

Understanding The Lesbian Client

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During her 14-year career, Andria has worked with several hundred men and women struggling with homosexuality, lesbianism, related lifestyle issues, and substance abuse problems. She also counsels parents of high-risk adolescents. Among her credentials Andria counts her education, extensive training, and personal life experience. She is a frequent speaker at conferences and seminars, and has been interviewed by television, radio and news media.

Recently, I was asked to critique an assessment tool used to measure change among individuals who had utilized psychotherapy to move from homosexuality to heterosexuality.

In the first draft of the assessment's interview form, the questions appeared primarily oriented toward male homosexuals. Women responding to the questions as formulated would have measured a higher degree of change than actually achieved. The questions truly reflected an assumption that male and female homosexuality are essentially the same, and simply involve same-gender, physical and sexual attraction.

But while there may be etiological similarities in male and female homosexuality, there are gender-specific differences in the nature of these problems and in their outward manifestations. The gay community itself recognizes these differences. For this reason, many women prefer to be referred to as "lesbian" instead of "gay" or homosexual, and the popular public service organization is called "The Gay and Lesbian Center."

Characteristics of Lesbian Relationships

Recognizing that there are exceptions to the common psychodynamics, I will briefly describe some of the distinct characteristics of female homosexual relationships.

The first—reflecting a basic difference between men and women—is that sex and sexual attraction are not necessarily key components of lesbian relationships. In many instances, the role of sex is minor and occasionally, non-existent. Instead, the physical activity more highly valued

is holding and affection. In the cases where sex is a critical component, it is because of the emotional intimacy that it symbolizes. The propelling drive in the lesbian relationship is the woman's same-sex emotional and nurturing deficits, and these deficits are generally not sexualized to the same degree as seen in male homosexuality. For the female homosexual, "emotional attraction" plays a more critical role than does sexual attraction.

Next, within these relationships there appears to be a capacity for particularly strong attachment. However, a closer look reveals behaviors that indicate a fragile relational bond ridden with fear and anxiety. Core conflicts are evidenced in the recurrent themes of abandonment, engulfment, control, and identity formation, and they are displayed in very specific and noticeable ways.

Female relationships lean toward social exclusivity rather than inclusivity and it is not unusual for a lesbian couple to increasingly reduce contact with family members and previous friends. This gradual withdrawal serves to insure control, and protects against separateness and perceived threats to their fragile bond.

Core conflicts are evidenced in recurrent themes related to identity formation. For example, we see fears of abandonment and/or engulfment, struggles involving power (or powerlessness) and control, and desires to merge with another person to obtain a sense of security and significance.

While lesbian partnerships generally are of longer duration than male relationships, they tend to be fraught with emotional intensity and held together by the "glue" of jealousy, over-possessiveness and various manipulative behaviors. During the course of the relationship, the "highs" are very high, and the times of conflict, extreme. Excessive time together, frequent telephoning, disproportionate card or gift-giving, hastily moving in together or merging finances, are some of the ways separateness is defended against. In such relationships, we see the counterfeit of healthy attachment—that is, emotional dependency and over-enmeshment.

It is not uncommon for lesbian lovers to have a "can't live, if living is without you" kind of feeling toward each other. A client once said to me, "I don't know how I would live without her. Before she came into my life, I was so empty. Now she is my life."



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There is often a desperate quality to the emotional attraction in women that struggle with lesbianism. One client, who recognized that her lesbian relationships re-enacted her need for maternal love, explained to me, "When I meet a woman that I feel drawn to, it is as if a place inside me is saying, 'Will you be my mommy?' It is a compelling and powerful feeling, and a helpless one. Suddenly, I feel little. I want to be noticed by her, I want to be special to her, and that want takes over my mind."

Another client shared with me what it felt like during times of separation from her lesbian girlfriend. She said, "I remember feeling this terrible feeling—this gnawing, anxious feeling deep in the pit of my stomach. This is the same feeling I had as a child whenever I had to be away from home, or on the rare occasion I would attend a sleepover. The other girls would be having a blast, but all I wanted was to be home. It was always so hard to leave my mother."

Gender Identity and Lesbianism

What is easily observed among the lesbian population is a broad divergence of gender traits and outward appearances. Just as there are (paradoxically) heterosexually oriented women who are not "at ease" in their femininity, so too, are there homosexually oriented women who enjoy being a woman and are highly feminine in appearance. I say this to dispel common thinking that a "boyish" appearance or the enjoyment of traditionally non-feminine activities equals lesbianism.

Gender identity has to do with a woman's comfort with herself as a female person, her level of ease in relating and identifying with other women, and the extent of her freedom-of-choice regarding feminine-oriented activities. Lesbianism is about a woman's same-gender preference for fulfillment of unconscious psychological longings and her fear of intimate connection with the opposite sex.

In lesbianism, a woman is developmentally "stuck," and therefore unable to move forward into healthy heterosexuality. However, when and how healthy development is thwarted would influence the degree of gender-identity problems experienced.

Anti-Male Attitudes

Some lesbian women experience negative feelings and inner conflicts when relating to men, and this contributes to their inability to embrace heterosexuality. In addition, some strongly identify with radical feminism. Women may be seen as gifted and desirable, while men are viewed as inferior, sex-crazed and somewhat useless. Describing a scene of a man and woman with their arms around one another at a baseball game, one lesbian client said, "It was so disgusting. All I could think was, 'What does she see in

him, and how could she let him touch her!'"

It is not uncommon for those who have been involved in the lesbian lifestyle for a long period of time, to increasingly experience an aversion to heterosexual relating.

Treatment Considerations

In order to treat the lesbian client who desires to embrace the change process, it is important to view her individually and to assess her as a whole person. Most importantly, the therapist must assess her personality organization. For example, does she have the separation-individuation conflicts of a borderline, the fragile self-esteem of a narcissist, or the attachment fears of a schizoid? Understanding the core conflicts will provide the therapist with the meaning behind her behaviors. With this information, it is possible to proceed utilizing appropriate interventions for this particular client.

Also important to notice is the degree of the client's compulsive or obsessive feelings, thoughts and behaviors. The higher the compulsivity, the more anxiety and/or depression may surface as the client begins to separate from her lesbian partner or chooses to not "act out" their same-sex emotional attractions. This is often the most difficult part of treatment and strongly resembles the treatment required with a person struggling with substance addiction.

The gender of the therapist is critical; however, the lesbian client typically handles that concern herself, as her emotional attraction guides her to a woman therapist in the selection process. Over time, the client will attempt to act out, with the therapist, the same themes she enacted with her lesbian partners. For this reason, the therapist should demonstrate a relational but bounded style, and an

ability to differentiate between providing appropriate care and gratifying the client's wishes. Effective utilization of the transference and counter-transference within the client-therapist relationship will provide the most healing interventions.

The client's gender-identity issues should be understood by the therapist prior to initiating discussion about them. Understanding the meaning behind the client's personal appearance can help determine if and when this topic will be approached. For example, as a child, did she "defensively detach" from her mother as a way of protecting from further (real or perceived) rejection? Are there some cultural influences? Is the client defending from male advances due to past sexual abuse?

Other essential interventions may include spiritual support, monitoring of depression, offering practical relationship skills, and encouraging the client to cultivate a support system in addition to her therapy.

Lesbian bonds
tend to be exclusive
and possessive, with
extreme highs and lows.

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The duration of treatment is generally of a long-term nature, and many benefit from two to three sessions per week, depending on the level of functioning of the client. Therapists who travel frequently, who know in advance they will not be able to continue the therapeutic relationship (i.e., they plan to relocate or leave practice), or are experiencing their own personal crises, should consider carefully before accepting such a client. Therapist reliability and consistency are important elements in treating the female homosexual.

Prognosis

As in treatment of any kind, success is dependent upon many factors. Some of the factors are within the client's control—such as her motivation and determination to change, her regular attendance at sessions, and her cooperation with treatment. Other important factors determining rate of success involve characteristics of the therapist. The therapist should be capable of attachment, be well-differentiated, and have adequate skills and experience, or at

least qualified supervision. Other considerations for prognosis include the client's age, history, personality organization and overall level of functioning.

In my work with women, I have found change to be a slow and arduous process. However, the work contains its own rewards. It is always a privilege to assist a client on her journey to becoming a healthier person and I often find myself inspired by the determination of my clients.

Because the lesbian struggle is a symptom of a woman's inner pain and conflicts, attaining the capacity for healthy same-sex relationships and opposite-sex relating is a manifestation of inner healing and growth. Many lesbian women who desire change will fully realize their goals. And even those who are elsewhere on the "success continuum" will grow and change through therapy, experiencing greater self-understanding and sense of personal wholeness. ■

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