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## On Helping Women With Same-Sex Attractions

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Every woman who has or has had same-sex attractions and emotional dependencies is absolutely and wonderfully unique and special. They have various backgrounds, families of origin, experiences, personalities, character traits, relational styles, professions, appearances, marital status, developmental needs, abuse histories, religious upbringing, and talents and gifting. They were little girls at one point. They innocently looked up into the eyes of their mom and dad, just like you and me, longing for love, comfort, attention, hugs, patience and understanding. Many of their stories are not so different than yours and mine.

Betty, the oldest of four, was essentially raised by a single mom the first four years of her life. Her dad, a military man, was stationed half way around the world. He could only visit his new family once or twice a year. As an infant and young child, for some reason Betty would cry and cry and cry. Betty's mom, like many moms in her generation, followed the suggestions of the most authoritative pediatrician at the time. According to "Spock," moms shouldn't pick up a baby every time he or she cries. It might spoil the child. So while Betty's mom's heart ached to comfort her child, she tried to follow the then very socially accepted rules on becoming a "good" mom. She left Betty alone to cry until she could cry no more.

Once Betty's dad returned from his military service, she and her parents moved into a small house. Babies started being born almost as often as the family moved. The moving continued throughout Betty's school years, as well as her dad's ongoing traveling due to his new career. During these years Betty had a need to know that mom (and most likely dad) was okay. If mom was okay then Betty knew she would be okay. She did everything she could to help her mom. In a way she became her mom's protector and caretaker. Betty, in fact, was sort of like a little mom *and* a little husband.

As Betty grew, so did her resentment towards her dad. Dad didn't know how to respect women, let alone his little girl. He often drank too much. And during his intoxicated high, he often touched Betty too much. Betty's longing for his love and respect turned to confusion and disgust.

Betty began to avoid him as much as possible.

As Betty matured and moved out on her own, her eyes were still searching for the attention, care and affirmation that were simply not adequate to fill her up as a child. She would longingly gaze into other eyes, male and female, and wonder, "Do *you* see me? Am I important to *you*?" Until one day, she saw the look of recognition on another woman's face. The glance said, "I *do* see you. You are absolutely beautiful and I would love to get to know *you*." Betty's heart melted. And before too long, they became lovers.

Betty neither "chose" to become a lesbian nor was consciously defiant towards God as her heart simply followed what seemed the most normal and natural course, to rest in a tender and caring relationship that was finally touching some of the hungriest places in her soul. She was merely surviving and doing the best she could at the time.

Betty's last lesbian relationship was over 15 years ago. She lives a life full of friendship, male and female, meaning and purpose, service to others, and richness in community and solitude. Betty has returned to her innocence and knows, beyond a shadow of a doubt, she is loved to the core.

Betty's story, while very unique, also bears themes that are common in many of the histories of other women with same-sex attractions and relationships. It should be noted here that while the women do often share common themes in their stories, similar strengths and therefore survival strategies, women with same-sex attractions and dependencies should *never* be stereotyped or squeezed into a "box." Like everyone else, they want to be known for who they truly are, apart from their sexuality or confusions and conflicts. Fortunately, these women are often extremely intelligent and intuitive and can tell if you are "seeing" *them* or merely viewing them distantly through the lens of a label, preconceived notion or theoretical model. They might even let you know, in no uncertain way, that you "don't get it," or don't have any idea who they really are.

While I certainly do have theories about female same-sex

attractions and dependencies, when I am with a woman in my office, I choose to let go of my models and theories so that I can have a *real* encounter and meet the special person in front of me. I do not want to "miss" her.

As a counselor and as another woman, I want to get to know *her*, not just her same-sex orientation or struggle. I want her to know that *she* is important, and that I am not sitting with her simply because she thinks her sexual attractions or orientation needs "fixing." I sit with her because she matters. She has value.

As a counselor committed to the ethics of my field, I want to encourage growth and development in *all* aspects of her life, promoting *her* welfare and honoring her particular history and life experience.

As a counselor and as another human being, I want to respect her human dignity. She may not be sure what she wants to "do" with her same-sex feelings. The emotional draw to other women reaches down into the very core of her being and therefore seems to be an integral part of who she is. I want her to know that I am committed to work with her regardless of where she is at in her decision-making process or final decision with respect to her same-sex feelings and relationships.

In addition, as a counselor, I want to be committed to *her* as a person and as a client, *not* to a particular therapeutic outcome. I reassure her that I will not place my values or any demands or expectations on her with respect to her same-sex emotional or sexual orientation or struggle that would, in any way, violate her dignity or condition or impede our ongoing work together. Again, I make a commitment to *her* for the long haul, not to a result.

### A History of Hope

The fact that work with an SSA woman is potentially unique and different than "standard" therapy, pastoral care or support of other men and women, is put to the test when we are confronted with our current cultural milieu around homosexuality. There is a loud voice in certain academic and professional circles that is threatening, especially to new mental health professionals, claiming that supportive or "reparative" therapies for men and women in conflict with homosexual feelings or behaviors is not only damaging, but in violation of professional standards and ethics.

The groups who decry "reparative," "conversion" or "reorientation therapy" as harmful and damaging primarily rely on the assertion that sexual orientation is an innate and therefore immutable aspect of a person's core self or identity. They also assert that "there is an absence of compelling empirical evidence to support the practice of conversion therapy. There is no compelling evidence to suggest that it is possible to reorient an individual." [1] They also offer firsthand reports of homosexual men and

women who claim that change is not only not possible but to attempt, is damaging to one's personhood and self respect.

The groups who provide and endorse "reparative therapy" do so based on historic clinical success in treating homosexuality and the scientific studies that support the assertion that sexual orientation is not a determined asset of one's core self, but arises out of a combination of inherent (biological), developmental and environmental influences and therefore can evolve, develop, be altered and change.

Many recent books and articles have thoroughly detailed the current scientific debate about the causes of homosexuality (both biological and environmental) as well as the research done thus far on whether or not change is possible. Other books and articles review the history of the American Psychiatric Association's treatment of, internal politics, decisions and resolutions regarding homosexuality.

### Female Sexuality and Freedom of Choice

Sexual orientation has been defined by some psychologists as a "continuous, rather than a dichotomous variable." In other words, even though a person may be primarily oriented towards one particular sex, they often experience sexual attraction towards or engage in sexual behavior with both sexes. These practitioners claim that "Sexual attraction is best conceptualized as being on a continuum." [2] Actually, "Theorists and researchers from Freud onward have demonstrated that the boundaries between sexualities are quite fluid and that many more people than those who label themselves bisexual manage to experience multiple forms of sexual expression with partners of both sexes despite cultural dictates and institutional arrangements." [3] Setting aside the moral implications of such realities, sexuality, sexual attractions and sexual behaviors are often flexible or fluid, or in other words, can *change* for many people across time. This seems especially true for women.

While both male and female are created in the very image of God and therefore boast of equal dignity, value and even purpose within His Kingdom, men and women are unique and different, in many ways. One of these ways is how men and women view and express their sexuality. Generally speaking, men tend to emphasize and act out on the behavioral component of sexuality much more than women. This can be seen in the statistics of men vs. women struggling with sexually compulsive or addictive disorders.

Women, in general, tend to emphasize or act out on the emotional or affectual component of sexuality, focusing on the quality and nature of the relational connection as the basis for sexual involvement or activity. It is this emphasis that allows for an even higher degree of flexibility or fluidity within their erotic relationships.

Jan Claussen, a former lesbian speaks of this fluidity as "an

instance of human self-making." "...there's a logic to my erotic choices that relates very closely to what's happening in other areas of my life." [4] She believes women have more of a choice with respect to not only the individual but the gender of the person with whom they will sexually relate. Granted, some of you may object to the liberal ease of moving in and out of homosexual or heterosexual attractions and relationships, nevertheless, within the experience of many women, religious or not, is at least the ability to understand the ease with which to establish a female to female relationship as well as its inherent power in terms of satisfaction and meaningfulness even apart from sexual feelings or affection.

So, if sexual attraction and involvement can be fluid due to one's inner impulse and desire, then logically they can certainly be fluid due to one's choice or intentionality. This facet of female sexuality is one more basis or support of our work with women actually *in conflict* with a current pattern of sexual attraction or involvement. "If considerable swings in sexual orientation can happen without therapeutic intervention, it makes sense they would be even more considerable if they are therapeutically encouraged in a motivated person."

Claussen, who believes it is perfectly fine to be either straight or gay, acknowledges that since "a person's sexual partners would seem no more relevant a gauge of his or her basic nature than would a host of other habits, preferences, and tastes," people who move within the fluidity of sexuality and *change* their sexual attractions should not be bullied as "border-crossers." "What's got to stop is the rigging of history to make the either/or look permanent and universal." It is indeed unfortunate, that while the secular community agrees sexuality is fluid and therefore subject to change, it only allows for "change" in one direction.

More and more researchers are beginning to explore and write about the trend of heterosexual women who have been in sometimes long term heterosexual marriages, nevertheless, often later in life, realizing that they feel much more comfortable and nurtured in relationships with women. The researchers assert that these women "are also undergoing or have undergone a *transition* from a heterosexual to a lesbian life pattern."

Transition is typically synonymous with the word "change." Gay affirmative therapists would, of course, welcome and encourage these women to explore their same-sex inclinations, yet would question with skepticism a woman who has had five lesbian lovers, but is now at a stage in her life that she would like to "undergo a transition from a lesbian to a heterosexual life pattern." Their skepticism in this regard is indeed a fatal inconsistency in the theoretical basis of the pro-gay therapeutic community. While heterosexuals are welcomed into the community of bisexuality and homosexuality, lesbians experimenting or intentionally moving towards heterosexuality are warned

by well-meaning gay affirmative therapists, disbelieved if indeed they find heterosexual relating satisfying and meaningful and often rejected by their gay and lesbian friends.

At best, only lip service is given to the freedom of the client to pursue whatever sexuality they so determine to be in their best interests. For example, one author states: "*Clients have a right to hold whatever opinion suits them about the subject.* It is, however, incumbent upon mental health professionals to inform ourselves, so that we do not unintentionally implant or reinforce damaging views that are not empirically supported." [5] (emphasis added) The author is alluding to the damaging view that "change is possible." Yet she herself is the one who refers to the fluidity or changeability of sexual boundaries. This bias and inconsistency is not only being tolerated but is used as a part of the "indoctrination" of new mental health professionals.

In discussing their work with "once-married lesbians," Bridges and Croteau (1994) note that we as counselors need to help our clients "to realize that sexual orientation, may, but does not necessarily, fall into one of two neat categories that remain stable over time. ...The counselor should help the client see that there are many possible options for defining and understanding one's sexuality. The client can thus feel free to discover and shape an identity that fits her at that point in time." [6] This is a quintessential representation of the fluidity of female sexuality *and* respect of a client's right to choose.

Dr. Douglas Haldeman, a popular writer and lecturer on the competent and ethical treatment of lesbian, gays and bisexuals in psychotherapy, notes that indeed, there can be a real conflict between a man or woman's religious identity and their sexual orientation apart from cultural anti-gay sentiment. He states "The rights of individuals to their diverse experiences of religion and spirituality deserve the same respect accorded sexual orientation." While not personally supporting conversion therapies, he notes that it may be "less emotionally disruptive, for an individual to contemplate changing sexual orientation than to disengage from a religious way of life that is seen as completely central to the individual's sense of self and purpose." Finally, he concludes, "However this distinction between religious identity and sexual orientation may be viewed, psychology does not have the right to interfere with individual's rights to seek the treatments they choose. ...Psychology's role is to inform the profession and the public, not to legislate against individuals' rights to self-determination." [7]

### Therapy for the Sake of Therapy

Every woman who walks into my office deserves my respect and the freedom to choose the life that *she* wants. The last thing a new client or woman in pain needs is for me to obsessively focus on her same-sex attractions in an effort to affirm *or* disaffirm, apart from first acknowledging

and understanding all of the other aspects of her life and especially the deeper needs or reasons that brought her into my office in the first place. Remember, she will most likely sense if you are coming to her with energy to change, convince or fix her. This type of energy, of course, can strip her of her human dignity and right to choose. Your unconditional love, acceptance and genuine desire to *understand* her choices will provide the safety in which she can explore, accept or challenge her choices.

To begin the work of therapy, I first make a genuine effort to *know, build trust and establish a real authentic and caring relationship with the unique woman sitting in my presence.* Second, I will attempt to help her identify and resolve hurts, bring clarity to innocent confusions or inner conflicts, confront false beliefs, determine her true beliefs, unravel unhealthy relational patterns and expose blocks to meaningful intimacy. This is how I would proceed in therapy with any client.

The **goal of therapy** with a woman who struggles with female same-sex attractions and dependencies is *not* sexual arousal by a man but is the apprehension of her true identity and deep heart, the strength and core stability to walk through the ups and downs or ebbs and flows of life in terms of intimacy and closeness within her same and opposite-sex relationships. It is to help her reach a place of security within a broader healing community and within her own sense of self so that she does not trigger and live out of a desperate clinging or grasping for security outside of her self. It is to invite her into a radical self-love and self-acceptance that frees her to live an other-centered life vs. being consumed with getting her own needs met. If you and she both operate from a spiritual perspective, it is to direct her to the Truest Lover of her soul, and to support her as she determines her life's ultimate purpose and meaning. It is to bless her with existence, attachment, love, friendship, fellowship and an enduring belief that "she is okay" and that "she is a blessing," just as she is.

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