Introducing The First Stage Of Therapy With Women With Same-Sex Attraction: *Securing The Foundation*

Part 1 of a two-part series

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In my early days as a therapist, I remember working with a spunky 32-year-old gal. She was motivated and anxious to work in therapy. She desperately wanted me to know her, so she shared vignette after vignette of her childhood. However, as she shared, I sensed she was making everything up. Neither her stories nor the characters (including herself) felt real. I kept asking myself, "Is she telling the truth?" Even though her stories consistently held together with logical ties, week after week I felt there was something illusive about her. She didn't feel authentic. Yet I knew she was doing her best to honestly share.

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I struggled to establish a clear treatment direction since I couldn't quite "get my hands around her." My clarity kept waning until I seriously questioned whether or not I should continue to be her therapist. I feared I might be wasting her time if I couldn't authentically connect. It was hard to connect with someone who felt "unreal." I finally realized I was encountering her lack of a substantial self.

Her personhood or identity seemed to float rather than solidly tether to her experiences and relationships. I would catch a glimpse of her and then lose it. She didn't feel "present," yet she wasn't floating away through disassociation. My words and empathy also seemed lost on her. Indeed, she was incredibly lost to herself and therefore unavailable to me. How lonely she must have felt on the inside. [1]

Missing A Home Within

The initial stage of therapy with a woman with same-sex attraction does not usually focus on the process of "change." Change is not relevant unless a thing or person first has an identifiable shape, being or substance. For many women, there were often not only obstacles to the development of her basic sense of self, but to her evolving concept of a valuable self, relational self, female self and unique self. Typically one, if not all of these internalized senses of self are missing or extremely fragile within women with same-sex attraction. In this first stage of therapy, a woman needs to build, or rather discover and uncover, her true self or her inner home.

When a woman lacks a solid core self, she often experiences a profound disconnection from her inmost thoughts, desires and feelings. Consequently she will have extreme difficulty in exploring, articulating and inviting others into her internal realities. [2] When asked who she is or what she feels, she might stare at you with a blank face, emphatically exclaiming, "I don't know!" Without a clear picture of a woman's self or core identity, it is often difficult to develop an initial treatment plan.

When I ask women who do not struggle with same-sex attraction the question, "What were your hopes and dreams as a little girl?" they quickly describe fantasies or hopes about escaping from their sadness or loneliness. In contrast, women *with* same-sex attraction struggle to remember *any* hopes or dreams. As little girls they didn't or couldn't project themselves beyond the present moment. Perhaps they were tied to the present because they still needed to build their most foundational piece, a self. Life cannot progress without a self.

Similarly, when I initially introduce the concept of the "little girl within" to women who do not have same-sex feelings, they

immediately respond by groaning, giggling or becoming deathly quiet. They instantly connect with the presence of their little girl, even if it is not a positive experience. Women *with* same-sex attraction often brush me aside proclaiming, "I don't have a little girl, Janelle, and if I did, I don't really want to know her" or "I don't know where she is, and frankly, I don't really care. [3] Their innocent and primal self seems missing.

Connie, now 31, admits at times that her need for physical touch outweighs her other commitment, which is to God. She says, "It's weird. In some ways touch gives you a sense of self. When you are touched you realize you exist and therefore must be valuable." These women long to be held or warmly touched. Part of this longing may arise out of their basic need to gain a sense of self.

If a girl, or grown woman, is forced to live out of an underdeveloped or insecure core or sense of self, she may experience generalized anxiety and an overarching lack of safety. This may be one reason why so many women with same-sex attraction view life and relationships as categorically unsafe. They are not securely fastened to themselves, let alone anyone else.

The Fundamental Needs

Many women lacked a sense of safety, trust, and warm secure attachment as girls within their first and extremely significant relationship with mother. [4] In fact, some of my clients do not have *any* memory of being safely attached or dependent upon their mom. They still need to *experience* secure attachment and someone's healthy and loving response to her unmet dependency needs.

The female self comes into existence through its ongoing dependency upon, identification with, and attachment with others, primarily mother. An unstable or insecure attachment with mom can disrupt these formative processes and subsequently create an unstable, underdeveloped or insecure self within a developing girl. My clients readily admit that something is missing inside of them, as if they were never given all of their pieces. They still need to *form* a basic core self.

These two fundamental needs unfortunately present a dilemma within a woman's life:

> *If a woman doesn't possess or know her "self," she will not be able to develop healthy intimacy.*
>
> *If she does not experience healthy intimacy or attachment, she will not be able to establish a solid core or sense of "self."*

But there is more. If a daughter associated more fear than warmth within her relationship with mom, or if the daughter defensively detached, she may not have been able to internalize *any* of her mother's care, affection, attention or a basic sense of trust. Therefore, within a safe relationship, many women still need to internalize a basic sense of love, value, and trust.

If a girl experiences more distance than closeness with mom, she also loses the most important opportunity in her life to learn how to "do" relationship. As a result, she may not be able to successfully build healthy or enduring relationships. Her life may be clouded with underlying depression, doubt, and insecurity [5] often blocking her from developing appropriate social cueing or the empathy required for mutually caring relationships. Many of the women with whom I work still need to learn how to have close intimate relationships.

Seemingly trapped within the above dilemma, these two additional fundamental needs often create a self-perpetuating downward spiral within a woman's life:

> *Without an experience of healthy intimacy, a woman will not be able to gain a sense of trust and inherent value or the social skills required to build and sustain meaningful relationships.*
>
> *Without the skills required to build relationships, a woman will experience failure, developing a sense of mistrust, worthlessness, and incompetency in the very realm of her greatest need.*

These self-defeating cycles must somehow be interrupted in order to free a woman to reenter the path towards healthy individual growth and development and intimacy.

The Fundamental Goal

As a therapist, I am honored to have the great privilege of addressing all of her above needs by supporting and guiding her into:

> *An actual experience of enduring secure attachment within an affirming, mirroring, and validating environment in which she can safely complete the work of inner formaton.* [6]

The therapeutic relationship becomes the foundation upon which she and I will accomplish all of the overt work of therapy as directed by her stated goals and immediate needs. It is the soil in which she will be nourished and sustained as she works, grows, and develops. I have watched multitudes of women solidify and "come into their own" by simply *being* in a secure relationship with me.

Dr. Frank Lake, a psychiatrist trained in theology, agrees that people with an unstable core self benefit most from therapy if a genuine interpersonal relationship, "mediated by face-to-face and heart-to-heart discourse," is established. [7] It is through such a *heart-to-heart* relationship that my clients also begin to *internalize*, perhaps for the first time, a basic sense of trust, belovedness, and inherent value. This powerful corrective relationship affords them an opportunity to *learn* new ways of living and relating, allowing them to integrate healthier inner constructs, beliefs, emotional patterns, and ongoing attachments. Said one client:

My relationship with my therapist was the closest and most important relationship that I had ever had. In truth - it still is. I am amazed at how I continued to risk and share with her. It felt like she stayed right there with me through it all. I am eternally grateful.

The Fundamental Therapeutic Tasks

In order to establish such a powerful and life-changing heart-to-heart relationship, my clients must first be reassured that they are safe and that I am trustworthy. [8] The first stage of therapy can therefore be broken down into three separate therapeutic tasks:

Creating Safety - the *Heart of the Helping Environment*
- **Fundamental Therapeutic Processes**: Acceptance and Attunement
- **Client's Task**: Rest

Building Trust - the *Heart of the Helper*
- **Fundamental Therapeutic Processes**: Caring and Commitment
- **Client's Task**: Receive

Establishing and Maintaining a Secure Attachment - the *Heart of the Relationship*
- **Fundamental Therapeutic Processes**: Empathy and the Here-and-Now
- **Client's Task**: "Become"

The preliminary tasks of creating safety and building trust with women with same-sex attraction will typically require far more time, energy, and perseverance than with other clientele. It is not unusual for some women to require up to two years of weekly sessions before they feel certain that they can trust. Even after establishing a foundation of safety and trust, many of my clients waiver, asking again and again "Is it safe? Can I really trust you?"

I have found that safety and trust should never be assumed, quickly glossed over or handled casually with these women. I am therefore deliberate and methodical in continually addressing these two essential foundational issues.

First Task: Creating Safety

Over the years, my clients have helped me to understand what they need in terms of safety.

A safe place is warm and relaxing.
A safe place allows you to feel and talk.
A safe place promotes respect.
A safe place allows you to be yourself.
A safe place is where you are known and accepted.
A safe place provides emotional and physical protection.
A safe place has a sense of fullness, not emptiness.
A safe place offers care and containment.
A safe place is constant, without shocking surprises.
A safe place creates trust.
A safe place is where you can grow and develop.
A safe place may become home to the homeless.

At the beginning of therapy, I do not attempt to work with abuse material, challenge core beliefs or acknowledge, let alone confront a client's defense mechanisms. I recognize I must earn the right to speak into a client's life, so am extremely cautious in offering interpretation or analysis. This does not mean abuse issues or core beliefs are never addressed in opening sessions; it means I do not cultivate or encourage these directions. My first goal is to create an environment in which a woman can begin to consistently relax and trust. As one client explained:

I struggled saying things. I was often embarrassed and shy. I was very uncomfortable – but it was safe. The room was safe – soothing. I've never had that feeling before. It was a good feeling to come back to. My counselor ended up being safe. She never pushed me too far. She seemed to know what I could handle.

The actual content of our discussions may include the client's immediate circumstances and life, goals for therapy, current crises, nature of existing relationships and support systems, and history if she is comfortable enough to share. I express an explicit desire to learn more about her life and to get to know her as a unique individual. Throughout our conversations I remain authentic and emotionally available.

Ultimately, my clients will not feel safe simply because I believe or declare I am safe. They are perceptive and intelligent women, and have unfortunately learned that words are sometimes cheap. They will determine whether or not I am safe based on my prevailing character qualities, actions, and attitudes.

Safety In Unconditional Acceptance

Morton Kelsey in his fabulous book entitled *Set Your Hearts on the Greatest Gift*, recalls a particular priest who had befriended and profoundly impacted him as a young man. Kelsey first notes, "He listened to me." But second and most importantly, "He never judged my doubts and he was not shocked or afraid of my lostness." [9] Kelsey was amazed by this man's generous acceptance.

A woman with same-sex attraction will not feel safe until she knows that she can be fully honest about her life, both inner and outer, without fear of judgment. To lay a foundation of safety (as a Christian counselor working primarily with like-minded clients), I have learned that I must be *accepting* of:

Her same-sex attractions and behaviors
Her sexual identity
Her same-sex partner or spouse
How she acts
Her specific (or decidedly vague) goals for therapy
Her attitudes toward men and women
Her spiritual beliefs
Her sin [10].

I have also learned (the hard way) that it is not advisable to ini-

tiate a conversation that can be interpreted as inappropriate, invasive or challenging to these aspects of her life until safety and a firm foundation of trust have been established. These issues should not be dismissed as unimportant, but are superficial to the task at hand. One client stated:

> *She just listened. She knew I had a lover, but she just let me pour out my heart. I could tell her things I would never tell anybody else.*

Similarly, I have found that I need to be accepting of a woman's physical appearance and attire; career or type of work; the car (truck) she prefers to drive.

Many women with same-sex attraction often gravitate towards what might be considered stereotypically masculine styles in terms of appearance and occupational preferences. A woman's "style" or preference in these regards can indeed be genuinely grounded and centered in her true identity as a sporty, athletic or mechanically inclined woman.

On the other hand, her ostensive "masculinization" may be an indication of a severe disconnection from her femininity or a means to protect herself from further pain, rejection or devaluing as a female. Regardless of the origin of her preferences, however, now is not the time to address these social externals.

My primary aim at this opening stage of therapy is to provide an environment in which a woman can discover, accept, and solidify a self so *she* will have the power and choice to decide what *she* wants to challenge or change in her life. [11] Realistically, before she can take the next step in her process of growth and change, she must first acknowledge, understand, and accept her present starting point. I can help her find this resting and reflective place by offering her *my* full acceptance of her personhood, as it has developed up until now, and all aspects of her present life.

As I accept a woman *just as she is*, she will feel safe to begin to accept her *self*, just as she is. Self-acceptance is a discipline that must be embraced by these women for growth to begin. It is important that she gathers up *all* of her self, the agreeable and disagreeable, for the journey ahead. Fragmenting or disowning any true reality of her life will be counterproductive to her formation and healing process. As a woman comes into a courageous self-awareness and self-acceptance, she boldly defies the shame that seeks to hide her true heart and self. One client explained:

> *I remember realizing I could tell you anything without feeling judged or shamed or like I was a dirty person. I have been with other therapists; there was a difference.*

My clients have exclaimed over the years how grateful they are that I am willing to accept and enter their world *as it is*. They feel honored as I make an effort to "get into their shoes" for the sake of understanding and connection.

They come to learn my camaraderie is not an endorsement of every aspect of their life, but is in fact a commitment to their personhood that will transcend *any* present state or condition within which they find themselves. Unconditional acceptance of an individual is not denying aspects of their self or life, but the willingness to know, love and journey with them, just as they are.

Acceptance Counters Shame

I once asked a therapist specializing in female sexual abuse what she saw as the distinguishing difference between women who did not have same-sex attraction and women who did. She thought for a moment and then announced, "the shame." Because of her religious or philosophical beliefs, a woman with same-sex attraction often sees herself as abnormal or a distortion of humanity, even undeserving of simple human kindness.

She may view herself outside of God's grace and love, only deserving of condemnation and darkness. Shame tells her she is the worse of the worse and even beyond hope.

The messages of shame of course, are not true, but it will take time for a woman to hear another voice. As her therapist, I am again honored to have the incredible privilege of combating these falsehoods by exercising the power of unconditional acceptance again and again.

I especially enjoy indirectly assailing the shame by reframing a woman's struggle with same-sex attraction. I first acknowledge, accept, and affirm a woman's inner longings and unmet needs and then normalize her struggle within the context of her longings and needs. I may tell her:

> "Of course you long for hugs and touch. Your mom didn't even know *how* to hug. She never got hugged as a little girl either. You must feel like you are starving!"
>
> -or-
>
> "Of course you want special uninterrupted attention from your friend. I remember you telling me how you sensed your parents were too busy to play with you. You never even remember getting special time alone with them. Your little girl is still looking for that special time and attention."

There are logical reasons why a woman so desperately longs for same-sex closeness and intimacy. I have realized that I do not have to be afraid of normalizing her struggle within the context of what she needed and didn't receive as a little girl. My compassionate understanding often breaks through the debilitating shame or denial that typically prevents a woman from *any* possible change, decision or movement in her life.

There Is A Shame Deeper Still

Many women with same-sex attraction also suffer from a pervasive and profound existential shame related to the lack of a core self. In lieu of a solidified core self, a woman may have essentially identified with the inner void or sense of "non-existence." [12] The resultant shame is not so much a feeling of embarrass-

ment or badness, but a point of deep identification as a lost soul. And since she has no inherent extant form or "sense of being," she will have no inherent definition of value or worth.

Lake notes that this sense of non-being is often experienced "as a dangerous waning of hope and expectancy, a certainty that one will not be able to last out long enough, a feeling that time passed in solitariness is equivalent to an imminent death of the spirit. [12] Essentially shame, worthlessness, and dread take up residence in her inner home that would otherwise be filled with her glorious true self. These core affective states are not easily addressed or processed explicitly. It is as a woman *experiences* a consistent flow of compassionate acceptance and genuine care that her true self will be affirmed and can finally begin to blossom and take form within her soul. *(To be continued in the December* NARTH Bulletin*)*

References

Baars, C.W. & Terruwe, A.A. (1976). *Healing the unaffirmed: Recognizing emotional deprivation disorder*. New York: Society of St. Paul.

Erikson, E. (1980, 1959). *Identity and the life cycle*. New York: W. W. Norton & Company, Inc.

Hall, J. (1994). Lesbians recovering from alcohol problems: An ethnographic study of health care experiences. *Nursing Research*, 43(4), 238-244.

Hughes, D. (1997). *Facilitating developmental attachment : The road to emotional recovery and behavioral change in foster and adopted children*. New York: Jason Aronson, Inc.

Kelsey, M. (1996). *Set your hearts on the greatest gifts: Living the art of Christian love*. New York: New City Press.

Lake, F. (1986). *Clinical theology: A theological and psychological basis to clinical pastoral care*. Essex, England: Anchor Brendon, Ltd.

Levy, T. & Orlans, M. (1998). *Attachment, trauma, and healing: Understanding and treating attachment disorder in children and families*. Published by Child Welfare League of America.

Siegel, D. (1999). *The developing mind: Toward a neurobiology of interpersonal experience*. New York: The Guilford Press.

Endnotes

[1] As it turned out, we worked together for almost two years. What a surprise to have heard from her a few years back. She was animated as she shared how she had treasured our time together and announced that she was now pursuing her special dreams. She exuded an amazing solidness and warm presence as we spoke. She had been able to go off of antidepressants and successfully build a meaningful community of friends. Through her commitment to growth, her involvement in support groups, her tenacity in confronting family issues and her work with me, she had grown, developed and was taking solid shape as the special woman she was meant to be. Our energies, patience and time as therapists can indeed have a life-changing impact on the women with whom we work.

[2] Research has shown that the inability to communicate one's inner world is directly linked to insecure attachment patterns. Hughes (1997); Siegel (1999).

[3] These comments also highlight a woman's unconscious process of *rejecting* herself, in lieu of a healthier process of *constructing* a self. She has often internalized the attitudes of mom or dad that she *perceived* as rejecting and disaffirming.

[4] This of course happens with many girls who do not later struggle with same-sex attractions, but is nevertheless a common dynamic in the histories of many women with same-sex attraction.

[5] Levy & Orlans (1998, p. 1).

[6] Dr. Daniel Siegel, Child Psychiatrist, Associate Clinical Professor of Psychiatry at UCLA and author of the internationally acclaimed book *The Developing Mind,* proposes that new attachment experiences, such as that provided by the patient-psychotherapist relationship, *can promote* patient growth and development, change and "enhance the regulation of emotion throughout the lifespan" (1999 p. 285).

[7] Lake (1986, p. 22).

[8] For people who have experienced emotional deprivation because of early abandonment or inadequate or insecure attachments, therapy "must be directed first of all at an optimal restoration of those *conditions* [namely safety and trust] which make it possible for the emotional life to resume its natural growth." Baars & Terruwe (2002, p. 73-74, emphasis mine).

[9] Kelsey (1996, p. 11).

[10] Dr. Frank Lake, trained in theology and psychology, bravely declares that "If the pastor cannot, because of obstruction in his own personality see his way to receiving sinners and eating with them, listening to them and talking to them, he could properly consider retiring from his ministry until the grace of God, coming to him in his penitence, showed him that grace which is given to him as a sinner, in spite of his sin of religiosity. Experiencing this grace, he would soon delight to give it to all others." (1986, p. 24-25). Lake's admonition also aptly applies to women serving in ministerial positions.

[11] In observing lesbian women within the health care system, it was discovered that a maternalistic style, "characterized by emotional warmth, *unconditional acceptance*, and meeting basic subsistence needs" was effective in maintaining an ongoing working relationship with the women and served as a necessary prelude for a woman's eventual exploration of her alcohol use. Hall (1994, p. 242-243, emphasis mine).

[12] Indeed, those persons, who by default, identified with nothingness "desired infinitely to be identified with a loving human person." But "at a moment of the most supreme need for the sight of a human face and the love that shines from human eyes, they were bereft of consolation. They remained alone" Lake (1986, p. 21). It is within a woman's relationship with her therapist that she can finally encounter "the love that shines from human eyes."