

counseling. The brevity of subject exposure to counseling interaction must certainly be considered a limitation in the design of this experiment. The implications drawn from the current findings may be limited to the rapport-building process only, and value differences in treatment phases of counseling may actually promote client change. It is conceivable, for example, that the most significant changes occur for clients who have little in common with their counselors and for whom, at least initially, they experience little attraction. The implications may also be limited to a presenting problem involving sexual preference. A gay client concerned about agoraphobia may not care about whether or not the counselor is homosexual. Furthermore, the direct relationship between perceived counselor credibility and attractiveness and influence in counseling has yet to be firmly established.

It can still be argued that perceived credibility and attractiveness are very important products of any counseling contact, if for no other reason than to enhance the probability that the client will remain in counseling until his or her problem is resolved. To the extent to which the results of this study can be generalized to actual counseling outcomes, the present findings do have implications for counselors and counseling agencies serving gay clients. For example, agencies serving a gay clientele may enhance their credibility with gay clients by employing self-avowed gay counselors. Further, whether homosexual or heterosexual, counselors who see gay clients should be aware that they may be viewed more favorably if they express attitudes on gay issues similar to those held by the clientele they serve than if they express dissimilar attitudes.

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Until recently, most articles about gay men have focused on etiology or cure. This article focuses on the initial phase of counseling male clients who have a negative gay identity and want help accepting their homosexuality. The article includes some basic concepts in gestalt therapy and how they can be applied when working with men who are acknowledging their homosexuality. It also includes tools and guidelines for therapists who want to work effectively with gay men desiring a positive gay identity.

JEFFREY BEANE

"I'd Rather Be Dead Than Gay": Counseling Gay Men Who Are Coming Out

Many men who recognize they are homosexual have a difficult time feeling positive about their homosexuality and accepting it as part of themselves. In this article I focus on the initial phase of counseling men who want help in feeling positive about and accepting their homosexuality. My assumption about homosexuality is that it is neither a disease nor something simply to be tolerated. It is as valuable as heterosexuality.

This article is based on my experience counseling men who are gay or homosexual, my experience as a gestalt therapist, and my experience as a gay man. Within the gay subculture

there is a distinction between gay and homosexual. The word *homosexual* has a negative connotation because it has been used as a diagnostic label by many clinicians, pertains only to sexual orientation, and is usually accompanied by a negative self-image. The word *gay* has come to conote an attitude of positive self-acceptance, which includes emotions, affection, life-style, and political perspective as well as sexual orientation. (For an in-depth perspective of homosexual identity formation see Cass, 1979; Troiden & Goode, 1980.)

Although the focus here is on the initial phase of coming out¹ and feeling good about being gay, most of the concepts are applicable for counselors working to develop a positive gay identity at any point in a gay man's life. The process of coming out as a gay person and "developing a positive gay identity" (Berzon, 1979) are lifelong endeavors. Whether one is 16 or 60, living in Los Angeles or rural Pennsylvania, the process of accepting one's homosexuality and developing a positive gay identity are somewhat universal. A negative gay identity or nonacceptance of one's homosexual feelings is not restricted to people who have not come out but can be firmly established in a gay person who has been out for many years.

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A negative gay identity in someone who is out of the closet is often the basis for issues such as guilt, shame, problems with intimacy, sexual dysfunction, and substance abuse. These issues are important when counseling gay men but will not be discussed in this paper.

DEVELOPING A POSITIVE GAY IDENTITY

From a gestalt theoretical perspective the self is formed through the ongoing process of identifying and not identifying with the people, ideas, images, and concepts in one's environment (Perls, 1973). When a man grows up realizing he is homosexual but never sees any other homosexuals with whom to identify, he usually develops a negative gay identity.

Everyone feels different growing up, but the experience of the gay person is unique. As Black or Jewish children grow up, they see and interact with other Black and Jewish people, and their families are almost always from the same minority group. It is not so with the gay man who grows up in an environment that appears to be totally heterosexual. Almost every gay man I have ever known, whether friend, client, or colleague, has had the experience of feeling as if he was "the only one," often for many years (Clark, 1977, 1979).

If models or images of gay men were available they were negative: the child molester, the self-hating, effeminate hairdresser, or the friendless, isolated older gay man whom everyone pitied or tolerated until he ended it all. Those kinds of images are enough to make anyone shudder and decide that anything is better than being gay, which is exactly what many men feel in the early stages of developing a negative gay identity.

A negative gay identity can range from mild ambivalence and confusion about one's sexual orientation to intense self-hatred, fear, and abhorrence of being gay, as in the case of the Orthodox Jewish doctoral student in clinical psychology who said, "I'd rather be dead than gay."

The originator of that statement is someone who has been socialized by a culture that is antigay and homophobic, *homophobia* being the irrational fear of homosexuality and homosexuals (Weinberg, 1973). The speaker is also someone who is a victim of the cultural conspiracy of silence and shame that has been extremely effective in keeping gay men disliking of themselves and hidden. It is only within the past 10 years that significant numbers of lesbians and gay men have begun to end the conspiracy of silence by being publicly gay, providing positive models for other gay men and lesbians.

INITIAL AWARENESS WORK

I have found gestalt therapy and some specific gestalt concepts to be effective in working with male clients having difficulty accepting their homosexuality. Gestalt therapy is a process of looking at one's self to become aware of how one is functioning in the world. Emphasis is on becoming aware of that which is occurring moment by moment without judgment or interpretation from the client or therapist. "Awareness" or the ability to become aware of what one is sensing, feeling, thinking, or believing moment by moment is one of the main tools as well as goals of gestalt therapy. This existential, phenomenological examination of the client's experience during the therapy hour reveals how the client exists, thinks, feels, and behaves in his day-to-day life (Yontef, 1976). Recognizing and owning one's immediate experience leads to an increased level of awareness that in turn leads to more self-acceptance, the first step towards change. In addition to awareness, contact and support are basic gestalt concepts that are important.

Awareness work in gestalt therapy occurs in many stages and at many levels. An important place to begin with the client who is coming out is reevaluating the values he has introjected or swallowed whole. Four areas in which he will frequently have introjected beliefs that affect his coming out are: basic

values about homosexuality, gay male stereotypes, the male role, and sexuality.

HOMOPHOBIC INTROJECTIONS

Typically the homophobic values and beliefs he has introjected dictate that homosexuality is illegal, immoral, sick, sinful, disgusting, unacceptable, and a mental illness. His introjecting has led him to decrease his aliveness and excitement by numbing the feelings of warmth and sexual excitement he experiences when he begins to care for another man. He has disowned his emotions and feelings because they bring about guilt and shame. He has disowned his sexual fantasies and organismic feelings about other men and has begun to pretend he is sexually attracted to women. As he introjects society's values he tries to become who he is supposed to become rather than who he really is. When he realizes that stifling and pretending cannot make affection, emotions, and sexual feelings disappear, he begins to hate that part of himself that society rejects. The task of the therapist is to help the client learn to discriminate between the negative values he has introjected and his true organismic feelings and beliefs.

GAY MALE STEREOTYPES

The client who is coming out and developing a positive gay identity has most likely introjected many negative myths and stereotypes about gay men. Some of the stereotypes include: Gay men want to be women, Gay men hate women, All gay men are effeminate, All gay men are attracted to young boys, and Gay men work only in the arts, cosmetology, or design. Some gay men fit these stereotypes, but myths and stereotypes have been used primarily to keep people in the closet. Occupationally, gay men are physicians, lawyers, nurses, teachers, scientists, businessmen, counselors, welders, farmers, and bus drivers as well as designers, artists, and cosmetologists. Many gay professionals have formed their own organizations such as the Association of Gay Psychologists-For Women and Men, Gay Teachers of Los Angeles, and Southern California Physicians for Human Rights.

BEING GAY AND MALE

A third set of introjects the client needs to examine are values about masculinity. Most gay men have not escaped the narrow definition of masculinity in our culture (Kleinberg, 1978). Traditional values about being a man have required that he be aggressive, competitive, unemotional, violent, overly intellectual, and in control of himself and others. Men have been told that their importance is based not on who they are but on what they should do: work hard, make a lot of money, be a breadwinner, find an attractive woman to marry, and father children. Clients often report that they don't feel like "real men" because they haven't accomplished what their heterosexual counterparts have accomplished. The traditional rites of passage into adulthood (marriage and children) are not part of the gay man's experience.

SEXUAL VALUES

A fourth set of introjects that seriously affect gay men who are coming out are those revolving around sexual values and monogamy. The cultural values have been very specific: Sex should be in the context of love, preferably sanctioned by marriage, and monogamous. Reevaluating rigid ideas about sex, love, marriage, and monogamy is especially difficult but essential for gay men who have had a strict religious upbringing.

CONTACT

A second important aspect of gestalt therapy is *contact*, which pertains to the existential shared meeting between two people as described by Martin Buber (Friedman, 1976; Yontef, 1976). The qualities of this type of contact, which in its most evolved form is the "I-Thou" relationship, include the recognition and acceptance by both persons of their differences and simi-

larities, without needing the other person to be any different than he or she is. On the part of the therapist contact requires empathy and the ability to imagine oneself in the other person's experience while retaining one's own identity.

Contact with the therapist during the initial phase of therapy with the client who wants help in accepting his gayness is important. Contact is likely to occur when the therapist shares empathy, caring, and acceptance of the client's experience.

For example, Greg is a typical gay client seeking therapy because he wants help in accepting his gayness and coming out. He is in his mid-twenties, college educated and has worked for two years with the same marketing research firm. He tells me that the weight of the turmoil and confusion about his sexual orientation is becoming too much to handle alone. Through a female co-worker he received the phone number of the local gay and lesbian center, but being too afraid and ashamed to be seen going there, asked for a referral to a professional counselor. During the first session I hear pretty much what I always do as he nervously spills out his story.

He knew he was "different" as early as elementary school but didn't have any words for it. He identified somewhat with the word "sissy," but he liked some sports so it didn't seem to totally apply. In high school he dated because he felt the pressure to conform and thought the intense affection and sexual feelings he felt towards men would disappear. In college he spent most free time studying or being involved in campus politics. He dated some, and had one brief sexual affair with a male roommate, after which he felt very guilty. He realizes that he is gay and wants help in coming out.

During one of our early sessions Greg complained that he feels aloof, is disconnected from people, and has a difficult time communicating with others. In the session we discovered that as he talks he makes no eye contact with me, looks mostly at the floor, mumbles a great deal, and seems to be having a monologue with himself rather than a dialogue with me. I share nonjudgmentally that I am feeling cut off and disconnected from him.

Once he is aware of what he is doing moment by moment, I suggest he begin to experiment with making eye contact, speaking more clearly, and speaking to me as if he wants me to hear him. During the experiment he reports that he feels he is communicating more effectively with me.

As we continue to focus on Greg's loneliness we discover his pattern is to wait for friends or acquaintances to call him rather than his taking the initiative to call them. When they don't call he gets angry and feels sorry for himself. Greg is becoming aware of how he cuts himself off from others by waiting for them to call him.

But that new insight does not excite him as did the awareness of how he cuts himself off from me in the session. Further discussion reveals that Greg has a poor self-image and imagines that no one would want to spend time with him. He states that he feels like a failure because he isn't living up to everyone else's expectations of him, an example of how introjection can lead to guilt and shame.

REDISCOVERING ONE'S BODY AND EMOTIONS

While the focus of initial awareness work is to undo the introjected values from parents, church, school, and society, another phase of awareness work is that which aids the client in discovering and developing sensory awareness of his body and emotions. Gay people have often lost awareness of their own feelings and have learned not to trust those of which they are aware (Clark, 1977). It is not unusual for the client to be unaware totally of his present physical experience. He has given up the use of his senses and bodily feelings and trusts only his mind. The excitement, spontaneity, and creative physical expression seen in young children are simply absent in most adults. Ironically, bodily senses and excitement are

how one first comes to recognize his gayness. For many gay men the physical warmth, tingling, and excitement that accompany caring about and being physically attracted to another man have been removed from awareness by being numbed, ignored, or redirected. One can tell his body anything he wants, but in the end his body is the ultimate truth say.

For example, as Greg spoke about his brief gay relationship in college I noticed that his eyes welled up and that he cleared his throat repeatedly. He was obviously having an emotional reaction as he talked about someone he felt close to and related to sexually. I asked him to stop talking and to pay attention to his physical experience. He stated that his face felt very warm and he felt choked up. I asked him to continue to pay attention to his bodily sensations as he continued to talk. I asked him to imagine his college roommate was with us and to say whatever he would like to say to him. Greg barely got the words out before he began to sob. He discovered that he was very much in love with this man and still missed him. He was saddened by the fact that their relationship ended in an unfriendly way and that he had not seen him since graduation. Greg was very surprised that he still had such strong feelings for someone he had not seen in several years. He was even more surprised because he usually never allowed himself to cry.

This example clearly illustrates that when bodily sensations are discovered and reowned one is likely to rediscover a large portion of one's emotional experience.

SUPPORT

A third important concept in gestalt therapy is self-support or maturity. Support in gestalt terms is that which makes contact possible. It includes anything—food, air, ideas, values, experiences—that aids the person in self-knowledge, developing his potential as an individual, and becoming more himself. There are two kinds of support: self-support and environmental support. Self-support indicates that the person is either able to provide for her or himself that which facilitates growth or else direct the effort to find it in the environment and move towards it. People without self-support expect the environment to take care of their needs.

Greg recognized that he was not able to handle coming out as a gay person on his own. He was being self-supportive by finding a therapist who would help him in the process. If he were to sit at home expecting someone to come along to help him undo the homophobic and antigay attitudes he had introjected, he would be relying on environmental support.

Since the client has experienced no support from the environment for being homosexual, some environmental support during the initial phase of coming out is important. It is unrealistic to expect the client to move from a strongly negative gay identity to accepting his homosexuality without some intermediary support. The therapist can provide some of that initial support by providing the client with accurate information about the gay community and a perspective that includes both homophobic and progay value systems. The therapist can serve as an important resource person to the client at this time by directing him to positive readings or lectures about gay life so he can begin to read and hear about the positive aspects of the gay experience. Informing the client that our culture is indeed homophobic and antigay and that there has been a conspiracy of silence about homosexuality and a widespread effort to extinguish its existence helps the client feel he is not solely responsible for his situation. Hearing that he is not alone either in his homosexuality or his discomfort about it can be validating and supportive.

The self-supportive person in gestalt terms is one who is able to see and accept others and the world as they are without needing to change them to feel okay about him or herself. It

also means being able to recognize and accept that one is okay and loveable, even though different from others. For example, loving and respecting oneself as Black, female, or gay in a culture that is racist, sexist, and antigay requires a lot of self-support and maturity. On the other hand maturity does not require simply sitting back and allowing oneself to experience discrimination and prejudice. Self-support for a gay Black man may include moving from a small town that is racist and homophobic to a large city where he might experience less prejudice and discrimination and get support from other gays and Blacks.

COMING OUT FEARS

There are many fears associated with coming out as a gay man. Lesbians and gay men frequently lose their jobs, homes, friends, family, and worst of all their children because of homophobia and antigay prejudice. Antigay laws, attitudes, and mores are just beginning to change. Only a few cities and counties across the country have passed legislation protecting lesbians and gay men in areas such as housing and employment.

Since it will be many years before antigay discrimination lessens significantly, the client needs to learn how to develop support to function as a gay person in an antigay culture. Information and resources about the gay community are important tools to help develop that support and to decrease some of the fears of coming out. For example, many large cities have neighborhoods that are predominantly gay. A move from the suburbs or across town into such an area might decrease the fear of being verbally or physically assaulted. Gay men who work with children fear for their jobs. If the client is aware that there are many groups and organizations fighting antigay discrimination cases and winning, he may be less afraid to come out. These kinds of facts are important to the survival of someone who is wrestling with coming out.

The fear about losing family and friends, however, is often justified. Some gay people get support from their families and friends, but most do not. Helping a gay client go through the experience of being totally rejected by his family is not easy. Time often heals the pain of the loss. Hearing from one's parents such words as *filthy*, *disgusting*, and *scum* is something not easily forgotten. Being with other gay people as one begins to realize some of the harsh realities of being gay in a homophobic culture is essential. Sometimes therapists must encourage their clients to attend a gay rap group or gay therapy group because the client is still experiencing his own homophobia. After several meetings with other gay men, however, he often finds their support invaluable and begins to grasp some of the joys of being gay.

GAY CONTACT AND SUPPORT

Every gay person has learned to feel different and usually very negative about that difference (Clark, 1977). As the gay man learns to feel good about being gay, it is essential that he have contact with other gay men who have positive gay identities to counter or reverse the negative identification he has experienced (Jacobs & Tedford, 1980).

It has been my personal experience, and the experience of most gay men I know, that actually meeting and getting to know another gay man who felt good about his gayness was the most powerful factor in helping to accept one's gay sexual orientation and to develop a positive gay identity. The phenomenon of meeting another gay person for the first time is difficult to describe, but it comes close to resembling the difference between having someone tell you what you look like and being able to look at yourself in a mirror.

At every weekend group for gay men I have led, at least one person has commented on the positive and powerful support he experienced by just being with 12 other gay men for an entire weekend. Talking about coming out and developing a

positive gay identity are important, but being with and experiencing other gay men in a supportive environment is much more powerful. Gay support takes many forms. It is hearing ideas, values, and experiences of someone who has made the journey and transition from self-hate or confusion to self-love and affirmation as a gay man. It is sharing one's own struggle. It is being able to hug or touch another man or hold his hand as he experiences some of the remembered pain of his past.

Unfortunately, not every small town has a gay rap group or gay bar, so finding other gay people to identify with and relate to may mean frequent trips to the nearest big city. If the client wants more gay support than visits allow, suggest that he relocate to a larger city where he can begin to meet other gay men and make gay friends.

After the client has accepted his gay orientation, come out, and begun to feel good about being gay, there will be additional issues to work on. One such issue is social isolation (Babuscio, 1976). The guilt, shame, and other negative feelings the client has felt for years are not going to disappear in a few weeks or months. The vestiges of these negative feelings cause some gay men to isolate themselves socially. Again, gay groups can be particularly helpful: rap groups for some men and therapy groups for those who need the safety, support, and continuity of an ongoing group and therapist.

ONGOING SUPPORT

Gay people are a unique minority group. Rather than getting support from their biological families, as with most minority groups, gay people tend to get judgments, guilt-inducing interrogations, rejection, and sometimes hostility and physical assault. Another type of support that is essential after the client has come out is a gay family or gay support group capable of caring and helping, and providing ongoing support. Clark (1977) describes how to form such a group.

COUNSELORS FOR GAYS

Who is best suited to work with gay clients? I agree with Clark (1977) that in order to work with gay clients the therapist must not only accept but also value his or her own homosexual thoughts, feelings, fantasies, and behaviors. If the therapist has not come to appreciate his or her own homosexuality in whatever form it exists, some homophobia will eventually be communicated to the client. The therapist who wants to help the gay male adjust to his "problem" is certainly less homophobic than the therapist who is still offering cures, but the idea of "adjusting" to one's "problem" (homosexuality) indicates second class citizenship that is unacceptable.

The therapist who wants to work with gay clients needs to be aware of her or his prejudices and stereotypes. It is the therapist's responsibility to inform the highly homophobic client that the myths and stereotypes are not representative of most gay men. If the therapist is not gay or lesbian the client needs to know that the therapist has no negative judgments about homosexuality and can actually value the client's homosexual thoughts and feelings. The therapist also needs to have an open mind and broad range of what is healthy male behavior and what is healthy sexual behavior. Some gay men have developed their own sense of being a person that excludes much of the traditional male programming.

If counselors are going to be effective they must know about the gay male subculture, which is large, diverse, and more heterogeneous than one might expect. There are medical and sexual problems unique to gay men. There are spiritual practices and political issues unique to the gay male subculture that may play an important part in a gay man's life. Several books that describe some of the diversity of the gay subculture include *Lavender Culture* (Jay & Young, 1978b), *The Gay Liberation Book* (Richmond & Noguera, 1973), *Homosexualities* (Bell & Weinberg, 1978), and *The Gay Report* (Jay & Young, 1978a).

Since one of the most important aspects of developing a positive gay identity is being in contact with gay people who are already forming their positive gay identities, the therapist needs to be aware of where the gay client can find gay people who feel good about themselves. In large cities there are often special centers and programs for gay people with special needs, such as gay fathers, gay teenagers, gay alcoholics, or gay men who are heterosexually married. The therapist who wants to work with gay people needs to be aware of these resources.

People often ask if gay clients should be seen only by gay therapists. Generally, if a gay client or a client who is seeking help in coming out wants to work with a gay therapist that request should be respected. My experience is that most gay clients prefer working with gay therapists because either they have been treated by a nongay therapist who tried to cure them of their homosexuality, or because they simply feel more comfortable and trusting with a gay therapist. Obviously, there is not always a gay therapist available to work with every gay client. It is therefore important that nongay therapists learn about gay people and gay culture, and retrain themselves to work from a nonhomophobic point of view (Berger, 1977; Woodman & Lenna, 1980). Some nongay therapists have done their homework and are qualified to work with gay clients. Sometimes a nongay therapist is an asset, as in the case of the gay client whose homophobia is so great he does not want to see a gay therapist. In that situation it is critical that the nongay therapist be accepting, informed, and nonhomophobic.

CONCLUSION

When the homosexual male who is struggling to come out comes to therapy, he is making a significant statement. He is

acknowledging the possibility that he may be gay, often the most difficult step in coming out. The primary goal of working with the homosexual male, who wants help in coming out and in developing a positive gay identity, is to help him overcome his negative gay identity. From a gestalt perspective, focusing on awareness, contact, and support are essential concepts. Initial awareness work needs to focus on the negative societal values he has introjected regarding homosexuality, gay stereotypes, the male role, and sexual values. Later awareness work needs to focus on helping the client recontact the aliveness, excitement, and sexual feelings about other men that he has pushed out of awareness. As the homosexual male begins to come out and develop a positive gay identity, the most important support he needs is contact with other gay men who feel good about themselves. Every gay man needs a gay family or gay support group. The therapist who wants to work effectively with gay male clients must value her or his own homosexual feelings or be nonhomophobic. He or she must not be confined by traditional values about the male role and sexuality and must know how to help the client find the gay resources and gay support he will need.

¹"Coming out of the closet" is a positive acceptance of one's homosexual feelings and acting on them free of guilt and shame.

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