

Asking Margie

Interview with Dr. Margarita Go-Singco Holmes

Mikee N. Inton



Her official website and *Rappler* videos introduce Dr. Margarita Go-Singco Holmes as a psychologist, author, and educator.

She is perhaps the Philippines' foremost expert on psychological issues relating to sexuality. She earned her Bachelor's degree in Psychology with *magna cum laude* honors from the University of the Philippines in 1973, and is a member of the honor societies Phi Kappa Phi and Pi Gamma Mu. She has a Doctor of Philosophy in Clinical Psychology from the Ateneo de Manila University and has been a practicing psychologist for over forty years now.

As an author, Dr. Holmes has published several books that center on themes like male

homosexuality (*A Different Kind of Love: Being Gay in the Philippines*, 1994—arguably the first book to tackle the topic of male homosexuality published in

the country), marriage, and singlehood (Holmes, 1997a, and Holmes, 1997b), respectively), Filipino masculinity (Holmes, 2001a), and female empowerment (Holmes, 2001b), among others. She is also a noted television personality, hosting Philippine TV's first psychology-themed show, *No Non-sense with Dr. Holmes*. She currently works with *Rappler.com* on regular video columns titled *#AskMargie* where she pulls reactions from netizens about various issues of sexuality and other mental health-related topics. She also co-writes an advice column on *Rappler* with her husband and co-therapist, Jeremy Baer, called *Two-Pronged*.

Dr. Holmes teaches at the University of the Philippines Department of Psychology and also gives lectures and talks all over the country.

Mikee Inton: The first question is about the Sexual Orientation and Gender Identity (SOGI) framework and how it applies to Philippine society and our conceptions of gender. The framework was popularized by the Yogyakarta Principles (2007), which defines sexual orientation as, “a person’s capacity for profound emotional, affectional and sexual attraction ” to another individual, while gender identity is defined as, “each person’s deeply felt internal and individual experience of gender, which may or may not correspond with the sex assigned at birth, including the personal sense of the body (which may involve, if freely chosen, modification of bodily appearance or function by medical, surgical or other means) and other expressions of gender, including dress, speech and mannerisms.” How do you feel about the SOGI framework in general?

Dr. Margarita Holmes: In my book, *Being Gay* (1994), which according to my publisher is the first book ever in the Philippines written about gay people, everything I think, I felt or espoused then, is what is espoused by SOGI now. Whatever it is: objectivity, love, acceptance—not even the term acceptance because we’re all equal no matter if you’re gay, lesbian, bisexual, trans. What I was trying to say, and I hope everyone comes to this stage, is that it’s not important what your sexual orientation is, or what your gender identity is. What’s important is that you live a life of integrity; you live a life full of compassion and that you are able to love and be loved and work and work well. If I had a client for whom this is an issue, [for example, if] the parents dislike the child because he’s gay, I’ll deal with it, but all that is from a clinical framework. What it is, is a lack of respect for your child. What it is, is imposing your own values on your child. What it is, is not listening to your child. This is the basic problem.



Figure 1. Dr. Holmes talks passionately about why she feels it's important for people to have an open mind on the topic of sexuality. (Photo by the author)

MI: The primary reason why the SOGI framework has become so pervasive is that people want to distance the practice of sexuality from the labels of sexuality: nobody wants to be called homosexual, nobody wants to be called MSM.

Dr. MH: You mean they don't even want to be called men who have sex with men?

MI: The transgenders especially. For example, in a lot of research about HIV and AIDS, they lump transgenders with MSMs, and the transgender groups protest, "We are not men."

Dr. MH: Yes, yes of course! They are, in effect, straight women.

MI: How do you feel about the discourse of the Philippine news media about the non-straight sexualities and identities?

Dr. MH: I think there are some kinds of media that will always portray gay men and women, trans people, in a negative light, in the stereotypical light: *parlorista*, etc. But more and more, I think, and I hope, mainstream media is becoming better. I really think mainstream media is now more professional; they get psychologists to make comments. They have Eric Manalastas and another person from the Psychological Association of the Philippines on *InterAksyon*, so it's moving in the right direction. And I think editors are more open to having the real professionals talk about it, even if the real professionals may seem a bit boring. Whereas before just any doctor was quoted, now the media know that who said it matters.

MI: Let's talk about the entertainment industry. Do you feel that it is important for people today to have stars that are part of the LGBT community?

Dr. MH: I am very suspicious of things that try to intertwine both entertainment and information. I don't think it's "necessary" to have a star host, and LGBT person who says "I support this cause." I think the cream will always rise to the top and I believe that the top will include not only cisgender people but LGBTs. For sure there will be talented women, talented men, gays, etc. There will be talented people that will rise to the top, and to try to mould someone in a PR way, I really don't think it would work, I think it would backfire.

For example, Rustom was very lucky, I think people accept him a lot. He was invited to my class in Exploring Sex and Gender and he had not yet come out as trans, and he's so bright! I was so impressed. The first thing he said was, "I will answer any question you have but please nothing on Carmina" or anything that's about his ex-wife. This is what I mean: it's incidental that he's trans. He's wonderful, he can talk, he's very engaging. Therefore if you ask me that question I think I'll say no, it is not important because I am so sure that when a transgender, gay, or LGBT person excels, people will notice especially in the field of entertainment.

MI: What do you think accounts for the pervasive sense of homophobia or transphobia that you find in media and entertainment?

Dr. MH: I have this little show, *Ask Margie*, we've had two episodes on being gay, coming out and we're going to have one on lesbians in the future, and we're going to have one on LGBT. What I had wanted to focus on was the "T" in LGBT because people know so little about it. I think, one of the phobias is because they (people) know so little, number one. Number two, they're not so bright, they're stupid. Number three, they're mean people, because even if it's different and you don't understand it, you don't need to say bad things right away. Alas, we have to take them seriously—the homophobics or the LGBT-obics— because sometimes they're in positions of power and now I am glad more and more people are coming out and speaking up because it helps to show them for what they really are. I personally feel, based on my clinical experience, that transgenders may have more brick, bats thrown at them because people don't understand them as much. People seem to now understand [the gay and the lesbian].

Also some religions fuel ignorance! Let me tell you about what happened in Bacolod. I was supposed to give a talk at a school and it

was already set. Three weeks before the talk, I was also in Bacolod. So we met with the teacher, and he said he was so sorry that I couldn't give the talk. Why? Because he was called up, like a truant school boy, to the Bishop's Palace, and he was told, "Is it true you're inviting Dr. Holmes to come up," and he said yes. "Well, disinvite her. Because we don't like to talk about sex." And he said, "She's coming here as a psychologist, she's not coming here to talk about sex." "We don't care. Disinvite her."

I think religious people will also say that this is the body that God gave us. Most people already understand sexual orientation: you happen to like someone of the same sex or you happen to like someone of the opposite sex. But, this idea that a guy wants to be a woman? Well, why go through that operation?

MI: So it's the primacy of the body then?

Dr. MH: Yes! That's what most people, especially religious people, can't get a handle on. The idea of being transgender is so different.

MI: How do you feel about celebrities who are allegedly in the closet?

Dr. MH: I think it's okay. You know, his gender identity, his sexual orientation, is only a very small part of him, right? Ideally, it would be good for everyone to come out and say "I don't care what anybody thinks" and all that. But sometimes it's difficult. I understand being in the closet, I do not think it's bad. It would be sad if they were in the closet and said homophobic statements. I'll feel more bad for the celebrity [who has to pretend to be straight] because I think the person who has to pretend lets himself down as much as those people who are counting on him to be a role model. Maybe that's why it's so painful but sometimes, he can't come out and one hopes in time, he can. I mean, look at Ian McKellan; how old was he when he came out? It would be nice if everyone was able to come out regarding SOGI, but it's perfectly understandable why many don't and, perhaps, within looking at their own lives, it makes sense.

MI: Let's talk about your work on Rappler. How did you get into Rappler?

Dr. MH: I wanted to do something about the RH Bill and I had already written two articles for *InterAksyon*. So I asked Rappler if I could write a piece about the RH Bill. I liked Rappler because I like Maria Ressa. I've worked with her before, she's excellent, there's no doubt about her integrity, her humility, her capacity, so I asked her. And then after that, they asked

me if I could make it regular and then after that, they approached me to ask me if I would do a video. Maria already knew me because she was the EP of my show, *No Nonsense with Dr. Holmes* many, many years ago.

MI: So eventually, this turned into the *Ask Margie* columns?

Dr. MH: That became a video series. Well, three things: *Body Mind*, which is my column, *Ask Margie*, which are the videos, and *Two-Pronged*, which is me and Jeremy, an advice column. It's like the usual he-said/she-said. And *Ask Margie* is not just giving advice, it's like crowd sourcing, of course, choosing which comments make the most sense, and is funny or is talking about the issues of the day, but it's not advice-giving. I hope primarily it's information-sharing and then things to think about. And one or two times, some suggestions about how not to go nuts.

MI: How do you choose which topics to talk about on *Ask Margie*?

Dr. MH: Just recently I asked the readers, "What do you want us to talk about?" We got a lot of replies. Secondly, there were issues we knew were

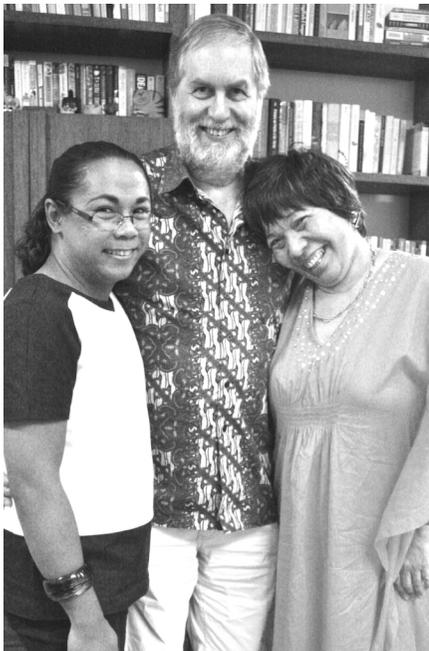


Figure 2. The author with Dr. Holmes and her husband and co-author, Jeremy Baer. (Photo by the author)

so important because we've gotten questions through the years. The people that do *Rappler* are very young, mid-20s, sometimes younger, so they know which topics are appealing to their audience. For example, one of them thought bisexuality was important, so sure we'll do something on that. But not right after Asexuality; and LGBT because of the gay issues we put right in the beginning; we also talked about suicide, and after that I wanted to go into self-harm because for some people, it's a thin line. We'd also like to do a show on emotional fidelity and what that means to people. The videos are a way of sharing all these information: we did one on female sexuality, then someone asked why not male sexuality? Sometimes, someone will write in and ask to talk about a specific problem.

MI: Which topics do you find the most difficult to talk about?

Dr. MH: I think something that I hadn't dealt with professionally, that would be difficult because a lot would just be based on research. Then secondly, if not professionally then personally, that would be very difficult. But the "professionally" for me is the most important and I would just have to research a lot more if I hadn't dealt with it on a professional level. Like self-harm, I have not dealt with a lot, because my area is human sexuality and mood affective disorders. I also believe in referring cases [to other colleagues].

MI: So your next topics would be asexuality...

Dr. MH: I already know what: self-harm, unfriending and being unfriended, over-possessive partners, lesbians/lesbianism, LGBT, male sexuality, and sex stories. That's what they really got excited about. I suggested sex videos: you tape your girlfriend or your boyfriend and when you're angry you put it on the net. The group doesn't think people will be interested in that. I think they will be. What do you think?

MI: I think we would be. Thank you so much, Dr. Holmes.

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