Therapy with Lesbian Couples

Liz Telford

Speaking as a therapist and a heterosexual, the author discusses her work with lesbian couples. She suggests that necessary components of good therapy are the therapist's awareness of his or her own views, fears and assumptions about homosexuality, and an understanding of the ways that society, including the world of therapy, still subjugates same sex relationships. Working with lesbian couples raises challenges that are pertinent to the wider issue of the redefinition of couple therapy in a society where the couple relationship itself is being redefined.

Introduction

Despite changes brought by feminism and the gay movement, gay and lesbian relationships are still marginalised and relatively invisible in the community, and this is also true of the therapeutic world. Recent issues of family and marital therapy journals have few articles addressing gays and lesbians. We live in a culture that is still predominantly heterocentric and homophobic and this affects all of us in one way or another.

What makes for useful therapy with lesbian couples? What do heterosexual therapists need to consider in order to be in a position to offer it? Should therapy be any different with gay and lesbian couples? Or do the differences require some particular approach? My own work with lesbian couples has sometimes challenged me to think beyond my usual horizon and this is occasionally disconcerting, but always refreshing. This has been the energy behind this paper.

I have also found that while I am thinking about work with lesbian couples, I am reflecting on the place of couple therapy more generally in contemporary society. I have noticed recently some renewed interest in couple therapy, and some rethinking. For example, in the Summer 2002 edition of *Family Process*, Gurman and Fraenkel state that we are now in a period of 'Refinement, Extension, Diversification and Integration' where the importance of context in shaping our beliefs must be acknowledged. In another article in that issue, Pinsof suggests that the effectiveness of couple therapy is constrained by assumptions about what constitutes legitimate coupling. Parallel discussions are also occurring around Australia. At a Symposium of The Australian Association of Marriage and Family Counsellors (AAMFC), the keynote speaker, Margot Schofield (2003), invited us to consider how our western view that the couple, the intimate pair-bond, is our primary relationship, might fit with our ageing, changing, and culturally diverse society. At the time of writing, there is also debate within the Australian Association of Marriage and Family Counsellors about whether the word 'marriage' in its name ought to be replaced with the more inclusive term 'relationship'.

Society is grappling with how to integrate the variety of intimate coupling options and this is paralleled in the society of therapists as we struggle with the terms that help define relationships. Discussions about counselling same-sex couples are a necessary part of this overall review process.

There is still another aspect to this discussion that I realised was entering into my frame of reference. How do relationship counselling and family therapy relate to each other? I have trained in family therapy and I have also trained and interned at a major relationship counselling organisation. In some ways these are two very distinct professional worlds. At times I've wondered if couple therapy is seen by some in the family therapy field as the old conservative aunt, a distant relative who is there but hardly noticed, while conversely family therapy is sometimes seen by those in the couple therapy field as a reckless youngster, indulging in risky, perhaps even unethical, behaviour. How ready is either

Liz Telford is a Family and Relationship Therapist, Private practice, Northcote, Melbourne. Contact address: 12 Clifton Street, Clifton Hill, Victoria, 3068.

see the positive, but not at the expense of knowing about the difficult areas of the relationship.

Not everyone who 'fits' into a minority will identify him/herself as marginalised and to assume that s/he would, would be patronising and stereotyping. Some time ago, a young woman came to see me. She seemed perfectly at ease with discussing her lesbian relationship, apparently assuming that I would be too, but not wanting to bring her partner in with her. I wondered aloud about how she had developed such ease and confidence, and asked her. She didn't return, calling to say she thought I had a problem with her sexuality. I don't know how 'at ease' or not she was, but had I stayed with her story rather than my own preoccupation with resilience, I may have got a little further. My own views and biases were brought into stark focus by this experience.

Therapy with Gay and Lesbian People: The History

Gay and lesbian relationships have been pathologised, or at best ignored, in the history of the various schools of therapy. I believe that it is important to revisit this background so that we don't become complacent. Just as important as being aware of the influence of our own personal experience is consciously considering and challenging the assumptions embedded in the therapeutic orientation we prefer.

Freud used Darwin's species survival model to develop his theory of psychosexual development. Non-procreative sexual activity was, therefore, pathologised. The Oedipus Complex embedded sexual orientation in identity structure, further pathologising homosexual feelings. The Object Relations school later argued that homosexuality stemmed from mistaken gender identity (Domenici & Lesser, 1995).

Sections of the psychoanalytic and family therapy communities are attempting to redress these views. Domenici and Lesser in *Disorienting Sexuality* address the question of how cultural attitudes about homosexuality have affected psychoanalytic theory (1995). The contributing authors in this collection challenge psychoanalytic theory's position as the guardian of objective truth about what is 'normal' and 'abnormal' sexuality. Instead, they revise the psychoanalytic structure to encompass a non-hierarchical view of sexuality. Ronnie Lesser (1995) argues that psychoanalytic concepts of sexuality are not objective and have been ideologically and defensively driven. Pathologising has been a way of silencing and controlling the critics, the 'masquerade' of objectivity legitimising and promoting the power of the theorists.

While psychoanalysis has marginalised homosexual relationships by pathologising them, family therapy could be said to have marginalised them by ignoring their existence. Again, this can be understood in terms of the context within which this field developed. As many of the early family therapists were themselves trained in psychoanalysis, family therapy inherited many of the same assumptions. Also, the pioneers of the systemic and structural therapies of the 1950s and 1960s themselves lived in a patriarchal, politically conservative society, this being reflected in family therapy's values about what constituted 'family' and how this should function. Very little can be found in the early family therapy literature about same-sex couples. Even today, there are very few articles on gays and lesbians in the major family therapy journals. A content analysis between 1975 and 1995 found that less than 1% of the articles in marriage and family therapy journals pertained to gay and lesbian clients (Clark & Serovich, 1997).

More recently, with the development of postmodern approaches, the experience of gay and lesbian clients has been highlighted and reflected on. This body of literature has been growing over the past few years, particularly in the Narrative stream (Stacey, 1993; Clark & Serovich, 1997; Denborough, 2002).

The Current Social Context

Most heterosexuals probably do not directly come across the prejudice and discrimination that exists towards gays and lesbians and we could easily be lulled into feeling (falsely) confident that society is fairer and more tolerant than is actually the case. For example, studies that explored the experience of lesbian mothers and their children found that teasing and bullying are a common schoolyard occurrence (Ray & Gregory, 2001) and that the reactions and attitudes of mainstream services and institutions frequently caused the mothers concern (Perlesz & McNair in this issue of the *ANZJFT*). The press reports many examples of discrimination against homosexual people, in the Church and the Military, gay bashings, and recent complaints about the perceived 'promotion of the homosexual lifestyle' by television programs portraying gay or lesbian people.

Therapists must be aware of these and similar realities and be mindful that the social, religious and legal context is still overwhelmingly disapproving, discriminatory and punishing towards gays and lesbians. Therapy must offer something different and provide endorsement, respect and a sense of safety, for it to be

active sexual relationship that involved affection and physical closeness, but rarely any genital sex. One difficulty they faced was that they both believed that this was abnormal and indicated a deeper problem between them.

As Margaret Nichols (1987) points out in her aptly titled chapter 'Doing Sex Therapy with Lesbians: Bending a Heterosexual Paradigm to fit a Gay Life-style', perhaps it is simply the norm for lesbian couples to cease genital sex after a few years. Lesbian couples have been found to have less genital sex than any other pairing (Patterson, 2000). Very little research into the lesbian sexual experience exists, thereby increasing our temptation to draw on knowledge of heterosexual experience.

Once Sue and Jenny left aside questions about normalcy and began to discuss their ideas of what their sexual relationship should be like and where these came from, they began to feel more confident about their relationship. Then they were able to discuss more openly their differences regarding their wishes and needs, without feeling that a dreadful rift was about to be exposed.

Fusion

Reflecting a heterosexist bias that the differences between a male and a female somehow enable clearer boundaries, many therapists overly emphasise the closeness of women partners as a problem, and they name it 'fusion' (or 'merging' or 'enmeshment'). Pardie and Herb (1997) suggest that boundary issues are often a problem for any couple in distress, whereas there is a tendency to define this symptom as a *cause* in lesbian relationships. The capacity for closeness is one of the many qualities of lesbian relationships and need not be viewed as pathology.

Anna and Sam, both in their early 30s, had been living together for six years. They attended for counselling due to escalating and more frequent arguments, which they described as worse at the beginning of the weekend. At the recent wedding of Anna's sister, they had a huge fight that precipitated the call to me. There had been no sexual relationship for many months and while they each said they would like a more intimate and physical relationship, neither felt able to initiate this. Sam was becoming more depressed and Anna, outgoing and optimistic, was feeling increasingly frustrated, becoming more occupied outside the relationship. At the first session they told me that at previous counselling Sam felt that it was clear that she was the problem (being too angry, negative and always focussing on what was going wrong) a view that Anna shared. They stated that they had 'boundary problems'.

Both Sam and Anna had had affairs and there were many unresolved issues for both of them regarding these. Anna said that her affair was with a 'straight' woman, and that she herself struggled with the identity of 'lesbian'. They described themselves as homophobic, saying they hated the idea of being identified with 'dykes'. Their parents differed in their reactions to their daughters' sexuality. Sam's mother was quite supportive of Sam and Anna's relationship. They felt that Anna's mother was also supportive, but Sam felt ignored by Anna's father. Sometimes he was overtly rude to her.

Despite all this, they expressed a love for each other, a desire to stay together, and respect for the qualities they saw in each other. They did not know any other lesbian couples with children but both wanted a child. They also felt that if they were able to improve things between them, that they would like a wedding ceremony, but how this would occur was also a source of conflict.

How can therapy best assist this couple reach their goals? Many themes could be addressed. Their polarised responses of being depressed and optimistic could be explored in terms of transgenerational themes of denying problems or being completely overwhelmed. Object relations might offer a framework within which to explore their experience in terms of attachment, splitting and projections. A Bowenian therapist would focus on intimacy and differentiation, the perceived boundary problem (Papero, 1995), 'unpacking' the cycle of conflict and discovering triggers. Another focus could be the couple's infidelities, their impact and what they meant. We must listen to what it is the couple raises, but we make decisions constantly about which part to engage with.

While all of these possible conversations could be helpful, something that stood out to me was that the wedding of Anna's sister was a watershed. It symbolised the difference between Anna and Sam's marginalisation as a couple and in comparison, the way Anna's sister's relationship was being celebrated by family and friends. They were uncomfortable with how others viewed them, they struggled with their 'lesbianness' and how this should be understood and represented to the world. There were issues of grief about their invisibility and the loss of social support. They carried many of the negative stereotypes of lesbians and assumed that I would be devastated if one of my daughters was lesbian. They spoke in negative and pathologising terms, even telling me a joke ('What does a lesbian bring to her second date?')

Thinking about this work hones our skills in working with all couples. It challenges us to be clear and flexible about our theoretical approach. It challenges us to look deeply into our own attitudes and assumptions. Whether we are attracted to couple work or find it particularly difficult and best avoided, what are the underlying beliefs we hold? Working with lesbian couples in particular requires heterosexual therapists to understand the clients' experience of their context. It also urges us to hold this understanding in mind while giving full attention to what is going on between the couple, and how each partner experiences this.

Couple therapy calls us to attend to both its systemic and psychodynamic facets. Carmel Flaskas (1996) comments that there are aspects of relationships that systemic language just can't reach and articulate. Equally, psychodynamic approaches may not focus sufficiently on the broader system, the social context. I am not suggesting that heterosexual therapists should 'do' therapy any differently with gay and lesbian couples, but I am suggesting that whatever our therapeutic orientation, we pay attention to the significance of the social context and the significance of the therapeutic relationship.

References

Bernstein, A. C., 2000. Straight Therapists Working with Lesbians and Gays in Family Therapy, *Journal of Marital and Family Therapy*, 26, 4: 443–454.

Brown, L. S., 1995. Therapy with Same-sex Couples: An Introduction. In A. S. Gurman (Ed.), *Clinical Handbook of Family Therapy*, NY, Guilford.

Clark, W. M & Serovich, J. M, 1997. Twenty Years and Still in the Dark? Content Analysis of Articles Pertaining to Gay, Lesbian and Bisexual Issues in Marriage and Family Therapy Journals, *Journal of Marital and Family Therapy*, 23, 3: 239–253.

Denborough, D. (Ed.), 2002. *Queer Counselling and Narrative Practice*, Adelaide, Dulwich.

Domenici, T. & Lesser, R. C. (Eds), 1995. *Disorienting Sexuality: Psychoanalytic Reappraisals of Sexual Identities*, NY, Routledge.

Flaskas, C., 1996. Understanding the Therapeutic Relationship Using Psychoanalytic Ideas in the Systemic Context. In C. Flaskas & A. Perlesz (Eds), *The Therapeutic Relationship in Systemic Therapy*, London, Karnac.

Green, R-J., 2000. Lesbians, Gay Men and their Parents: A Critique of LaSala and the Prevailing Clinical 'Wisdom', *Family Process*, 39, 2: 257.

Gurman, A. S. & Fraenkel, P., 2002. A History of Couple Therapy: A Millennial Review, *Family Process*, 41: 199–260.

Katzen, H., 1997. Valuing Our Differences: The Recognition of Lesbian and Gay Relationships, *ANZJFT*, 18, 1: 1–9.

Laird, Joan, 2000. Gender in Lesbian Relationships: Cultural, Feminist and Constructionist Reflections, *Journal of Marital and Family Therapy*, 26, 4: 455–467.

LaSala, M. C., 2000. Lesbians, Gay Men and their Parents: Family Therapy for the Coming Out Crisis, *Family Process*, 39, 1: 67–81.

Lesser, R. C., 1995. Objectivity as a Masquerade. In R. Lesser & T. Domenici (Eds), *Disorienting Sexuality: Psychoanalytic Reappraisals of Sexual Identities*, NY, Routledge.

Maggee, M. & Miller, D. C., 1995. Psychoanalysis and Women's Experience of Coming Out: The Necessity of Becoming a Bee Charmer. In R. Lesser & T. Domenici (Eds), *Disorienting Sexuality: Psychoanalytic Reappraisals of Sexual Identities*, NY, Routledge.

Milton, M. & Coyle, A., 1999. Lesbian and Gay Affirmative Therapy: Issues in Theory and Practice, *Sexual and Marital Therapy*, 14, 1: 43–57.

Nichols, M., 1987. Doing Sex Therapy with Lesbians: Bending a Heterosexual Paradigm to Fit a Gay Life-style. In Boston Lesbian Psychologies Collective (Ed.), *Lesbian Psychologies: Explorations and Challenges*, Urbana and Chicago, University of Illinois.

Papero, D., 1995. Bowen Family Systems and Marriage. In A. S. Gurman (Ed.) *Clinical Handbook of Couple Therapy*, NY, Guilford.

Pardie, L. & Herb, C. R., 1997. Merger and Fusion in Lesbian Relationships: A Problem of Diagnosing What's Wrong in Terms of What's Right, *Women and Therapy*, 20, 3: 51–61.

Patterson, C. J., 2000. Family Relationships of Lesbians and Gay Men, *Journal of Marriage and the Family*, 62 (November): 1052–1069.

Perlesz, A. & McNair, R., 2004. Lesbian Parenting: Insiders' Voices, *ANZJFT*, 25, 3: 129–140.

Pinsof, W. M., 2002. The Death of 'Till Death do us Part': The Transformation of Pair-bonding in the 20th Century in Western Civilisation, *Family Process*, 41: 135–157.

Ray, V. & Gregory, R., 2001. School Experiences of the Children of Lesbian and Gay Parents, *Family Matters* (Winter): 28.

Schofield, M., 2003. Relationship Creating Community. Conference presentation, AAMFC Conference, Brisbane, June.

Stacey, K., 1993. Exploring Stories of Lesbian Experience in Therapy: Implications for Therapists in a Postmodern World, *Dulwich Centre Newsletter*, 2: 3–13.