



## AS WE ARE BREATHING IN NEW LIFE

I'm the first to admit that living with pride is sometimes a challenge for me as a gay man. But the way I see it, the alternatives are not compelling enough to choose otherwise. By living proud as queer people we display the brilliance, creativity and love that only we can offer to the world. Living fully as we are is consistent with mental well-being and it is something about which we can be fundamentally proud.

But as we know, this hasn't always been the case. I've heard many variations of the following homophobic and misogynist themes. "Little girls who like to dress like boys and little boys who like to play with dolls will grow up to become lesbian or gay." "Homosexuals experience mental illness and use alcohol and drugs at a significantly higher rate than do heterosexuals." "Homosexuality is an illness from which individuals should seek to recover." Do these sound familiar? As a boy, I had a fondness for Cabbage Patch dolls. Did Abbey Madison and her golden yarn hair cause me to be gay? Even if she had that power, who cares?

As a psychologist resident, I think about these types of state-

ments in the context of my chosen profession. These unfounded beliefs about the origins, conditions and cures for homosexuality were canonized by the fields of psychiatry and psychology when homosexuality was classified as a mental disorder with the publication of the Diagnostic and Statistical Manual of Mental Disorders in 1952. As the story goes, even gay identified members of the Ameri-

can Psychiatric Association at the time believed that homosexuality was a mental illness.

Thankfully, the fields of psychiatry and psychology have long since become champions for the rights of queer people. But the causes made in the 1950s continue to impact our lives in ways that astonish me. The truth is that the basis for homophobia today is founded in the outdated and shaming conclusion that homosexual people are mentally ill.

The shame experienced by so many youth who are committing suicide over sexual orientation; a father's belief that he has failed because his son is gay; a religious leader's council to a confused family to engage in reparative therapy; and legislative campaigns that have kept gay men and women from being treated equally under the law can all be traced back, in part, to the homophobic belief that we are fundamentally ill.

Homophobia is the force that makes us feel that we should be ashamed of our love for same gender others and that we should tuck away the unacceptable parts of who we are. Understandably, as children we learned to hide unacceptable aspects of who we are in order to keep family, community and friends from rejecting us. This ability to hide parts of ourselves is essential to our survival, but it can be essential to our downfall.

When we disavow parts of ourselves in response to homophobia, what we're doing is depressing that which we've been told by family, religion, media and society, is unacceptable. We use drugs, alcohol, sex, work, unhealthy relationships; you name it, to soothe the shame in our hearts. These parts that we've hidden away become deadened by our attempts to resolve the dissonance. This depressive process is at the root of a kind of psychological depression, not at all an illness, but a natural response to an oppressive environment.

Our work, mine too, as the healthy human beings that we are, is to breathe new life into our whole being; we must awaken those parts that have been hidden away and invite them to the party. As queer people, we must strive to be open, fully endowed and revived, exactly as we are. Living fully absolves depression of its function and allows us to quite naturally live with pride.

Dr. Brad Larsen is a clinical psychologist resident in private practice. His clinical supervisor is Dr. Sharon Chatkupt Lee (Oregon License Number 1599)

Reach Dr. Larsen at [brad@bradlarsensyd.com](mailto:brad@bradlarsensyd.com)  
[www.bradlarsensyd.com](http://www.bradlarsensyd.com)



Photo Horace Long