Chapter 14

PSYCHOTHERAPY WITH LESBIANS:
SOME OBSERVATIONS AND
TENATIVE GENERALIZATIONS*

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Until recently lesbianism has been considered to be a pathological entity. The goal of psychotherapy for the lesbian was therefore to change her sexual orientation. Although evidence today points to the fact that lesbianism is a positive and viable life-style (Brown, 1975; Freedman, 1968; Oberstone, 1974; Rosen, 1974), there is as yet nothing in the psychotherapy literature that reflects this new perspective. Many lesbians who have been in therapy report feeling misunderstood and misinterpreted. Their therapists have little knowledge about the lesbian subculture and the societal pressures that must be coped with.

From my own experience working with lesbians in therapy, it became apparent that there was a need to describe and examine the unique forces that impinge on the lesbian in this society today. Only in this way can psychotherapy be relevant and meaningful to her.

I will present a brief description of the approximately eighty lesbian women whom I have seen for an initial intake interview or for psychotherapy over the past three years. These individuals were referred by the Homosexual Community Counseling Center† or by private sources. The women range in age from their early twenties to early fifties with a median age of twenty-nine. They are from varying socioeconomic, ethnic, and religious backgrounds. The population would, however, appear to be biased in two respects: (1) Most of the women are in the mental health profession or in the arts. Many have had graduate training and/or are multitalented; (2) The lesbian women seeking help come directly to a counseling center or to a therapist known to view homosexuality positively.

†The Homosexual Community Counseling Center (HCCC) located in New York City was founded in 1971 to meet the needs of homosexual men, women, and their families. It is staffed by professionally trained individuals who view homosexuality as a variety of sexual expression and not as a deviation or sickness.
It is of interest to note that few of the individuals in this group had involvement with the feminist or homophile movement before therapy. Since current researchers have almost exclusively relied on homophile groups for their subjects, the lesbians I will discuss may represent a different lesbian population from that described in the research literature. In contrast to a few recent studies which show lesbians to share specific negative characteristics, e.g. to come from broken homes or to have drinking problems (Wolff, 1971; Saghir and Robins, 1973), no consistent pattern is observable for the present group. If one salient characteristic does emerge, it is that almost all the lesbian women assumed from childhood that they would be economically self-supporting as adults. In striving for autonomy and more meaningful interaction with her world, the lesbian brings to therapy the conflicts and problems directly related to her rejection of the stereotypical female role.

It is my impression that lesbians who enter therapy and counseling do so for reasons similar to those of heterosexual women. However, lesbians bring to therapy experiences which might only be heard or understood by therapists who have some familiarity with the lesbian subculture. As Nuehring, Fein, and Tyler (1974) have found, one of the major obstacles to satisfactory exchanges in counseling and therapy of gay college students was the professionals' lack of practical knowledge about homosexuality and homosexual life-styles. The following are some typical experiences or problems that lesbians bring to therapy as a consequence of their minority status. In many cases that which is experienced as a personal hang-up is often a natural reaction to societal oppression common to all lesbians. Feelings of doubt and inadequacy disappear on the part of the individual lesbian as her experiences are placed within the broader social context.

1. Some women have been in long-term lesbian relationships and yet do not interact with other homosexual persons for fear of being labeled "gay." At the point when such a relationship breaks up, there are no friends or acquaintances to whom the lesbian can go to unburden herself. Thus, professional help may be sought to work out a loss that might have been worked out with family or friends.

The lesbian who is isolated from other homosexual persons is frequently more anxious and depressed about not knowing how to make future social contacts than she is over the termination of the previous relationship. The fear of being alone and isolated is realistic in view of the fact that knowledge of where other lesbians meet has not been easily accessible. (In some areas, this picture is beginning to change.) An important part of counseling or therapy for this lesbian can be assisting her to overcome fears of other gays and learning options open for meeting
people. The more the counselor or therapist is aware of the mores and styles within the homosexual subculture, the more effective she can be in helping the client make contact with the gay community and clarify what is happening to her.

The case of C. is an example of how the knowledgeable therapist can help her lesbian client.

C. is a forty-five-year-old woman who ended a fifteen-year relationship with another woman one year ago. She came to therapy feeling depressed and discouraged over her felt social inadequacy. It quickly became apparent that C. was experiencing the usual pressures and stresses of being a single person after being part of a couple for many years. But, in addition, her feelings of inadequacy had much to do with the gay group she had accidentally found herself in. The only place that C. knew where to meet lesbians catered to women who were considerably younger than herself and who did not share her values. Unable to form meaningful relationships with these women, C. saw herself as inept and was equally critical of the younger lesbian women. The therapist suggested another lesbian group of similar age range to C. which proved to meet her needs.

2. A few women came for help because they were unclear about their sexuality. One woman, for example, felt physically attracted to men, but emotionally and physically attracted to women. In working with a woman, it is more important to help her get in touch with her own feelings and options than to get her to categorize or label herself. (The number of women with whom I have worked who expressed clear doubts about their sexual orientation were small, possibly because it took a certain amount of acceptance of homosexuality to make contact with a homosexual center.)

The case of Y. presents an example of a woman’s confusion regarding her sexuality.

Y. has had about equal sexual experience with men and women. Although she feels more turned on physically by men, she prefers the emotional intimacy that characterizes her relationships with women. Y. describes herself as less sexually active with women than she is with men. At one point in therapy, Y. began to question whether she might not be gay because she was more physical with men. As she explored her own needs, preferences and options, Y. found it senseless to spend energy finding the right label. For the present time Y. feels content to focus her involvement on women, although, she does not rule out the possibility of relating to men at some later time.

3. It is not uncommon for a woman to have had homosexual feelings for a good number of years and yet to be too threatened to deal with these feelings. Upon hearing about a counseling center for homosexual per-
sons, one woman hoped to share her "secret" for the first time.

N. is a forty-two-year-old woman who has had a close friendship with a woman of the same age for the past ten years. They share the same job, go on vacations together, and visit one another on weekends. Although A. was willing to accept the intimacy and closeness of their relationship, she panicked at N.'s mention of the word "lesbianism." N. felt that she had to conceal her sexual feelings from A. so as not to lose her. She found herself, however, continually provoking fights and doing dramatic things as an expression of her discomfort. In therapy, N. was able to articulate her need for an open emotional and sexual relationship with a same-sex person. However, it took many months before she stopped being ashamed of having lesbian feelings. Because she shared many of the negative ideas about what lesbians were like, it took her many more months to be able to attend her first lesbian group.

4. Because of the stigma of homosexuality, many women are too frightened to enter lesbian relationships even though they know they are attracted to other women. It is not unusual to find women in their late twenties, thirties, or forties who are having their first gay relationship. Lesbian women who have had little prior experience in relationships often feel enraged and angry at themselves as they deal with the felt discrepancy between their everyday competence and their unsureness in relationships. When looked at within the context of the fact that our society does not allow homosexuals the opportunity to obtain early social and emotional experience, it is not surprising that a woman having her very first relationship later in life will be faced with feelings of inadequacy which she no longer feels in other areas. The following example illustrates this.

L. had been a cheerful, outgoing person until high school when she abandoned all friendships and focused exclusively on her studies. In retrospect, L. recognized that she withdrew from people in order to avoid the heterosexual dating scene. It was not until her late twenties that L. had her first relationship with a woman. Having had little social experience L. was easily taken in by a woman who exploited her financially. After the relationship broke up, L. was lonely, but did not feel ready to meet other gay women because she felt too unsure of herself. When L. eventually did attend her first homophile meetings, she did not know how to make friends; she worried that she was misleading a person if she asked them out for a cup of coffee. As is the case with many lesbian women who have been socially cut off, it did not take L. too long before she developed her own style of relating comfortably to others. The tragedy is that she had to waste so many good years.

5. Whereas heterosexual women have the opportunity to experience many different people before they choose to make a commitment, the lesbian woman's options are frequently limited. She may find herself in a
permanent relationship with the first person she meets. Long-term plans are often made before the couple has even had a chance to get to know one another. Such premature commitments may be the result of a fear of not knowing where to find other gay people. (The fear of isolation also keeps lesbian women from breaking up relationships that are not working.)

An additional problem is that a woman who has made a series of unsuccessful commitments often sees herself as a failure. It can be helpful to point out to her that she has accepted the heterosexual success model which is not necessarily applicable to her. T.'s experiences demonstrate the former problem, limited opportunity for meeting others and premature commitment.

T. is a twenty-seven-year-old woman from a small town in the South. She had just broken up a five-year relationship with a woman of similar age and with similar background. T. entered therapy because she had recently moved to New York City and felt shaky about her ability to meet and relate to people. In discussing her relationship to H., T. says it was her first. The women met in their junior year of college. Both were ecstatic to have found one another. Three months after the relationship began, T. and H. realized that they did not have enough in common to make a go of the relationship, so they agreed to see other people. However, since T. and H. were not able to meet other gay persons, they would find reasons to justify their continued living together. The relationship ended when T. decided to take an important position in the East.

6. A number of women begin to have lesbian relationships in their teens. It is not uncommon for such women to be "found out," ridiculed and punished for their behavior. These women may bring their guilt about relating to their own sex to future relationships. Such a situation is illustrated by the case of G.

G. had been attracted to her own sex ever since she can remember. At the age of thirteen her parents accidentally caught her experimenting sexually with a close girl friend. The parents were extremely upset by this incident and would frequently ridicule their daughter about lesbianism. In college school authorities assessed that G. was having a lesbian affair with D. It was G. who was expelled for corrupting her friend. After completing her education in a different school, G. had a series of close emotional relationships with women who would not permit sexual contact. G. entered therapy at the point that she was having a meaningful relationship with an openly gay woman. G. could not understand why she felt uncomfortable with sexual contact. In looking over her experiences with sexuality it made sense to me that G. was "nonsexual" so she would not lose the persons she cared about.
7. Not infrequently, lesbians find themselves having a series of relationships with women who eventually leave them for heterosexual relationships. Although it may be argued that the possibility of rejection exists in all relationships, the point is that in their desire for closeness and in the absence of choices, lesbians embark upon contacts which are intrinsically more precarious. Because of this reality, lesbians are apt, in turn, to feel more vulnerable when entering a new relationship. This was J.’s experience.

J. had never knowingly met a lesbian person. Over a period of years, she became involved intimately with three women in her community who never had had an experience with a woman. Each relationship lasted a few years, but in every one J. was left for a man. J. is presently involved with a self-acknowledged gay woman, but has fears that this woman might also “go straight.”

It is important for the therapist to validate J.’s reality, for example: “Based on your past, it is no wonder that you are worried now. You are not the only gay woman who has had this kind of experience. There is nothing wrong with you. If it had been possible for you to have met a wider range of self-identified lesbians, then you might have had a choice.”

A former therapist once told J. that she picks women who are not available because she does not really want to get involved. This interpretation puts all the blame on J. and fails to acknowledge how difficult it is for lesbians in some areas to know about the existence of other lesbians.

8. Being a homosexual in a “homosexphobic” world is bound to have its effect on the lesbian’s personality. As one woman aptly stated it, “I have spent so much of my life making sure which of my feelings were acceptable and which were not, that now I am often unsure what it is I feel.” Many lesbians learn to put on a “mask” so that their lesbianism will not be apparent when they have loving feelings toward other women. Some women spend so much energy trying not to give themselves away (monitoring their thoughts and feelings) that this interferes with their capacity to be open and spontaneous. The case of S. details some of such burdens.

S. has a high executive position in which her success depends on appearing heterosexual. When relating to the women in her office, S. closely watches her facial gestures and degree of physical contact least she be suspected of being a lesbian. Through the years S. has trained herself to appear turned on to men and to talk about heterosexual dates. On those occasions that S. brings her lover to an office affair, one would hardly recognize that these two women knew each other; they relate in such a detached manner. (S.’s lover would feel personally rejected at such
events even though she understood the need for pretense.) S.'s need to be cautious about displays of feeling and affection extends to most public places. She must be discrete for fear that someone from work may be close by.

As the above observations illustrate, lesbians may bring special problems to a therapist. In a recent study on homosexuality (Saghir and Robins, 1973), it is stated that "the homosexual woman is not more neurotic or more psychotic, although she tends to seek psychotherapy more often." The authors offer the explanation that therapy is sought for depression after a relationship breaks up. I agree that a good number of lesbians seek out therapy, but I would like to offer some alternative reasons relating to why they do so:

1. Any person who is different from the "average" is likely to spend a good deal of time reflecting on why she is different. In having to account for why she is, the lesbian may become aware of other aspects of herself that she wants to explore or work on.

2. There are more social pressures on lesbians and fewer safety valves to deal with those problems. As previously indicated, until now, therapy may be the only place that an isolated lesbian can share her problems.

3. Some lesbians may look toward therapy as a way of having someone in authority approve of their orientation. (For some women, a consciousness-raising group, a homophile organization, or a gay peer may be more appropriate than therapy or counseling.) The need for the therapist's acceptance of one's lesbianism in the course of therapy should not be viewed negatively. Is not the acceptance of heterosexuality already implicit in the psychotherapeutic procedure? Women who cannot accept their homosexuality often want a therapist to force them to become heterosexual. Care must be taken by the therapist to allow these women to become who they are rather than who they think they should be. There are lesbian women who will subtly test their therapist's viewpoint on homosexuality before they reveal themselves. I have met several women who have had months of therapy and yet have not told their therapist of their lesbianism because they did not feel it was safe.

Good therapy involves helping a person get in touch with who she or he is whether this be in the area of sexual orientation, feelings, life-style, or values. Therapists who believe that their function is to change homosexuals into heterosexuals deprive the individual of choosing what is best for herself. Therapists who believe that homosexuality is pathological, but do not make their views explicit, can be just as destructive as those who openly claim that homosexuals are sick. One woman in training with a well-known psychoanalyst reports that her supervisor attributes all the homosexuals' problems to their orientation, though he says nothing
about his own bias. Another woman is currently seeing a therapist whose views about homosexuality have not been articulated. Yet, each time she is having difficulty with her female lover, the therapist reminds her how much better her relationships are with men. But, the client pleads, her relationships with men are different: she is not emotionally involved.

For some therapists, lesbianism is not important to talk about because it is seen as a symptom of other underlying emotional problems: Once changes are made in other areas, the lesbianism will disappear. R. went to a therapist who had such an attitude toward lesbianism.

She originally entered therapy because she was disturbed about her attraction to women. It was reassuring to hear that her homosexuality was merely a symptom which would disappear as she worked on her other problems. R. forced herself to date men and had continuous superficial relationships with them for ten years. Finally, at the age of thirty-five, she had her first meaningful relationship with a woman. She returned therapy to explore parts of herself that had previously been excluded.

There are therapists who verbalize positive attitudes toward homosexuality and yet, unwittingly, betray a heterosexual bias. J. reports that her therapist tells her that “It’s OK to be a lesbian, but you are not one.” He offered as evidence to prove his point, her one sexual encounter with a male. This woman knows that she is both emotionally and sexually attracted to women and feels that the therapist is negating her reality. K. has observed that when she talks about her male lovers, her therapist is more attentive and asks more questions than when she talks about her female lovers.

P.’s therapist also betrays an underlying heterosexual bias. Her therapist says that she has no intention of forcing her to go straight if she wants to be a lesbian. At the same time, however, her therapist will not describe her views on homosexuality to P. because she does not see them as relevant to the “treatment.” P. finds herself exploring relationships with men to make sure for the fifth time that she is not rejecting them prematurely. She feels angry at herself for not using therapy for the reason she entered it: to work on her relationships with women. In the course of therapy, P. began to get in touch with the fact that her therapist did indeed have negatively biased and stereotypical attitudes towards lesbianism. This made P. reluctant to discuss her female relationships. Although P. felt that she was getting something from her therapist, she questioned whether she might have made more progress with a therapist who had more positive feelings toward lesbianism.

These examples illustrate what a friend of mine recently pointed out to me: the double standard that exists between lesbian and straight women in therapy. Whereas lesbian women are encouraged to be bisexual so that
they do not "exclude men," the heterosexual woman is not encouraged to be bisexual so that she does not "exclude women."

The women who seek out the services of the Homosexual Community Counseling Center want to assure themselves of a therapist who views lesbianism positively. However, most of these women are not simply looking for an atmosphere of acceptance. Rather, they want someone who understands the nuances of their lifestyle; they want someone who already knows their "world" so that it is not necessary to interpret and clarify continually. Knowing that a therapist has knowledge of the gay subculture or is involved in it may be an important, and as yet unexplored positive force in the therapeutic process. From my own experience, a trust or rapport is established which frees the individual to focus on other aspects of herself. There are other, often more subtle, changes that take place in an interaction between a gay therapist and client. If a therapist who is also a lesbian feels good about herself, her positive image may in itself make for changes in the client that might have otherwise only been brought about through many months of talk and direct communication. Although most of the lesbian women seeking the services of HCCC feel comfortable with their lesbianism, they nevertheless, have also internalized the negative stereotypes of their minority. A therapist who has struggled with the very same problems can validate her clients' struggles. Such a therapist may also be quick to confront the client when she is using the negative stereotypes to put herself down.

The question of whether a straight therapist is qualified to be a therapist for gay persons invariably comes up. I personally feel that a straight person who has given more than passing thought to the problems of the lesbian minority does have something to offer. However, even a therapist who feels positively about lesbianism, but who has little knowledge or awareness of what it means to be a lesbian, would be suitable only if other alternatives were not available. At this time, I feel that a lesbian in therapy has the most to gain from working with someone who closely shares her context.

REFERENCES


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