

# **The Fish Is in the Water and the Water Is in the Fish: A Perspective on the Context of Gay and Lesbian Relationships for Gestalt Therapists**

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CAROL BROCKMON, MSW

## **A B S T R A C T**

This article describes a particular perspective on working with lesbian couples. It includes the Cape Cod model of couple and family therapy, which is described; and holistic social, political, community, and family-of-origin perspectives on factors specific to gays and lesbians. It discusses the influence of those factors on the couples' lives and their therapists' praxis. It also includes a resource bibliography to help therapists educate themselves in this area.

**A**s couple and family therapists, we all have some kind of lens, a perspective on the interaction within a couple, and within the system created between couple and therapist. My own framework is referred to below. However, a couple doesn't exist in isolation any more than an individual does. A couple exists within a context; its ground, and one's awareness of context as a therapist is crucial. For instance, if you see an

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Carol Brockmon, MSW, is a Gestalt therapist in private practice in the Philadelphia area. She works with individuals, couples, and families of all persuasions. She is a faculty member of GISC's Center for the Study of Intimate Systems, and is past president of AAGT.

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orderly school of fish swimming as fish do, equidistant from one another, matching one another's speed, moving toward a perceived center, the behavior of each fish makes perfect sense. If one fish is flopping around, bumping into other fish, rising above the school and churning the water, the fish looks crazy, and the behavior appears to be dysfunctional—until you see the hook in the fish's mouth. Similarly, we, as therapists, will make assumptions about the ground of our clients from our own ground when other information is missing.

Our ground as therapists contains our own individual life experience and clinical experience; our personal slants, biases, and perspectives; our own values and practices about relationships in our lives; our altruistic "grandparently love" (J. Zinker, 2002) and goodwill toward client-partnership systems and their relationships; our intentions, which are to enhance awareness and empower the act of choosing; our skill in observing and reporting the relationship process to the couple in an assimilative way; and our creativity and sensitivity in devising and orchestrating experiments that are both assimilative and challenging. Our ground also contains our knowledge, our orientation to the Gestalt interactive cycle, and our understanding of individual manifestations and intimate systems manifestations of defenses; that is, resistances, or self-regulation at the contact boundary.

Since the individual operates and exists in the context of a relationship, the relationship and the individual both operate and exist in the context of a community, or multiple communities. The communities operate and exist in the context of a dominant culture with which they are either comfortable or at odds. There are myriad interlocking and interacting systems within a multi-dimensional field in the present, as well as those hovering in the awareness distilled from previous experience. Without developing a curiosity about, and understanding of, those contextual relationships, it is not possible to intervene in the couple system to promote awareness and encourage the act of choosing in an appropriately respectful and considerate way.

In psychotherapy we value awareness. Yet, we have to ask, "Is awareness bearable?" (S.M. Nevis, 1986) We know what often makes awareness bearable when it is filled with hurt, grief, despair, horror, terror, rage, disgust, shame, or emptiness is relationship—closeness, comfort, mutuality, community, family, witnessing, belonging; that is, sustained manifestations of contact. The way we calibrate a Gestalt experiment to make it bearable depends a great deal on the signals and responses we get from the couple system in the moment of the work. What we also need to know is how the couple is held and supported, or abandoned and unsupported; how it is engulfed, intruded upon, disrespected, oppressed and endangered—what is their context, their community? Is there a community for them? Do they know it? How can they find it? What does it cost them to belong?

What are the rules of belonging? What do they gain and lose if they don't conform? If they do?

For us as Gestalt therapists, many aspects of working with heterosexual couples and lesbian couples are the same. The difference between working with all the permutations and combinations of gay, lesbian, and bisexual couples and working with heterosexual couples has to do with our familiarity with, acknowledgment of, and ability to take into account, their ground. The breadth of our resources of information, the depth of our knowledge, and our ease in relating to language specific to that ground are important, as they would be with any other culturally unique and vulnerable group.

Thanks to Monica McGoldrick, John K. Pearce and Joseph Giordano (1982), we as psychotherapists have learned something about ground in working with families of various ethnic origins. By now, progressive therapists of all persuasions, even if they haven't actually read this work, have experienced the concept second hand. Learning about a client's ethnic background and taking clients' cultural context into careful account is known to be a good policy, however minimally it is generally practiced.

### **Similarities and Differences Between Work with Ethnic Minorities and Sexual Minorities**

There are similarities for us between work with ethnic or racial minorities and work with sexual minorities. One similarity is that defenses are built as a creative adjustment to intrusion, isolation, or oppression. Depending on whether the response to experienced racism, homophobia, or class or ethnic prejudice is primarily fear or primarily anger, a loneliness emerges which may be experienced as imposed or chosen isolation from the dominant community. This creates conditions within the minority community that may engender confluence (merging) with either the perceived "us" of the community, or the identity of one's partner—under the compulsion to belong, at any price, even the price of sacrificing a separate self. An overwhelming sense of powerlessness and isolation, generated by being different in a hostile world, may engender feelings of shame, humiliation, wrongness, unworthiness, or despair; and in a retroflective or introjective person or system, this may lead to behaviors of submission or engender an attitude of righteousness, superiority, contempt, and intolerance. The same feelings may engender lateral rage—a bullying stance consistent with minority self-hate, or identification with the aggressor, or a rigid, locked in, embattled stance against the world—an unbending sense of entitlement in a projective person or system. (See J. Kozinski, *The Painted Bird*).

Gay and Lesbian cultures exist just as strongly as ethnic cultures. Of course, we still come to relationships with our family of origin assump-

tions and our ethnic and racial background: "The fish is in the water and the water is in the fish." There are, however, crucial differences.

The most prominent difference is that very few gays or lesbians grew up in any gay or lesbian culture. We don't have an internalized body of memory of how as lesbians we celebrate holidays, raise kids, take vacations, or manage breakups. Those of us who were aware of our lesbian sexuality and identity early in life may have grown up looking just like everyone else while hiding our true selves, or looking quite different—butch, androgynous, or asexual; we may have behaved as defiant rebels, masked imposters, isolates, invisibles, or as ridiculed and/or terrorized misfits in a heterosexual world. Those of us who discovered our lesbian selves later on may have great investment in heterosexual cultural values and life cycle expectations, deep ties to a primary community which is not lesbian (and may or may not be lesbian-friendly), and deep grief at relinquishing the heterosexual privilege we once enjoyed. Or we may feel intimidated, confused, and at a loss to figure out the answers to these questions: How am I supposed to do this? What is required to belong here? What am I supposed to learn? Where do I learn? Who will teach me? What in the world do we do in bed? As we move into a lesbian life, one way or another, the "fish" is in the water all right! She does not necessarily feel of the water, however. How does she learn to swim in schools? How does she join? What does she join? How wide a lesbian context does she know about? How congruent with or antithetical to the values of her culture of origin is this lifestyle? Which lesbian lifestyle? Does she know there is a choice?

We talk about lesbian identity. Sometimes there are aspects of this newer identity that are at war with much older pictures and notions of self, creating dissonance within the individual and perhaps in the couple. The water is not enough in the fish.

In this paper, I will do three things. First, I will offer some examples—descriptive case histories—to illustrate some of the issues of diversity, cultural reality, safety, and danger, and some of the resources and supports available to and within lesbian community. I want to show an adaptation of the Cape Cod model of working with couples that I think is useful in working with lesbians, and could be adapted to working with other minority couples. I also will offer a taste (that is, a listing) of some current and historical literature that I think needs to be in a therapist's awareness to work well and sensitively with lesbian clients, regardless of the therapist's gender, class or sexual orientation.

My own clinical orientation is based on the Cape Cod Model of couple and family therapy, taught to me by Sonia M. Nevis and Joseph Zinker, and now taught by those two and Joseph Melnick and Stephanie Backman. That program's teachings about couple and family therapy are, for me, both simple and profound, and altered radically the way I worked with couples.

I learned to observe the process of a couple's interaction, to find the strength or well-developed relationship style as reflected in the present moment of interaction. That is, I learned to name, for myself, the defense, in Gestalt terms, that the couple system was good at. I learned to set this up by asking the couple to talk to one another about something important to them, and to observe that process carefully until I caught on to a strength they had developed as a system. Then I learned to give them feedback about that strength in order to encourage awareness and interest within the couple about their own process—and to present myself as a supporter of the relationship, not as a critic. In that intervention, I become an advocate and an ally of the relationship itself, and of the strengths of this particular system.

I learned that the first intervention determines the second: that what a couple has developed well implies the polarity—what is underdeveloped—and that a cost has been incurred in devoting a great deal of energy to that defense. The second intervention is a comment on the cost of that particular strength when it is out of balance. This intervention is designed to enhance awareness of, and curiosity about, another aspect of their own process: where the system is hurting or out of balance.

The third intervention is the offer of an experiment; a way of interacting that is presently beyond the boundaries of their repertoire of behaviors with one another, with the intention of increasing their awareness of the previously underlined dynamics or increasing the repertoire of behaviors and possibilities available to the couple.

My own figure in watching the couple's interaction is the phenomenology of the couple's dynamic process. As I watch and listen, I begin to formulate, from my own ground as a Gestalt therapist, an understanding of what defenses are in play within the couple system—confluence, introjection, projection, retrojection, or deflection—and where in the interactive cycle of experience is the couple in trouble.

I want to expand the couple's awareness of, curiosity about, and interest in what they do well, where they get stuck, and what they get stuck doing. I want to develop their interest in, curiosity about, and awareness of other possibilities of behavior, interaction and contact. At the same time, I want to encourage the emergence into awareness of those denied, rejected, or underdeveloped aspects of themselves and their interactions. This is the objective of the experiments. The integration of these polarities is my long-term goal. To accomplish this goal, I need to join the couple, and to do so, I need to apply myself to learning and appreciating something about where they are.

Of course, this does not happen in a vacuum. I must also take into account where I am. I need awareness of my own ground, potential countertransference issues, and my own assumptions. Attention to these issues was, for me, a particular strength of the program. For example, in a ses-

sion, during my training in Gestalt therapy with couples and families, we trainees engaged in a planned experiential exercise about counter-transference. We watched Sonia Nevis and Penny Backman have an ordinary conversation, and then described, commented on, or judged the conversation with eyes extracted from our ground—our lives and experience; voices of parents, teachers, bosses, bullies, peers, friends, churches, competitors, and so on. After the often scathing feedback, Sonia said sadly, "I had forgotten for a moment that there were so very many critical, critical eyes." Those critical eyes are often the medium in which we swim, and they are found inside us as well—inside all of us. The fish is in the water, and the water is in the fish. Lesbians walk around in a world in which the very essence of our identity is the object of judgment and criticism.

There are additional considerations in working with gay and lesbian couples in particular that influence the first intervention. What is the strength in that system as it relates to being lesbian or gay in the world in which they live? And later, of course, when they and I are fully saturated with the goodness of the way of coping that they have developed, what is the cost of that strength being out of balance?

In the following examples, I barely scratch the surface of the diversity of lesbian contexts, the range of different worlds in which lesbians live, and the ways in which they live in them. There are lesbians who know all about lots of those worlds, and lesbians who only know the one they are in. There are lesbians in couples with huge age differences, urban, suburban, and rural lesbians, political and apolitical lesbians, disabled lesbians, "bar dykes," "bike dykes," "lipstick lesbians," and "granola lesbians of the flannel shirt persuasion." There are lesbians who are now or once were married to men; lesbians with children who were conceived by intercourse, turkey baster, or *in vitro*; children by adoption, children who have been taken from them. There are lesbians who are suddenly partnered with the mother of children and unwillingly or willingly sharing parenting, or at least sharing the household, and lesbian mothers suddenly partnered with a non-parent who never wanted children. There are blended families, extended families, families extended by old lovers and their new partners. And that doesn't even touch single lesbians: connected, social, lonely, isolated, knowing about all of the concerts, bookstores, festivals, literature, art, or vacation spots, or knowing no other lesbians at all; "pride" lesbians, self-hating lesbians, alcoholic lesbians, political and apolitical lesbians, butch/femme lesbians, S&M lesbians, vanilla lesbians, celibate lesbians, transsexual and once male lesbians, black lesbians; bi-racial couples, professionals in every area, working class lesbians, welfare lesbians, street-people lesbians, spousally abused lesbians, lesbians either out or closeted, or in conflict about which to be. These categories open the door just a crack to the possible diversity.

When a lesbian couple begins therapy with me, I am presented with a

rich and complicated tapestry, an undifferentiated flood of clinical and contextual information. In the examples below, I will offer a sample of the flood of information, and some examples of how I use it as I highlight strengths, discover underdeveloped areas, and design experiments with ground in mind. I write here about the couples in detail to orient my readers to the range and complexity of lesbian cultures; therefore, the case material is broader than I might typically include.

While I don't have a formal intake interview, and I don't necessarily ask everyone the same list of questions, my early sessions follow a pattern. I greet the couple, make a little ice-breaking conversation for a sentence or two, and ask them what they would like me to know "before we get started." Then I ask them each, in their own way, to tell me the story of their relationship. I also ask them to tell me what they want me to know about their own separate stories. I let them know that I want to know about their coming-out stories, support systems, alcohol and/or drug use, health, children, and work—a picture of their world. If their information is scant, I find it useful to suggest initial subjects for them to talk about with each other by introducing some open-ended questions.

### **Lisa, Anita and Lisanita**

Lisa and Anita needed no prompting. They were an avalanche of information. Lisa and Anita are two Latinas who are 40 and 41 years old, and who have been together as a couple for twenty-one years. Lisanita, their daughter, born to Anita of artificial insemination through a sperm bank, is six. They came to see me because they felt desperate about Lisanita's behavior: fearfulness, sleep disturbances, school phobia, defiance, tantrums, lying, demanding behavior, over fastidiousness, and urinary incontinence.

Anita is a middle school teacher. She is expressive, articulate, intelligent, and immaculately and beautifully dressed in fashionable and feminine clothes, makeup, high heels, perfume, and long, polished nails. Her hair is dyed blonde. There is a girlishness to her presentation of self. Lisa is short, masculine-looking, very casually dressed, very overweight, and appears explosive and impulsive, angry and depressed. She is also restless, witty and engaging.

Lisa and Anita met and came together when they were 19 and 20 years old, respectively, in Puerto Rico. Both were working in the same office.

Anita was from a Cuban family with a dominant, rigid, forceful, obsessively religious mother, and, not surprisingly, she has introjected her mother's views of the world in many ways. Her obsession with and longing for her mother has always been a strong figure for her and is palpable now. She initiates weekly phone calls with her now-widowed mother, in which she is again and again berated and belittled for living in a different way than her mother would prefer, and begs and weeps for love and acceptance.

One of the old struggles Anita experienced with her mother centered on her mother's obsession with Anita's developing sexuality, and ranged from hideous threats and punishments about masturbation in childhood to assumptions of and accusations about promiscuity in adolescence. Anita was sexually abused in childhood by a neighbor. She told her mother, and was beaten and reviled. She was abused again by a relative, and never told.

Anita does not care about ever having sex, and says she could happily "be a nun." Lisa was her first, and has been her only, relationship. She does not consider herself a lesbian. She sends Lisanita to parochial school, and sees to it that she dresses and behaves in a "ladylike" way in society. Anita is absolutely closeted.

Lisa was raised by her grandmother after her mother left home to pursue her life in the States, and that abandonment by her mother has been the core preoccupation of her life. Her grandmother was kind, mystical and magical in her spirituality, poor, overworked, and overwhelmed. Lisa was sexually abused repeatedly by an uncle (an older boy at the time), and eventually told her grandmother who made sure she never had to see that boy again. She is currently disabled by neck, back, knee, and hip injuries incurred by heavy lifting at work. She has not been able to work at a job since Lisanita was born, and is Lisanita's primary caregiver. She believes Lisanita is the reincarnation of her grandmother, and that Lisanita knows things that only her grandmother could have known. She is very bright, and probably has some version of Attention Deficit Disorder. She reads voraciously, knows a lot, has strong opinions about everything, and has never been able to stay in school or at a sit-down job for long. She has abused alcohol and drugs, and been self-abusive and suicidal in the past. She is phobic and obsessive about animals, germs, dental procedures, anesthesia, insults, slights, and assorted dangers. Each traumatic event becomes an emblem of fate, of which she is the target. She has many superstitions, which she acknowledges and claims, half shamefacedly and half humorously.

Lisa and Anita ran away together to the States when their relationship was discovered by Anita's mother. To this day, Anita's mother will not recognize Lisa in any way. While the rest of Anita's family is friendly with her, Lisa may not enter Anita's mother's house or participate in any family event at which Anita's mother is present.

These women and their child live an almost totally isolated life, except for summer travels to family and friends in Miami. Anita is out to her family, but determinedly believes she is closeted everywhere else in her life, including to Lisanita, who calls Lisa "Auntie." Because of Anita's insistence on staying closeted, they hardly socialize at all. Since Anita is afraid that if they socialize with lesbians, Lisanita will catch on, they have had no lesbian friends or contacts since Lisanita's birth. They are not out to straight acquaintances, with one exception: Lisa has talked about her life exten-

sively to her massage therapist, and they have socialized somewhat with her and her son. Anita has gone along with this only reluctantly. (This massage therapist referred them to me.) To landlords, lawyers, school, and the world at large, Anita and Lisa present themselves as sisters.

This family has a noisy, explosive emotional style. Power struggles are common currency, and shouted threats, tantrums, warnings, and intimations of doom are everyday conversation. Anita and Lisa are full of powerful and competing loyalties. They abuse and protect one another. This is a system with little visible retroreflection within its boundaries and major, costly retroreflection in the face of a hostile world.

Lately they were literally driven from their home. They told me, "A band of Gypsies" moved into the row house next door to the one they owned. The Gypsies were noisy at all hours, played loud music, fought, cursed, and used and sold drugs. Lisa and Anita became both intimidated and embattled, called the police many, many times, fought with the landlord of the house in question, fought with the Gypsies, and were threatened in return with violence and death. They lived in a state of terror and rage until they could finally sell their house at a great loss which they could ill afford. Now they live in an apartment building where again they are embattled because "a bunch of Russians" live upstairs, walk around at all hours with no carpets, and keep them up all night. They stay away from the Hispanic community because they are lesbians, and from lesbian community because they are closeted. They maintain a powerful loyalty to one another in the face of the world, and squabble, bicker, fight, and blame one another within the system, all with enormous energy, apparent resilience, and some humor.

One aspect of working with this couple involved my tuning into cultural issues of religion and shame that they carried with them. Another was my developing an understanding of their neighborhood—a working class, intolerant, multi-ethnic noisy mix, with drug, gang, and safety issues. I needed to recognize the deep significance of family of origin in their own cultural language, and get a fix on how deeply family rejection and disapproval wounded them. I needed to understand the mysticism in their culture of origin to avoid confusing it with pathological delusion. I needed to know that naming a child for both parents was common in their culture. But how did I need to relate to them as lesbians?

The first intervention was to compliment them on the cleverness, alertness, and canniness with which they scoped out danger, developed strategies of invisibility, and acted to keep themselves safe in a dangerous context. I complimented them on their courage, creativity, and resourcefulness in hiding themselves. I reflected to them their examples of these skills and reinforced the survival value of them again and again and again.

As this sank in, they became very interested in the cost of these adaptations—that is, how embattled and restricted their lives felt. As they

articulated this, I was able to begin to think of some experiments to stretch their notion of what was possible. Were there ways to stay reasonably safe and also be less restricted?

The first experiment was to stimulate them to learn about the ways other lesbians coped in the world. I encouraged them to become lesbian anthropologists. I supplied them with books, first about Latina lesbians, then picture books about lesbian families. I read them letters from the books *Different Daughters* and *Different Mothers*. I plied them with fiction about lesbians, and sent them to watch the “Family Pride” parade and attend a PFLAG (Parents, Families and Friends of Lesbians and Gays) meeting.

Meanwhile, the content of the actual sessions, aside from these psycho-educative activities, followed the same path of any couple therapy: having the two—or often three—of them talk to one another, and having me compliment them about strengths I observed and point out the costs of some of those well- or over-developed areas. We examined their courage and steadfastness and its polarity—the fear, anxiety, and agitation they lived with daily. We looked at the strength of their willingness to act, and the cost of their unwillingness to reflect or contain. We looked at the strength of their integrity and persistence, and the cost of their unwillingness to compromise or let go of a position. We looked at the strength of their skill and daring at speaking out within their own system, and at their nearly non-existent ability to listen and consider deeply what the other was saying. We looked at the strength of their sturdiness, and the cost of their ignoring their vulnerabilities. I offered many experiments which were either welcomed or rejected by them. Therapy, as I said, proceeded as it would have with any couple.

The difference was that not only did I have to be aware of the reality and impact of their isolation and to help them become aware of it as well, I also had to affirm the way in which they had already addressed this challenge.

Moreover, I needed a realistic way to sort out real risks and real opportunities. It became clear to me quickly that the way they experienced their religion made it necessary for me to connect them on an individual basis with members, priests, nuns, and former nuns from Dignity and with other Latinas from PFLAG. I also needed to help them visit and explore other, more diverse neighborhoods they could afford which had a better sense of community—which meant I had to know, or find out, whether and where such places existed. I needed, too, to introduce the issue of the cost of their own intolerance and ethnic snobbery.

In the end, they made an interesting decision, one which I had not anticipated at all. They decided to move to a community in Florida where a younger, more tolerant contingent of Anita’s family lived, not too far from Fort Lauderdale where there is a lesbian presence. Anita currently is supplementing her teaching credentials to be able to qualify for a Florida

license. Meanwhile, they have moved into a sublet in a more socially tolerant neighborhood. Anita remains firmly closeted at school.

### **Starr and Elaine**

Starr and Elaine have been together for twelve years. Elaine is 50; Starr is 40. They held a commitment ceremony in the third year of their relationship with all the accoutrements of a reconstructionist Jewish wedding: several Rabbis, a *Ketuva* (marriage contract), a *chupa* (canopy) made of quilt squares contributed by friends which represented good wishes for their future together and the friendship or kinship between the Maker and the couple. (The quilt still hangs above their bed.) The ceremony was attended by at least 150 people including Starr's mother, father, stepmother, and half-brother and Elaine's brother and cousin, although her parents refused to attend.

They live in a big, beautiful, renovated old house in a diverse and progressive neighborhood, and now have three children: an adopted Chinese daughter, 6; and a son, 4 and a daughter, 18 months who both were conceived by the artificial insemination of Starr using the same known and participating donor (who lives across the country, but visits and calls, maintaining contact, and who abdicated his parental rights in favor of Elaine). They have successfully pursued second parent adoption—both are legal parents of all of the children. The children attend a fine, progressive private school. The family presently is quite comfortable financially.

There have been many extreme difficulties and conflicts in their lives, separately and together. Elaine has a psychiatric history that includes deep depression, and a political history that includes violence, (from the late 1960s and 1970 as part of the anti-Viet Nam war movement), extended time hiding "underground," and extended prison time. She also has a more recent history of deep and extensive work on self-knowledge, awareness, and healing, and a current rededication of her life to positive community activism.

Conceiving and adopting was not easy, and took years that included a combination of infertility issues for Starr, and many political and practical issues. Family conflicts and troubles abound in their lives. They each have experienced many losses and disappointments. Both individually and together they have pursued therapy, worked on their relationship, and made great use of a loving and supportive community. They are deeply involved in Reconstructionist Judaism, progressive politics, the local food coop, and longtime friendships.

Starr and Elaine have many strengths and many difficult issues in their lives. For them, being lesbian is not something that produces conflict and difficulty at this time, but instead is a key to a supportive and multi-faceted community. I needed to learn how to take into account the reality

of a support system that was more functional than any I knew about and, at the same time, recognize some of the quirky assumptions they held about life and politics that sometimes affected their interface with the wider world of schools, child care, and lesbians of less privilege and more conflict.

Most of the therapy was focused on ordinary couple issues. It has been important to affirm their resourcefulness and creativity in carving out such a workable niche for themselves and their children, and to enhance their awareness of the contained and unusual nature of their community and its assumptions. With them, it was easy to notice and comment on the strengths with which they handled being lesbian in the world: their resourcefulness, their ability to create and use support systems, their determined entitlement. Sometimes the costs were harder to see: the rose-colored glasses turned toward their own community, their intolerance of less progressive thinking, their expectation that their children would experience their difference in the world the same way they did. On the whole, however, their therapy was much more focused on dynamic issues within the couple.

### **Chris and Terry**

Chris and Terry live in a small upstate Pennsylvania town. Chris is a nurse's aide; Terry is a factory worker. Both dropped out of high school and later received a GED (General Educational Development diploma). Both came out during adolescence. They both come from working class families.

Terry's family is very disrupted: there was an acrimonious divorce, alcoholism, mental illness, and violence, and two of her siblings have died, one in a childhood accident, and one recently by suicide. Chris's parents are still married and belong to a fundamentalist evangelical religious sect. They have disowned Chris and have no contact with her because she is a lesbian.

Chris and Terry both look and talk tough and androgynous. They socialize entirely in a nearby small-city lesbian bar scene; they experience bouts of extreme jealousy and jealousy-driven behavior such as snooping and stalking; and they drink too much, and fight physically and viciously when drunk. Chris has a number of tattoos where they can be covered by her uniform. Terry rides a motorcycle.

They came to therapy, referred by a lesbian hotline, because they are frightened by the escalating viciousness of their fights and the intensity of their jealousy.

It was crucial for me to recognize the degree of isolation in which Chris and Terry live, their utter dependence on one another for intimacy, and their need to belong somewhere, along with the conformity required by

small-town lesbian bar culture, their acceptance of alcohol abuse in their lives as normal, and its impact on their impulse control problems. It is important to distinguish between the intrinsic meaning of the tattoos combined with the rough and tough talk, and the simple need to have badges of belonging. These are two women with few skills to contain the pain of their histories and current isolation, who have an understandable attitude of defiance. I want to help them open the tight little circle they have drawn around themselves, and discover the options of community which may provide a little wider frame of reference for seeing possibilities with respect to lesbian relationships and behavior.

I compliment them on finding a way to belong—a culture and community that affirms them and gives them a sense of identity and its badges. Over the course of many sessions we explore the advantages of belonging, of knowing where to go and how to behave. I then introduce some questions about what it is costing them to have only bars in which to socialize, and alcohol as an ever-present lubricant. I compliment them on their honesty and expressiveness. Much later, we look at the cost of the impulsive, alcohol-supported violence of their fights. We look at the excitement of the local bar intrigues—mostly sexual and romantic—and the emptiness they both felt about how and where to feel connected about other things in their lives: their stories, their ambitions, their grief. One experiment was to go to several women's concerts and just observe the different possible ways lesbians walk around, look, behave, and relate.

### **Sherry and Max**

Sherry and Max both are dentists with private suburban practices in conservative communities. Once they were dental school professor and student. Maxine still teaches. Sherry is sick and tired of being completely closeted in the community. Max is active in statewide professional organizations, and is terrified at the thought of being "outed." They own a house together, travel together, and parent Sherry's teenage daughter together, while avoiding any obvious demonstrations of affection or intimacy anywhere outside their home. Max is stern and unyielding about staying closeted. Sherry is angry and defiant, and feels stifled and invisible. She is threatening to leave the relationship unless they are able to be more "out."

I notice that they divide responsibility for taking care of different issues, and I compliment them on this as well as on their determination to stay safe and to be included in the larger community, and to maintain their relationship. They immediately get interested in just how costly the division between them is.

### **Chitra and Nickie**

Chitra is a 27-year-old graduate student in counseling from Delhi, India. She has a history of sexual abuse by an uncle, from childhood. Her parents strongly want her to agree immediately to an arranged marriage. They pressure her constantly and unmercifully, but do not try to force her. She has come out in the last two years—almost from the time of her arrival in the States. She has shaved her head, looks very butch, and has some quirky aspects of her dress, such as always wearing unmatched socks. She insists that her parents see and know about all of this. These things drive her parents wild. She is defiant and oppositional with them, and longs deeply for their approval and acceptance.

She defends her parents with loyalty and energy to Nickie, who thinks they are jerks. She studies hard and writes anguished poetry. Her lover is white, young, and politically and ethnically unsophisticated. She cannot understand the power Chitra's parents have in her life. She has no concept of cultural sensitivity and valuing ethnic difference. They come to therapy because they fight about "everything." I compliment them on their integrity and sense of rightness—their ability to insist on being heard. They notice this leaves them lonely and at odds. We work on some experiments about listening and hearing, about asking questions; about being curious.

### **Tonya and Ndara**

Tonya and Ndara are two black women of about 50. They have been together for five years. Ndara is the mother of a college-age daughter with a sight-threatening chronic illness. She is a workaholic dean of students in a suburban college, and is closeted. She is also irritable, volatile, hostile, and a little paranoid. She had a gay brother who recently died of AIDS, a mother who died during Ndara's adolescence, and an extremely stern, dominant, and famous father, now married to a younger white woman. She is quick-witted, and has the sharpest tongue I have ever encountered, with a relentless and endlessly creative ability to "play the dozens": insulting and humiliating almost anyone. She is a breast cancer survivor with a double mastectomy, and has some undiagnosed chronic health problems that may be related to implants from reconstructive surgery. She is hypersensitive to slights and insults, resents Tonya's large and devoted social circle of which she never really feels a part, and complains about feeling overshadowed and diminished. She has felt excluded from the center of family and intimate relationships all of her life, and is relentlessly brave, competent, and stubbornly assertive in the world.

Tonya is a long-time activist and community organizer in the area of black women's issues. She is the mother of two adult children. Her daughter is a drug addict. She is part of a nationally prominent group of black

feminist activists. She is a survivor of an abusive childhood and an abusive marriage. She travels widely to speak in a wide range of venues all over the U.S., and frequently in Africa. She is down to earth, folksy, and unassuming. In her activist persona, she is not intimidated by political power, class, or the establishment, and she has done some spectacularly daring and brazen things; but she is easily crushed by personal insult, anger, disapproval, or threat by an intimate person. She insulates herself with the love—almost reverence—of a tight, admiring circle. She is at the center of an active, loving community—an insider in the face of a hostile world. Her community dislikes Ndara.

They are both aware that old patterns are being lived out here. They love each other, but are worn out by the constant uproar that the relationship generates and effort that the relationship requires. I affirm the effectiveness of the way each one protects herself from a dangerous world. They don't get interested. I suggest that protecting themselves so well from one another leaves them lonely. They do get interested.

### **Serena**

Serena is 19. Her mother has been in a lesbian relationship for six years. While Serena was in middle school and during her first two years of high school, she lived in terror that her friends and/or their parents would find out about her mother. She was angry and confused about this difference in her life. When she was 14, she told her mother that either her hair would fall out or she would get cancer by the end of the year because she was so stressed by worry about her mother's lifestyle. Her sister, on the other hand, brought friends home easily, and moved in a somewhat less conventional group of people who thought her parents were extremely cool. Serena went to an arts oriented summer camp that was open about and accepting of difference in staff and campers. There, she introduced her mother's partner as her "other mother". When it came time to choose a college, she wanted to make sure that she chose a place where she would not feel that she had to hide the truth about her mother to feel acceptable. Now, in her sophomore year, with the support of a college counseling staff member, she has started a self-help/political group for students who are children of gay or lesbian parents.

I compliment her on knowing where she can and cannot be open. She expresses shame about not being able to be open everywhere. We look at the costs of being open everywhere.

Many therapists can work beautifully with the interpersonal dynamics, strengths, and difficulties in the couple system. Some therapists are sensitive to issues of oppression and homophobia. What I am encouraging here

is a twofold effort, because my experience is that fewer therapists, straight or lesbian, have an extensive understanding of all the likely contextual issues. First, not surprisingly, I recommend that we skillfully invite the couples to teach us about their lives and contexts, and to draw out background, stories, and facts about context, identity, and community so that we know enough to begin asking the right questions and attending to the right reticences. Second, using information they provide, we need to educate ourselves about the issues that emerge in relation to context. Use gay and feminist bookstores, libraries, and the Internet. Know the organizations, publications, calendars, activities, and resources that are available in your own community. Here is a resource reading list to start your file.

Carol Brockmon  
7861 Spring Avenue  
Elkin Park, PA 19027  
cbrockmon@comcast.net

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