



# THE PSYCHOLOGY OF THE CLOSETED INDIVIDUAL AND COMING OUT

by Jack Drescher, M.D.

**In contemporary gay culture, to hide one sexual identity is referred to as either “closeted” or “in the closet.” Revealing oneself as lesbian, gay or bisexual (LGB) is called “coming out.”**

Many LGB individuals report developmental histories with difficulty acknowledging their homosexuality, either to themselves or to others. This is because, starting in childhood, LGB individuals are often subjected to antihomosexual attitudes, not only from strangers, but also from their own families and communities (Drescher, Stein and Byne, 2005). The childhood need to hide may persist into adulthood, leading many LGB individuals to conceal important aspects of themselves.

There are a range of homosexual identities that describe an individual's awareness and acceptance of same-sex attractions. *Closeted individuals* cannot acknowledge homoerotic feelings, attractions and fantasies to themselves. They cannot or will not integrate homosexuality into their public personae and these feelings must be dissociated out of conscious awareness.

If and when same-sex feelings and attractions are no longer completely dissociated, an individual becomes *homosexually self-aware*. Such individuals may acknowledge some aspect of their homosexuality to themselves. However, accepting the feelings is not a pre-determined outcome. A religious, homosexually self-aware woman may choose to remain celibate rather than integrate her religious and sexual identities.

When someone is consciously prepared to accept a homosexual identity and reveal it to others, they may often call themselves *lesbian*, *gay*, or *bisexual*. To be LGB, in contrast to being homosexually self-aware, is to claim a normative identity and usually requires some measure of self-acceptance.

A fourth homosexual identity is the *non-gay-identified* individual. This person has experienced homosexual self-awareness, may have acted on their feelings and may have even once identified as lesbian, gay or bisexual. However, such individuals find it difficult, if not impossible, to naturalize same-sex feelings and attractions, may reject them, and may even seek to change their sexual orientation (Shidlo, Schroeder & Drescher, 2001; Drescher & Zucker, 2006).

All of these homosexual identities are based on self-definition. They are not mutually exclusive; there is often overlap between and differing motivations within them. Consequently, when individuals become homosexually self-aware, there is a wide range of psychosocially constructed attitudes and responses they may develop toward their own homosexuality. For example, a homosexually self-aware woman may initially identify herself as lesbian, but then regret that decision and return to her earlier practices of hiding. Another may choose a non-gay identity, attempt a “sexual conversion” therapy, but then later decide to accept her homosexual feelings and come out.

Sullivan's (1956) theories of dissociation elaborate how a sexual identity can be separated from the rest of one's persona. For example, selective inattention is a common, nonpathological process, akin to tuning out the background noise on a busy street. In more intense dissociative mechanisms, double lives are lived yet not acknowledged. One sees clinical presentations of closeted gay people lying somewhere between *selective inattention*, most commonly seen in the case of homosexually self-aware patients thinking about “the possibility” that they might be gay, to more severe dissociation –in which any hint of

same-sex feelings resides out of conscious awareness. More severe forms of dissociation are commonly observed in homosexually self-aware married men who cannot permit themselves the thought of coming out (Drescher, 2006).

To hide significant aspects of the self, or vigilantly separate from each other, can be painful. Constant hiding creates difficulties in accurately assessing other people's perceptions of oneself as well as recognizing one's own strengths. Dissociation's impact on self-esteem can also make it difficult to feel one's actual accomplishments as reflections of one's own abilities. Transparency, invisibility, losing one's voice, being an outsider, etc. are some of the terms used to describe the subjective experience of dissociative detachment (Drescher, 1998).

Some gay men, before coming out, were either gay-baiters or gay-bashers. To maintain a psychological distance from their own homoerotic feelings, they also exhibit dissociative tendencies. Attacking those perceived to be gay can serve several functions. One penile plethysmography study indicated that men with strong antihomosexual beliefs actually had significant homosexual arousal patterns (Adams, 1996). Interpersonally, strong antihomosexual feelings may represent an effort to control perceptions of a gay-basher's own sexual identity. If they attack gay people, others will not think of them as gay.

### Coming Out

In contemporary usage, "coming out of the closet," means admitting to oneself or telling another person that one is gay. Years "in the closet" can make the prospect of revealing oneself an emotionally charged experience. However, the process is not just about revealing oneself to others. In coming out, gay people integrate, as best as they can, dissociated aspects of the self.

*Coming out to oneself* is a subjective experience of inner recognition, one that may be charged with excitement, trepidation, or both. Verbally it means putting into words previously unarticulated feelings and ideas. Psychologically, it is a recapturing of disavowed experiences. Some gay people describe a moment of coming out like a switch being turned on; for others it is a longer process.

After coming out to oneself, one may *come out to others*. Fear of rejection often plays a significant role in a person's deciding who to tell or whether to come out. For those who cannot come out in their own communities, moving to another offers opportunities to come out among strangers.

Coming out as LGB means claiming a normative identity. From this perspective, coming out to oneself is integrative and can affirm a patient's sense of worth. There is no single way to come out; a fact sometimes overlooked by well-intentioned therapists trying to affirm a patient's homosexuality. The therapist's role in a patient's coming out process includes recognition and respect for individual differences and allowing for multiple possibilities.

A therapist who understands the many possible meanings of coming out can point out both obstacles to and inhibitions of the process. Therapists should recognize LGB patients' struggles to *define themselves* as the important therapeutic focus — and that this is not a typical struggle for those who claim a heterosexual identity. Hiding from oneself depends upon dissociative defenses while coming out to oneself holds the possibility of psychological integration. Since one implicit value of psychotherapy is that integration is more psychologically meaningful than dissociation, therapists cannot be neutral about coming out to the self.

Coming out to others can be fraught with danger. Hiding may be based on reasonable concerns, as in the case of gay men and women who may be discharged from military service. A therapist should not advise patients to come out without knowing the attitudes and opinions of the intended object of the patient's revelation. As therapist cannot predict the consequences of such a revelation, coming out to others needs to be addressed in a way that recognizes individual differences.

Patients who struggle with coming out often have internalized, antihomosexual attitudes that are disdainful of compromise or "relativism, exhibiting belief systems that do not recognize the concept of respectful disagreement. Exploring these internalized, moral absolutes, and the identifications from which they stem, requires therapeutic tact. Other patients may try to resolve inner conflicts about being gay by selectively ignoring their antihomosexual identifications. Unable to tolerate feeling conflicted about homosexuality, these patients rather unconvincingly tell themselves "It is OK to be gay." In a reversal of the feelings and identifications of a closeted identity, where heterosexuality is idealized and homosexuality dissociated, some come out by idealizing their homosexuality and denying their disapproving feelings.

Helping gay patients understand their own antihomosexual attitudes — and the defenses against them - provides a wider view of themselves. As patients feel more comfortable with themselves, they may begin to feel more comfortable with others. Not only does this encourage self-awareness, increase self-esteem and the quality of relationships, it helps a patient more accurately assess the implications of coming out. Whether or not a patient chooses to come out, the issues need to be carefully explored.

Why do gay people come out at all? "Most frequently coming out involves choices about how to handle moments of ordinary, daily conversation" (Magee & Miller, 1995, p. 98). Furthermore, coming out offers gay people the possibility of integrating a wider range of previously split-off affects, not just their sexual feelings. Greater ease in expressing themselves, both to themselves and to others, can lead to an enrichment of work and relationships. This seems a reasonable definition of "mental health."▼

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### References

- Adams, H.E. (1996). Is homophobia associated with homosexual arousal? *J. Abnormal Psychology*, 105(3):440-445.
- Drescher, J. (1998). *Psychoanalytic Therapy and the Gay Man*. Hillsdale, NJ: The Analytic Press.
- Drescher, J. (2006). Gay and Depressed: Combined pharmacotherapy and long-term psychodynamic psychotherapy with a depressed, gay man. In: *DSM-IV TR Casebook: Experts Tell How They Treated Their Own Patients*, Eds. R.L. Spitzer, M. First, J.B.W. Williams & M. Gibbons. American Psychiatric Press, pp. 163-178.
- Drescher, J., Stein, T.S. & Byne, W. (2005). Homosexuality, gay and lesbian identities, and homosexual behavior. In: *Kaplan and Sadock's Comprehensive Textbook of Psychiatry*, 8th Edition, Eds. B. Sadock & V. Sadock. Baltimore, MD: Williams and Wilkins, pp. 1936-1965.
- Drescher, J. & Zucker, K.J., Eds. (2006). *Ex-Gay Research: Analyzing the Spitzer Study and Its Relation to Science, Religion, Politics, and Culture*. New York: Harrington Park Press.
- Magee, M. & Miller, D. (1995). Psychoanalysis and women's experiences of "coming out": The necessity of being a bee-charmer. In: *Disorienting Sexualities*. Domenici, T. & Lesser, R.C., Eds. New York: Routledge, pp. 97-114.
- Shidlo, A., Schroeder, M. & Drescher, J., eds. (2001). *Sexual Conversion Therapies: Ethical, Clinical and Research Perspectives*. New York: The Haworth Medical Press.
- Sullivan, H.S. (1956). *Clinical Studies in Psychiatry*. New York: WW Norton.