ben invests lots of emotional energy in being acceptable to others, but as Green (2003) points out the

gay man learns from a very early age that to be accepted he must be someone else, which has the potential to lead to developing a false self. It could be argued that Ben punishes his self;

"I just wish I could embrace my gayness and feel ok about it and accept it and not still fight it, I mean, I'm thirty-seven and what is it going to take for me to fully accept it and feel good about it and be able to walk into a room knowing that everyone knows that I'm gay but still feel good about who I am and think, I don't have to hide anything here. It is a definite part of me, that I've disowned and it's about me trying to reclaim it and accept it fully but I feel like it's going to be, you feel like it going to be this massive revelation and, I'm going to have this mad, this manic event that suddenly I'm going to be like, oh, right, I'm ok, I'm a gay man and all this stuff's going to get released." (1, p22)

It is obvious that Ben continues to not accept this part of himself. He appears to be in mental battle, what he sees as the acceptable parts of the self fighting the unacceptable part. He talks of when 'it' will be released as though his homosexuality is imprisoned within him and he is doomed to be burdened by it throughout his life. It could be interpreted that the 'good' part of the self has been killed off by the 'bad' part and the bad part has now become omnipotent within his life, as it now occupies his thoughts, rules his life, obscures the possibility of reparation and therefore condemns him to remaining for the most part in the paranoid-schizoid position.

"I think I'd learnt how to really hate myself and be disgusted with myself and I think, yeah, I need to learn to give myself a chance and that is something that I need to accept to give myself a chance, you know, I've become a sort of expert, holding myself back and destroying myself." (2, p30)

Summary

It is evident from Ben's narrative that for most of his life he has had difficulty trusting people and that remains a problem in his present life. He admits to not accepting the gay part of his self and wants to be free of his homosexuality, suggesting that it is a burden he has to carry round with him. Throughout his life Ben has been concerned that his homosexuality was and still is

transparent causing him mental anguish. Ben is unable to reconcile his difference and cannot trust his self or others to be accepting of his homosexuality. Clarke (1999) suggests that anxiety is compounded by the individual's inability to accept and celebrate his difference and therefore, in Kleinian terms, renders him incapable of reparation. Frosh (1989) believes that the paranoid-schizoid position is about attempting to organise the chaotic contents of the psyche. It could be interpreted that Ben is trapped in the paranoid schizoid position, his psyche being fragmented and fragile, leaving him vulnerable and fearful of attempting reparation because of his perceived unacceptability.

It could be suggested that Ben does have some identification with his father in that each see themselves as failures relating to their sexual and emotional being. Ben needed his father's love and acceptance, but has distanced himself through fear of his homosexuality contaminating his father. Unacceptability to the primary care giver, and in particular the one who would be able to offer a mirror image, will lead to self blame, guilt and shame. This compromises the child's ability for self love leaving him in a position of narcissistic identification, a belief of his own unworthiness, thus preventing him from engaging in loving relationships with others. This lack of affirmation through not having a mirror image left Ben with a sense of deep insecurity. As there is an inverse relationship between deep insecurity and the fear of annihilation, and the longing for omnipotence and taking destructive control, it is not surprising that Ben has resorted to suicidality. In order to avoid such destructiveness it is vital that the gay child receives the affirmation they seek from the mirror image of the primary care giver. When no such relationship is available, dis-identifying with the mother becomes more problematic because of the insecurity it might bring. For the male child who is aware of his difference and the social condemnation of that difference, will not only be faced with insecurity but will also experience the fear of being unaccepted in the reality of the external world. In using Freud's notion of the absent father leading to the development of homosexuality, it would appear from the narrative presented here that it is the absence of the important father-son relationship that may have left Ben vulnerable to mental health problems. Rather than the absent father-son relationship leading

to homosexuality, a loving father-son relationship appears important for Ben to transcend from boyhood to healthy confident self accepting man.

Critical Reflection

Ben in many ways reminded me of Nigel, my first interviewee, in physical appearance, the interview situation and in my responses to him. When interviewing Ben, as with Nigel, we were positioned in such a way that his face was obscured at times and after being asked a question, he would turn his head to look out of the window before answering. At times I felt frustrated with him and described him to both sets of supervisors as a 'drama queen'. When thinking about this I felt that there was something disingenuous about the interviews and perhaps this mirrored the 'phantasy' of his life. Ben offered several incredulous events in his life, one relating to having his temperature taken rectally in front of his class at primary school as part of a punishment. Whilst not refuting the truth of this, it was a very dramatic event. However, perhaps what shocked me more when reading the transcript was the fact that I was not shocked by this and questioned what effect this might have had on our interpersonal encounter. On a personal level it made me question my work with people who have been sexually abused, and if I am becoming immune to their stories. Like Carl, Ben was artistic (painting, sculpting, music) but his talents seemed to be manifestations of his searching, as in the context of grieving for something, perhaps his self. In clinical supervision my supervisor suggested, for her, this would be in keeping with adolescents trying to find themselves. This made me think about Ben and if he was stuck in adolescence, unable to integrate all aspects of self. Both interviews with Ben were difficult as he seemed to want to be in control by talking about less pertinent, more superficial aspects of his life. This is very judgemental of me and I wonder what he is transferring to me that elicited that response in me? Perhaps his anxiety and exposure at being in a position whereby he has to talk about his being gay and, in turn, this could have again raised those anxieties I experienced during my first interview with Nigel. Ben was aloof, but at the same time his isolation and aloneness were palpable. He was there, but not there, hidden.

Discussing this made me realise that he had been ignored throughout his life. As the supervision progressed I believe I re-enacted this within the supervisory relationship. When my supervisor picks up on his hurt and pain I ignore her comments and return to the safety of the transcript. Just as Ben has struggled with interpersonal relationships throughout his life I was struggling to keep the momentum of our supervisory relationship.

CHAPTER SEVEN: FOUR PLAY(S): A PRELUDE TO SEXUAL DISTRESS AND SUICIDE

Introduction

In this chapter attention is given to the shared experiences embedded in each of the individual accounts. Individually and collectively such analyses provide important cues for the therapist becoming more attuned to what is being said with regard to specific aspects of a gay man's story. The process presented in this chapter is not about the triangulation of analysis simply (sic) represented by the tick box accounting of similar words or phrases as these might appear in each or all of the accounts, but a more careful re-reading of the stories aimed at identifying what for the individual(s) was seen as being pertinent. This approach is not about accepting one reality having dominance over an 'other', but the need for the individual's story to be fore-grounded, against a background of theoretical (psychodynamic) knowledge and the explication of the tacit knowledge that is involved through practice experience. These are the registers of knowledge that mental health professionals use in undertaking clinical practice, but their use needs to be mediated by a form of sense making that arises from bringing these registers together along side the patient/participant experience. The shared experiences drawn from each of the individual accounts, whilst inter-related, will, for the purpose of this thesis, be discussed under the headings of not knowing and knowing; the centrality of the father; the loneliness of outsidership; leading a double life; and crime and punishment.

Not Knowing and Knowing

The concept of knowing and not knowing draws on Bion's work. The therapist/researcher needs to abandon memory and desire in order that existing knowledge does not cloud the view of what is happening in the present moment. Bion (1962) believed that the therapist should free themselves of pre-conceived ideas and bias, making them more receptive to, and accepting of,

the client's experience. Thus the therapist learns to work at the space between knowing and not knowing (Warne & McAndrew 2008). There is a temporal element to such an approach in that the therapeutic encounter allows for both emotional containment and growth. In revisiting the participants' accounts it became clear that not knowing and knowing, albeit mediated with the acquisition and cognitive use of language, resonated with the early experiences they described. As gay children, but not yet able to identify themselves as such, the boys had an awareness of being different, of knowing, but this appeared to be a 'felt' knowing, not a knowing they could 'articulate. A gay person, having a sense of difference during the formative years, is in keeping with findings from other studies (Flowers & Buston, 2001; Hockenberry & Billingham, 1987; Troiden, 1989). At primary school age they do not have the language to articulate their difference in terms of their sexuality. Thus in Bion's terms, the participants in this study were confined to a place of not knowing:

"It was just an awareness, it was just an awareness that I was different. But it was a long, long time before I put a word to it." (Nigel: 1, p12)

"But looking back now, from my perspective now, um, when I was in primary school I had crushes on other boys.....and I would sort of, be at home and I'd be thinking about sort of cuddling another boy or whatever, so that when I was in primary school, but I didn't equate that then with anything sexual." (Ian: 1, p7)

Each of the participants suggested an unconscious knowing at a pre-sexual language age that they were different. Lacan (2003) believes that the unconscious is, in fact, structured in the form of language and that the oedipal child enters a world of 'signs' which convey to him the meanings of self, gender and body. Thus, even though the participants as boys did not have a language commensurate with articulating their difference in terms of their sexuality, they were not free from discrimination. For example Carl recalls:

"when I was a little boy, I, I didn't have any awareness of my sexuality really but looking back, you know, I suppose I was quite sexually precocious as a child for some reason.....and then as I grew a little bit older I was always bullied at school and called poof and nancy boy, you know, and the rest.....this was at primary school." (Carl: 1, p10/11)

Whilst it could be argued that at primary school age children have not developed a vocabulary with regard to sexuality, it would appear they are familiar with words that related to sexual difference or at least words that are discriminatory. It could be suggested that if Carl's contemporaries were familiar with such words, that Carl himself also had some awareness of the words 'fitting' with a person who displayed certain characteristics, and who is discriminated against. But at primary school age, whilst such words might be known, it is likely they would be used unknowingly. As part of the socialisation process, children will often repeat words in a given context that they have heard adults using. Language belongs in the inter-subjective space in the domain of social discourse which is mediated through censure and control (Richardson, 2003). Children using the words '*poof*' and '*nancy boy*' are likely to have been exposed to homophobic attitudes at an early age. As the words are used negatively it could be suggested that, from an early age, children unconsciously learn of the unacceptability of being gay. This is particularly evident in this next statement, which portrays Carl as a knowing 13 year old who is confused and mentally distressed.

"I didn't actually start thinking oh I'm gay, I remember being, how old will I have been? I remember getting in to a really bad bit of depression, when I was, um, and it was about my sexuality and it will have been when I was about thirteen. I remember my sister was calling me a poof and I was getting it at school and I remember locking, well just sitting in my bedroom on a summer's evening and looking out of the window and just, I used to dangle out of the bathroom window and, because it was a four storey house, five storey house and thinking shall I just throw myself out.." (Carl: 1, p15)

As Carl grows up and expands his vocabulary, he integrates the derogatory words as descriptors of self and in doing so realises the unacceptability (to some) of his sexual self. Because of the social censure of homosexuality, it is likely that Carl would not feel safe in approaching anybody about his sexuality. Where children are not able to talk about their feelings and denied the opportunity to verbalise and integrate those affective states into the developing self, they become more vulnerable to being overwhelmed by them (Shapiro, 1991). Like other young gay people, Carl could not verbalise his feelings and is therefore unable to integrate an important part of self, leaving him with inner psychic turmoil and an urge to destroy the part of the self

that he repudiates (D'Augelli et al., 1998; Flowers & Buston, 2001; Savin-Williams. 1994). It would appear that the negative connotations of the language applicable to his sexual self, that he now has to tolerate at home as well as at school, overwhelms him:

“For me that was probably one of the most terrible phases of my life. That was one of the absolute lowest points... ..It was really horrible. I can still very, very vividly remember just sitting on my own and, and for a couple of days I didn't talk to anyone, I actually just didn't talk to anyone. I couldn't find, I suppose looking back now it was a way of saying I'm hurting so much please notice that.” (Carl: 2, p2)

As children acquire and utilise their cognitive abilities, and their array of vocabulary and its meaning expands, they become consciously aware of 'right and wrong', what is acceptable and not acceptable to the external world in which they live. Paradoxically, the participants' knowing, and therefore having the ability to verbalise their difference in terms of their sexuality, gave rise to an increased sense of vulnerability. The dominant social discourse was the acceptability of heterosexuality and the rejection of homosexuality. As teenagers, the knowing equated to becoming conscious of their unacceptability.

“to me it was just something that, that I did, it was completely normal to me...although I was constantly being told it was wrong and bad and whatever else.....my parents everybody, the whole culture in them days was, it was disgusting and, dirty and weirdos, queers.” (Carl: 1, p19)

Similarly, around the age of 13, Ben becomes sensitised to the vulnerable position his sexuality puts him in:

“yeah, that was a terrible time [moving schools] and those teenage years and now on top of that as I was becoming sort of twelve, thirteen and sexually aware and then there was the whole gay thing starting to kick in.....it was a cry for help, [starting to take illegal drugs] I'm saying that I don't know where I stand here as far as who loves me and I mean, I feel vulnerable” (Ben: 1, p5)

In the latter part of the statement Ben speaks in the present tense, suggesting that he is still unsure of his position and his acceptability in the external world, and because of this remains

vulnerable. Ben's '*terrible time*' is compounded by a realisation that he was gay and this being unacceptable, and like Carl he does not know where to get help. Ben starts to use illegal drugs that he relates to relieving his anxieties caused by the knowledge of being gay.

Nigel's vulnerability was articulated in relation to struggling to have an identity, rather than early sexual experiences, and the implications this might have for his future life. Nigel's vulnerability may have arisen from his knowing he was gay or it could have manifested from the not knowing of what being a gay man might mean to his sense of self. As Nigel is also around the age of 13 when struggling to have an identity, he is unlikely to have the knowledge to position himself in relation to others, other than in knowing he feels gay and having some pre-conceived ideas of what gay men are like. Another interpretation could be that by referring to having an '*identity thing*' Nigel could unconsciously be trying to stay at the not knowing phase avoiding the rites of passage having sex brings with it, as the thought of being gay is still unacceptable to his self.

"It was much more an identity thing, rather than the need to go out and have lots of sex. it was much more an identity thing. Yeah, much more about being who I was.....and acknowledging that for being like it." (Nigel: 1, p34)

"I never struggled with my sexuality, I always knew exactly what my sexuality was in the sense that I did find boys attractive and I've never found the opposite sex attractive. I struggled with issues around how to cope with that. Perhaps how to conceptualise it in my head, how to work it through in my head but not the actual issue itself. That's always been there." (Nigel: 1, p13)

The second of these extracts suggests that whilst there is some acceptance of being gay at a pragmatic, functional level, having an attraction only for males, he is still unable to accept his self as being gay. This suggests that at an intellectual level he knows he is gay, but at an emotional level he is unable to integrate being gay as part of the self, wishing to be in a position of not knowing. The word '*conceptualise*' would indicate that for Nigel, being gay is an abstract idea, something that he finds difficult to integrate into his being and therefore distances himself from it. Conceptual frames of reference are used to determine the distance between self and

others. It would appear that the more knowledgeable Nigel becomes the more he distances the self from his sexual orientation, trying to retreat to the safe haven of not knowing. This was not a phenomenon exclusive to Nigel. Ian and Carl also preferred to stay in the safe place of not knowing by using defense mechanisms to protect them from knowing that they were gay.

"I sort of went into a denial and expected to develop heterosexual feelings and then that sort of remained with me even though I was, as I got older I was more, was conscious that I was attracted to men, I still, I held these two things at the same time, so, I'm attracted to men and yet I'm, I'm not gay and I'm going to, you know, suddenly fall in love with a woman, kind of thing." (Ian: 2, p12)

Again for Ian there appears to be conflict between knowing and not knowing, and he uses denial to stave off the intra-psychic angst this causes. He knows that the reality is he is attracted to men, but is still unable to acknowledge that he is gay. To counteract this possibility he phantasises that he will '*develop heterosexual feelings*' and '*fall in love with a woman.*' For Carl, by the age of 14/15 years old, he has already started to test the reality of him being gay. He had a male friend who then became his lover but as he got older, and presumably gained more knowledge and awareness, he became discontented with his self within this relationship. Unlike Ian, who used the neurotic defense of denial, Carl resorted to using the primitive or immature defense of projection (Batemen & Holmes, 1995). This would indicate that by the age of 14/15 Carl could not tolerate his being gay, and the anxiety that accompanied it, any longer. He exonerates himself of responsibility by blaming his friend for him becoming gay. Interestingly, when he starts resenting his friend, Carl reverts to using the same derogatory words that compounded his distress and that led to the start of his suicide ideation.

"There was a boy lived up the road, when I was about fourteen, thirteen, there was a boy up the road and we became friends. We actually became sexual partners.....we were lovers....when I got to sort of fourteen, fifteen, I started thinking, I don't want to be like this, I don't want to be a queer, I don't want to be a poof and I started really resenting my friend (name) who I was having sex with. I started resenting him because I was blaming him for what I was doing and who I was..." (Carl: 1, p18)

As Carl becomes knowledgeable about what it means that is, the external reality of being gay, he tries to distance himself by splitting off that part of his psyche. Vacillating between knowing and not knowing suggests that for these young gay men, in addition to inter and extra-personal conflict, there was also intra-personal conflict. As the gradual awareness of their sexuality unfolds throughout their early life, the tensions implicit in knowing appear to give rise to a belated or partial acceptance of their sexual self.

“I felt I’d moved quite a long way in terms of accepting it and feeling comfortable about it intellectually but then actually having a relationship is another step on and its one thing to kind of have your thoughts a bit more sorted about it but then actually experiencing the relationship, it, it’s not the same, it’s difficult.” (Ian: 1, p8)

All the participants started out from a position of not knowing but had their security undermined when they became knowledgeable. In keeping with other research (Flowers & Buston, 2001; Hockenberry & Billingham, 1987) at a pre-language age in terms of sexuality, the boys experienced a ‘felt’ difference that did not bring with it any threat of censure or censorship. As their cognitive abilities developed and their array of vocabulary and its meaning expanded the boys started to name and categorise their sexual self as one of being gay (Connell, 1992). In keeping with Bion’s notion of knowledge promoting pre-conceived ideas, the boys started to read the implicit message of being gay, that is its unacceptability within the dominant social discourse (Cox & Gallios, 1996). It would appear that such censorship and censure gave rise to self doubt and vulnerability. For boys, one important source for knowing is through the introjection of the father’s image, providing a template for standards and ideals for future behaviour (Edley & Wetherell, 1997). However the participants appeared to experience an absence of the all important father-son relationship, the consequence of which was that each of the boys was left not knowing where or who to turn to for help in dealing with their intra-psychic conflict.

The Centrality of the Father-Son Relationship

This section highlights the centrality of the father-son relationship to the mental health of these gay men. Consideration is given to presence and absence, both in physical and emotional terms, of the father, and the societal context their father-son relationships were situated within. In post-war Britain the father was seen very much as the head of the household, the ‘breadwinner’ going out to work to provide for his family. In keeping with this social order, women stayed at home to look after the children. Each of the participants in this study had this experience of family life during their formative years, in the late 1960s. In contrast to this predictability of family life, the 1960s witness the instigation of long term social change, predominantly affecting family structure and women’s roles, namely the sexual revolution. However, until 1967, homosexuality was illegal in Britain and although the law relating to homosexuality changed, no longer making it illegal there continued to be mixed messages from social institutions that blurred the issue and prolonged the controversy (see Weeks, 1995). For example, in terms of the law, buggery remained illegal; in education Section 28 of the Local Government Act, forbidding the promotion of homosexuality in schools, came into being in 1988; the church was still un-accepting of homosexuality, it remaining a mortal sin in the Catholic church; and in terms of health, homosexuality remained a mental illness until 1983 in the DSM and a disease with regard to the ICD until 1992 (King & Bartlett, 1999). The fathers of the men participating in this study ranged between late 50s and 70s, and would therefore have been established as adult men by the time the law changed in 1967. However, it is likely that they had been influenced during their upbringing by the prevailing negative social discourse of homosexuality.

Nigel’s father had died six or seven years prior to Nigel’s interview. He had difficulty remembering the exact date when his father died, and spoke very little about his father other than in terms of his physical and emotional absence. The absence of Nigel’s father in this part of the discussion perhaps mirrors the perception Nigel has of the father-son relationship being

absent from his life. However, when asked about their father, all four participants used, as their starting point, his physical absence. All found this easy to talk about explaining it in relation to social roles of the time.

“Dad used to work quite long hours and by the time I was up he was, worked at the factory.....And then when I’ve obviously got older he set up his own business, he worked even longer which was worse” (Nigel:1 p3).

“when I was younger I didn’t really see him too much because he was working quite long hours, so I wouldn’t really see him and I used to be allowed to sort of stay up um, to see him and then I would have to go to bed. (Ian: 1, p3)

These examples illustrate the typical role model of father and husband as provider seen as being acceptable during this era. Implicit in Nigel’s statement is a desire to see his father more often than is possible as when his father sets up his own business and works longer he describes it as ‘worse’. Likewise Ian must also have had a desire to see his father, but it would appear from the above quotation that as soon as he saw him he was then sent to bed, perhaps with very little communication with his father. Again this was probably in keeping with stereotypical male role during this era, whereby men did not communicate with children as this was the domain of the mother (Johnson, 1988). This role model, however, is not one the participants could necessarily identify or feel comfortable with. Regardless of physical absence, what seemed more important was the lack of a male role model, whom the boys could be guided by in terms of their emotional self. Whilst Carl discusses lack of role models in terms of gay men per se not knowing how to behave when engaging in relationships, Ben more strongly links the lack of a role model with an inability to bond with his father.

“There is very little, as far as role models are concerned. I found it really hard, I found it really hard to have a relationship and I think a lot of gay men do.....Because they just don’t know what to do, they don’t know how to be. They don’t know how to behave.” (Carl: 2, p18/19)

“I think this anxiety and apprehension was also to do with this lack of bonding with my dad, I felt there was also a vulnerability, I did not have a strong male role model, so I think that just kind of, that just exacerbated the whole gay thing for me....” (Ben: 1, p10)

Not having a role model once again equates to knowing and not knowing, both men articulating the implications of not having a role model, their being gay and not knowing how to engage in a relationship. It would appear from the transcripts that one of the complexities of not having a role model was in part to do with themselves and their inability to live up to their perceived expectations of masculinity in a patriarchal society (Green, 2003). One of the ways children accomplish living up to expectations is by colluding with masculine and feminine roles through play. Each of the participants described their perceptions of what they felt were their father's expectations:

"Sometimes I felt that I wanted more approval from him...and more affection, maybe.....and there are certain things that have kind of hurt. I remember at, we went on a Cub camp once, father and son Cub camp....there was a sort of an assault course thing and um, I sort of fell over halfway through and he actually sort of insisted that I should carry on and finish it and then he was really proud of me that I'd been a man about it and I don't know, its, to me it was a bit odd that I would have to do that to be able to earn his approval.....And then there are other things that have hurt, for example, I did um, a production of Grease at school and there was a fight scene and I was in the fight scene and you know, instead of saying, oh, you know, I thought the production was brilliant and you were really good in it, he said, yes it was good but I think that you should try and get more angry, more like a man." (Ian: 1, p4)

In this example, Ian clearly articulates that what he was seeking was his father's approval and love. He quickly learns he will only be able to access his father's approval if he lives up to the expectation of being a 'man'. Carl appears to have similar perceptions about what his father's expectations were of him,

"He used to take me fishing. He used to take me fishing which I quite enjoyed sometimes although, it was never.....it wasn't like, you know, he was patting me on the head and saying come on let's do this, and, it was kind of, right, you stand there and I'm off up here. It would be a very separate thing and, I don't know why he actually took me really, to be honest, looking back." (Carl: 1, p3)

In this example, Carl picks up on the mixed messages resulting from the initial contact, perhaps intimacy with his father, and the subsequent physical and emotional distance from each other. Carl questions his father's motivation for taking him fishing and inherent in this questioning, are

questions of his own value and self worth in this relationship. Carl describes himself as developing into *'this thing'* which he perceives was unacceptable to his father:

"we just didn't understand each others' needs at all.....And I think he was a bit aware that I was maybe a bit a bit of a namby pamby, I was interested in gardening and I read science books and Enid Blyton books....And I was kind of developing into this thing which he didn't want me to, he wanted, I think the intention was that he would toughen me up a little bit." (Carl: 1, p3)

The example also reveals the defensive nature of the participant's early relationships with their father. Here Carl exonerates his father by rationalising his behaviour in that he was only *'trying to toughen me up a little bit'*. Similarly Ian also defends his father,

"And I was thinking well it's, maybe it's not fair to say that there wasn't enough affection.... I think it's to do with, again I think I mentioned that he's kind of more from a working class background and I think it's, that's the way it is more for working class people because they've been brought up with that kind of ethos or mentality that you don't say to people that you love them that much." (Ian: 2, p3)

Ian is protective of his father, rationalising his lack of affection by suggesting that it is his father's own working class background that keeps him from showing and/or verbalising affection. However, sometimes these defensive positions seemed difficult to maintain. For example, when Carl recalled meeting his father at a family gathering after 20 years of not speaking, despite living in the same street, he describes the blatant rejection of him being gay on the part of his father, who appears to conflate Carl's being gay with homosexual sexual acts;

"And um, we had this weird conversation, or a conversation and he kept saying I'm not like you, I can't do what you do and he was relating to me sexually, he was referring to something sexual, what I do sexually." (Carl: 2, p13)

That Carl was upset and angry when recounting this meeting may result from a similar experience he had with this father during his adolescent years when he was in the process of establishing his sexual self;

"I was just sat watching the television, my mum went to bed, it was about eleven o'clock, half eleven and my dad started questioning me on what I was doing with my life and

how I was behaving and, and he said something which kind of suggested that I might be gay. He was saying, 'I don't want you and that mate of yours (name) sat here touching each others' legs.....And I went mad, I went absolutely mad, and we almost ended up physically fighting. and I just thought sort of bastard, it was like a scene from Kes really. And um, and it was because he'd, he, because I knew he knew.' (Carl: 1, p23)

This event seems to have great significance in Carl's life and interesting that he likens it to a 'scene from Kes'. Kes was a film released in 1969 and revolved around a young boy who, was emotionally neglected, had little self respect and was bullied at home by his older brother and repeatedly described by his family as a 'hopeless case'.

Carl's father (whose approval and love Carl seeks) disparages him because of his sexual behaviour. For Carl the realisation that it is no longer the playground, but the primary caregivers who censure his homosexuality, is a powerful message that compounds his inner conflict, which comes to the fore when there is a re-enactment of the event. As far as Carl is concerned his father, on learning that Carl is gay, experiences the kind of humiliation Carl suffered as a child, and more so during his adolescent years, when his father verbalised his disapproval of Carl's 'gay' behaviour:

"and then my father found out [he is gay]and he was just, disgusted, how dare he, a man is for a woman and a woman's for a man and that's how it goes. He was just totally, totally humiliated by it, because he'd created a poof. Which to him, because he's such a little macho shit head. That to him it was the ultimate humiliation and it was great for me because it made, it made me think, I've got you back there." (Carl: 1, p27)

Here Carl takes delight in his father's humiliation at discovering that Carl is gay, as he believes it is also his father's fault, as he is his father's son, 'you created me'. The anger in the above statement is palpable and again he reverts to derogatory language in describing both his self as, 'poof' and his father as, 'macho shit head'. However, anger is an emotion that is projected on to others giving a sense of mastery over our feelings, but when projection goes full circle and the anger is reflected back it can result in a feeling of being constantly under attack which can lead

to high anxiety or worse, paranoid delusions (Bateman & Holmes, 1995). This is the paradox that runs as an entangling thread throughout these accounts.

Regardless of the participants feeling they were not living up to the expectations of their father, they all continued to seek approval and love from him. This, for me, is the crux of how important the father-son relationship was in their lives. From my experience of working in clinical practice adults investing emotional energy in trying to gain parental love and approval is a common phenomenon. Relationships are formed on the basis of our primary relationship (mother and father) and in order to imagine loving relationships we need to experience those primary relationships as loving. However, where cultural stereotypes render primary relationships incapable of love, then it becomes difficult to imagine being loved in any relationship (Oliver, 2000). The consequence for the individual can be catastrophic. For example, neither of Carl's primary relationships appeared to have been experienced, by him, as loving. He pinpoints his first act of suicidality to the age of six or seven years old and associates it with his father hitting him;

"being so unhappy, I don't know why I was so unhappy at the time, it probably was because my dad had been hitting me....but I can remember taking my mum's, of all things, contraceptive pills, because they were in the cupboard. I remember taking them thinking, maybe it will kill mewhen I was about six or seven." (Carl: 1, p17)

Carl seemed unable to please his father and the emotionality attached to not being able to please his father appears far greater than not living up to expectations of masculinity.

"we just had this really awkward conversation.....And I said, dad it's really nice to talk to you, I said I know an awful lot has happened in the past and I said but It's really nice to talk to you, it's the first time, you know, I've spoken to you as an adult I think. And whatever happened in the past you are still my dad and I still love you even though you, all the trouble we've had and, and I felt, I felt quite sort of proud of myself for getting that in because he's never ever, none, neither of my parents ever said they loved me." (Carl: 2, p13)

Carl forgives his father for what has '*happened in the past*', suggesting that no matter what, he is still '*his father*' and '*I still love you*' verbalising just how important his father is to him. Carl

is 'proud' when he is able to say this to his father, but it could be questioned if the child still within Carl is. at this point in time, phantasing that his gesture might be reciprocated and his father, at last, will say he loves him. Similar to Carl, Ben also craves his father's love and attention and reverts to self harming behaviour when it is not forthcoming. Like Carl, Ben was six or seven years old when this original incident took place.

"one strong incident that I can remember, you know, this is to do with my relationship with my dad, I can remember being very angry with him to the point that I put my fist through the kitchen window and he was stood at the sink and I was in a rage and I just thought I'm going to show you how angry I am and I put my fist through the window and I broke it... I can remember I wanted some sort of response really is what I was looking for, I was wanting him to respond." (Ben: 1, p2/3)

The above quotation conveys Ben's level of frustration at his father's lack of response to his needs. He is angry, and his anger gets projected on to his father. Ben is at a loss to what he can do to gain a response from his father and in the end resorts to behaviour that is likely to cause harm to his self. Unlike Carl's father, Ben feels no threat in terms of punishment from his father, but in early adolescence, despite his own emotional distress, is still unable to experience his father's love.

"I never felt that my dad was going to punish me particularly, I never felt any threat from him he was out of the picture completely as far as intervening, my mum was the one running the family.....I can remember him coming into the bedroom in a morning and saying you've got to go to school and getting angry and all the time in the back of my mind I was wanting him to ask me what I was so upset about, so I think that must have been before I'd come out.....I think it was a kind of a cry for help wasn't it?.....And a cry for his love ultimately." (Ben: 2, p14)

Ben also recognises that there are problems between him and his father, but then phantasises about having a symbiosis with this father. Ben perceives him and his father as the same. and perhaps most pertinently, in the way that they are unable to express their affection for each other.

"So there is definitely some big issue between me and my dad or I feel there is, I feel that we are these two very sensitive people, creative people yet we don't seem to be able to show each other what we feel for each other...." (Ben: 1, p15)

All the participants have, over the years, invested emotional energy in trying to gain approval, affection and love from their father. They have felt unable to access their father as a role model. At the same time they have also acknowledged that their perception is they have not lived up to their father's expectations; a paradox of blaming self for not living up to expectation but at the same time wanting the relationship to be different. In trying to explore what did, or does, hinder the achievement of a loving relationship, each of the participants were self blaming in explaining the difficulties in their relationship with their father. At times this explanation appeared confused:

"Sundays were always good, um, because he would sort of spend them playing with us.....I think, and we have always been pretty close...when I was a bit older I clashed more with my dad, um, and I felt I had less in common with him." (Ian: 1, p3)

"My father, he's still alive. I don't really have any contact with him at all even though he lives 200 hundred yards away.....it was never particularly close or anything like that. My father has a real problem expressing any form of affection or warmth, he was quite, but when we were very young children I can remember that we used to play, you know, he used to tickle us and we'd sit with him in a chair when we were very young, my sister and I, but as soon as we became, I would say any older than, older than sort of eight, seven, eight, you know, there was no physical contact or he would never hug us or, or say anything, you know, particularly warm or loving to us." (Carl: 1, p2/3)

Both these participants reported experiencing an emotional distance with their fathers, yet here they do have some recollection of their fathers sharing some emotional closeness with them. There appears to be confusion as to the clarity of the relationship they each shared with their father. One interpretation of this blurring could be that each of the men did not feel worthy of having a loving relationship with their father, particularly when they moved to a time of knowing that their difference was a sexual difference.

Other examples are less confused:

"they [brothers] both felt safe about going and being close to him but I didn't and this was before I had any kind of sexual inclinations so there was some, something that pushed me or kept me away from my dad,.....it was like I felt like I had to preserve myself, I had to protect

myself, I wasn't sure of his love for me or I wasn't sure of his feelings for me so I didn't show him mine.....I was thinking more, he doesn't love me, he doesn't care about me because I'm not the same as other people." (Ben: 2, p15).

In this example Ben clarifies that prior to him attaching the label of being gay to his difference, he felt a strong need to defend himself, '*preserving*' and '*protecting*' his sense of self against the possibility of his father not loving him because he is '*not the same as other people*'. When considering the above statement it is useful to return to the concept of the primary relationships and their ability to be experienced as loving relationships. Rather than it being the primary carers who do not offer the experience of a loving relationship it could be that the 'felt' difference of the participants prevented them from experiencing those relationships as loving relationships. Their evolving knowing with regard to their sexuality might act as a compromise to their worthiness in terms of being loved. This is illustrated in an example from Ben's narrative where he talks of being '*afraid*' of having physical contact with his father as he believes being gay will contaminate his father in some way:

"there was very little physical contact with me and my dad and then when I was gay I think I became afraid then of physical contact with him because all my own paranoia and fears about it, about thinking, if I touch him is he going to be thinking I'm touching him in some gay sexualised way rather than sort of thinking well he is my father this person is related to me....." (Ben: 1, p14)

It is Ben's knowledge of his being gay that provides him with an explanation of his physical diffidence around his father. It is acceptable for his heterosexual brothers to touch their father but it is not acceptable for Ben to touch him, articulating what the difference means in terms of him being gay and the relationship he can, or cannot have with his father.

"my dad describes times when my brother and, my two brothers were playing on him and with him and seeing me sort of not really knowing what to do, being stood sort of away from the situation, like looking on but not knowing how to get involved...." (Ben: 1, p14)

Ben distances himself from his father as a way of protecting his father from his being gay. It would appear that in Ben's mind, his sexuality compromises his right to his father's affection. even where he tried to gain this through being self destructive.

"I mean it was about wanting my dad's attention and it was about wanting his concern I just put my hand through a pane of glass.....it was just sort of a dramatic way of getting my dad's attention, and it was probably hurt and anger about not getting the affection from him that I craved.(Ben:2, p14)

One interpretation could be that Ben was trying to destroy the very thing, being gay, which prevented him engaging in a loving relationship with his father. Ben could have been '*hurt*' and '*angry*' at his self for not being worthy of having the '*affection*' he '*craved*'. It would appear from the data that all the participants believed that they were out of reach in terms of gaining their fathers' love and approval, and that the barrier to this was their sexuality. However, this craving for their father's love has not appeared to diminish and each of the men demonstrated that they continue to need their father. During each of their interviews when discussing their relationships with their father, each man talked of it in the present tense. Ben talked of wanting 'to connect' with his father and of the need '*to touch him*' (Ben: 2, p20).

Ian, to an extent has been reunited with his father's love and attention. He told me how his father had been there for him when he was at his lowest ebb in terms of his mental health. Ian had returned to work in Europe after coming out to his family. His first gay relationship he had been having for three months broke up and because of his symptoms of anxiety and being depressed he was struggling to continue with his work.

"he just encouraged me on the telephone....Because I was so, hollow, I was like a shell, I felt like I was a shell talking to him and my mum, you know, at the end of my tether with, just totally desperate, hopeless really, that's how I felt at the time." (Ian: 2, p2)

It was when Ian moved to Europe that he started 'coming out' and in his words '*confronting his homosexuality*'. During the Christmas break he had returned to England and come out to his

parents. For Ian the process of coming out had taken its toll in terms of his mental health and he describes himself as experiencing '*conflict*', being '*severely depressed*' and '*desperate*'. It was at this time he needed his father most and his father was there for him albeit on the end of a telephone. This could have been a time of testing for Ian, a time to check out if his father would give his approval regardless of his sexuality. For Carl the need continues, "*I would really like my dad to love me.*" (Carl: 1, p30)

For children growing up it is important that they are able to experience loving primary relationships. For the boy it is important that he can introject his father's image setting the standards and ideals for his future behaviour (Edley & Wetherell 1997). For the participants in this study it appeared that their being gay eclipsed such opportunities. In the generational context of their upbringing, the pervading social discourse was one of heterosexuality being the only sexually acceptable behaviour and it is against that background that the father-son relationship needed to be explored. As children each of them needed parental approval and love and their father to be a role model who could give guidance in terms of engaging in and developing future relationships. However, it would appear from the data that their difference hindered this development. Whilst they were in a phase of not knowing, their articulation of what got in the way was generally one of not living up to expectations, but as they moved towards a state of knowing the love and approval they sought became, what they perceived to be, out of reach. For these participants the absence of a father-son relationship heightened their loneliness and reasserted their felt experience of being an outsider.

The Loneliness of Outsiderness

It is well documented in sociological literature that any threat to existing social order will cause fear and anxiety, the consequence of which is hatred directed at those who threaten the existing order (Clarke, 1999). A person who by the nature of their difference undermines order will become the target of hatred with their difference being used to legitimise acts of exclusion

(Bauman, 1990; Clarke, 1999). The unacceptability of being gay often equates to social exclusion and condemned the men in this study to experience ‘outsiderness’ (Smith, 1992). From a societal perspective and in achieving a position of knowing, the participants appear to have experienced an explicit message that being gay was wrong. This experience seems to have been a constant throughout the participants’ life.

“It was all that analysing why, that’s what angers me now. It was all about trying to find out why I’d ended up gay instead of just thinking, this guy’s telling us he’s gay. This, that’s fine, why do you need to find an answer, why does it need a justification and that in itself, I think, makes you feel guilty, it makes you feel like you are different and there is something wrong...” (Ben: 1, p9)

Such messages lead to gay men placing themselves as the ‘other’ in terms of the prevailing social discourse. For the participants, in positioning themselves as ‘other’, their awareness of being different from primary school age meant they also simultaneously experienced loneliness and perceived themselves to be an outsider.

“You know, I didn’t fit the role model that a little boy’s supposed to be.....and I was just always made to feel exceptional, in a negative way. That I was the odd one out.” (Carl: 1, p38)

“I wasn’t happy, I mean, well I suppose if you look back, I wasn’t happy doing the things that boys were expected to do.” (Ian: 1, p13)

School appeared to exacerbate difference, especially when the boys were unable to ‘fit’ with the stereotypical view of masculinity. The shared measure for masculinity, used by the participants in reporting their formative years, is of playing male orientated sports.

“I’ve always felt a bit of a loner, a bit of an outsider really....So from, certainly from school age, five, six, seven, yeah, I’ve always felt different and I wasn’t interested in what I was supposed to be interested in like sport, school sports, I just hated it, and I used to get really, like, anxious and frightened.” (Carl: 1, p14)

“like at primary school, that wasn’t really what you would call a typical boy in terms of my behaviour wasn’t macho, I didn’t play football.” (Ian: 2, p11)

During their primary school years, the participants reported they had chosen to avoid such male orientated activities and instead played with the girls, aligning them to the feminine rather than the masculine. Such gender non-conformity amongst children and its relationship to psychological distress in gay men in later life is well documented (Bailey & Zucker, 1995; Remafedi et al., 1991; Skidmore et al. 2006). Again returning to the not knowing and knowing, in the years prior to sexual awareness playing with the girls whilst feeling safe for these gay boys, would at the same time be out of keeping with the expected social norms for little boys.

“Because I was quite, I hated football, I always hated sports. I was never interested in playing cowboys and Indians, because I used to feel stupid running around making silly noises or kicking a ball, and so that made me a bit odd.....and I used to usually play with, with the girls because I found them a bit more interesting.” (Carl: 1, p11)

“I liked sort of playing with the girls that was fine, I didn’t particularly like nasty rough games, I didn’t want to play football and get dirty..... I was quite a pretty little kid really.” (Ben: 1, p11)

However, at puberty and beyond, attaching yourself to girls, that is having ‘girlfriends’, becomes another mark of masculinity. But for the participants, who by that time have put a name to their difference and become aware of their sexual orientation, having a romantic and/or sexual relationship with a female partner is the antithesis to their evolving sexual desires.

“it just wasn’t that kind of environment, you know, it was more about proving your heterosexuality and having a girlfriend, you know, it, there was no room for gayness.” (Ben: 1, p7)

“Because [at fifteen] the idea of being gay was just so abhorrent....And I was convinced that if I went out with girls and, or, I tried to convince myself that if I went out with girls and eventually when I had sex with one that it would change me.” (Ben: 1, p21)

For Ben being gay was shunned and the only way of being accepted was to prove your heterosexuality. Carl’s thinking was further influenced by societal norms, leaving him unable to accept the reality of being gay and phantasising that engaging in relationships with girls would ‘change’ him. Ben’s notion of there being ‘no room for gayness’ is in keeping with their perceived outsidersness that continued throughout their formal educative years and was

experienced in physical, behavioural and emotional terms. At puberty the emotional aspect of being different, an outsider seems to take central stage in the participants' lives. Ian articulates that whilst he 'looks' the same as others in physical appearance, and his behaviour is congruent with some of the other boys, he continues to know that he is different;

"I had friends at secondary school who weren't that much different from me in terms of the fact that they didn't like football or sport and they didn't play games and as far as I know they weren't gay, so I was no different from them in externally, the way I behaved or anything, so, I don't know." (Ian: 2, p17)

The context of the above quotation related to Ian's dislike of his self. When his '*not knowing*' was further explored Ian's response was,

"It's very hard to, um, pinpoint, I mean, I suppose it, it must have been to do with a feeling of being an outsider, of not fitting in, I think" (Ian: 2, p17)

The difficulty Ian has in articulating his difference could suggest that the exploration of this topic may still be painful and through repression his unconscious defense is trying to protect him from these memories. Ben also indicates that his adolescent years were painful in terms of his emerging sexuality and uses avoidance to deal with his inner conflict resulting from not living up to social expectations and/or not being able to fulfil them.

"I didn't know who to turn to, and it was a very lonely experience is what I'll say, it was a very lonely experience and there was, as far as homophobia in the school, there were homophobic remarks, it wasn't something that you were going to come out and say I'm gay and feel good about." (Ben: 1, p5)

Homophobia in schools, particularly secondary schools, is well documented (Du Rant et al., 1998; Garofalo, 1999; Rivers, 1996). However what is less evident in the literature is the way in which gay adolescents deal with the conflict it creates for them. Ian repressed his being different, Ben avoids it. Similar to Ben and Ian, Nigel also employs defense mechanisms as coping strategies to deal with his inner conflict of being an outsider. In the main he uses

distraction, by investing his emotional energy into other, more acceptable activities, to take away the emphasis on him being gay.

“I was always an outsider” (Nigel: 1, p13)..... “when I was say, sixteen to eighteen and was at college and I did hospital radio, I joined the Young Socialists and I was involved in lots of bits and pieces, I wasn’t part of a social gang, I didn’t sort of go out drinking with people and everything like that, I didn’t want to, um, I honestly didn’t want to, I was quite happy with the way things were. It’s that outsider thing again.” (Nigel: 1, p18)

As the boys continue to mature it appears that they each have a need to hide their emerging sexuality as it exacerbates their feeling of outsidership. For Ben this message was reinforced by his mother,

“my mum did let me bring partners back to her house, but it was kind of you’ve got to close the curtains so it had to be done behind closed curtains..... But it makes you feel that you’re doing something wrong, it’s all stuff that makes you feel that you’ve got to hide who you are and what you do and it’s not natural.” (Ben: 2, p9)

Ben’s mother appears to be giving mixed messages of accepting Ben being gay whilst also the message is one of non-acceptance, the latter perhaps reminding him of the non-acceptance within the broader social context. As this occurred in his adolescent years Ben must have been confused regarding what is and what is not acceptable to this important person. This would have put Ben back into the position of not knowing, but this time because he does know of his sexual orientation, the not knowing of the level of parental approval would compromise his feeling of security. This could have been compounded by being at an age when there is peer pressure to conform to social norms. With regard to sexuality, the boys become more pre-occupied with their being gay and the threat that their difference might be exposed during the adolescent years.

“People used to call me gay (name) at secondary school, some people anyway, they probably saw something there that I didn’t see myself.” (Ian: 1, p13)

“I wasn’t able to sit and just be a part of the lessons and be focused on what was going on, it was all this fear and anxiety about me being gay and whether people could tell that I was gay and whether they could sense it, it just became obsessive sort of thinking.” (Ben: 1, p5)

Ian and Ben believe their gayness is transparent to the external world and they are uncomfortable with that. Ian denies recognition of being gay by himself, whilst Ben becomes *'obsessed'* by the fact that people could tell to the point whereby he becomes fearful and anxious. For Nigel there is contradiction in his life, which he believes helps him deal with the conflict being gay presented him with.

"No, I wasn't a recluse or anything like that but what I wasn't, was, I'm not, I'm not a pack animal.....I did all these things but I'm on the fringes of what you call the sort of social stuff that sort of people in their teen years, teenage years did....but I'm quite sure that was just a conscious reaction, it was a safety thing really because if I didn't engage on that sort of level there would be no danger of being found out.....because by that stage of course I did know that I was gay." (Nigel: 1, p18).

Nigel stays *'on the fringes'* re-iterating his position as an outsider. By not involving himself with what are considered normal activities attributed to teenage boys he feels that he can keep his being gay safe within his self.

The impact of the perception of the visibility of their being gay on the participants' mental health seems to intensify depending on the closeness of the person who can allegedly see them being gay. For Ian, who is brought up having strong connections with the church, his first telling of him being gay is to a church elder, who picks up on the fact that Ian is keeping something back from him,

"Anyway, during this interview he said oh, there's something else that, you haven't told me and I said well I'm afraid that I might be homosexual, I think I said homosexual, and he said yes, that's what, that's what it is, the thing that you haven't told me.....and then he basically told me that it was a lie, presumably some sort of lie from the devil so that was one of the things that we prayed about.....so that if I felt myself attracted to a boy then I would try to eliminate that feeling. By concentrating on it or something or praying about it and trying to make it go away. So I kind of did that and that's, because I thought well I can't be gay." (Ian: 1, p9)

The church elder would represent someone who would be important in Ian's life. In that given context the elder would be someone who held great esteem, being trusted with having the power and position to help a person in troubled times. My own interpretation of this incident would be

that the church elder used his position and power to manipulate Ian into telling him something Ian felt unsure about wanting to say. He trusted the elder with intimate information about his self because he thought the elder could see ‘*something*’ in him. The response made by the elder re-affirmed the wrongness of being gay, the implicit message of it being a sin and the need to pray that God would ‘*make it go away.*’ For Carl the person rebuking his being gay was his father,

“I was really humiliated. Because I’d done everything that I could by that point to try and cover it... ..But he knew, he must have known.” (Carl: 1, p24)

“To have something where we are actually talking to each other was unusual in itself. But then when he introduced this sort of criticism of how I was behaving I was just furious. And furious perhaps that, he could see through mehe knew what I was and what I didn’t want to be.” (Carl: 2, p11)

It would appear from these two quotations that Carl was distressed when he thought his father knew he was gay. He was ‘*humiliated*’ and ‘*furious*’ not because his father knew, but he had been exposed because his father ‘*could see through*’ him. The last part of the second quote suggests that Carl’s anger and humiliation was with his self being gay, ‘*what I was*’, and that being gay was something he himself did not want to be. From the data it was clear that Ben still harbours notions of his being gay as transparent to the external world.

“And it’s more to do with me feeling awkward about myself and having these thoughts and stuff that makes me defensive... ..I’m just hiding myself away and I try to slip out at night which is funny sometimes and I run to the Co-op and its quarter to ten and it’s got dark, now I can slip out of the house.” (Ben: 2, p26)

The notion of one’s sexual orientation being transparent and constantly being in fear of exposure will have a detrimental effect on a person’s mental health. For the participants this phenomenon led to imposed social isolation, which in turn gave rise to their feelings of loneliness. It would appear, from the data that depression, anxiety and ultimately suicidality can be attributed to a combination of fear and loneliness (Fenaughty & Harré, 2003; Johnson et al.,

2007). It is the fear of Ben's French teacher being able to recognise that he is gay that acts as the trigger for the onset of his panic attacks.

"The French teacher and I was thinking does he now know too. So that I, so there was a lot of anxiety all the time and I can remember, having breathing difficulties and sort of panic attacks and getting dizzy and I mean, I was just not relaxed in any shape or form, I was just afraid that, afraid of truly accepting what I was and what I knew I was and I think I was fighting it and pushing it down." (Ben: 1, p8)

Regardless of the external stimulus for the onset of Ben's panic attacks, he himself takes responsibility for his anxiety associating it with his own fear of accepting his being gay. Again in order to deal with his inner conflict Ben tries to repress his gayness, what appears to be a constant battle between knowing and not knowing. For Ian his experience of knowing that he was gay whilst he was in secondary school led him to use self harming behaviour.

"I had at school [secondary school] thought about killing myself but I don't know how serious those thoughts were....I remember it must have been the sixth form or just before, and I went out for a walk and I put my wrists on to barbed wire." (Ian: 1. p23)

The frustration of having no control of his sexuality left Ian with no other option but to harbour thoughts of killing himself. Regardless of how 'serious' those thoughts were he must have experienced 'aloneness' with nobody there to turn to. Similarly Carl articulates how nobody being there led to him feeling an outsider at secondary school.

"I just didn't feel like school or anyone around me understood me. and so that was what, I think what fuelled my first bout of real depression and just feeling like such an outsider... ..and I just didn't see any outlet there didn't seem to be anybody I could talk to, anybody who understood how I was and so I just felt very, very lonely, and I just wanted to end it" (Carl: 1, p29/30)

There being nobody there for you seems to heighten Carl's feelings of loneliness which he desperately wanted to end. It would appear that for Carl his life at that time was futile.

Other studies have shown that ‘outsiderness’ and isolation can lead to suicidal distress (Flowers & Buston 2001; Johnson et al 2007). For the men in this study ‘outsiderness’ has been symbolically transformed into otherness, with themselves demonising their difference through the phantasies of their inner world and the realities of the external world. Their outsiderness began during their primary school years, became exacerbated during their secondary school years and has continued throughout their lives. Research suggests that the strength of early socialisation experiences and continued exposure to anti-homosexual attitudes can lead to internalised homophobia (Meyer, 1995). As the young person recognises their same-sex attraction and begins the process of labelling self as gay they also start applying negative attitudes to the self, the psychologically damaging effects of societal homophobia taking effect (Meyer, 1995). Whilst internalised homophobia is most likely to be at its worse in the early stages of the ‘coming out’ process it is unlikely that it ever completely abates, having the potential to remain a feature of a gay person’s psychological adjustment throughout their life (Gorisiorek & Rudolph, 1991; Meyer, 1995; Skidmore et al., 2006; Troiden, 1989).

Each of the participants, at some point in their life, believed their being gay was transparent to the external world, and employed a number of conscious coping strategies and unconscious defense mechanisms in order to protect the self from the increasing inner conflict. Unfortunately they were only able to manage this to a certain level, and the consequence of their inner conflict overwhelming them led to mental health problems and related suicidality during their adolescent years. In an attempt to nullify their outsiderness the participants start to lead a double life, splitting the public image from the private self, as a way of concealing their sexuality to the outside world.

Leading a Double Life

Gay men leading a double life as a way of reducing internal conflict is well documented (Green, 2003; Plummer, 1995). Often referred to as ‘passing’ (Humphreys, 1972), it is a common

stigma evading strategy and involves leading a double life separating the social world into heterosexual and homosexual spheres (Troiden, 1989). Those who engage in passing fear being labelled and stigmatised as homosexual, and attempt to avoid such by attaching themselves to the dominant social group. In doing this it would appear that gay men are attempting to please and appease others. This is particularly so with regard to primary caregivers, and for these men, as previously discussed, in trying to establish the all important father-son relationship. Again in this first extract Ben makes a distinction between knowing and not knowing by alluding to the fact that he knows if it were not for his own psyche being in conflict about being gay he would be able to fully integrated his sexuality into his self.

"If I did feel totally ok with who I was as a gay man I would just come out to any person I met if I felt it was appropriate....if I didn't feel ashamed or in any way guilty or unaccepting of it I would not care particularly, what people thought.....but I do feel I'm sort of leading a double life." (Ben: 2, p24)

The prevailing social discourse takes on the role of master, creating a censorship of the rules by which people are expected to live (Benjamin, 1988). Such discourses relating to sexuality serve as an ideological function for social institutions, for example family, religion, education, whereby heterosexuality is accepted as the natural state of being, thus situating homosexuality to that of subordinate (Plummer, 1995). The data relating to this theme would suggest that, in response to this discourse, the gay man is condemned to the position of slave having to serve his master by colluding in societies' own fantasies of what is right and wrong. This creates a parallel process of the dichotomous registers of the public self and the private self, the former being a response with regard to not living up to expectations of the various social institutions. In this first extract Nigel tries to live up to his perceived social expectations by allowing others to believe he had a girlfriend.

"I just got involved with the Labour Party again and um, I met a girl there called (name) and we hit it off like that straight away. It was actually really funny because everyone thought we were going out, we weren't.....it was really funny that, everyone was quite convinced we were an item it seemed to work quite well in some ways for some people, we thought it was hilariously funny at the time but, it has its uses so we didn't dispel any...."Um, I

mean even my mum, although I said to her, look, you know, it isn't like that, she was quite convinced that maybe it really was, you know". (Nigel: 1, p30).

For Nigel the need to continue the charade is not only with peers, but also with his mother. The event above is suggestive of it being a joke, something that was done just for the fun of it rather than to cover up being gay. However in this next extract the humour subsides and it is obvious that Nigel finds it extremely difficult to do anything that would identify him as being gay.

"we were talking [with a female friend he just met at university] about what societies we were going to join and she said oh I'm going to join Gay Soc, I remember thinking, oh I'd love to join Gay Soc, but thinking I couldn't possibly. And there wasn't even a possibility in my head at that stage that I could join Gay Soc that I could actually tell anybody." (Nigel: 1, p20)

Nigel could not conceive of doing anything that would associate him with being gay; his psyche was unprepared, at this point in time to do that. Like Nigel, Ian was also very constrained about anything that might expose him being a gay man. When Ian was asked why he had waited so long before coming out to his parents he talked of his fear of not living up to their expectations.

"Just that they'd [parents] be disappointed in me and that I wasn't the person that they wanted me to be." (Ian: 2, p20)

Another example of guardedness is Ian's telling of an incident whereby he felt the need to conceal him being gay from the adolescents he was teaching when a comment had been made regarding a young boy who accused Ian of making a homophobic remark.

"Then this kid said to me, why Sir, what have you got against gay people? And then I, I kind of found myself thinking, if only you knew that in fact I am one of these, I am one of these people, it's just that because of my Christianity I can't live it out....and then at the same time, another part of me believed that I was going to meet this woman and be attracted to her and fall in love with her....And so it was kind of this dual thing going on really." (Ian: 1, p20)

The response Ian gives is interesting as it is during his own adolescence that his mental well-being becomes compromised because of his being gay and there being no help available to him. This is an example of heterosexism engendering homophobia in gay men (Garofalo et al., 1999;

Plummer, 1995). In this instance Ian blames the church for not being able to be true to his self. But Ian also vacillates between the reality of knowing he is gay, and phantasising that his sexual orientation will change, and that he will fit the desired social norm. At this point in his life projecting blame on to the church might be a way of exonerating himself of responsibility and at the same time not having to come out and live a life as a gay man. This personal desire versus realisation of expectations was also evident for Nigel and Carl.

“And as I see so little of them I’ve never, I’ve never made no attempt to hide it but I haven’t seen most of them for years.” (Nigel: 1, p9)

Above Nigel is referring to members of his close family and whilst he talks of not hiding that he is a gay man, he also acknowledges that he actually does not have any face to face contact with any of his relatives. So for Nigel the phantasy is that he is fully accepting of himself as a gay man, but paradoxically he avoids situations where he might have to confirm himself as a gay man. Carl’s narrative also illustrates such dualistic thinking. When asked about his homosexuality he suggests,

“My own personal view is that sexuality is as natural as breathing isn’t it?” (Carl: 2, p5)

The statement Carl makes is rhetorical and could be being used defensively to reconcile his conflict that he associates with his homosexuality. In using the term ‘*sexuality*’ when referring to his homosexuality and suggesting that his ‘sexuality’ is ‘*as natural as breathing*’, he then has a need to check this out with myself, perhaps attempting to persuade himself, or me, or possibly both, that his homosexuality is a natural state of being. However, with regard to the private self, the data demonstrate that the participants remained in conflict with the intra, inter and extra-personal relationships.

Again the above is an example of bricolage with regard to the multiple epistemological positions inherent in Carl's statement and the possible interpretations. In psychoanalytic terms the interpretation ascribed to what Carl is saying is that of rhetoric being used as a defense mechanism. However, using the term sexuality in relation to his homosexuality could be construed as discursive strategy, Carl placing his self as a homosexual man (in itself a social construct) within that discourse. Likewise, it could be argued that Carl is talking about sexuality in language which ascribes social and situated meaning and therefore would be in keeping with discursive psychology. In acknowledging and then coalescing multiple epistemological positions an evolving understanding of the way in which Carl arrived at this place can be gained and made sense of.

Returning to the participants' sexuality, even during the most private moments when engaging in sexual activity their psyche continued to be compromised by the demands of the external world. Ian and Ben both offered accounts of their thoughts during masturbation;

"when I, when I was a teenager I did masturbate and I did have, I did sometimes think about women but it wasn't really a great turn on, it wasn't really a, it was because it was what was expected or what I was expecting I should think of..." (Ian: 2. p21)

"there were enough clues and signals but I'd had girlfriends, two or three girlfriends, I mean, if you're there with a girl and your mind is elsewhere and the sort of sexual act and your mind is fantasising about other things then that to me is enough proof, it's like, well how much more proof do I need, and then you feel guilty about that because you feel like you are being fraudulent but there's all this kind of pressure for you to conform and you, and I suppose in a way I was experimenting, it was about experimentation." (Ben: 1, p7)

These two examples could be considered a phantasy of a fantasy. Whilst both Ben and Ian succumb to the notion of what is expected of them in terms of fantasising about the opposite sex when masturbating, they also demonstrate in the above extracts that they each have a need within their own psyche to fit into this expectation. Ian's expectation of himself was that he should fantasise about women. Ben was trying to 'prove' to himself that it is not a female that he desires, the implicit message being that he can do no other but believe that it is a female he

desires. For Ben this is further complicated by his guilt at not being true to his self and the way in which he tries to appease that guilt is by rationalising that he is *'experimenting'*. However when Ben returns to this topic later in the transcript, his sense of being fraudulent with self as well as others is evident,

"So, you know, there was weirdness there....I had to hide really what I was, what I was really doing, thinking about" (Ben: 1, p12)

In the above statement Ben talks of *'what he was'* as opposed to who he was, one interpretation of this again being an example of engendered homophobia, elucidated from his external world, the consequence of which is beginning to develop hate towards the self, or at least the sexual part of self. Ian has a similar experience and just wants *'to put a stop'* to his sexual desires.

"just the confusion, it's so bad some times that you just want it to stop, I think...it's feeling that you're a particular way and that you shouldn't be that way because it's not right and so you want it to stop. And, I think you don't really know how to, how, because you can't stop being Christian, you can't stop believing in God but at the same time you can't stop yourself being attracted to other men." (Ian: 1, p9)

Ian talks of *'confusion'* and at times the confusion being so *'bad'* that he wants to stop it. Ian is persecuted by the existing social discourse, his religion and now by his self. In wanting to stop being overwhelmed by such inner conflict, created by the realities of the external world and its abomination of a particular sexuality, there is a danger that the person will turn to suicidality as a release from the turmoil. For each of the men in this study leading a double life seemed to increase their inner conflict and commensurate with this is an increase in their defenses.

"I think it was almost getting to the stage where I really wanted to tell someone, I ended up basically getting involved with that [Born Again Christians], it was a way of hiding. Again, it was a way of adopting another identity; again it was a way of not acknowledging what I was and not coming to terms with it fully." (Nigel: 1, p24)

The above quotation indicates that Nigel uses avoidance and suppression as a way of denying being gay by joining an organisation which he knows denounces gay men, making it impossible

for him to acknowledge his self as a gay man. This is suggestive of using reaction formation and/or mimesis, the latter being a powerful instinctual defense mechanism whereby an attempt is made to make the inner world like the outer world by using mimicry to blend in and be more able to cope with the outer world (Horkheimer & Adorno, 1994). Here attempts are made to make the inner world like the outer world in order to camouflage and blend in. Carl also used this defense;

"I had girlfriends.....and so it kind of threw people off, off the trail really. I think people, and, and I started becoming a bit, the way I dressed was a bit eccentric I suppose and I was a bit, seen as a bit alternative, a bit punky and...so I was kind of seen as just a bit, eccentric I suppose. And because I was going out with girls it didn't really draw me too much attention to me, being gay and I was kind of acting I was thinking, if I behave like that they won't know I'm gay or they won't think I'm gay." (Carl: 1, p20)

In the above extract Carl is entering into relationships with girls to fit in with social expectations and to avoid having his sexuality questioned. However, Carl goes a stage further in concealing being gay by using paradoxical behaviour, in that he draws attention to a different difference by not fitting in and getting his self noticed, albeit in a much safer, more sociably acceptable way. Whilst mimesis, as described above, could be considered an adaptive coping strategy, in some instances it could lead to maladaptive coping;

"I suppose one of the things that might be worth mentioning is umm, when I came out on to the gay scene, clubs and ..., and drugs came along. And um, I experimented with drugs and all my experiences with drugs were horrible, I hated them and I suppose especially when I was twenty-five. When I was twenty-five I was drinking a lot and smoking a lot of dope and I can't help thinking that that precipitated my depression." (Carl: 2, p20)

Although Carl had come out, in so much that he had started going to gay clubs, he had not come out at this point (first part of quotation) to his family and he still felt an unease with his self regarding his sexual orientation. The use of illegal drugs could have been a way to cope with his attendance at gay clubs, a way of 'fitting in' with the club culture or a means by which to compromise his own conscious awareness of being gay. Carl started going to gay clubs around the age of 17 years old and at 25 years old he still had difficulty accepting his being gay but by

this time had added abuse of alcohol to his drug taking. A number of studies have reported an increased rate of drug and alcohol misuse among young gay people (Bux, 1996; Gilman et al., 2001; Hetrick & Martin, 1987; Morrison & L'Heureux, 2001; Remafedi 1999). Like Carl. Ben also turned to illegal drugs as a way of dealing with his being gay.

“So I started to rebel and I started to get very self destructive and I started to drink and I started to miss classes, I started to smoke dope, I started to do other drugs and then, you know, I didn't care about myself.....I was frightened and I didn't know who to turn to.” (Ben: 1, p5)

The contradiction here is that whilst Ben is frightened and wants someone to turn to he also wants to destroy himself as he no longer feels able to care emotionally for his self. The misuse of drugs and alcohol are considered to be self harming behaviours and would be in keeping with someone who is unable to accept self and wants to destroy the internal bad object (Favazza & Conterio, 1989; Hawton, 2000). For the participants trying to please and appease everyone by leading a double life had a negative impact on their mental health.

“I mean it's just so tiring, I think, just when I think about it, it's like having to pretend, it's just mentally tiring.” (Ben: 2, p3)

“I haven't had this clear, strong sort of male role model and this person that I'd felt emotionally close to and connected to and able to go to if I felt frightened or vulnerable. I mean it just wasn't there so I think that has played a part. I'm definitely less comfortable around men and you know being sort of open up to men and definitely heterosexual men, I mean I suppose gay men, sort of have got this common ground and understanding often, but, you know, I'm much more worried about a straight man finding it disgusting, you know, if he finds out I'm gay.” (Ben: 1, p21)

Ben, like the other participants, seems trapped by his sexuality, whilst he ‘supposes gay men’ have ‘common ground’ and ‘understanding’ there still appears to be reluctance to identify with gay men. However, there is also fear of heterosexual men as they might find gay men ‘disgusting’. For Ben the disgust needs to be considered as projection and introjection, him being disgusted with his self for being gay. This leaves Ben, as it does the other three men, in a position whereby they cannot be true to the self and the consequence of this is fragmentation

within the psyche. This is evident in the next extract when Ben talks of not *'feeling safe'* and if his sexuality is *'challenged'* that his psyche will *'crumble'*.

"It almost feels like it's not what's meant to be somehow and I can feel sort of exposed then, I don't feel safe doing that and I think well why don't I feel safe, and is that because I'll feel like I'm going to crumble if someone challenges me about it and then that's to do with my own personal acceptance because if I had fully accepted I wouldn't care what anyone else thought." (Ben: 1, p22)

The fear of *'crumbling'* is indicative of Ben's vulnerability. Whilst leading a double life or *'passing'* is well documented in gay literature the consequences of always pleasing and appeasing others by constantly denying the self can be devastating for gay men (Flowers & Buston, 2001; Green, 2003; Humphreys, 1972; Troiden, 1989). In attempting to *'pass'* as heterosexual and be part of the dominant culture whilst increasingly identifying as gay may lead to serious psychological consequences. Indeed, Durkheim's (1952) sociological theory of suicide proposes that one of the major reasons people kill themselves is through lack of integration into the dominant culture. From the data presented in this study it appears that for these men their emerging sexuality was overwhelmed by the need to conform to social norms and what occurred was engendered homophobia in the men themselves. Whilst each participant used unconscious defense mechanisms to overcome their inner conflict, constantly having to lead a double life eventually infringed on their mental well-being. The splitting of the public self from the private self created fragmentation within the self, the consequence of which was that each of the participants was unable to integrate the sexual self as an accepted part of the self. This is in keeping with a distorted perception of otherness, whereby the part of the self that should be integrated is separated as a means of defending the self (Clarke, 1999). This usually allows the hatred and destructiveness within the inner world to be projected onto the external world (Clarke, 1999). However, for the participants, the hatred and destructiveness was projected into their own psyche. The unacceptability of self led to the desire of wanting to put a stop to the inner conflict and the use of suicidality became a realistic solution to the perceived crime they had committed in being a gay man.

Crime and punishment

Internalised homophobia has been associated with low self esteem: depression, denial, suppression, overt self hatred and self destruction (D'Augelli et. al., 1998; Kourney, 1987; Malyon, 1982; Shildo, 1994). Likewise, internalised homophobia has also been shown to be linked to suicidality (PACE, 1998). For each of the participants in my study their internalised homophobia appeared to compound their inner conflict resulting in a need to punish the self for 'wrong doings'. Metaphorically their homosexuality could be considered their crime for which they needed to be punished. The severity of wanting to put a stop to the intra-psychic conflict, through use of suicidality, would suggest that at times the conflict was particularly pronounced and their defense mechanisms were not sufficient to keep the anxiety at bay. In order to restore control over their inner conflict the more powerful defense mechanism of projective identification that involves forcing the unpalatable parts of the self into an 'other' was used. For some individuals, rather than the unpalatable parts being projected into an 'other', they are split off and projected into their own psyche (Young, 2000). The recipient of the projection acts as a container for the unpalatable part of self and the feelings, such as fear, anxiety and hatred, associated with them (Bion, 1962). For the participants this would equate to each of them containing these negative emotions as well as the undesirable part of the self that they would be compelled to punish and destroy (Young, 2000). Perhaps 'crime and punishment' is the most pertinent category in terms of the participants' mental distress. For the participants, being gay was the unpalatable part of the self, having a detrimental effect on their mental health to the point whereby it had to be destroyed by suicidality.

"I decided I didn't really want to be gay and therefore I would definitely not do anything about it [not participate in any behaviours that would re-affirm his gayness] and if I believed it enough and did all the right things then God would take it away." (Nigel: 1, p25)

At a conscious level being gay is suppressed here. However, there is then a reversion to phantasy, hoping that if he simply believes it enough 'God' would *'take it away'*. However, for Ian a more active process was going on at an unconscious level, the loathing and hatred being turned in on the self leading to an unpalatable self.

"When I got to twelve it sort of um, I became very introspective I think in some ways and negative towards myself and had quite strong feelings and dislike towards myself and, and rejection." (Ian: 1, p8)

"I felt more alienated and isolated when I was in secondary school, and even though I did have friends, mainly male friends, we messed around at break times and things but I sort of still felt, it was isolated from other people and more alienated and distant. A deep thing of dissatisfaction with myself.....And this dislike of myself and I didn't feel comfortable with myself any more." (Ian: 1, p18)

Throughout his secondary education Ian became more dissatisfied with himself, becoming 'introspective', 'isolated' and eventually 'alienated'. He also talks of 'it' being 'isolated from other people' the interpretation of which could be that 'it' refers to the gay part of self that associates with his alienation. For Carl the difficulties he experienced in school related to his felt difference manifested in bed wetting:

"I was very unhappy about, you know, all the school situation because I was never very settled in schools but I used to wet the bed.....and I wet the bed until I was about ten, eleven. And it used to just, I hated it. I hated the fact that I did it, you know, I just used to, I mean I come from a Catholic background and I used to go to church and pray that I would stop doing it and I didn't, you know, I'd go to bed that night and I would pee the bed and my mum used to get really angry with me and she was completely convinced I did it on purpose. Not that I, I was just laid, I just couldn't be bothered getting out of bed, I was just....just supplied me with so much misery, I hated myself for it. I hated doing it and I hated the humiliation." (Carl: 1, p15)

As Carl had no physiological problems that we know of, the age to which Carl's bed wetting continued is indicative of severe psychological difficulties (Redsell & Collier, 2001). Carl 'hated' wetting the bed and 'hated' himself for doing it. At this age, similar to Nigel, he turns to fantasy, hoping that by praying he would *'stop doing it'*, but this is contradictory to what is said later in the interview when Carl identifies himself as agnostic and talks of the family never having any *'strong religious beliefs'*. Carl's perception is that his mother punishes his bed wetting by being *'really angry'*, but this could be Carl's own anger being projected onto her.

But he goes on bed wetting and *'just laid 'just couldn't be bothered getting out of bed''* causing him *'self hate', 'misery' and 'humiliation'*, punishment of the unpalatable part of the self by the self. Ben talks of being *'disgusted'* with his self;

"there is this disgust thing.....that they [work colleagues] can somehow be disgusted by it and that they'll be there imagining me having sex with some bloke and thinking that's disgusting...it's those kind of things that go through my mind.....so it's probably more to do with me feeling it's disgusting.....if I'm thinking that they will be thinking that, you see, is it because there is a part of me that does still think it's disgusting?" (Ben: 2, p25)

Whilst Ben initially appears to project his disgust into others, as an adult, in the here and now, he is able to articulate that the disgust is within himself. The emotional association he has with the unpalatable part of the self, his sexual orientation, is that of repulsion. In the next part of his narrative Ben talks of his own need to punish that part of his self.

"I feel disconnected myself in that sense, I feel disconnected from who I am and what I want and what I think and feel. There has been this sort of split, this disconnection.....That's gone on and I think it's to do with.....this gay identity it's not fully assimilated to this kind of split.....there's been a lot of negativity but I think it's come out of my unhappiness with myself and my low self-esteem, you tend to hit out at the world and.....You hate it but really its because you're unhappy about something in yourself.....it's starts from inside I think." (Ben: 2, p29)

Ben has used disconnection from his gay identity as a way of not accepting this part of the self. However in doing this he has condemned himself to living an unhappy life, with little regard or respect for his self. For Ben this ability to make sense of his life trajectory has come to conscious awareness during more recent years, but the data suggest that each of the participants has experienced the need to be punished for being gay at various points during their lives.

"I think I'd sort of worked out in my head that this was the way it's was going to be and no one was ever going to know. And I think because I isolated myself quite deliberately from other people.....I was very guarded quite detached." (Nigel: 1, p21)

"the consequences of nobody knowing what eventually happened were I think the sort of beginnings of what then happened later on in terms of becoming ill and having sort of mental health problems and so on and I think a lot of the decisions I made during three years at university actually set the scene for that." (Nigel: 1, p22)

Retrospectively Nigel suggests that his detachment set him up for future mental health problems. Later during the interview, Nigel clearly states that he did have a need to punish the gay part of his self to the exclusion of letting the good part of his self manifest.

“I bet there’s part of me that is absolutely fantastic and got on really well and it was lovely but I was also punishing myself because I’d never really truly accepted that it was right to be gay.” (Nigel: 1, p47)

Although Nigel talks of a good part of self he is not able to accept it as he can only speculate that it might exist. Ben, when talking about his father, the man who failed to provide him with a role model, cannot allow him self to connect with any positive part of his father.

“The side of him that I won’t connect to is this sensitive person that’s inside there, you know, I don’t need it.” (Ben: 2, p18)

Whilst Ben previously talked of misusing illegal drugs because he had nobody to turn to it seems incongruent that he prevented himself connecting with his father, whom he now describes as a ‘*sensitive person*’. The implicit message appears to be of Ben being unworthy of such sensitivity. For Carl his punishment of self manifests in his intimate relationships.

“There’s part of me that would, that craves settling down with somebody and living happy ever after and then when I find somebody who I like I don’t want it and I can’t help thinking that that’s possibly because inside I won’t allow myself to relax with it.” (Carl: 1, p32)

Carl is not able to allow himself any happiness, when his desires are met he then denies himself the contentment this should give him. Returning to the notion of the need for primary relationships to be experienced as loving in order that the child learns to love himself and others, I suggest that while Ben, Nigel and Carl have come out they remain ill at ease, particularly with regard to their fathers, with being gay. Although Ian continues to have some struggles with being gay, he has made reparation with his father. However, Ian also appears to

punish his self for being gay but uses religious symbolism as the medium for self punishment.

When asked what contributed towards his negative self image Ian suggests:

"I think in fact it's connected with church.....I started feeling sort of sinful.....And I was bad and I went through kind of um, a stage, well, it still even affects me now, obsession with a fear of the devil." (Ian: 1, p14)

The genus for the above statement is born out of reality, as Ian was told by a church elder in response to him saying that he was gay, was that it was 'a lie' and that he was 'sinful'. But again there appears to be a battle going on between knowing and not knowing, in that he knows what he was told by the elder was not a reality, but at an emotional level he is still 'obsessed with a fear of the devil', a punishment that evidently remains with him.

"I spent the night with him, and all we did was just sort of spend the night embracing passionately really, and the next day I went to church and I just cried all the way through because I couldn't handle it and it was the most awful thing that I could have done, in my mind....and then it moved on to being more intimate and I was really screwed up inside about it and feeling disjointed afterwards and completely soiled and I was worrying about whether, I was opening myself up to demonic forces." (Ian: 1, p21)

In this second piece of narrative it appears that the more Ian pursues his gay sexuality the more he punishes himself with negative emotions to the point of it fragmenting his ego. The act of sexual intimacy, his badness has reached its zenith and he associates it with 'opening himself up to demonic forces'. For Ian religion is a powerful institution which he uses to punish his self to the point of it affecting his mental health.

Each of the men in this study were aware of the ways in which they prevented themselves accepting their gay sexuality, although they did not all directly refer to it as punishment. Within the data, however, there are also examples of unconscious manifestations of the punishing of self.

"He was a student and it all happened in the same month. I got a new job and met a new partner, oh, you think, fantastic, everything's working out and it just kicked everything off."

Whether it was, whether it was just not being able to cope with all the change I don't know but things started to go really badly wrong.... I just couldn't cope with it at all. The job itself then started also to have a really bad effect on me and I ended up basically losing it a couple of times and that's when the depression was diagnosed." (Nigel: 1, p39).....I know, that that brought on depression and the depression itself uncovered loads of all sorts of messy mucky stuff that I hadn't dealt with." (Nigel: 1, p40)

Nigel does not understand why, when life starts improving for him, he then starts to experience clinical depression. One interpretation of this could perhaps be that Nigel is incapable of allowing him self to be happy and this unhappiness manifested itself as depression. In Nigel's account of his depression he sees it as the catalyst for uncovering the part of the self that contained his hatred and loathing of self.

Carl appears to set himself up for rejection.

"She [sister] said, you know, "Why don't you tell mum?" And so I said "No," I said "I don't really want to deal with, if she rejects it, me, you know, I just can't cope with the fact that she might reject me." (Carl: 1, p25)

During the interviews Carl told me that he knew his sister would tell his mother and that he feared his mother's rejection. It would seem that Carl needs to put himself through the anxiety that often accompanies rejection. From this next piece of narrative it could be suggested that Carl continues to repeat risk taking behaviour through his interpersonal relationships:

"I really don't know what love is sometimes. I've had several relationships which have been very, as far as I am concerned, just hard work and have caused me more pain than, than anything else..... because I, I think I've chosen badly but I think that's interesting that I have chosen badly because I seem to almost deliberately choose badly.....I'm attracted to people who, who are not going to give me what I want." (Carl: 1, p31)

The choosing badly could be interpreted as punishment of the self by denying the self a fulfilling relationship. Carl talks of his relationships in terms of the emotional pain that relationships have caused, and do cause him. Ben's unconscious punishment of his self is

articulated in terms of his thoughts being pre-occupied with being gay and how this continued the status quo in terms of a fragmented self.

"My mind was always fragmented with this fear and vulnerability about being exposed as a gay person." (Ben: 1, p5)

By punishing the bad part of the self, by using projective identification to project the bad into their own psyche, the mental health of the participants is compromised. All of the participants experienced anxiety and depression at a time when they had come out to others, which should be an indicator of self acceptance of their being gay if received positively. However, for the participants their coming out to others was not an indicator of self acceptance and it seemed that the split between the acceptable part of the self and the unacceptable part continued into their adult life. Projective identification is central to the paranoid-schizoid position, a position encompassing primitive oedipal conflict, whereby the infant's world is widely split and relations are mainly to part objects (Young, 2000). The data suggest that the guilt each of the participants attached to their sexuality caused the fragmentation of self. When the ego becomes fragmented in this way there is a tendency for the individual to stay in the paranoid-schizoid position (Segal, 1974). To move from this position the child has to feel secure and able to trust his primary care givers in that they contain both good and bad of the self. For these participants trust was difficult; they were mistrustful of self and mistrustful of their external world. On my second meeting with Ian, he described his mistrust of me at our first meeting:

"the first thing was, when you asked me at the beginning to think about the earliest thing I could remember and I was a bit sort of shocked by the question. Because I didn't know what you were going to use that for, I was like, I was a bit scared you were going to try to hypnotise me." (Ian: 2, p1)

Whilst it could be suggested that any new relationship requires a period of time to establish trust Ian's willingness to share his thoughts and feelings at our second meeting were perhaps indicative of him being able to start to trust me. However, in recounting his experience of the

first interview and telling me that he was ‘*scared*’ I was going to ‘*hypnotise*’ him would indicate that my opening request may have regressed him to a time in his life when he felt threatened and was fearful of the external world and of losing control. Fear manifests from guilt (Stein, 1990) and fear also featured in the lives of the other three men. In his narrative Nigel discusses his depression, how he wanted to escape from it and how it was horrible but at the same time a safe place for him to be:

“Feeling that life was just totally shit really.....And it really was, it was horrible. I mean, I don’t think unless you experience actual clinical depression that you can really understand what it’s like because it is just so, it takes up virtually all of your energy just being depressed. I mean, I’ve read Dorothy Rowe stuff on it, I mean, I think a lot of what she says is right, it’s a very safe place to be. It’s a horrible place to be, but it’s a safe place to be. Because you pull up all those drawbridges and you barricade yourself in. And you don’t let anyone get close.” (Nigel: 1, p46)

Nigel uses a physical metaphor to emphasise him closing his self down to the external world. He emotionally isolates and thus splits himself off from his external world, and although he describes his depression as a ‘*horrible place*’ Nigel feels safe when in that place. Carl, when talking about his period of depression described a similar experience:

“I seem to have discovered a part of myself which was so painful and horrible and I don’t know, I really don’t know, to this day I don’t know why I felt so bad. I just felt lost in myself and there was no, I just couldn’t feel anything that was pleasant. I was completely lost, how to feel anything good, it was horrible. I don’t like talking about it actually, it upsets me.” (Carl: 2, p22)

Carl tells here about his bad self, the part of him that he abhors and at the same time consumes him. It appears that Carl has projected the bad into his own psyche and he remains unable to see any good in himself; he is incapable of ‘*feeling anything good*’. To move from the paranoid-schizoid position there must be a recognition of good and bad contained within the self, thus allowing the same recognition in others, a self capable of forgiveness and a self that is willing to be forgiven (Waska, 2002). But for Carl this position was unattainable.

In retreating into the self and living with the bad self, the 'bad' part appeared to be taking over the men's lives thus becoming a threat to the self. When this occurs there can be a desire to destroy the bad part of the self. When a person experiences deep insecurity and fear of being destroyed, there is often a longing for omnipotence. In young people this often manifests as pseudo-omnipotence, whereby the young person believes that they can deal with anything life throws at them, but in the unconscious there is a passive, regressed masochistic belief about what will happen to them (Gardner, 2001). Ben revealed examples of his pseudo-omnipotence,

"But I had this fearlessness in me, you know, definitely there was, I can always remember just thinking I'm just going to do this and not really care about the consequences... .. but that borders on self destruct." (Ben: 1, p3/4)

"I was fifteen when I took my first LSD trip and just thinking I don't care what happens to myself, that's how sort of destructive I was then." (Ben: 1, p7)

For me there is a fine line between this behaviour being used as a way of demonstrating fearlessness and not caring and it becoming commensurate with destroying the bad by destroying the self, that is, by suicide. Ian, Carl and Ben all offer accounts of their suicidality:

"at school I thought about killing myself but I don't know how serious those thoughts were.....it must have been the sixth form or just before, and I went out for a walk and I put my wrists on to barbed wire....I just felt so at odds with myself and so much pain in sort of my head....and I remember writing a sort of a poem about, the emotional turmoil and pain inside that I felt all the time. I remember feeling full of self hatred and I remember walking round school and thinking really mentally and thinking about, why don't I just end it, why don't I just, this life's not worth it, I don't want anything to do with it, I didn't ask to be born, those kinds of things." (Ian: 1, p23)

At 17 years old, and still at school, Ian is struggling to cope with his inner turmoil, his psyche being *'full of self hatred'*. He no longer believes that his life is worth living and his rationalisation of *'not asking to be born'* would indicate that he believes that it is his self that is responsible for his turmoil. At the approximate age of 23 he is still considering suicide as an option.

"During the MA course, I sort of had ups and downs during that, and obviously still moments where I did feel desperate and, um, I remember a few times when, because I was living

in a big block and I was on the eighth floor, and coming back, um, a few times and sort of hanging out of the window a bit and just thinking about, um, about throwing myself, um, down to the bottom, so I did, you know, think about that a few times." (Ian: 2. p9)

Ian's need to destroy the bad in his self was a constant feature during his young adult years. For Carl the need to be self destructive is a response to how much he hates his self in terms of being gay.

"I am so self-destructive and, because when I am down, when I am in a bit of a mess I am, I really do hate myself and I hate what I am and who I am... ..If I say I'm confused about it [his sexual orientations] all it's because I am. I just think I don't know what I want."(Carl: 1, p32)

Carl hates what he is and who he is and demonstrates a need to punish himself for what he is and who he is, the punishment being to destroy that part of the self but in doing so to destroy the self. For Ben the process of suicidality is more complex;

"I am sort of frightened of death to a certain extent. it's like, I don't really want to go there until I have to, you know, I'm not, why bring it on prematurely and, but I have contemplated suicide....I don't know whether it's in a revengeful way it's almost in a kind of, it's not to get back at anyone so much as just, ugh, how, how unhappy I can be with myself and how I feel failure in some respects, I do feel like I've sort of failed with my life.....and it's tied in with a lot more than just being gay but I think the being gay is part of it and not feeling free, not feeling like I could just [live] as a gay person..." (Ben: 1, p17)

There is incongruity here in that whilst he is '*frightened of death*' he '*contemplates suicide*'. This must be the ultimate punishment, to use the very thing you are frightened of as a means of destroying the bad part of self. Ben blames his being gay for his being a failure and for his unhappiness. Whilst he suggests that it is '*tied in with more than just being gay*' what follows in the narrative would suggest that it is all to do with his being gay or his inability to deal with how being gay impacts on other aspects in life, for example, not being able to work because of his anxiety. The inner conflict of being gay was too much to cope with and the overwhelming of the self by the bad part led to a deterioration of their mental health for each of the men. Ian talks of the emotional pain caused by his inner conflict.

“I was in such pain.....I couldn't concentrate on anything because it was all I could think about was this conflict and the same arguments going round and round in my head all the time and I wasn't, felt that I wasn't functioning properly, feeling disjointed, in turmoil....I went into school one day to sort of sit down and prepare lessons and I just needed to find a pen in my pencil case and I, and I couldn't, I couldn't take a pen out of my pencil case because I was in such an anxious state, and I was not capable of taking a pen out.” (Ian: 1, p22)

Again Ian suggests that his conflict led to fragmentation; he felt '*disjointed*'. At the time of this incident Ian was teaching in secondary education and his vulnerability is palpable when he talks of being in such an anxious state that he is rendered incapable of taking a pencil out of his pencil case. When asked about what precipitated his mental health problems Ben answered,

“I just felt very frightened of being exposed as a gay person so it was all just churning around inside, there was nowhere I was walking that I wasn't self-conscious about it and worrying that other people were thinking, oh, he's gay, there was something I was doing that was giving me away as being a gay person and I was just constantly conscious of it so I was just never relaxed and I think that ... just eventually you just end up having panic attacks because you never switch off.” (Ben: 1, p17)

Again, here the data suggest that rather than the fact of him being gay, it is also the fear of being found out that he is gay that lies at the root of his mental health problems.

“I just think, my mind, I wish I could just switch it off. It doesn't stop churning..... I get up in a morning and I'm worried, churning, I don't really know what it's about and where it's coming from but it's constantly worrying there's an apprehension all the time. I have spent long periods feeling apprehensive about am I going to be discovered as a gay person.” (Ben: 2, p27/28)

For both Ian and Ben the inner conflict created by them being gay leads to them being in a state of constant anxiety which compromises their mental health. It appears that there is little relief from being in this state which consumes their emotional energy. One way of getting relief from the turmoil might be to commit suicide. In embarking on this study I chose an age range for gay men that is considered to have a lower incidence with regard to suicidality, but it appears from

the data that for the men in this study the struggle to be accepting of their being gay goes on, thus compromising their mental health and perhaps leaving them at risk of suicidality.

"I suppose this fear of evil worrying I suppose that I worship the devil...I get twisted by them [thoughts] and then get more deeply entangled in them and I can't break free." (Ian: 1, p19)

Despite Ian now belonging to a church for gay people he still connects being gay with worshipping the devil, for Christians the ultimate evil act. Ian has become enmeshed in these thoughts and is not able to free himself of them. Carl continues to seek out that which he perceives to be missing from his life;

"I think again, some of my past has come back to haunt me in a way, you know, I sometimes feel very, very empty in myself and very kind of lost in myself. I just feel like that sometimes I don't connect, I feel quite disconnected from people. I feel like I'm a bit out on a limb on my own, that I don't really, I, I find it very hard to feel loved and, and wanted." (Carl: 1, p30)

Whilst Carl has spent his entire life wanting to be loved and wanted, there is something inside his self that denies him having these emotional needs fulfilled. He still feels like an outsider and he talks of the '*past coming back to haunt him*' His past is causing concern and indicates that it is a threat to the stability of the present, the implicit message being that it is his being gay that prevents him from living a fulfilled life. Ben articulates the hatred he still has of his self and the need to destroy his self,

"I think I'd learnt how to really hate myself.....and be disgusted with myself... I've become a sort of expert, holding myself back and destroying myself." (Ben: 2, p29/30)

"and here I am today at thirty-seven still feeling like I haven't totally accepted that I'm gay, I think there's still, I still feel vulnerable with it, I still feel I mean, not wanting people, the neighbours to know and like if I had a partner coming here, why, what would they be thinking and all of that. I just don't feel free, I don't feel free to be who I am." (Ben: 1. p12)

Both Ian and Ben talk of not being free, Ian in terms of not being able to break free from the evil inside him, and Ben not being able to allow his gayness to become a free entity of his self. From

the above extracts it suggests that each of these participants continue to punish themselves for being gay, Carl not allowing himself to '*connect*' or to be '*loved and wanted*' and Ben holding back because of the '*disgust*' he has for himself. For all four participants, the emotional turbulence continues, as does their risk of mental ill health and suicide.

A self-loathing of the sexual self and insidious internalised homophobia have each had a detrimental effect on the mental well-being of each participant. It would appear from the data that the participants are self-blaming for their sexual orientation, giving rise to guilt and intrapsychic conflict. All have used the more pervasive defense of projective identification, but in such a way that the unpalatable parts of the self have been split off and contained within their own psyche. As the recipients of their own bad part they have also had to contain the associated feelings of hatred, fear and anxiety. This has led to the compromising of the participants' mental health, with each of them being diagnosed with anxiety and/or depression at various times during their lives. The consequence of this has been the need to destroy the bad part of the self, which they have tried to achieve through their suicidality, metaphorically 'punishing' the self for their 'crime' of being gay.

Summary

This chapter has considered the shared experiences that are to be found in each of the individual narratives. The shared experiences have been themed under the heading of Not Knowing and Knowing; the Centrality of the Father-Son Relationship; the Loneliness of Outsideness; Leading a Double Life; and Crime and Punishment.

Each of the participants started out from a position of not knowing, with regard to the absence of language and meaning that would contribute to conscious awareness of their sexuality. Around the ages of six and seven years old the participants experienced a pre-linguistic 'felt' difference, but were not exposed to the threat of censure and censorship promulgated through

the dominant social discourse of heterosexuality. However, as their vocabulary and its meaning expanded, they moved to a position of knowing, giving rise to a conscious awareness of labelling their difference as being gay and the implications that had for them within their perceived reality of the external world. The unacceptability of being gay within the dominant social discourse of heterosexuality left the participants with inner turmoil and a sense of vulnerability. For boys, one important source for mediating such vulnerability would be through the introjection of the father's image; however, for the participants in this study the all important father-son relationship was experienced as being inaccessible.

All the participants have felt unable to access their fathers as role models, whilst at the same time perceiving that they have not been able to live up to the expectations of their father. In the generational context of the participants' upbringing the pervading social discourse was one of heterosexuality being the only acceptable sexuality, and the knowing of this caused the participants to distance themselves from their fathers. It is important that the child experiences primary relationships as loving as this experience will form the basis for future engagement in loving relationships with others, a requisite for mental well-being. Over the years each participant has invested emotional energy in trying to gain approval, affection and love from their respective father; however, having these needs unmet has left them with something important missing from their lives. Whilst at an age to be in a state of not knowing the participants articulated that it was their not being able to live up to expectations that hindered their relationship with their fathers. However, once they became knowledgeable, the love and approval they sought was perceived as out of reach because of their sexual orientation. For the participants the inaccessibility of a loving and approving father-son relationship, left them again in a position of not knowing who to turn to for help in dealing with their intra-psychic conflict, leaving them with a felt experience of being an outsider.

Whilst social discourse takes on the role of master dictating the rules by which we are expected to live, not living up to those expectations only serves to condemn the individual to a

subservient position. For the participants not living up to expectations of their external world became conflated with their being gay. The unacceptability of being gay often equates to social exclusion (Flowers & Buston, 2001; Gorisioek & Rudolph, 1991; Johnson et al., 2007; Meyer, 1995) and for the participants, led to experiencing outsidership which gave rise to loneliness and isolation. Their outsidership began during their primary school years, became exacerbated during their secondary school years and has continued throughout their lives, with each of the participants, at some point in their life, believing their being gay to be transparent, thus increasing their inner conflict. Whilst they employ coping strategies of avoidance and withdrawal, and for two of the participants' misuse of drugs and alcohol, in order to protect the self from the increasing inner conflict, they were only able to manage this to a certain level. When their inner conflict became overwhelming the consequence was the experiencing of mental health problems and related suicidality during their adolescence and early adulthood. In an attempt to nullify their outsidership the participants started to use the more powerful defense of splitting, in this instance the public self being split from the private self, leading a double life, as a way of concealing their sexuality from the outside world.

Whilst each participant used unconscious defense mechanisms to overcome their inner conflict, constantly having to lead a double life eventually further impinged on their mental well-being. Leading a double life or 'passing' is well documented in gay literature (Flowers & Buston, 2001; Cox & Gallios, 2001; Humphreys, 1972; Troiden, 1989). Using passing as a coping strategy could be considered to be one way of actively managing a gay identity rather than being in passive denial (Flowers & Buston, 2001). However, to 'pass' as heterosexual whilst increasingly identifying as gay may well take its psychological toll, with those who use passing being more likely to experience more adjustment problems (Cox & Gallios, 1996).

The splitting of the public self from the private self created fragmentation within the self, the consequence of which was that each of the participants was unable to integrate the sexual self as an accepted part of the self. This is in keeping with a distorted perception of otherness, whereby

the part of the self that should be integrated becomes separated as a means of defending the self. The data presented would suggest that for the participants their emerging sexuality was overwhelmed by the need to conform to social norms and what occurred was engendered homophobia, a phenomenon common amongst gay men (Meyer, 1995; Skidmore et al., 2006; Troiden, 1989). This could potentially lead to the hatred and destructiveness within the inner world being projected onto the external world. However for the participants projective identification was used as a defense mechanism, the hatred and destructiveness being contained within their own psyche. The unacceptability of self led to the desire of wanting to put a stop to the inner conflict and each of the participants turned to suicidality.

It would appear from the data that the participants are self blaming for their sexual orientation giving rise to guilt. Forcing the unpalatable parts of the self to be split off and projected into their own psyche led to their becoming a container for their negative associated feelings. By using projective identification to punish the bad part of the self, the participants' mental health became compromised. All of the participants experienced anxiety and depression at a time when they had come out to others, which should be an indicator of self acceptance of their being gay. Whilst '*coming out*' is an on-going complex process (Coyle & Daniels, 1992), research also suggests that as self acceptance begins, a parallel process of self rejection and increased internalised homophobia occurs (Flowers & Buston, 2001). Likewise for the participants in this study their coming out to others was not an indicator of self acceptance and the split between the acceptable part of the self and the unacceptable part continued to be a source of inner conflict into their adult life. The consequence of this has been the need to destroy the bad part of the self, which they have tried to achieve through their suicidality, the ultimate 'punishment' for their 'crime' of being gay.

This chapter provides insight into some of the life experiences that would lead to some gay men having mental health problems and engaging in suicide behaviours. Whilst the dominant social discourse continues to embrace the notion of heterosexuality, homosexuality remains in a

subservient position and in aligning oneself with that position the consequence is one that could compromise mental well-being. From the data it could be suggested that a central mediating factor for young gay boys is that of a loving father-son relationship. However the heterosexual pervasiveness of the society which contextualises such relationships can hinder this process. The translation of these data into practice will be discussed in the next chapter.

Critical Reflection

Of the four men I interviewed, two of them, Carl and Ian, I liked, was physically attracted to and felt emotionally attuned to them. I felt that I was ambivalent towards Nigel and Ben. When thinking about each of the encounters, Carl and Ian both showed strong emotional reactions during their interviews, whilst Ben and Nigel demonstrated ambivalence. Carl and Ian both silently cried at various times during their interviews and although Ben also cried and sobbed on a couple of occasions, his crying occurred as the result of anger and was somewhat dramatised. Whilst spontaneous silent crying elicits emotional distress in me, I am familiar with my response through my work in clinical practice and have over the years been able to hold and contain the emotional pain that crying often accompanies and that the patient transfers onto me. However, as a therapist I am not particularly good at holding anger, and crying as the result of anger makes me defensive. My response to Carl and Ian was to stay with and be there for them, allowing them to re-engage with the interview in their own time. For Ben my response was to move on with the interview, perhaps signalling to him my detachment from his situation. These two very different reactions will have affected my relationship with each of these participants and perhaps consequently affected the depth of experience they were each willing to share with me.

When thinking back to the recruitment of each of the participants I was reminded that Carl and Ian had directly contacted me in response to an advertisement in MESMAC and my presenting the intended area of study at a church service respectively. Ben and Nigel made contact through

a third party. As a therapist my personal belief is that those who actively seek help for their problems do better in terms of engaging in the process and resolving their issues, than those who feel obliged to attend for counselling because a third party has recommended it. With this in mind I might well work differently, perhaps demonstrating a more enthusiastic and sustained interest in those who have directly sought help. Whilst not being conscious of any difference in the way I approach the participants in my research, the possibility of my reacting differently to each of the participants was discussed in clinical supervision. The result of this exploration led me to a conscious awareness of my interactions in the subsequent interview with each participant.

In keeping with the above, it was interesting that Carl and Ian were both interviewed away from their homes, with Nigel and Ben both opting to be interviewed at home. Years ago, whilst undertaking a marital and sex therapy course, it was instilled into students that asking people to attend the clinic would demonstrate their commitment to engaging in therapy and also gave the therapist more control over the sessions, for example visitors could not interrupt, phones could be disconnected. At a simplistic level these different venues could have impacted on my level of confidence. Carl was interviewed at the surgery, where I work in clinical practice, and I felt very confident and in control during his interviews. Ian was interviewed in a room attached to the church where we had previously met. For me this venue offered a common/neutral ground and for me introduced some equity into the relationship. However, for Ian it might have been the wrong place to interview him, given his fears relating to God and the church. With regard to Carl and Ian, I was able to see them clearly in terms of their facial expressions and other non-verbal communication, which offered me the opportunity to check for congruence as they told their story.

Interviewing Ben and Nigel at their respective homes placed me in a more vulnerable position, in that I felt as though I had less control over the situation. Both lived in areas that I was not familiar with and this brought back memories of being a community psychiatric nurse and the

heightened sense of vulnerability I used to experience when knocking on someone's door for the first time; not knowing who would be on the other side of the door; whether or not they would speak to me, let alone be able to establish a relationship with them; and being uncertain of the area I was visiting. I felt that both Ben and Nigel did take control of the interview situation, in as much as they each dictated where I would sit in relation to them. Both placed me in a position where it was difficult to see their faces and I know at times this hindered my ability to listen to each of their narratives. Ben and Nigel may well have been re-enacting their need to hide their sexual self by 'hiding' from me. I believe that at various points during each of these interviews I put my energy into trying to see their non-verbal communication, which led to frustration on my part, and possibly compromised my hearing of parts of their story.

Each of the four men placed their self within a psychoanalytic discourse. Whilst this could have been in response to my telling them that I intended to use psychoanalytic theory to enable me to make sense of their stories, their readiness to use it perhaps impacted on the research process. One interpretation of their use of psychoanalytic discourse would be that they were trying to oblige me by fitting in with my values and assumptions. Alternatively, each of the men could have been demonstrating their own expertise with all aspects of the topic I was trying to research, thus asserting their power via the use of their knowledge. When using supervision to explore my opening gambit, 'go back as far as you can...' this could have been a frightening experience for each of the men (Ian actually told me he had been frightened by this) and may well have led to them becoming defensive. For me it felt very safe as I am used to working in this way in clinical practice, albeit I would only ask a patient to do this after I have had at least one assessment session with the patient and explained to the patient the way in which I prefer to work. After sharing this information the patient can then ask questions and has the freedom to decide if they want to work with me.

In contrast to the above, and each of the men asserting their power and control, during the interviews each of the men at some point offered power and control to me by seeking out my

approval and I wondered what this represented for them. The obvious interpretation is that of re-enacting the seeking out of parental approval. Perhaps each of the men ascribed me the role of 'mother' who could give them approval for the way they lived their lives. Another interpretation could be that as a researcher coming into their world I was representative of the external, social world of which, to date, they had been mistrustful. In this instance I would have the responsibility of atoning for the way in which they each perceive they have been treated by the external world. If I could be accepting and contain their emotional distress as someone external to them, then perhaps trust in our short lived relationship could be established, but at the same time my approval and/or affirmation of them as gay men would be important.

CHAPTER EIGHT: FINDINGS, IMPLICATIONS AND RECOMMENDATIONS

Introduction

Within this thesis I have explored the accounts of four gay men in relation to their sexual orientation and their suicidality. In particular I explored what, for the participants, were significant biographical experiences during their childhood, adolescence and early adulthood that may have resulted in them engaging in suicidality. Whilst at the individual level such stories might be recognised and appreciated in terms of providing care commensurate with a person's unique life trajectory and what has led to the compromise of their mental well-being, building a series of psychosocial case studies can help to construct more meaningful general theories with regard to the research topic. However, whilst collecting narratives together can facilitate the development of theory, there remains a paucity of empirical qualitative studies specifically exploring suicide and issues relating to gay men. In view of this, the importance of this study is the development of a composite view of four participants and the linking of this to other available research. In this way the study adds to the body of evidence that recognises the existence of shared experiences of gay men who have used suicidality as a way of coping with their distress (Fenaughty & Harré, 2003; Johnson et al., 2007).

Childhood distress

The experiences common to the participants in my study were often linked with the process of developing their sexual identity and other research has indeed highlighted the complex processes involved in developing a sexual identity that is not in keeping with the dominant culture (Coyle, 1992; Cox & Gallios, 1996; Wilson, 1999). For these four men an awareness of their sexual identity began around the age of seven years old and continued throughout adolescence and adulthood. Coyle, (1992) argued that the construction of a gay identity is an ongoing process. For those participating in my study this process was shaped by the dominant

heterosexist culture and the gender polarities characteristic of heterosexuality. The result for these men during their formative years was that each felt compelled to develop behaviours attributed to their own gender, for example playing football, fishing, and being more aggressive. At the same time, their resistance to such conformity gave rise to a growing sense of difference, in terms of their sexual orientation, leading to inter and intra-personal conflict. Each of the men in this study experienced a strong sense of difference, in that as little boys they aligned themselves to those things considered more in keeping with the feminine. Similarly, difference and gender non-conformity and the subsequent distress it engenders have been documented in other studies (Bailey & Zucker, 1995; Hockenberry & Billingham, 1987; Remafedi et al., 1991; Savin-Williams, 1994; Skidmore et al., 2006). Whilst unable to articulate its meaning, the experience of a felt difference from other boys in their peer group, appeared to create an intuitive knowing that their difference was something that was a source of conflict and needed to be kept hidden. For these four men this led to a sense of being a failure in terms of meeting the cultural expectations placed on them by their gender, thus becoming gender-stressed (Drescher, 1998). The consequence of gender stress for the men in this, and other studies, is that a process of self loathing is initiated which compromises their mental well-being from a very young age (D'Augelli, 1998; Johnson et. al., 2007; Meyers, 1995; Shildo, 1994).

Splitting the Difference, Doubling the Stress

It has been consistently suggested that in trying to assuage difference, there is a tendency to construct a dual identity or engage in 'passing'; making the self acceptable to both the internal (homosexual) and external (heterosexual) world (Cox & Gallios, 1996; Flowers & Buston, 2001; Humphreys, 1972; Troiden, 1989). Whilst the latter addresses the expectations of the dominant social discourse, the former has been found to be attached to shame, self-blame and guilt, something that has to remain hidden from others (Green, 2003; Plummer, 1995) as well as, at times, from self. As the participants grew up and reached a point whereby their difference

could be named, the need to split the true self from what was becoming the now dominant false self became more entrenched as their inner conflict increased.

Increased inner conflict through adopting a dual identity and the impact it has on a person's mental health is a recurrent theme in the literature relating to gay men and mental distress (Cox & Gallios, 1996; Coyle & Daniels, 1992; Flowers & Buston, 2001; Robertson, 1998; Troiden, 1989; Winnicott, 1971). In psychoanalytic terms such splitting can create fragmentation. For some individuals, rather than the unpalatable parts being split off and projected into an 'other', they are split off and projected into one's own psyche (Young, 2000). The consequence, for the men in my study, was the inability to integrate the sexual self as an accepted part of the self. It would appear from their narratives that their early experiences of their social environment made being gay the unpalatable part of the self. One interpretation of this could be internalised homophobia, whereby prevailing societal anti-homosexual attitudes create hostility towards one's own homosexual feelings (Fenaughty & Harré, 2003). Essentially the articulation of such attitudes implicitly blames individuals for their 'deviance' leaving the gay man with guilt and self loathing. As the recipients of their own 'bad' part, gay men also have to contain the associated feelings of hatred, fear and anxiety, leading to a further strain on their mental health (Bancroft et al. 2003; Gilman et al., 2001; Johnson et al., 2007). The detrimental effects of internalised homophobia on one's mental health are well documented (Flowers & Buston, 2001; D'Augelli, 1998; Kourney, 1987; Meyers, 1995; PACE, 1998; Robertson, 1998; Shildo, 1994). For the men in my study this can be seen to have had a detrimental effect on their mental health to the point whereby it overwhelmed their very being. The consequence of this was a need to destroy the bad part of the self; in this study metaphorically described as 'punishing' the self for the 'crime' of being gay. The unacceptability of self reinforced the self loathing, and the desire of wanting to stop the inner conflict it created led to suicidality being an option. The insights offered into the lives of the gay men participating in this study, together with and supported by the findings of other empirical qualitative research studies (Boon & Miller, 1999; Connell, 1992; Coyle, 1992; Fenaughty & Harré, 2003; Flowers & Buston, 2001; Johnson et al., 2007;

Robertson, 1998), can be utilised in various health and social care and educational settings. The remainder of this final chapter will look at ways of exploring such opportunities.

Implications for Practice

As a mental health lecturer and practitioner the implications set out here are contextually situated within applications for mental health nursing education and practice, although they could also relate to other therapeutic/ clinical contexts.

Professional knowing and not knowing

The gendered nature of suicide is well documented, with suicide becoming the most common cause of death for men in England under the age of 35 years old (DoH, 2002), and their being an increased prevalence among young gay men (Bagley & Tremblay, 2000; Sandfort et al., 1999). However, whilst the emphasis on homosexuality as pathological has diminished over recent years, many health and social care workers and educationalists cling to the familiarity of heterosexism when working with young people. Embracing heterosexism increases the risk of denigrating those with a gay identity to a life of social exclusion (King & Bartlett, 1999; King et al., 2003; Phillips & Silling, 1997). Whilst there are a range of services, for example schools, voluntary organisations and health and social care services providing emotional care for young people, many who experience problems as a result of their sexual orientation seek out or get sign-posted to services specifically targeted at gay, lesbian and bisexual people (Cant, 2005). Whilst these services are likely to provide sensitive, non-judgemental care, the segregation of such services from mainstream services continues to promulgate difference and the marginalisation of homosexuality. Thus, when adolescents seek professional help, they often experience homophobia (Fontain & Hammond, 1996; King et al., 2003; PACE, 1998) which may include a variety of responses ranging from professionals not being aware of the issues facing young gay people to overt homophobia (Wilson, 1999). For example, it has been reported

that some gay men have been directly criticised by their GP for their sexual orientation before being offered counselling for a mental health problem (Cant, 2005). This heterosexist professional stance may be related to the not knowing about the lived experiences of gay men. One aspect of not knowing might be a consequence of the fact that much of the relevant research on gay issues is promulgated by gay friendly researchers and clinicians publishing mainly in specialist journals. For a large number of health professionals the consequence of this maybe that recommendations go unread and unheeded (Goldfried & Pachankis, 2007). In addressing this I argue that in drawing together a number of emergent educational, professional and organisational implications, recommendations can be made that are likely to be more accessible, for example via conference presentations and mainstream journal publications (see appendix six), to those professionals working in a variety of public services that most children and many young men will come into contact with at some point during their life.

The importance of nurturing the child

During the child's formative years school plays a significant part in their social life and the development of self. Knowledge about sexuality in schools in the UK is often predicated on childhood innocence, the easily influenced nature of adolescence, heterosexuality, and patriarchy (Epstein & Johnson, 1998; Rivers, 1996). Set against this backdrop teachers and health professionals, working with and in schools, are expected to understand and make provision for the psychosocial sexual needs of young people. Rather than enfranchising young people with regard to their emerging sexuality, the restrictiveness of the dominant social discourse is likely to lead to the disempowerment of the gay child and thus reaffirm their tendency to stay hidden from the adult gaze (Warwick et al., 2001). Growing up hidden within their social environment will often lead to feelings of shame and worthlessness, further compromising the conflict already being experienced by the gay child (Flowers & Buston, 2001). As children, the men in this study knew by the age of seven years old, primary school age, they were different from their peer group. If a gay child's mental well-being is to be

promoted through the educational system we must give credence to their felt difference and not trivialise their capacity for distress and despair. Indeed Buston and Hart (2001) suggested that school would be the appropriate place to challenge homophobia and heterosexism. To achieve this requires a shift in thinking, approach and policy around the nurturing of, and responding to, our children in these environments. Such changes must reflect the potential for a child's 'unknowing' sense of being different and the disturbance to the developing psyche when significant adults, parents, teachers, school nurses, afford little credence to these phenomena (Bailey & Zucker, 1995; Flowers & Buston, 2001; Hockenberry & Billingham, 1987; Skidmore et al. 2006). The acknowledgement and affirmation of sexual difference is particularly important as the child enters adolescence when the unknowing sense of their difference begins to become known and understood in relation to others.

It is during adolescence, a time when the difference is named and the social consequences become realised, young gay people are often made to feel that it is their homosexuality that is problematic rather than problematising the homophobia and heterosexism endemic in society. As has been the case in a number of studies (Coyle, 1992; Flowers & Buston, 2001; D'Augelli, 1998; Meyers, 1995; PACE, 1998; Robertson, 1998), for the men participating in the present research such normative heterosexuality is internalised and, for gay adolescents, further exacerbates their inner conflict. Unless there is successful resolution to this internalisation of heterosexism and homophobia, the young boy's ability to develop his gay identity will be impeded (Shildo, 1994) and, at times, will have catastrophic consequences such as completed suicide.

To enjoy mental health and a sense of well being one needs to be true to self in order that a positive self identity can develop (Coyle & Daniels, 1992; Winnicott, 1965). The positive nurturing of children is crucial to this process and will initially be provided by the primary caregiver (Winnicott, 1965). However, as the child develops and is exposed to potentially multifarious care giving situations, for example the extended family, school and the community

in which the child lives, failure in continuing to provide nurturance and/or the experience of hostility within those environments may force the child to adopt a 'false self'. The adoption of a 'false self' is considered to be a massive defensive effort prompted by traumatic environmental failure and one whereby the child identifies with a negative self image, self-doubt and feelings of unworthiness (Winnicott, 1965). The adoption of a false self could be seen as being in keeping with the concept of 'passing'. For the gay child one possible cause of adopting a false self may be the denial of their sexual identity through a restrictive programme of health promotion in schools, thus leading to the compromise of their mental health (Morrison & L'Heureux, 2001; Smalley et al., 2005; Warwick et al., 2001).

As responsible and accountable professionals delivering health and, more specifically mental health care, there is a need to increase our knowledge of the issues facing young gay people (Johnson et al., 2007; Smalley et al., 2005). However, in moving towards this we first need to understand ourselves and the ways in which we relate personally and professionally to others (Gallop & O'Brien, 2003; Warne & McAndrew, 2007b). For example attention could be paid to the unquestioned ways we might use language that reproduces the discourse of heterosexuality and thus inadvertently promulgates homophobia and heterosexism. Nurses and teachers alike have a professional responsibility to recognise their own prejudices and in so doing take action to address the discourses experienced by young gay people in their care (Warwick et al., 2001). It is only by acknowledging and addressing our own shortcomings that young gay people may gradually no longer feel the need to hide their sexual orientation, or more importantly, their suicidal intention (Cox & Gallios, 1996; Morrison & L'Heureux, 2001).

Providing a Healthy Service

Re-dressing the power imbalance

The systemisation and dissemination of expert knowledge produces power inequalities between those who control such knowledge and those who are the object of the *controller's* gaze (Foucault, 1985). The power invested in psychiatrists and other mental health professionals to deem what should be viewed as 'normal' has continued to pervade the regulation of sexuality. In this instance homosexuality has been marginalised within a heteronormative system that leads to suffering and confusion for those who are the object of its gaze. Unfortunately many studies (Berkman & Zinberg, 1997; Cant, 2005; Eliason, 1993; Rose, 1994; Phillips & Silling, 1997; Smith, 1993) show that some caring professions consistently treat homosexual patients with disdain and repugnance. Central to mental health nursing is the therapeutic relationship. However, the fundamental aspects of interpersonal and cultural power within the therapeutic encounter also remain consigned to the therapeutic 'expert gaze', ensuring these encounters take place within the shadow of the therapeutic profession (Goldner, 2007). In this instance, if the 'professional' does not consider the patient's sexual orientation to be integral to his or her mental health problems, this aspect of self is likely to be overlooked. In doing this there is a danger of separating the social from the psyche, thus compromising the therapeutic process and denying the person the opportunity to tell their contextualised story. For the gay man already engaged in 'passing', the splitting of the social from the psyche will only reaffirm his behaviour and lead to the possibility of him remaining fragmented and strongly defended in terms of therapeutic intervention. Such professional 'expert' power needs to be exposed and deconstructed if the rhetoric of patient sensitive practice is to become a reality.

Choosing an appropriate therapeutic approach

Recent UK mental health policy has been pre-occupied with the promotion of brief therapy and/or session limited, cognitive behavioural therapy, that provide cost effective intervention to those with mental health problems (Thomson & Shiers, 2003). Whilst these therapies have a place in mental health care, they can not easily provide the mediation of mental distress accumulated by an individual over a number of years. For some mental health nurses there has

been a welcome resurgence of psychoanalytic approaches used to facilitate greater understanding of the complexities of people's lives (Crowe, 2004; Warne & McAndrew, 2005). Psychodynamic theory is rooted in the belief that we develop a sense of self during childhood and this will be mediated by factors such as gender, social and cultural discourses and biology. When thinking about the histories of the participants in this study, the exploration of such factors would be fundamental to their therapy. In considering the findings of this and other studies, it must be recognised that gay men seeking therapy for mental health problems are likely to have experienced inner emotional conflict and turmoil from an early age (Bailey & Zucker, 1995; Flowers & Buston, 2001; D'Augelli, 1998; Meyers, 1995; PACE, 1998; Shildo, 1994). This, in itself, raises the issue of most appropriate therapeutic approach if, particularly as for mental health nurses, holism (exploring all aspects of the person life that have the potential to impinge on his/her well-being) is a philosophical anchor.

A contemporary psychodynamic approach, whether psychoanalysis or psychodynamic counselling, takes account of the psychosocial existence of the individual and supports the exploration of the interrelationship created by the merger of the intra, inter and extra-psychic worlds. To understand how the former can arise from the latter it is important to comprehend the human psyche in the context of a person's lived experience. It is through hearing stories of people's lives that the powerful effects of social discourses and the personal struggles of the individual can be understood, particularly in terms of how individuals situate themselves within these discourses of experiences. The therapeutic process would involve mutual constructions of new meanings and subject positions through acknowledging the juxtaposition of multiple perspectives and engaging in a process that involves the reinterpretation of discourse (Kaye, 1999). For example in my clinical practice I once saw a 31 year old gay man who had experienced bouts of depression since being a teenager and had considered suicide on several occasions. He believed that his being gay was punishment for him having experienced an erection at 7 years old, during an episode of sexual abuse by a neighbour. His interpretation of

getting an erection whilst being abused was that he had 'enjoyed' being sexually abused and therefore has instigated the abuse, and that his enjoyment had resulted in him becoming homosexual. In exploring and gently challenging his views regarding what a 7 year old child would know about sexual relationships and how to instigate them; the physiological response to stimulation; the expectations children have of those adults who form part of their everyday lives; and where he placed himself within a heterosexual discourse; opportunities were created for him to consider a different interpretation of the event, formulate new meanings and reposition himself within the social discourse.

In using a psychoanalytic approach in working towards achieving the above, attention is given to conscious and unconscious processes. Because of the complexities often inherent in people's mental health problems, as with the man in the above example, the significance of the unconscious, and the reality that change and growth are often part of a long and arduous process, need to be acknowledged by the nurse. As for the men in this study, those who had experienced continuous emotional pain and anxiety had developed a way of protecting themselves by using unconscious defense mechanisms. In order to access the unconscious, nurses need to familiarise themselves with the concepts of defense mechanisms, the most common one used by the participants in this study being that of splitting, which has implications for transference and counter-transference. Splitting allows the patient to separate the good and the bad, the latter often being projected on to or into another person. In the therapeutic relationship there is always the potential for the 'bad part' of a patient to be split off and be projected or transferred on to the nurse.

It is important for nurses to appreciate that transference does not encompass the development of new feelings but, rather, returns to what already exists in the person's unconscious. In the therapeutic situation this might involve feelings such as frustration, unmet needs and anxieties. If the frustrations and anxieties can be held by the nurse, the person will be able to develop a

strong sense of self and not be afraid of functioning as his gay self. Therapeutically the ‘holding’ of such distressing emotions may provide the nurturance that person needs in order for the ‘true self’ to manifest (Winnicott, 1965). However, in the nurse-patient relationship transference is said to be intensified and therefore has the potential to elicit a strong reaction, counter-transference, from the nurse (McAndrew & Warne, 2004; Miles & Miller, 1995).

Counter-transference is the nurse’s unconscious response to the patient’s transference and might activate some primitive feelings within the nurse that resonate with his/her own past experiences. For example if the person has created a false self as a way of defending his true self against possible rejection, he may well ‘compliantly’ going along with nursing interventions but make no progress in terms of addressing his mental health problem/s. Initially the nurse could consider the person to be a ‘good patient’, doing as requested and not causing any difficulty. However, the person’s inability to show improvement in his mental health might eventually frustrate the nurse (just as he himself feels frustrated) leading the nurse to adopt the view that he is someone who does not respond to treatment and rendering any intervention redundant. In being knowledgeable about splitting and its relationship to transference and counter-transference, the nurse will be able to acknowledge what is occurring and be more attuned to the real message the patient is trying to convey as well as therapeutically holding the patient’s distress (Warne & McAndrew, 2006).

Whilst acknowledging that the unconscious cannot be empirically observed, its effects can be explored through the way in which the individual re-enacts aspects of experience that occurred in the past with significant others. For example, gay men may recall difficult parent-son relationships in which each boy’s parents knew of the boys’ homosexuality, but where its lack of acknowledgment evoked painful feelings of shame, fear, guilt and anxiety. These men may look to therapy as a way of re-enacting and putting right such scenarios. As stated above, such re-enactments of emotions and attitudes that belonged to important early relationships can also be transferred onto the therapist. By focusing on the emotional context of such situations the

client has the opportunity, through the transference, to recapitulate historical relationships in the present, thus affording the opportunity of a reparative experience (Drescher, 2007). Reparative relationships require that the person seeking reparation has a capacity for forgiveness and love in terms of self and other. For the men in my study the opportunity for reparation may be compromised in light of their need to punish the self for being gay. The phantasy of destroying the 'bad' part of self, being gay, may re-engender fear and anxiety leading to self doubt with regard to their ability to make reparation (Clarke, 1999; Kohut, 1984). Therapeutically one needs to be mindful of this as the development of reparative relationships and the manifestation of reparative effects require sustained and intense engagement on the part of both nurse/therapist and patient.

Choosing a 'Therapist'

The Sexual identity of both nurse/therapist and patient engaging in the therapeutic relationship is an integral part of their psychosocial existence and an important facet of their here and now life. This is particularly pertinent for young gay men who, like the men in this study, have not been able to access appropriate role models to help facilitate the development of their gay self. The reciprocal identification with either an available father or surrogate can prove effective in developing masculine gender identity that is in keeping with one's own sexual orientation (Diamond 2004). In this study what appeared to be important to the participants was the absence of the father-son relationship. Whilst having a male therapist might be advantageous, transposing this important dynamic into practice does not necessitate a male therapist but, rather, that the therapist is able to convey unconditional acceptance and love within the therapeutic relationship. Likewise, a gay affirmative stance on the part of a heterosexual therapist has been found to counteract the effects of homophobia (Isay, 1995; Lebolt, 1999; Milton et al., 2002). Positive regard for the person and expressions of love should be embedded in everyday nursing practice and, in the therapeutic relationship, will facilitate meeting the needs of the whole person (Stickley & Freshwater, 2002).

Developing Trust

A commitment to long term therapeutic relationships and the ability to trust would be fundamental to engaging in this type of therapy. The paradox, in this instance, is that those who would be most likely to benefit from psychoanalytically informed therapy are those who have previously encountered difficulties with trust (Eichenbaum & Orbach, 1992; Isay, 2006). This is particularly pertinent for gay men who have had negative life experiences (Boon and Miller, 1999; Isay, 2006; Robertson, 1998). Returning to the concept of constructing a false self and/or engaging in passing, these are coping strategies that have been developed as a consequence of not being able to trust self or others (Cox & Gallios, 1996; Coyle, 1992; Green, 2003). Trust in the therapeutic relationship is a complex issue and one that needs working through over time. Consistency, respect, affirmation, empathy and staying with and holding the emotional distress will provide an emotional climate conducive to nurturing trust (Coyle & Wright, 1996; Green, 2003; Isay, 2006). In terms of therapeutic value, such interactions can offer the patient a safe place to transfer his emotions onto the therapist which, in turn, can be used by the therapist to enable the patient to overcome his emotional resistance and move towards a deeper self-knowledge which proceeds change (Kvale, 1999).

Ensuring sensitive therapy

Mental health nurses need to recognise and acknowledge the gendered experiences of their patients (McAndrew & Warne, 2005). By way of addressing such experiences, health care professionals must take cognisance of their response when a patient comes out to them both in terms of their suicidality and their homosexuality. Whilst the practice of mental health nursing has been strongly influenced by psychiatric discourse, the main tenet of the profession remains that of the psychotherapeutic relationship (Crowe, 2004). Psychotherapy in its various guises inevitably involves the search for meaning; a way of making sense of difficulties, miseries, confusions, worries and distortions that characterise mental ill-health (Holmes, 2003). It would

appear therapeutically there are two ways of knowing and being: the inter-subjectively emergent self and the discursively produced subject brought into being through the cultural matrix. For therapy to be successful in its aim of being sensitive, the registers of '*knowing and being*' need to be bridged. In adopting the stance that homosexuality is a natural outcome of human sexual development, it follows that a person's sexual orientation, fantasies and wishes that constitute their identity should not be challenged, changed or coerced by therapy and/or therapists that ideologically assume heterosexuality to be the only orientation (Lingardi & Capozzi, 2004). Such an approach would require the nurse/therapist to listen and respond to the individual in the full awareness of their own need to understand how they have become who they are and how their own history and that of the patient is re-enacted and modified within the therapeutic encounter (Warne & McAndrew, 2007b).

When engaging in dialogue, communication, and in particular language, has been described as populated and over-populated with the intentions of others (Bakhtin, 1984). In the context of suicidality, the response often elicited in professionals, particularly the more naïve reflects a belief that in discussing suicide intent, the person will be more likely to actualise the suicide. When suicide does occur it is often accompanied by personal and professional questioning of one's practice, including decisions that were made, level of professional competence and the role played by the professional within the tragedy. With regard to homosexuality, it is heterosexual silence that has perpetuated the difficulty experienced by gay men in accessing sensitive healthcare. For those who come into contact with mental health services this is particularly so; their sexual orientation once disclosed is then often ignored by those delivering the care (Cant, 2005; Johnson et al., 2007; King & Bartlett, 1999; King et al., 2003; Phillips & Silling, 1997; PACE, 1998). In keeping with findings of this and other studies (Cox & Gallios, 1996; Fenaughty & Harré, 2003; Flowers & Buston, 2001; Johnson et al 2007; Meyers, 1995; PACE, 1998; Skidmore et al., 2006), it could be suggested that this would parallel the participant's past experiences of not being acknowledged or heard, and/or perhaps re-affirming their non-existence. For the men in this and other studies (Fenaughty & Harré, 2003; PACE,

1998), it was the loneliness of feeling ‘outside’ of the dominant culture and the need to hide the true self and the guilt and shame attached to that self that contributed to their suicidality. Whilst professionals might defend their silence in terms of sexual orientation not having anything to do with the person’s ill health, in terms of suicidality the use of silence may itself be oppressive and consequently give rise to previously experienced negativity towards self. One implicit message of the use of such silence is that the subject, be it homosexuality or suicidality, is taboo and it is not important enough and/or too dangerous for us, as professionals, to explore further.

For those mental health professionals who thrive in a personal and professional paradigm characterised by feelings of competence and being in control, attending to the subjective world of another can be discomfiting (Reynolds, 2002). Reluctance on the part of the nurse to work with emotional trauma could be the result of their own internal psyche influenced by their own social, cultural and political identity. Such experiences will have a direct impact on their openness and willingness to explore intimate and sensitive issues. If they feel insecure in addressing such issues they will try to assert competence and control through use of their own defense mechanisms. Professional detachment, denial of personal feelings, the use of rhetoric and the pathologising of what we do not understand are all defense mechanisms commonly adopted by mental health professionals (Gallop & O’Brien 2003). It is imperative that mental health nurses gain insight and a better understanding of their own unconscious defenses if they are to avoid the generation and perpetuation of negative feelings and poor treatment decisions with gay men whose despair has led them to the place of suicidality. The utilisation of clinical supervision as a platform for challenging attitudes and fears brought to the fore during therapeutic encounters is crucial in achieving this. The importance of effective and regular clinical supervision cannot be underestimated in this regard as it affords the mental health practitioner the opportunity to bring conscious awareness to aspects of the self that are hidden but non-the less are present in the therapeutic encounter (Heath & Freshwater, 2000).

Preparing Nurses to Work With Emotional Turmoil

Whilst nursing curricula espouse the emergence of an emotionally intelligent practitioner, whereby theory, research and practice are inextricably bound with tacit knowledge and experiential learning (Freshwater & Stickley, 2004), for some this is considered little more than professional rhetoric (Freshwater & Stickley, 2004; Warne et al. 2007). However, the reality is a heavy reliance on theoretical knowledge, resulting in a curriculum predicated on instrumentalist ideology; the functionalist model of education and liberal humanism leaving student nurses exposed to nothing more than society's wisdom and society's values (Freshwater & Stickley, 2004). As outlined above, the homophobia and heterosexism that exists among health and social care professionals (Cant, 2005; Johnson et al., 2007; King & Bartlett, 1999; King et al., 2003; Phillips & Silling, 1997; PACE, 1998) is a good example of such educational processes. For many student nurses this will perpetuate silence with regard to socially taboo subjects and particularly those subjects that do not align themselves to dominant social discourses. Suicidality and sexual orientation are, in the main, hidden features of nursing curricula. This perhaps mirrors the gay man's felt need to hide his sexual orientation and his suicidality out of fear of rejection from the heterosexist society in which he lives. If such educational practices remain unchallenged, when moving from student to qualified practitioner the nurse's silence will persist, re-engendering the confining and debilitating habitus of a professional practice that fails to acknowledge the centrality of the patient in the context of their lived experiences (Warne et al., 2004).

In addressing the above, moving away from a theoretically driven curriculum to one that uses and makes use of human experience could be more fruitful. Bion's (1963) notion of freeing ourselves of pre-conceived ideas and bias by abandoning memory and desires so that existing knowledge does not get in the way and cloud our view when we are with patients may be a useful concept to adopt when working with student nurses. However, it is not easy to accept and validate the experience of another individual whose distress has manifested in a way that we

prefer not to recognise, particularly when the patient himself finds it difficult to acknowledge (Davidson, 1992). Such occurrences can leave the nurse feeling impotent and defensive, and at the mercy of the prevailing psychiatric discourse. Indeed, defensiveness on the part of the mental health nurse might also manifest whereby the medicalised theories of misery and distress, diagnosis and prescription become harbingers of a safe environment, thus minimising the moral dilemmas that threaten and challenge their everyday practice (Warne & McAndrew, 2007b).

In removing the censure and censorship inherent in preconceived ideas and bias from the therapeutic, and in this instance the learning encounter, the environment will become a safe haven where personal growth can be facilitated. Providing a curriculum whereby the unspeakable can be safely explored requires emotional intelligence to become an integral feature of mental health nursing preparation, realised through the educational process in order that it can be transposed into clinical practice (Warne & McAndrew, 2008). To this end the culture of the educational environment has to model the expectations of the mental health nurse in clinical practice. This could be achieved by providing the neophyte nurse with nurturance, containment and a safe space to explore self and self in relation to the complexities of engaging in therapeutic endeavour with people experiencing mental distress. Mears (2003) calls for the return of the psyche to psychiatry, believing that unless the institution of mental health, education and research, return to the experiences of inner life we will be in danger of developing and propagating a discipline which is, in a fundamental way, lifeless.

Confined to Political Practice

The health and social care policy in England continues to concern itself with the upward trend in suicidality amongst young people (DoH, 1999; DoH, 2002). Whilst mental illness is the predominant factor found in suicides of both sexes, research has consistently demonstrated elevated rates of suicide amongst young gay men suggesting that young gay men are more

vulnerable to their mental health being compromised to a point at which life becomes unbearable. Whilst the current political agenda dictates healthcare professionals better develop their evidence base for practice, whereby evidence is collected, disseminated and valued against a hierarchy of methodologies, it is the randomised controlled trial (RCT) that is seen as the gold standard in terms of a preferred methodology (Greenhalgh, 2000). It has been argued that this type of research (often economically driven) is useful only in addressing a limited range of research questions. For example such positivist approaches fail to acknowledge the spectrum of human experience, with an often reductionist approach obscuring the individual in such studies. Likewise, the epidemiological studies relating to gay men and suicide fail to articulate the experiences of gay men living in a heterosexist society and how this impacts on their mental health and consequently, for some, on their suicidality.

Ironically, contemporary health and social care policy (Chief Medical Officer, 2001; Department of Health, 2003) demands that patients are more involved in research that leads to the development of patient centred services. However, despite the elevated rates of suicide among young gay people demonstrate through epidemiological studies, a number of which used RCT as their chosen methodology, the Suicide Prevention Strategy for England (DoH, 2002) did not recognise gay people as one of its target groups.

In part the delivery of mental health care is hindered by the current political agenda in so far as it has been, and remains, no more than a barrage of mixed messages. For mental health professionals the current political agenda that frames their practice brings chaos and confusion thus creating a parallel process with the chaos and confusion often experienced by gay men in knowing where and how to access the most appropriate help when in distress. For those young men trying to develop a sexual identity and self concept that they feel comfortable with, the politically driven health care agenda will mirror the lack of visibility that their sexual orientation elicits from society, undermining its importance in a society that predominantly subscribes to heterosexuality, yet espouses diversity (McAndrew & Warne, 2004).

Increasingly the lived experiences represented in patient experience knowledge or patient exper(t)ience knowledge (Warne & McAndrew, 2004; 2007b) are valued. Whilst the advantages of evidence based practice cannot and should not be denied, central to mental health nursing is the psychotherapeutic relationship, which is often marginalised in research, due to the difficulty in demonstrating the effectiveness of such a relationship (Crowe, 2004). It is only by making sense of these highly complex interactions through using a research process that facilitates a better understanding of life experiences and the meaning people attach to those experiences that effective intervention and policy will be developed.

CHAPTER NINE: DRAWING THIS STUDY TO A CLOSE

This qualitative study has used a psychoanalytically informed methodology to explore the experiences of four gay men in relation to their sexual orientation and suicidality. In particular, the study was concerned with exploring significant biographical experiences during childhood, adolescence and early adulthood. This study is distinct from previous empirical qualitative studies in both its focus and design. The strength of this study lies in the in-depth analysis of each individual narrative followed by the analysis and synthesis of similarities across all four case studies and finally the exploration of where the findings of this study ‘fit’ in relation to other empirical studies. In carefully addressing each of these facets of the research process I believe that this study is able to augment and strengthen the body of evidence relating to the shared experiences of gay men who have, or do use suicidality as a way of coping with their distress.

The focus was on exploring the psychosocial experiences of gay men, and why aspects of their inner world when connected to the outer world, resulted in suicidality. The design extended Hollway and Jefferson’s (2000) original FANI methodology through the incorporation of returning the transcript of the first interview to the participant prior to the second interview taking place; and utilising ‘clinical supervision’ as an integral aspect of the approach. Returning the transcript of the first interview gave recognition to the participant being expert in his own life trajectory and in doing so acknowledging that he holds the power more often invested in professional expert knowledge. Clinical supervision enabled me to explore what had taken place during each interaction with the participants, with specific focus on processes of transference and counter-transference. This way of working added to the richness of the data enabling me, as the researcher, to gain further insight into the research encounters by being able to explore my own emotional response to each participant and the impact this might have had on that encounter.

The men's stories of their experience revealed five central themes:

- (1) Knowing of difference around the age of seven years old;
- (2) An absence of the all important father son relationship;
- (3) Loneliness brought about by feeling they were an 'outsider';
- (4) Living a dual existence;
- (5) Punishment of the self for the social 'crime' of being gay.

These themes were presented as tensions arising from their 'felt' incongruence with the pervading discourse of heterosexism, enacted in the practice of family, education and healthcare services. For me the identification of these themes and what they meant to each of the participants will have an impact on my future practice with gay men.

Likewise, regard to the implications for practice, this study has highlighted a number of difficulties that face both young gay people who come into contact with statutory education and health and social care services and those providing such services. In light of the above discussions I would make the following recommendations as ways of moving towards delivering better services for young gay people.

Institutional heterosexism and homophobia be it in families, schools and health and social care settings, must be addressed. To achieve this there needs to be a shift in thinking, approach and policy in the nurturing of, and responding to, our children in schools. A gay child's mental well-being should be promoted through the statutory education system by teachers and nurses giving credence to the child's felt difference. Teachers and nurses working within schools are well placed to promote positive approaches to and acceptance of sexual difference, particularly when the child enters adolescence.

Service provision for gay people should be integrated into mainstream services. The segregation of services for gay people will perpetuate difference and the marginalisation of homosexuality and will add to the continuance of heterosexism and homophobia. As responsible and accountable professionals we need to increase our knowledge of the issues facing young gay people. One way of doing this would be to gain familiarity of the available research relating to gay people. The dissemination of research findings relating to gay people should be achieved through presentation at mainstream conferences and in mainstream journals challenging a wider readership to the challenges gay people face.

Professional expert knowledge and the power inequalities it produces need to be addressed. Whilst the power invested in psychiatrists and other mental health professionals to deem what should be viewed as 'normal' has continued to pervade the regulation of sexuality, the lived experiences represented in patient experience knowledge or patient exper(t)ience knowledge is becoming increasingly valued. There needs to be a balancing of power in terms of the professional and the patient giving recognition to what each brings to the encounter. When engaging in a therapeutic relationship with a gay man experiencing mental health problems, his sexual orientation should be seen as being an integral part of self so as not to deny him the opportunity to tell his contextualised story. By accepting his expert knowledge in his own life trajectory and redressing the imbalance of power patient sensitive practice might move a step nearer to becoming a reality.

In addition to the above, developing individual focused sensitive practice also requires the mental health nurses to recognise and acknowledge the gendered experiences of their patients. In bridging the registers of '*knowing and being*' a stance needs to be taken whereby homosexuality is considered to be a natural outcome of human sexual development, and a person's sexual orientation, fantasies and wishes that constitute their identity are not challenged, changed or coerced by nurse/therapist.

The nurse/therapist and other mental health professionals need to have awareness and understanding of how they have become who they are and how their own history and that of the patient is re-enacted and modified within the therapeutic encounter. Cognisance of their response also needs to be taken when a patient comes out to them both in terms of their suicidality and their homosexuality. The utilisation of clinical supervision as a platform for challenging attitudes and fears brought to the fore during therapeutic encounters is crucial in achieving this.

In providing sensitive therapy consideration also has to be given to appropriate therapeutic approaches. Whilst the political credo of cost-effective brief therapy remains, in considering the findings of this and other studies, it must be recognised that gay men seeking therapy for mental health problems are likely to have experienced inner emotional conflict and turmoil from an early age. A contemporary psychodynamic approach, whether psychoanalysis or psychodynamic counselling, taking account of the psychosocial existence of the individual, will better support the exploration of the merger of the intra, inter and extra-psychic worlds, and facilitating greater understanding of the complexities of people's lives.

One of the crucial tasks in addressing the above is the education of nurses and other health and social care professionals. Moving away from a theoretically driven curriculum to one that uses and makes use of human experience could prove fruitful. Suicidality and sexual orientation should be explicit topics for exploration within the curriculum. Providing a curriculum whereby the unspeakable can be safely explored requires emotional intelligence to become an integral feature of mental health nursing preparation, realised through the educational process in order that it can be transposed into clinical practice. To this end the culture of the educational environment has to model the expectations of clinical practice, mirroring nurturance, holding and containing and a safe space to explore self and self in relation to the complexities of engaging in therapeutic endeavour with people experiencing mental distress.

Nurses cannot ignore the political framework in which they deliver care. Contradictory messages in National Health and Social Care policies, and guidance that has emerged through research based evidence added to these tensions. The current political agenda dictates healthcare professionals better develop their evidence based practice (EBP). Whilst the advantages of EBP cannot and should not be denied, mental health nurses need to harness their work in clinical practice through using and promoting a research process that facilitates a better understanding of life experiences and the meaning people attach to those experiences.

In utilising the above processes and on completion of my study I would contend that to do justice to qualitative methods the researcher should ensure clinical supervision is integral to their research process. I believe that it is only by engaging in clinical supervision it will be possible to acknowledge how one's own subjectivity might have impacted on the research encounter. Clinical supervision is an important process that adds another layer of understanding and meaning to the research process and in doing so ensures a better quality qualitative research. It is only by attending to all the above issues that effective research, intervention and policy will be developed in relation to gay men and suicidality.

Authenticity and Resonation

Given this study involves the life stories of four gay men authenticity and resonation (with others) rather than generalisability are the concerns to be considered. I argue that authenticity is achieved and demonstrated through the in-depth analysis presented of each individual narrative followed by the analysis and synthesis of similarities across all four case studies. Added to this processes has been a careful and extensive exploration of where the findings of this study achieve a 'fit' to the findings of other empirical studies. Thus in the building of a series of authentic psychosocial case studies I believe I have been able to construct and present a range of outcomes that will resonate with others working in similar areas of research, practice, education and policy development. I believe that this study is able to augment and strengthen the body of

evidence relating to the shared experiences of gay men who have, or do use suicidality as a way of coping with their distress.

The evidence from this study together with the evidence from previous studies provides a compelling argument for mental health professionals to turn their attention to the prevention of suicidality amongst young gay men through the provision of sensitive and appropriate therapeutic intervention for those who experience distress when trying to assert their self in a heterosexist society. In addition, the socio-political context of the public health agenda needs to abandon getting caught up in the maelstrom of debate regarding acceptance versus non-acceptance of homosexuality in a heterosexist society to the detriment of the more meaningful work of reducing the suicide rate amongst young gay men.

THE JOURNEY'S END: THE FINAL WORD

I did not come to this research study from within a vacuum. I brought to the process my self, born out of my own history, culture, and experiences with me. In undertaking this research and bringing self to the research encounter I have experienced a journey often characterised by times of agony and moments of ecstasy. In particular these experiences have often resulted from the personal and professional dilemmas encountered, not least in dealing with the oscillating locations of both the research and therapeutic experiences.

Research/Therapy

Paths of learning

I have considered the notion of qualitative research having parallels with therapy. For example, at different points during each of the interviews I might find myself in the role of therapist. On reflection this tended to happen when, what appeared to be poignant experiences were being expressed. During the first interview with Nigel my own anxiety of being '*a researcher*' helped keep my thoughts focused on my purpose for being there. However, during subsequent interviews I found it more difficult to detach myself from adopting a more therapeutic stance as this for me is the familiar. When the person sat in front of me shows their distress through the emotionality heard within their voice and/or weeps openly I find it very difficult to distance myself from their emotionality and not reach for, and cling to, my therapeutic hat.

I wondered whether or not I could separate myself from familiar working practices when working in a different arena, whilst needing to adopt the same skills and persona. Hearing distressing stories, displaying sensitivity, being attuned to emotionality and staying with and at the same time being cognisant of transference and counter-transference, for me, is therapy. What differentiates the therapeutic encounter from the research encounter is that the latter offers

no opportunity for follow-up and this did create a tension for me. I think that not being able to offer follow-up, and by this I mean a series of therapeutic sessions, made me anxious during the research interviews. I wondered if I would be '*tough enough to walk away*'. and could I abandon these people in that way. As a therapist I often get caught up in the notion of not walking away from, but staying with, the person who has just revealed their intimate life story to me. Walking away often gives me a sense of abandoning them and in doing so the concern for me is of perhaps unconsciously re-enacting an earlier part of their life story. Within the context of doing this research study I had walked away. I found this very difficult and used clinical supervision to work through my own feelings.

Ensuring a safe journey

Because of the potential therapeutic nature of the interviews, and in adhering to the ethical principles of research and ensuring that no harm is done to those involved in the research process, I was prompted to be more cautious in putting in place strategies for dealing with the potential effects the encounter might have had on the participants. Such strategies involved being available to meet face to face with each participant prior to him being interviewed, in the hope that this might provide a sense of safety when engaging in the research; going to talk to the managers of the organisations where I advertised for participants so as to ensure they understood the nature of the study and to check if they could, and would be willing to, provide counselling should the need arise. At a pragmatic level I knew that I had done all I could think of to ensure that following each interview I had put in place a series of safeguards to ensure that each of the men would have appropriate support if they felt the need. In reading other research of a similar nature what I did in terms of safeguards appears to be in keeping with others, for example Johnson et al. (2007). On reflection I believe that I did all I could to provide appropriate and adequate safeguards for the participants and do not see what more I could have offered. However, regardless of knowing this, my felt experience was one of uncertainty of 'have I done enough'? Again clinical supervision allowed me to check this question out.

With hindsight I believe that the boundary between the research encounter and the therapeutic encounter remains malleable. For some, engaging in the research process might be therapeutic, whilst the researcher who enlists a therapeutic stance may find it difficult to do anything other than merge the therapeutic with the research encounter. Whilst both encounters require intently listening to the story, the therapeutic process involves the therapist being with the person as they navigate their way through their life story.

Changing Route: ‘Doing qualitative research differently’, differently.

Wandering through a wilderness

The theoretical concept underpinning the methodology still appeals to me. I felt using free association narrative interviewing as a means of data collection was an appropriate way of allowing me to achieve what I wanted to achieve that is, the opportunity to explore what milestones in the lives of gay men had contributed to their suicidality. As discussed (see chapter two) I still have reservations as to the feasibility of using free association in the research setting, as understood from a psychoanalytic therapy perspective. For me the strengths of the methodology lay in being able to hear the stories in the context of a person’s psychosocial world and using psychoanalytic theories when analysing and interpreting the data. However, I do not believe that these strengths are reliant on the use of free association, but more on the interpersonal/counselling and analytic skills of the individual undertaking this approach. In defending whether or not I used free association, as it is used in the psychoanalytic therapeutic context, I point to my own use, as part of my overall analytic approach, of defense mechanisms, resistances, transference, counter-transference, re-enactments and dreams. I believe that all or a combination of these concepts will allow the researcher to gain access to the unconscious and greater insight into the person’s lived experience. On reflection if undertaking similar research in the future I would not use FANI as a method of data collection, but rather engage with

narrative research that takes account of the unconscious. Personally this would be a more honest position. That said, and seeing the Freudian oasis in the wilderness, I would use free association in the therapeutic encounter, the anonymised recording of which could be used for case study purposes with the potential to add to the body of knowledge. For me as a mental health nurse learning from listening to the patient is hugely important, not only in terms of understanding a person's contextualised life but I also believe it will encourage practitioners to be attuned to what is happening in the therapeutic encounter whilst at the same time they will be more receptive to engaging with research.

Postcards home

During the process of undertaking this research I was able to further develop the original method advocated by Hollway and Jefferson (2000) by returning the transcripts of the first interviews to the participants prior to the second interview taking place. In returning the transcript of the first interview I believe I have attempted to redress any imbalance of power that might have existed and which is often inherent in researcher/ researched relationships. I feel that this is crucial in gaining an expert opinion (that of the participants' own account of their experience) of what has been said and what has occurred within the research encounter. Whilst I bring my own professional expertise to the encounter, as the transcript is anchored to the participants' history they are appropriately placed to give clarity and deeper insights into what was said during the initial interview. I felt it was important in recognising that it is the participants who are pivotal to the research and in using this approach I also felt able to demonstrate my respect for the participants which I hope made the sharing of their experiences more meaningful.

In contrast to the above, not returning the second transcript was problematic for me. In acknowledging this tension I discussed the rights and wrongs of this with my academic supervisors. Our agreed consensus was that returning the transcript from the second interview

would serve no useful purpose as it was not my intention to have further engagement with the participants and returning the transcript may have had the potential to leave them feeling frustrated by what they had said, the way in which they had said it and/or what they had missed.

My finding with regard to a child having an awareness of difference around seven years old

Retracing steps *for longitudinal studies focusing on children and how they experience and deal*

with such self difference. More specifically my findings demonstrate a clear need to further

The majority of the literature on qualitative research talks of the need to capture, as part of the analytic process, the impact of researcher on the researcher encounter. To address this Hollway and Jefferson (2000) independently read each of their transcripts and then shared with each other their own reading and interpretations of each transcript. To a certain degree I also engaged in this process with my academic supervisors. However, whilst it is very useful process, for me it does not facilitate the exploration of my impact on each of the research encounters. I believe it was only by engaging in clinical supervision and raising, to my consciousness, the transference, counter-transference and re-enactments that occurred in each encounter, that allowed me to acknowledge how my own subjectivity might have impacted on that encounter. I believe clinical supervision to be an important process that adds another layer of understanding and meaning with regard to the participant's world. In using this methodology again in the future and /or supervising others using similar qualitative methods, I would incorporate both of these activities; returning the transcript of the first interview and clinical supervision, into the research process.

the need on the part of each participant to punish the self for being gay, further research

needs to be undertaken that explores the appropriateness of different therapeutic approaches that

Moving On *and these deleterious beliefs*

My research has clearly demonstrated that for each of the four participants there was an awareness of being different from around the age of seven years old; the absence of a role model often provided by the father-son relationship and the need to punish self for being gay. Each of these findings has been discussed in relation to the implications for educationalists and

analysts of research to explore the ways in which educational practices encourage or hinder the

mental health practitioners. I believe that knowing and acknowledging this invites a multiplicity of research possibilities.

My finding with regard to a child having an awareness of difference around seven years old warrants a need for longitudinal studies focusing on children and how they experience and deal with such felt difference. More specifically my findings demonstrate a clear need to further explore the attitudes and values of parents, teachers and healthcare professionals with regard to formal and informal sex education. Both qualitative and quantitative methods could be used to explore and measure the attitudes and values of parents, teachers and healthcare professionals to formal and informal sex education and to evaluate the level of covert heterosexism inherent within these social organisations.

In relation to the absence of a role model and the centrality of the father-son relationship comparative research is needed to compare gay men who have not experienced mental health problems directly related to their being gay and those, such as the men in this study, who have. Additionally, gay men and fathers of gay men could be interviewed to ascertain their perceptions of their relationship with each other, what factors hinder and promoted that relationship and what impact that relationship has had on each of their lives.

As for the need on the part of each participant to punish the self for being gay, further research needs to be undertaken that explores the appropriateness of different therapeutic approaches that would address these deleterious beliefs.

I believe linked to this would be an interest in exploring health professionals' reluctance to address 'taboo' subjects, for example suicidality, sex abuse and sexual orientation and how, as educationalists, we prepare and care for, health professionals working in the milieu of emotional distress. With regard to the preparation of mental health nurses I would like to use mixed methods of research to explore the ways in which educational processes encourage or hinder the

exploration of self and how this might affect the ways in which mental health nurses engage therapeutically with their patients. I would like to interview nurses, qualified and those at pre-registration level, to find out why they find 'taboo' subjects difficult to explore with their patients. I would like to hear nurses' narratives of becoming and being a nurse, what issues they find difficult to deal with and what meaning they attach to this. I would like to know and understand the implicit messages we as educationalists, give to students and what parts of their education processes get mirror in their clinical practice.

The Journey's End

Undertaking this PhD has been an amazing and sometimes difficult metaphorical and literal journey. Metaphorically six years ago I started at 'A' and planned how I would eventually arrive at 'B' with maximum ease, the excitement of the journey overshadowing any obstacle that might get in the way. As my plans progressed they also had to be adapted and changed to accommodate the enormity of what I had taken on and the time and space it demanded in what was already a busy life. But like all journeys the excitement of experiencing new things, gaining new insights and understandings, helps one to focus on what lies ahead. For me the high points of the initial journey were meeting the participants and learning about their lives and the literal journeys travelled along the way. The literal journeys, London, Europe and Australia, gave me the opportunity to talk about the work I was doing and share my discoveries and concerns with other health professionals. On arriving at my destination on my metaphorical journey, the submission of my thesis and my viva, I was disappointed with myself in not making adequate preparation for arriving at the place I wanted to be.

Reflecting back to my viva I can see that I had in fact not arrived at my chosen destination but was having to make a stopover at a place on the way to that destination. In making this unplanned stop I was fortunate to meet people who gave me a very clear map of how I would get to my chosen destination. Although that map is now ragged and torn from use, it has proved

enormously helpful in leading me back to the right path. I am now confident that in carefully reading and referring to the map and finding new routes through my thesis I will soon be arriving at my chosen destination. I hope that my arriving at my metaphorical destination will be good not only for me as a researcher and a practitioner, but for all those who have travelled this journey with me, not least the four participants who have been with me throughout.

To The Reader

I thank you for taking the time and trouble to read this thesis and hope that it has been engaging. In keeping with qualitative research, and in particular the use of bricolage, I hope that you have gained enough insight with regard to the participants and myself, as the researcher, to stand back, contemplate and eventually undertake your own analysis of the thesis which you can then interpret, develop and re-author, bringing a further layer of understanding and meaning to those gay men who at times find life very difficult.

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Appendix One

Themes in Individual Interviews

NIGEL	IAN	CARL	BEN
Splitting	Splitting	Splitting	Splitting
Closeness with mum		Ambivalent mum	Ambivalent mother
Absent father	Missing Dad	Absent father	Missing Dad
Contradictions of self		Phantasy vs reality	Contradictions of self
Leading a double life	A double life	Double life	Double life
Emotionality and language	Emotionality and language	Outsiderness	Emotionality and language
Grieving – loss of self	Lost	Lost	Melancholia
Paranoid – schizoid position	Paranoid-schizoid position	Paranoid – schizoid Position	Paranoid – schizoid position
Anomie – sex anonymity		Patricide	Omnipotence – anomic
Crime and punishment	Crime and punishment	Crime and punishment	Crime and punishment
Gap years	Gap years	Drifting	Gap/confused years
Out of control – obsessive	Out of control – obsessive	Dream	
Difference	Difference	Difference	Difference
Projection	Projection	Projection	Projection
Projective identification	Projective identification	Projective identification	Projective identification
Cultural demands	Cultural demands	Seeking parental approval	Cultural demands
	Religious influence	Religious influence	
	Dissociation	Mimesis	
	Fragmented ego	Fragmented ego	Fragmented ego
	Early depression (10 years)	Suicidal (6/7 years)	Suicidality (6/7 years)
Transparency	Transparency	Transparency	Transparency
		Bullying – fear	

Appendix Two

Commonalities

NIGEL	IAN	CARL	BEN
Double life	Double life	Double life	Double life
Splitting	Splitting	Splitting	Splitting
Projection	Projection	Projection	Projection
PI	PI	PI	PI
Crime and Punishment	Crime and Punishment	Crime and Punishment	Crime and Punishment
Outsiderness	Outsiderness	Outsiderness	Outsiderness
Emotionality and language	Emotionality and language	Emotionality and language	Emotionality and language
Cultural demands Approval	Cultural demands Approval	Cultural demands Approval	Cultural demands Approval
Absent father	Missing dad	Absent father	Missing dad
Contradictions of Self	Contradictions of self	Contradictions of self	Contradictions of self
Transparency	Transparency	Transparency	Transparency
Loss of self	Lost	Lost	Loss of self
Gap years	Gap years	Drifting years	Gap years
Fragmented self	Fragmented self	Fragmented self	Fragmented self
P.S. position	P.S. position	P.S. position	P.S. position

Appendix Three

Volunteer Information Sheet

Researcher: Sue McAndrew

Address: School of Healthcare
University of Leeds
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Telephone: 0113 3431317

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I am a lecturer in the School of Health at the University of Leeds and currently carrying out research as part of a doctorate. The area of study that I am interested in is the development of gay sexual identity and its relationship to suicide behaviour during adolescence and early adulthood.

This research is subject to ethical guidelines set out by the British Psychological Society. These guidelines include principles such as obtaining your informed consent before research starts, notifying you of your right to withdraw, and protection of your right to anonymity. This sheet will hopefully provide you with enough information about the study to allow you to make an informed decision about participation. However if after reading the sheet you have any questions or would like to discuss the research further please contact me.

I am approaching you as a possible research participant. The areas I am interested are your ideas of how you developed a gay sexual identity and the early childhood and adolescent experiences you have had which may have supported or undermined your sexual identity. I would also want to know about your suicide attempts and/or self harming behaviour and what factors you feel contributed to this.

This will involve you being interviewed by myself on 2 separate occasions, each interview lasting at least one hour. However as long as you are happy with the interview process it could last much longer as you may wish to expand on certain information to help me get a clear understanding of you as a person and your life experiences. The first interview will be to gather information whilst the 2nd interview will allow us both the opportunity to clarify any issues that came up during the first interview. The interviews will take place at a mutually agreed place and where you will feel comfortable in sharing your information.

I would prefer to audio tape the interview so that I am able to study the information that you give me. In order for me to do this the audio tape will be typed up into a transcript. However no names will be mentioned during the interview and if by chance this does happen I will ensure that they are removed to protect your anonymity. I might want to use extracts from the transcript in a report of the research. These reports could include presentations at academic conferences and articles in academic journals. However, again, no-one should be able to identify you from these extracts and at no point will your identity be divulged.

I am aware that talking about life experiences can evoke an emotional response and because of this at the end of the interview there will be time to discuss any unresolved feelings that you are experiencing. This time will not be taped nor will it be included as part of the research.

Appendix Four

Consent Form

Study Title: An investigation into the relationship between the development of gay sexual identity with suicidality during the adolescence and early adulthood.

Thank you very much for agreeing to take part in my research. As you are aware this will mean that I will interview you on 2 separate occasions. The purpose of this form is to make sure that you are happy to take part in the research and that you know what is involved.

Have you had the opportunity to ask questions and discuss the study?	<i>YES/NO</i>
If you have asked questions have you had satisfactory answers to your questions?	YES/NO/NA
Do you understand that you are free to end the interview at any time?	YES/NO
Do you understand that you are free to choose not to answer a question without having to give a reason why?	YES/NO
Do you agree to take part in this study?	YES/NO
Do you agree to the interview being audio-recorded?	YES/NO
Do you grant permission for extracts from the interview to be used in reports of the research on the understanding that your anonymity will be maintained?	YES/NO
Do you grant permission for an extended, but anonymised, extract from the interview to be included as an appendix in the final report?	YES/NO

SIGNED.....

NAME IN BLOCK LETTERS.....

DATE.....

Appendix Five

Transcript of the first interview with Carl

Page numbers are in keeping with original page numbers and therefore correspond to those with direct quotes in the text.

Italics is interviewer (Sue)

Ordinary text is Carl speaking

Interview 3 – 1st Interview

This might seem a bit unusual but if you can just go back in your mind as far as you can until you get a picture of yourself, as young as you can, and then if you just want to tell me something about the picture.

The earliest memory I think that I can remember is when I was being carried into a house that we had moved out of when I was a child. We'd moved house.

Right.

Shortly after I was born and I can remember being carried into, we'd gone for some reason everybody had gone into the old house, there were several adults and I was being carried in and I can remember it being cold and they were trying to light a fire in an old, one of those, um, wood burning stove.

Um.

And I was given a little child's book that was in the shape of a squeezebox.

Oh yeah, right

And that's my earliest memory.

Ok. Do you know roughly, how old you might have been then?

Well this is what's strange because it must be so early that I can only have been about two at the most or three, it really was very, very early.

Um, um. Ok. Who else is there? You say there are lots of adults.

I think, I can't remember my mother being there but I can remember my father and some of his friends were there.

Right. Who was carrying you?

I think it was..... I don't think it was my father, I think it was a friend of my father.

Right.

But I'm not sure. I'm really not sure, like I say, it's so vague and misty.

Does it feel like a, a good memory?

It does actually. Umm. Yeah it does. It's not a frightening memory or anything like that, it's not an unpleasant one, but its not, no it's not an unpleasant one.

Ok. And it was cold you say?

Um, um. Umm. Yes, I should say it was. I remember them trying to light the fire but I don't remember thinking oh, I'm cold or I'm uncomfortable. I just remember that the real feature of the memory was that they were trying to light a fire and I was very interested in them and I found the fire burning in the stove interesting, you know, I wanted to watch it because I could see the flames flickering and.....

Um, um. Ok. Just tell me who's in your family.

Um, well now, who's my immediate family?

Yes.

Um, well my mother's dead now and my father is still alive and I have a younger brother and an older sister.

Ok. How old, how much older and younger are they?

My brother is four years younger than I and my sister is four years older so I'm middle.

The middle one. Ok. Can you just tell me something about your relationships with those people and your mother as well?

Um, um. Um. My mother, she died eight years ago ugh, no ten years ago, sorry, and um, I suppose my relationship was ok with her.

Right.

Typical working class, you know, quite um, I wouldn't call them very loving parents.

Right.

You know, they didn't show their affection very easily and, and one thing that we often talk about, my sister and I, is the fact that we were very rarely praised for anything and told that everything we did wasn't of any value.

Right.

Um, my father, he's still alive. I don't really have any contact with him at all even though he lives two hundred yards away.

Right.

I never really got on with him particularly well apart from when I was very young and, um, but as soon as I developed any sort of maturity and ability to recognise what was going wrong in their relationship, my parents relationship, then my relationship with my father kind of broke down.

Did your parents stay together throughout their marriage?

They stayed together until I was seventeen.

Right.

Sixteen, seventeen. They started splitting up when I was about sixteen.

Um, um. And they finally split up when you were seventeen?

Um, um. Yeah. Um.

When you say then your relationship was good with your father when you were young, tell what it was like?

Um. It was never particularly close or anything like that. My father has a real problem expressing any form of affection or warmth, you know, he was quite, but when we were very young children I can remember that we used to play, you know, he used to tickle us and, and, and, you know, we'd sit with him in a chair when we were very young, my sister and I, but as soon as we became, I would say any older than, older than sort of eight, seven, eight, you know, there was no physical contact or, you know, he would never hug us or, or say anything, you know, particularly warm or loving to us.

Um, um.

And um, you know, it's almost as though as soon as we'd lost that sort of very childish.....

Um.

Sort of state, then, at this distance

Right.

He had a problem with his affection and his, his warmth.

Did he do anything else with you, like, you know, sport or anything like that?

He used to take me fishing.

Right.

He used to take me fishing which I quite enjoyed sometimes although, it was never, I suppose I was quite into it at sometime and I did enjoy it but, I, I'd kind of go fishing with him and then I'd go off and do my own thing.

Right.

It wasn't like, you know, he was patting me on the head and saying come on lets do this, you know, and, it was kind of, right, you stand there and I'm off up here.

Right.

You know, and it would be a very separate thing and, I don't know why he actually took me really, to be honest, looking back.

Right. But he did take you sometimes?

Oh yeah, yeah, I mean, he was always trying to get me to do things which I didn't want to do. He wanted me to be a boxer. He was very interested in boxing and. And he used to take me to boxing clubs and I would just sit there in a trance of boredom, you know, sort of, why are they making that stupid noise every time they punch each other, and I just found it completely ridiculous to me, it just seemed nonsense.

Um.

And he couldn't understand why I just wasn't interested in, he basically wanted me to be like him, you know, and do the things which he wanted to do and because I wasn't like that we just didn't understand each others needs at all.

Had, had he done any boxing, you father?

I think he probably wanted to or he might have done, he might have done I don't know, I've never spoken to him about it but it might have been something that he'd wanted to do.

Right.

And I think he was a bit aware that I was maybe a bit, you know, a bit of a mamby pamby, I was interested in gardening and, and I read science books and Enid Blyton books, you know.

Right.

And I was kind of developing into this thing which he didn't want me to, you know, he wanted, I think, I think the intention was that he would toughen me up a little bit and.....

Right.

Because I was being bullied at school and, and so maybe it was, was, you know, out of concern for my welfare and development really.

How old is your father now? Roughly.

He must be fifty, fifty-eight, fifty-nine.

Right.

Sixty.

Ok, so around late fifties, sixty?

Yeah, late fifties, sixty.

Ok. Did he work when you were younger?

Yes, he was a plumber. He was a plumber and builder.

So was he at home a lot?

No. He would come home on an evening and just cause misery.

Right.

Apart from when we were very young. When we were very young, he used to come home and I have quite fond memories of being in the living room and it would be sort of a, a warm winters evening, a cold winters night and the living room, which was the only room in the house which was warm.....

Um, um.

And I remember kind of being there and, and I'd be sat there with my dad or we used to have these sort of mock fights with him, my sister and I, we'd, you know, jump on him and wrestle

and he would rub his, his spiky chin on us or tickle us, which I hated, but um, but later on, like I say, when our childish phase had sort of finished and we were becoming, you know, sort of young people.....

Um, um.

He would just come in and it was almost as though he resented the fact that we were there and he has, he actually said to me the last time because I spoke to him for the first time in twenty years, last year.

Um. Um.

And he was saying how, he said “It used to break my heart, you know, when I’d been out working all day, in the freezing cold and slogging my guts out and I’d come home and see you lot having a lovely time”. And I said to him “Well, what the hell did you have children for if you didn't want to care for them, you know, did you just have us to go out to work for you?” And I said “If that’s the case, what, what a ridiculous idea”.

Um, um.

You know, and he did, he does. He thinks, he resents the fact that we didn’t, we were in the house nice and warm when he’d been out working. Strange man.

And when he did come home you obviously did find that there was something changed within the house, the atmosphere?

Oh yeah, I mean, you know, we all, we, we’re not a particularly loving family, in fact, we all hated each other as kids.

Right.

You know, there was no real warmth between my brothers and sisters and I and, um, in fact if anything my sister used to beat the hell out of me.

Right.

She’d probably have Social Services interested in her nowadays but, but you know, as soon as my father came in and it was always winter nights, it was always winter nights because that was the time when we, it was too cold to play out and we’d always be in the house and, and they were the worst because he would come home and, and he would just make people feel uncomfortable and mum.

When you think about those times now.

Um.

Do you think about them in colour or black and white?

Oh gosh.

What can you see in your mind?

I mean, I can see. I have a very and really visual imagination, I’m an artist and so....

So I suppose I see it in colour, I always see in colour so, I always think in colour, so.

Can you tell me a bit your mum then now?

My mum. I think my mum, I think she married too early, she married when she was sixteen, she was pregnant with my sister when she was sixteen. I think my parents could have really benefited from having a bit of a youth and an adolescence and.....

Right.

And, you know, before they got hitched and, and I think my mother was always controlled by my father. I think my mother was just held back by all her experience of life. I think she was a lot brighter than my father and certainly in later years when she got a bit of independence, when she got herself a job and, and she did kind of lift herself out from this very kind of low, you know, lower working class sort of environment that we grew up in.

So was she at home all the time

Yeah, she was.

When you were little?

Yeah, and he didn't want, he wouldn't allow her to work.

Right.

You know, he hated her having any independence or any control.

Um, um.

And um, and she always cared for our needs, you know, she always fed us well and clothed us to the best of her ability but we were never, ever, we never ever felt loved by her. You know, she never ever hugged us, never ever told us she loved us, never kissed us, you know, there was none of that contact, at all, which most people seem to take for granted.

Um.

It was very cold. Even on her death bed, you know, I told her that I loved her but she never said it back.....

Right.

And that's the kind of, but I think, you know, I think that's, culturally, it's a very working class, Northern kind of way.

Right.

You know, I think it was just how people, some people were in those days.

Your mum must have been young when she died, were they a similar age your mum and dad?

No, she was a little bit younger, I think she was forty..... She was forty-seven, forty-eight.

That's a young age to die.

Forty-seven. Yeah. It was really sad because she got herself married, re-married and, and she had herself a good job, despite having terrible problems with her confidence and, you know, she was a manager of at a local firm and so.....

Right.

You know, she'd really managed to, to do well for herself.

Um.

And um, and I suppose, I suppose later on in life before she.... she.....died, it was when I was going to college and I was, and I was making some big changes because I'm the only one in my family who's educated to any degree.

Right.

And um, and I think she was really proud of me.

Um, um.

She never said it.

Right.

And she probably never would but I could tell in her behaviour with me that she was, she was kind of, you know, really pleased that I was doing well and she felt proud.

Um, um.

But I think on the whole, yeah, I think she was just always at the mercy of my father, he was always bullying her emotionally and physically, you know, he beat the hell out of her on one occasion which, spelt the end really of my relationship with my father and um, that was when I finally says, you know, 'As far as your concerned you don't exist anymore.'

How old were you then?

I was about sixteen, seventeen, it was before....they.....

So just before, or....as they were starting to break up?

Yeah, things were breaking down. It was horrendous actually, um, because, and I've never forgiven myself for it really, um, because at the time my bedroom was being, um, renovated, I used to have a bedroom up in the attic of the house and it was all being renovated and I was sleeping down in what we called the best room, you know, it was the front room.

Um.

You know, the room we used for guests and what not, and I was sleeping on the sofa in there. And my father had come in drunken one night and, um, and they started fighting, my mum and dad, and where as it had always, as far as I know, it had always just been verbal I think on this time, on this occasion it became physical and um, and I can remember waking up in the middle of the night and hearing my father saying, you know, I'll throw you out of that window and, and really being angry and, and I could hear furniture moving around and, and for some reason I just fell back asleep.

Right.

And the next day, he'd punched my mum in the face and burst all her nose and pulled so much of her hair out that she had bald patches on her head and, you know, and really gone to town on her, and um, and I was just furious with myself. It's, looking back it's probably good that I didn't wake up because I probably would have killed him.

Um.

You know, there probably would, it probably would have been far, far worse.

Um.

But at the time, I was just so angry with myself for not having woken up.

Ok.

So.

So your mum was at home most of the time when you were young. Did she go to work at all?

She started going to work when I was about fourteen.

Right.

Um. Thirteen, fourteen.

Ok.

So, you know, she was always around at home.

So your sister then would have been seventeen, eighteen?

Yeah.

Was she still at home then?

Um, I think she might have been but I'm not sure. She left when she was eight, seventeen, eighteen.

Right.

So, it might just have been around that time when she was moving I think.

Right. Can you just say a bit about your relationship now with your sister and then with your brother?

My sister, um, I have a really good relationship with, I find her a bit frustrating because, um, she's not particularly educated and she has a very simplistic and quite strong..... views of life.....

And sometimes it really annoys me, it really infuriates me because she's quite opinionated yet there's no real substance behind why she has opinions and I find that very frustrating. She's also quite critical of how I behave.....

How you behave?

Which I find annoying. Especially because she doesn't particularly live her life in a very, what I see as fruitful or, you know, a rewarding way, she doesn't look after herself very well.

Right.

And she has, she has two children which, I've always, I've always disagreed with some of the things that she allows them to do and the way she brings them up and um, and now she's having real problems with the eldest and, and I find it very hard to say well what do you expect, you know.

Um.

But, but my relationship with her is really good and, and I do, and I do rely on her hugely, emotionally.

Right.

And I think, I think she does a little bit on me although I think she finds me a bit, I just don't think she understands where I'm coming from a lot of the time.

Ok.

And so, but if ever there's a crisis or there's anything happening in our lives that particularly difficult, you know, we always know that we'll be there for each other and.....

Have you always known that, throughout your life?

Oh gosh no. We used to hate each other. She used to beat the hell out of me when I was a kid.

Right.

She was really horrible because my parents would often go out, my father was an alcoholic just about.

Right.

Just another thing I forgot to mention. And, and my mum and dad used to go our drinking all the time. Not so much my mum but my dad. But week-ends and they would always go out.

Um.

And my sister would be left to babysit.

Um, um.

And she was just horrendous. She was always just beating the hell out of me. We would fight like cat and dog.

Right.

And so no, we didn't get on at all.

Ok.

Not at all. It wasn't until I was about seventeen, sixteen, seventeen.

Um, um.

And we started kind of laughing about the past and saying what a cow she was, and she was certainly a little bastard as well.

Um.

Yeah.

And your brother?

Well, my brother he's four years younger than me. Again as kids we just didn't get on at all.

Right.

I really didn't entertain my, I think, looking back at it now I think I was quite jealous that he got more attention than I did and, and um, and so we just never ever got on.

Um, um.

I really resented him being around in the end. And now, we're ok. We're not friends, well, we don't phone each up or, you know, do anything together but when we see each other, you know, we talk and it's nice to see each other.

Do you see each other regularly?

No.

No.

Very rarely. Weddings, funerals.

Does he live local?

He lives in a few miles away.

But you still don't have much contact?

But, yeah, no he lives, yeah he lives in the city.

Ok. Do you just want to tell me then about when you were a little boy and about your first beginning to know you're gay?

Um, well when I was a little boy, I, I, I didn't have any awareness of my sexuality really but looking back, you know, I was I suppose I was quite sexually precocious as a child for some reason. You know, I would always play doctors and nurses and things with friends and um, be little girls and little boys, you know, I don't know why that was.

Right.

Um, and then as I grew a little bit older I was always bullied at school and called poof and nancy boy, you know, and the rest.

Was this at junior school?

Um, um.

Right.

Yes, this was at primary school.

So, five to eleven, that age group?

Um, yeah. Because I was quite, I hated football, I always hated sports.

Right.

I was never interested in playing cowboys and Indians, because I used to feel stupid running around making silly noises or kicking a ball, I always, I always had and still do. have no understanding of why anybody wants to do it.

Um, um.

Um, and so that made me a bit odd. Um, and I, I used to..... I used to usually play with, with the girls because I found them a bit more interesting.

Right.

You know, and just more fun to be with and so I think that caused me to be called poof and queer and, and I was quite quiet and shy and um, in a lot of the schools I was bullied to such a degree that I had to be taken out of one or two of them.

So you had to move schools?

Yeah.

Or were you taken out and then sent back later?

No, moved the school.

Right. You obviously felt able to tell your parents about being bullied or where they told because of you being taken out of school?

Um, no, I could tell my, I could tell my mum.

Right.

I couldn't tell my father, he wasn't around usually to tell but, but I wouldn't have done, no I never had that sort of relationship with my father but my mum, yeah, I could tell my mum. Because at one point I was just really withdrawn and I was really upset and I was, I was, I was, at one school I was just making excuses why I couldn't go, I was, I remember once, we used to have chickens and ducks outside in the garden.

At home, this is?

At home, yeah. And um, and I remember throwing myself on the floor, pretending to fall down, and get all the dirt, it was a very dirty, wet winter morning, and getting all the chicken shit all over me, all over my uniform so I could not go to school, because I was so frightened to go to school.

Right.

And um, and up until about twelve I was, I was terribly, terribly bullied, because I was just a bit quiet and sensitive, you know, and I wasn't really interested in being part of the gang.

Right.

I just, you know, liked doing my own little thing and, and then, and then there was....girls.

Did you find it easier to be with the girls?

Oh yeah. Yeah, because there was none of that aggression there and.....

Right.

And they weren't particularly critical of how I was.

Um, um.

You know, they didn't call me poof and.....

Um, um.

And the games they played were much more fun.

Right.

But then, then it kind of changed. That was at one school, that was at a Catholic school and then I got taken out of that school and sent to another one when I was about eleven and I hung around with some boys there (name) and (name) and um, I remember that they, they used to bully me a little bit, they used to kind of push me around and, and I remember once, I'd just started at, I think its difficult for a child anyway to go into a school where everybody else has started a long time before and made their friends.

Um, yes it is....very difficult at times.

And then you go in and you are a real outsider and, but luckily I knew a few people because it was a very local school so I knew a few people who were there already and um, and so I kind of befriended them but they were very bullying with me and, but then something really strange happened and it was a really sort of pivotal part of my life, you know, something really changed, my direction in life really changed. I was at a friend's house and we were playing, I think it was a game like hide and seek or tig or, you know, somebody was 'on' and the others weren't.

Yeah.

And I remember them forcing me to be on all the time, so that, you know, they could have more fun and um, I said "No, no its your turn. its your turn," and they were like saying "Come on come on" and then they started hitting me, one of them started hitting me and sort of pushing me a saying "Come on its your turn, come on". And um, and I just clicked and I

punched him in the face really hard and sent him flying and gave him the most amazing black eye. And he was just, he was just totally devastated, you know, that this little puffy (name), you know, had smacked him in the face and, and I was more shocked than him I think.

Right.

Because it was really unconscious.

Um.

It was a, you know, I just snapped, I'd just had enough.

Um

And um, and I found it just so empowering.

Right.

I just thought, I'm not, just the whole way, because it went around school that I'd done this and um, and peoples reactions, people started reacting differently with me.

Right.

They weren't as aggressive with me and.....

And....

And um, and I think what also started happening around that time as well was puberty started and I started physically growing, I started quite early.

Right.

And I became physically more mature than a lot of the other boys.

Um, um.

And that as well helped me kind of look after myself and become more confident.

So, what age was this around then?

That was around sort of twelve.

Right.

About twelve.

So had you gone up to senior school then?

No that was still at middle school.

You had a middle school system? So you'd move up at thirteen?

Um, um. So, yeah I was still at middle school and, and, and it really did sort of change for me then. I really felt like I'd moved on because prior to that, you know, with all the thing I'd myself, I was just at, I was so depressed.

Right.

You know, I was so depressed I just didn't know what to do with myself. I knew that I was different, I didn't actually think, oh I'm gay, because, because I didn't know what that was. you know, and I just knew that I was odd and that I was different and.....

What, what is the earliest stage you remember having those thoughts?

What the.....

That you were different.

I don't know really. Consciously thinking, oh I'm different, I'm not sure. I remember feeling just a bit of an outsider and a bit of a loner really.

Right.

You know, I didn't really have..... There were lots of things like, we went to live in Australia when I was a child, so that was another thing that kind of made, you know, a time when people are establishing friendships and relationships with people and finding, you know, making their space, my parents took us over to Australia when I was five and.....

Right.

And we stayed there for a year and then came back.

Was it, were they emigrating?

Yeah, they emigrated but it didn't work out. And so I had all the trauma of going to Australia and not fitting in and then coming back to England and not fitting in and, and just because I wasn't like one of the other boys, you know, I wasn't interested. So, I don't know, I've always felt a bit of a loner, a bit of an outsider really.

So from school age, five, six, seven, that type of age you've had these feelings?

Yeah, I've always felt different and I wasn't interested in what I was supposed to be interested in and, you know, like sport, school sports. I just hated it, you know, and I used to get really, like, anxious and frightened because I knew I had to play football, because, because I was crap at it.

Right.

And I wasn't interested.

Um.

And, I just hated it, you know.....

And there was all this humiliation of going through you know, you've got to be chosen by a team captain and you're always the last. I was always the last one, oh (name) we'll have you. And so there was all that, and I don't know, so I suppose, I didn't actually start thinking oh

I'm gay, I remember being, how old will I have been? I remember getting into a really bad bit of depression, when I was, um, and it was about my sexuality and it will have been when I was about thirteen. I remember my sister was calling me a poof and I was getting it at school and I remember locking, well just sitting in my bedroom on a summer's evening and looking out of the window and just, I used to dangle out of the bathroom window and, because it was a four storey house, five storey house and thinking shall I just throw myself out.

And that was even back to being thirteen years old?

Um, um. I'd done it even earlier than that to be honest, looked out of the bathroom window.

Right.

Because I was so unhappy.

Unhappy about, what, what were you unhappy with?

Um. Even, when I was even younger, I was very unhappy about, you know, all the school situation because I was never very settled in schools but I used to wet the bed.

Right.

And I wet the bed until I was about ten, eleven.

Um, um.

And it used to just, I hated it. I hated the fact that I did it, you know, I just used to, I mean I come from a catholic background and I used to go to church and pray that I would stop doing it and I didn't, you know, I'd go to bed that night and I would pee the bed and my mum used to get really angry with me and she was completely convinced I did it on purpose. Not that I, I was just laid, I just couldn't be bothered getting out of bed, you know, I was just. But I would go to bed on a night and I would wake up in the middle of the night and I'd wet the bed.

Ok.

You know, it had already happened.

Was it on a regular basis?

Oh yea on a regular basis, most nights I would do it.

Right.

It was really odd. But that just supplied me with so much misery, I hated myself for it. I hated doing it and I hated the humiliation, my brother told everybody that I pissed the bed, you know.

Right.

And it was just awful, it was just awful waking up and having to sleep in a wet bed because I couldn't get out and change it, you know, because I was frightened of saying that I'd done it.

Right.

I remember going to see all these psychs.... I don't know, I think they sent me to see a child psychologist or a child psychiatrist about it. I remember standing in a room surrounded by specialists, completely naked, you know, with about twelve adults all round me and I was just stood there feeling really awkward and

And, and what.....

Uncomfortable, and they would ask me questions and they gave me this amazing machine that

Oh yeah.

That buzzed.

And it had pads?

Yeah, it had wire gauze pads and

Um.

Which of course, you know, would go off after I'd done it.

Um.

And um, and it was, and my mother hated it because I had to wake her up to help me change the bed.

Yes.

So she hated it as well because I was having to knock on the door So, so yeah, I was an unhappy child.

Um.

At the end of the day, a lot of the time.

Um, um.

I found just, certain things going on in my life just really difficult to deal with. And I don't, I, looking back now I think that I was just, I was just a very sensitive child with very insensitive parents.

Insensitive?

You know, that didn't understand my needs and didn't understand what I was doing, you know, I think I was brighter than them, both academically and emotionally.

Um, um.

A lot more sophisticated than they were and they just didn't know what to do.

Right.

And um. So yeah, I started becoming suicidal and very, and very depressed at quite an early age really.

Can you pin it down to an age?

When I was about six or seven. I remember taking, being so unhappy, I don't know why I was so unhappy at the time, it probably was because my dad had been hitting me.

Right.

Um, but I can remember taking my mum's, of all things, contraceptive pills, because they were in the cupboard.

Right.

I remember taking them thinking, maybe it will kill me.

Ok.

When I was about six or seven.

So you remember being so unhappy so young?

Um.....very unhappy, miserable.....

And so young when your dad was hitting you.

Yes very young.

And, was there any reason for your dad hitting you at six or seven?

Because that's what he did. If ever I did anything that annoyed him or he didn't like, I would get hit. I'd get hit and sent to bed.

Right.

I would, I would spend, you know, ages in my bedroom, I'd just have to go and sit in my bedroom for however long it took. I was, I was a very inquisitive child and, and I always wanted to know how things worked and what, what things did and what people were doing and, and I was always getting into mischief, you know, as far as he was concerned.

Um.

You know, and irritating and so I would always get, he would just smack me very hard and send me to bed.

Right.

And I think that made me feel miserable. And something inside feeling different an outsider

Umm. So you were being punished at home, which might have been a cultural thing again.

Um, um.

And there was the bed wetting and being bullied at school, perhaps all adding to your misery.

Um, um.

And something inside feeling different making you feel an outsider.

Um, um. I was a real loner for a time.

Right.

You know, when I came back from Australia.

Um, um.

Especially, it took me a long time to re-establish myself and.....

Right.

In fact I should say it wasn't really until the punching somebody in the face experience, that I started to feel a bit kind of capable and well actually I'm not as weak and pathetic as I thought I was.

Ok. But after the incident you talked about where you punched somebody, but then you said after that you felt depressed again.

Oh yeah. Yeah. I mean, I went on, I went through my schooling and I was, I suppose I was quite lucky really because I met, there was a boy lived up the road, when I was about fourteen, thirteen, there was a boy up the road and um, and we became friends. We actually became sexual partners.

Right.

You know, we went on through our, you know, the whole of our sort of adolescence, and um, and eventually we went to school together and, and we were really good friends.

When did you meet him around thirteen, that age?

Yeah.....And we were lovers I suppose looking back at it now, in a sort of strange immature sort of way. So I was quite lucky in that respect that I wasn't entirely on my own but one of the things that happened then was I started really..... lay there, when I got to sort of fourteen, fifteen, I started thinking, I don't want to be like this, I don't want to be a queer, I don't want to be a poof and I started really resenting my friend (name) who I was having sex with. I started resenting him because I was blaming him for what I was doing and who I was.

Is this when you went to senior school?

Um, it was just before.

Just before you went up

Yeah.

So, did you, had you at that time attached the label of gay to the not feeling like other people?

No not really.

Right.

No.

Ok.

I kind of, to me it was just something that, that I did, it was completely normal to me.

Um, um.

Although, you know, I was constantly being told it was wrong and bad and whatever else.

Who told you that?

Well, my parents, you know, everybody, the whole culture in them days was, you know, it was disgusting and, you know, dirty and weirdo's, queers.

Is that what you'd heard in conversation?

Um.

It wasn't directed at you?

No.

No.

No, not at that point.

Um, um.

Although at school, you know, I'd been called poof and whatever else but I, in a weird kind of way I'd not kind of gone, I'm not a poof, you know, I'm not gay, you know, I'd kind of just not thought about it.

Um, um. Ok.

So you met this lad?

So I met this lad and we became sort of sexual partners.

Did you get any stick at school? If you went to the same school did you get any comments made when you were together?

We didn't actually, yeah, but I think what was quite fortunate was we were both, quite well liked by people. We were sociable and.....And friendly people, you know, nice people.

Um, um.

And, and so it, it, we never really got any stick at high school, we used to get people, you know, taking the mickey and, you know, but never any real malicious sort of abuse.

Were you careful about how you behaved when you were together?

Oh yeah.

What did you do to disguise or stop people seeing your relationship?

Yeah. I had girlfriends and things you see, so, I mean, well we both did because when I got to about fifteen I said I don't want to do this anymore, I don't want to have sex with you anymore. I'm not like that now.....

Um.

I'm changed, I've changed, you know, and I've got girlfriends and so it kind of threw people off, off the trail really. I think people, and, and I started becoming a bit, you know, the way I dressed was a bit eccentric I suppose and I was a bit, seen as a bit alternative, you know, a bit punky and.....

Right.

And so I was kind of seen as just a bit, you know, eccentric I suppose.

Um, um.

And because I was going out with girls it didn't really draw me too much of attention, of attention to me, being gay and I was kind of acting, you know, I was thinking, if I behave like that they won't know I'm gay or they won't think I'm gay.

Were you attracted to the girls?

No.

Not at all?

I say no, I say, not in a sexual sense.

When you say you had girlfriends do you mean you had girls that you had a relationship with other than just friends?

Yeah, we would kiss.....And put our arms around each other and, you know, do all the things that teenagers do.

Right.

And then when I got to, and I, I had sex I think with (name) about twice I think..... sort of fifteen onwards, you know, I stopped having sex with him.

Um, um.

Which he found really hard I think.

You say you'd had sex with him, had a sexual relationship with him before you were fifteen?

Yeah.

But then at fifteen, after fifteen you only had sex with him twice?

Twice.

Right, ok.

Yeah. And I can remember he used to make advances on me and it used to really irritate me and I used to say get off, you know, don't do that to me. I don't want to do that. And I was convinced that if I went out with girls and, or, I tried to convince myself that if I went out with girls and eventually when I had sex with one that it would change me and it wasn't until then I actually thought I'm gay, you know, when I was about seventeen.

Right.

That was when I actually thought, I am gay.

Right.

Um, um.

Those couple of years, fifteen to seventeen, why did you feel the need to change?

Because the idea of being gay was just so abhorrent and just, well it just wasn't even, I just didn't even know what gay was in, you know, I didn't know anybody else who was gay other than my friend (name), I didn't know any adults who were gay apart from Larry Grayson and

Right.

You know, and John Inman.

Um, um.

And I wasn't like that and I didn't feel like that.

No.

And so I didn't even think of them as being like me.

Um. um.

And so, and I thought that if I went with, if I was with girls, if I started hanging out with girls I would start liking girls.

But at seventeen you decided you were gay?

At seventeen I had a sexual relationship with a woman who was a bit of an odd ball like me.

Right.

You know, she was out there and still is actually and um, and I found her fascinating and interesting, we had brilliant conversations and I really enjoyed spending time with her and, and we had, and we had sex and for the first, on the first couple of occasions it was ok and I kind of found the novelty of it quite, you know, stimulating and I suppose looking back. I did find it sexually exciting, you know.

Um, um.

I didn't find it a turn, a huge turnoff or, you know, revolting as, you know, some gay men.....

You know..... You know. I, I did really love her to bits, I did really like her and I, and I did enjoy having sex with her even though felt a bit out there as well she was um. probably not the best first sexual partner to have. But um, after a few times I knew, I knew that it wasn't happening and I was just finding men more and more attractive. You know. I was just looking at men and thinking oh, I want to be with somebody like that.

Right.

And then after about six months of this relationship I just couldn't keep it up any longer.

Right. Ok.

Literally. You know, I just kind of reached the end. It was taking more and more amounts of vivid imagination to be able to go through with it.

Right.

And um, and there were other things in the relationship that were going wrong as well.

Right.

That weren't working, so, we decided to call it a day. And then I came out.

Right.

Um.....

Tell me about coming out.

Um. Well we all, in those days I used to hang about in some night clubs, in a night club that had quite a lot of gay people, it was a very cosmopolitan mix and um, and the DJ was gay, and I went to a party with him and we ended up getting off with each other and I didn't particularly fancy him at all, and looking back I suppose it was quite a shrewd move really because it was, it was, it kind of allowed me to quite publicly come out and doing it in a way that didn't, it was quite a trendy way of doing it, you know.

Right.

I was shagging a DJ, you know.

Um, um.

It didn't look you know, and it looked it quite sort of, quite of, quite rock and roll really.

Good on your CV.

And so it was, and, and all my friends, you know, who were in awe of the DJ and all that, we were all sort of seventeen, eighteen, you know, we all. I was really lucky because there was just no adverse reaction whatsoever, you know, nobody gave me any grief in fact if anything it, you know, my friends respected me even more for having come out and....

Were your friends heterosexual?

Um, um.

Yeah?

Yeah.

Right, ok.

Apart from a long standing friend (name).

Yeah.

Who I still, you know, socialised with and hung around with.

Right.

But I think he found it very difficult because then he felt rejected.

Rejected.

He felt like and, and so that was quite hard I think for him.

So you came out publicly in front of your friends.

Um, um.

What about family?

Um, well I didn't dare come out at home. You know, I just didn't dare.

What stopped you coming out at home?

Because they were just so negative..... as far as, my father, you know, is such a macho man.

Right.

And he'd be just, you know, just didn't bear thinking about really.

Um, um.

I'd already had a big fight with my father because one night he'd come in and he was drunk, he'd come out from, come home from a drinking session and um, I was just sat watching the television, my mum went to bed, it was about eleven o'clock, half eleven and my dad started questioning me on what I was doing with my life and how I was behaving and, and he said something which kind of suggested that I might be gay.

Right.

He was saying, 'I don't want you and that mate of yours (name) sat here touching each others legs.'

Um, um.

And I went mad, I went absolutely mad, and we almost ended up physically fighting. And my mum came, ugh, ugh, and my mum came down and I just thought sort of bastard, it was like a scene from Kes really. And um, and it was because he'd, he, because I knew he knew.

Right.

I know he knew.

Um, um.

Or he feared it.

Um.

And I was really humiliated.

Umm.

Because I'd done everything that I could by that point to try and cover it.

Um, um.

But he knew, he must have known.

Um.

And so, so I never really dare come out with my parents and um, and at that point the marriage had broken up.

Um, um.

And everybody had kind of, starting to go their own way and I moved out with some friends of mine, we all got a house, when I was seventeen, we all lived together.

Right.

It was mad but, but great fun. Um, and then I told my sister. My sister's friend had a gay brother who was actually going out with the DJ who I had.

Right.

And um, and so she was at, um, she knew that I knew the DJ and she was going "Oh, have you seen owt of that (name) recently?" And I said "Yeah, yeah, I see him quite often" and she said "Oh, what's he up to?" And I said "Yeah, he's got a new boyfriend now" and she went "Oh God" and I went "Don't say it like that" and she went "What do you mean?" and I said "Don't say oh God just because he's gay." I said "Would it surprise you to know that I am?" And she went "You what?" And I said "I'm gay. I'm a shirtlifter" and she went "Oh give over" which is my sisters reaction to everything she doesn't want to hear, oh give over.

Um.

I said, "No, I'm gay and I'm not going to lie about it, you know, its quite important to me really"And um, and she said, and she just kind of filled up with tears, she just went "You're kidding?" and I said "No" and she went "Oh my God" she said "God" she said "But what about your girlfriends?" And I just said "What about them?"

Right.

And um, but she was fine after five minutes, you know, it was, you know, “Does it hurt?” And you know, all the questions that you get.

Right.

And it was fine and she said, you know, “Why don’t you tell my mum?” And so I said “No,” I said “I don’t really want to deal with, if she rejects it, me, you know, I just can’t cope with the fact that she might reject me.”

Right.

Because at that point my mum was the only person in the family who, you know, I didn’t have any father particularly.

Um, um.

And my relationship with my mum at that point was getting better.

Right.

And um, and so I didn’t want to jeopardise it really.

Umm.

But eventually my sister did tell my mum.

So it was your sister that told your mum?

Um. And I knew she was going to, I’d said, “well if you think, you know, she can handle it then you tell her,” which is a cop out for me really, it saved me the ordeal.

Yeah.

And she did..... she told her but I didn’t, I knew she was going to tell my mum but I didn’t know when.

Right.

And it was quite funny because I was in a supermarket and I bumped in to my mum and I forgot, momentarily, I just said “Oh, hi there mum, what are you up to, what are you buying?” And she just went “You silly bugger, I knew anyway.”

Right.

And I said “what?” And then I twigged, and I said “Oh, right.” She said, she said, “You’re my son and no matter what you are it doesn’t bother me.” She said “Why would it bother me?”

She said “I’ve always known anyway.” I said “Well you could have told me.” And she was fine although it was never ever something that we spoke about again.

Um, um.

You know she'd never say, oh is your boyfriend over or.....

Right.

She'd never say anything, she'd ask my sister but she wouldn't talk about it to me.

Right. So indirectly she would ask about you?

Yeah, yeah.

But not ask direct?

But she wasn't, you know, upset or anything by it, I just think she'd always known.

And did you still maintain the relationship with her?

Who?

With your mum.

Well she'd dead now she died.

Yes, sorry I meant from her knowing and telling you she knew?

Yeah there was..... If anything it kind of..... I just think she really developed as a person.

Right.

Later on in life.... I think once she'd moved away from my father I think she really developed in all sorts of different directions and just became a much better person.

Um, um.

And she wasn't fazed by it at all.

What about your brother?

He's not bothered about it. He's, you know, he's not ashamed of it or anything but its just something that, and it, and its certainly something that I would never ever cover up when I talk to him, you know, I would always talk, because I make a real point, I just think, no I'm not going to be embarrassed about it any more.

Did you tell him or did somebody else?

Somebody else did.

Right.

And somebody else told my father as well.

I was going to ask you if your father knew.

Yeah. He found out, I don't know who told him. I think it was one of my cousins or my auntie or something, but I think my sister had told everybody.

Right.

And um, and then my father found out and he was just, you know, he was disgusted, how dare he, you know, a man is for a woman and a woman's for a man and that's how it goes.

Um. um.

You know, and he was just totally, totally humiliated by it.

Right.

You know, because he'd created a poof.

Right.

Which to him, you know, because he's such a little macho shit head.

Um.

That, you know, to him it was the ultimate humiliation and it was great for me because it made, it made me think, I've got you back there.

Right.

That's something that you weren't intending.

Um.

And um, and I suppose its one of the things that does, well it doesn't propel me to do some of the things that I do, like with me being [profession] you know, I get in the papers now and again and, and I organise certain events which, you know, like [name of gay event].

Um, um.

And, you know, the Evening Post did the unprecedented thing of printing a whole double page feature with my face that big.

Right.

About [event] you know, in the Evening Post which he gets everyday, you know, he's a real Evening Post reader, so he will, and everybody saw it you know, I was getting phone calls and people bumping into me and, you know, I'd walk round [the] Market and people would go, oh its you out of the paper.

Um.

But my father will have had the strangest experience of it because he will have been, he will have been really proud and impressed by it.....

But horrified by it at the same time.

Um.

So. So yeah, that's how they all found out.

What about the Catholicism, because you were brought up Catholic?

Yeah.

What impact has that had?

Well I've never ever had very much regard for it to be honest.

Right.

Although I went to a mixture of Catholic schools and Church of England schools because I was always swapping around.

Um, um.

My experience of Catholic school, my main school that I went to, the one that I went to as a child, I hated it, the teachers were horrible and aggressive and, and then I went to Australia, came back and went to another Catholic school where I was really badly bullied.

Um, um.

And um, so my experience of Catholic school was awful. My dad used to force us to go to church on a Sunday morning and I just found it all, I was just thinking, the priest is saying all these things, sins that my dad does, you know.

Right.

So how dare he bring us to church, you know, what are we doing here.

Um, um.

You know, because he doesn't appear to do what he's supposed to believe in. And then there was all that other thing with the bed wetting, you know, where I prayed and I was always told that, you know, my prayers would be answered and, and it didn't, you know, and I just thought, no this is, this is nonsense.

Did you ever go, have to go to Confession?

No, because I, I missed it when I was in Australia, we missed, when I would have done my first Confession.

Right.

We missed it. And so I missed all that sort of doctrination.....Yeah.

Right.

And um, and so now it, I don't know whether subconsciously it has some bearing on how I am and who I am which I'm sure it does, it must do.

Do you?

I'm sure there's a part of me that does have some deep guilt about it or some, I don't know.

When you were saying when you got to about fifteen you started thinking well if I go out with girls I'll change, I'll be different...

Um.

Did you ever think, did you ever sort of think God might change me?

No.

No, ok.

No.

Ok.

Even though I was at a Catholic school.

Yeah. I just wanted to check that out.

But no, no it was never a, never a real, my experience of religion was that it was oppressive, it was hypocritical and factually nonsense.

Right, ok.

And so I never had any real regard for it.

Ok.

And um, so no it wasn't.

Just then for the last part of the interview, can you just tell me about your mental health problems and the suicide. I know you've partly told me a bit about problems you had early on, feeling miserable because your dad was hitting you and the bed wetting....

Yeah.

And being unhappy from being six or seven years old.

And when I was young, very young, just feeling such an outsider and just not, I just didn't feel like school or anyone around me understood me.

Um, um.

I liked things..... I liked gardening and, and I liked, you know, drawing and painting.

Um.

And they weren't what little boys did, you know, little boys, especially in my area, you know, inner city, very working class area, you know, didn't like things like that and plus my parents seemed to resent the fact that I was sensitive and, and inquisitive and so that was what, I think what fuelled my first bout of real depression and just feeling like such an outsider and.....

Um, um.

Just everywhere, there didn't seem to be any remorse, um, any shelter from the, the sort of, um, you know, I went to school and I was getting it and I was getting it at home and I just didn't see any outlet there didn't seem to be anybody I could talk to, anybody who understood how I was and so I just felt very, very lonely and.....

Right.

And I, and I just wanted to end it.

Um, um.

And, um. But later on in life, I think again, some of my past has come back to haunt me in a way, you know, I sometimes feel very, very empty in myself and very kind of lost in myself.

When you say that's the past coming back to haunt you, what do you associate with that, those feelings?

I just feel like that sometimes I don't connect, I feel quite disconnected from people.

Right.

I feel like I'm a bit out on a limb on my own, that I don't really, I, I find it very hard to feel loved and, and wanted.....

Um.

Nowadays.

Right.

Although much, much better. I think in my mid twenties it was probably at its worst. I'm a lot better now I've had, you know, years of thinking about it and trying to work out what was going on.....who would love.....

Who, who do you want to love you?

I would really like my dad to love me.....

Right.

I'd love him to love me. I see other parents. I see other, I see other people and, um, and they've got really brilliant relationships with their parents.

Um.

And I just don't know what that's like.

Right

And it really makes me sad.

Um.

Although there is a part of me that says well, “Well sod it,” you know, I can’t, I can’t be responsible for his failings and I shouldn’t have to suffer for his failings but I think it would be really nice to have, now that my mum’s gone.

Um.

You know, it would be really nice to have a, you know, my dad say something nice to me at least.

Um.

And I don’t know. I don’t know, I, I often do say I really don’t know what love is sometimes.

Right.

Because I don’t think I do. I’ve had several relationships which have been very, as far as I am concerned, just hard work and have caused me more pain than, than anything else.

Why have they been hard work? What’s felt like hard work in them?

Um, because I, I think I’ve chosen badly but I think that’s interesting that I have chosen badly because I seem to almost deliberately choose badly. I seem to think that sort of, um, that if there is going to be a man in my life, I’m attracted to people who, who are not going to give me what I want. I know that sounds weird but I tend to, I tend to end up in relationships that are hard work. I had a relationship with one guy, well I’m still having a relationship with one guy, sort of eight years now.....well on and off.

Um.

And I don’t know if I love him or whether I have some weird dependence, I don’t know, but he hurts me terribly.

How does he hurt you?

Because he’s an emotional idiot. And he’s a bully and he’s so confused and screwed up himself that I don’t know where, what, I don’t think he knows what he’s doing a lot of the time. And there’s a part of me that feels really sorry for him and, and there’s a part of me that kind of sees some of the things in him that, that I struggle with. I don’t know if I’m making very much sense here but.

I do understand what you’re saying. What do you see in him that you struggle with?

Well I see his low self-esteem, I see his lack, you know, I see his lack of confidence and I, and, and, and his uneasiness with his sexuality, which I had.

Right.

Which I think I’ve managed, to a degree, to get over.

Is there still some uneasiness there for you?

Um, I try, I try not have an uneasiness.

Right.

I think there must be. I can't see how I could have gone through my childhood and my experience without having some, some bad feeling inside and some negative sort of thoughts about myself, and it would explain why sometimes I am so self-destructive and, because when I am down, when I am in a bit of a mess I am, I really do hate myself and I hate what I am and who I am.

You hate what you are in terms of your sexuality?

Yeah, because, because I just don't seem to be able to express it or get what I want from it.

Right.

I seem to be just um, I don't know. If I say I'm confused about it all it's because I am.

Ok.

I just think I don't know what I want. There's part of me that would, that craves settling down with somebody and living ever, happy ever after.

Umm.

And then when I find somebody who I like I don't want it and I can't help thinking that that's possibly because inside I won't allow myself to relax with it and.....

Right.

I won't allow myself to have an easy life with it. It's almost like, as soon as I get a relationship and it starts going ok, then I hate it, I've got to get away from it, I feel trapped by it and frightened by it and.....

Right.

And I've spent my entire life being like that with my relationships. And this guy who I've been on and off with for seven years, he's the same as me. He wants, he wants to be loved and he wants to love and when he gets it he's horrible because I think he's doing the same as what I'm doing, he's resenting the fact that, that he's with a man and I think I do the same to a degree.

Do, do you fear commitment?

Umm. Yeah. Well I say I do, there's a part of me that really craves it and I think it would be so nice to have somebody who is, you know, around and, and, you know, reliable and somebody who cared for me and I could do the same for them.

Um, um.

But as soon as I get into a situation where that might be a possibility, I don't know, I think I've just chosen really badly. I mean, that's one of the other things about being gay, is its so hard to meet people who, who are compatible.

Right.

You know, I think gay men, I think men are competitive anyway because of, you know, their testosterone and whatnot.

Right.

And I think quite often male/male relationships are just too feisty and

Right.

Too aggressive. They are with me.

Right.

Or for me.

Is that what you mean when you say you've chosen badly?

Yeah because my, I mean, my friends seem to have managed, you know.

Right.

They seem to manage a relationship situation whereas I just can't seem to do it.

Right.

I just, I crave it and then when I get I don't want it. I don't like it. I feel trapped and

What's the longest you've had a relationship?

Well this guy's seven years on and off but

Yeah.

But I mean it literally is on and off, you know, we lived with each other for a year which to be honest was the end of the world, you know, it was just hellish.

Right.

Really hellish and ended up where I physically threw him out of the house.

Um.

Because I just couldn't bear him any longer. But he is mad.

Right.

So he was lucky to get a year.

So you've suffered bouts of depression from a very early age.

Um, um.

Have the other mental health problems you've had taken the form of depression?

It takes the deform, ugh, deform, it takes the form, I, I, I was diagnosed, because I get very anxious, when, when I was a late teenager I was very, I started with bouts of depression and, um, when I was sort of, eighteen, nineteen, I went to see a psychiatrist and he put me on some medication to try and deal with my anxiety and, um, and then throughout my sort of twenties

some of the bouts were getting worse. I also had temporal lobe epilepsy which meant I was having sort of small fits now and again and they were making me a bit sort of shaky and a bit unsure of myself.

Um, um.

Um, and then when I got to about twenty-four I went to, when I was twenty-four I went to college, twenty-five I started at college and um, prior to twenty-five I'd had no real sexual relationships with anybody more than a month or two at the most.

Right.

And I was just finding it really hard to meet anybody, and I was feeling really lonely at that point. I had good, I had good friends but I just didn't find, I, I felt, I felt very, very lonely inside and I, and sexually I was very, very, um, shy.

Right.

Which I could go into if you want to know but, because there is a reason why that happened.

Do you want to tell me?

When I was, um, when I was having sex with my girlfriend on one occasion, she did the oddest thing. We were getting through the warm up procedure and foreplay session and, um, and she just got up and went out of the room and went to the bathroom and, um, and did what she had to do but she was gone quite a while and then she came back and she'd brushed her teeth and everything and she was a bit, she was a very odd woman, very eccentric you might say and we got, ugh, and we got into bed and I lost my erection and, um, and no matter what I did it wouldn't come back, I just couldn't get it back.

Um.

No matter what I did and that had never, ever happened to me before.

Right.

And I can't, I found it really frightening.

Umm.

I found it really shocking that this had happened.

Um, um.

And, um, and after that I developed a real fear of having sex in case it happened again.

Ok.

And of course when you fear that sort of thing happening it does performance for anxiety.

Yes performance anxiety.

And so I spent most of my early, sort of late teens and early twenties just desperately craving, you know, sexual encounters with men but not daring, being really frightened of it.

Um.

And usually getting so drunk to overcome my anxiety that I was incapable anyway.

Yeah.

You know, so, so I spent my early twenties, up until about twenty-three, twenty-four just not having any, having very, very rare sexual encounters.

Right.

Just being terrified of doing anything.

Um.

And, and if I did have sex, quite often I would just not get an erection. And, um

Whether, whether you were with a man or.....

Well, after, by that point.....

Yeah.

That was when I was sort of seventeen, late, after my six months relationship with a woman, I decided that, you know, I'm not going to try that again for the time being.

But even with men you were still anxious?

Yeah, so with men I was just, even though, you know, in my masturbatory fantasies or anything like that it was always with men.

Um.

And when I actually got with men I was so frightened.

Right.

That it just didn't happen.

Um, um.

Or it was very up and down. And, um, and that, that made me feel terribly kind of inadequate and incapable and lonely, whereas all my contemporaries, you know, were copping off and, you know, I wasn't, I was kind of just getting drunk.

Right.

Really drunk, quite often. And then when I reached twenty-four, twenty-five, I went to College and for me it was a really big thing because nobody in my family had ever gone to college, you know, I was really on unknown territory for me there was nobody to talk to from my family who had done a similar thing, so I was, I felt like I was a bit out on a limb.

Right.

And at that time a lot of my good friends, my close friends had moved away, they moved down to London and, and I found myself a bit on my own really and I, and I just got very, very depressed.

Right.

I just got very, very depressed and started having panic attacks and, and convinced I was just going mad and, um, I was just having the most ferocious anxiety and, and just feeling just dreadful.

Right.

Terrifyingly bad.

When you went to college you were twenty-five, were you still having feelings....

Yeah.

Did you have any similar feelings about being an outsider?

Yeah. I felt a complete fraud.

Right. I was just guessing you were probably older than the other students

I was older than the rest of them, most of them.

Um.

And, I just, I'd had very little experience, it was a foundation course.

Um.

I'd no qualifications, no formal qualifications. I had nothing what I considered that confirmed to me that I was capable of doing the course.

Um, um.

You know, like.....

Yeah.

I didn't have any background or I didn't, I didn't, all I'd done is, you know, my own, my odd bit, my own interests and my own little bit that I'd done, you know, privately and I'd gone to a pottery class and done some ceramics and that was it.

Um.

So I'd gone there just, and amazingly I got, I got into college and it, and looking back I was, I was fine.

Um.

But I was just, I just didn't have any confidence.

Um.

And again I just felt like a real outsider.

Right.

But luckily there were some older people on the course and, in fact one of my best friends who's a, you know, she's a lot older than me and she's transsexual.

Right.

So, she was even more of an outsider than me.

Um, um.

But I think at that time I was finding it really difficult because a lot of my friends had gone and I was upset that they'd gone and, um, I was drinking far too much, far too much.

To compensate?

Yeah, because I think I was just really unhappy.

Um, um.

And I was just frightened of what I was doing and where I was going and just didn't, I just didn't know what I was doing at all with my life and where I was going.

Right.

And I just found it all just terrifying.

Um, um.

And so I ended up in hospital.

We've probably just got about five minutes plus of tape left. Just have a think and think if there's anything else that you feel is significant, that we haven't covered.

Ah, ah.

I'll probably think of lots of things when I've left the room but....

Yeah. That's ok, you will have another opportunity.

Um. I think with my childhood, I think with my school experiences, I think that was a terrible thing. I think the main thing when I was a kid is just having parents who did not understand their child.

Right.

And in school as well, I didn't feel like, like there was anything to cater for my needs.

Right.

You know, I didn't fit the role model that a little boy's supposed to be.

Um.

Well the stereotype that a little boy's supposed to be, you know. and, and I, and I was just always made to feel exceptional, in a negative way.

Right.

You know, that I was the odd one out. Going back to one of my first memories as well, this is going to sound very, very dark and strange. But one of my most vivid dreams. I have very, very vivid dreams.

Right, ok.

Very realistic and lurid, quite often, and I can remember when I was a very, very young child having a nightmare about being in, we used to go this Working Men's Club, which was an old club.

Yeah.

Working Men's club and I remember being in a cigarette machine, I was trapped in a cigarette machine but in the cigarette machine it was full of blades.

Right.

That would, and I remember all my relatives and all my family all being around the cigarette machine and if they pressed the button it would cut me up and they'd all come to watch me being cut up.

Right.

And, um, whether they'd just given me some strange worm tablets or something that made me dream like that but it's always stayed with me.

And that was a dream?

Yeah. And it's from very, very early in my childhood, its one of my first.

But the, it was an actual club where you used, your mum and dad used to take you?

Yeah, where they used to take me.

With the family?

Yeah. It was a very odd dream. Too much but always coming back.

Ok. Are you alright if we finish there?

Yeah.