10

Heterosexual dominance in the world of therapy?

by

Daphne Hewson

Bipolar labels

It is estimated that about 1 in 10 of us is homosexual. Presumably this means that 1 in 10 identify with the label of homosexual in terms of a bipolar split on sexuality. Another way of thinking about sexual orientation is in terms of a continuum. For example, Adrienne Rich (1980) suggests that we can describe a range of woman-identified experience (forms of intimacy and support between women) with only one end of the continuum representing a fully woman-centered identification in terms of both intimacy and sexuality. Many of those

This chapter was originally published in

D. Denborough (Ed.). (2002). Queer counselling and narrative practice (pp. 52–61). Dulwich Centre Publications.

other 9 in 10 women are likely to identify themselves somewhere towards the fully woman-centered position, even if they do not choose sexual relationships with women.

This is an important concept, because it invites us to escape from the dominant bipolar notions of homosexual-heterosexual, and from the focus on the 'sexual' at the expense of 'intimacy'; it also allows an opening for sexual and intimacy preferences to be recognised as a choice, rather than the prescription of 'compulsory heterosexuality' (Rich 1980) which dominates in our society.

The problem with the concept, however, is that it tends to confound emotional and sexual forms of intimacy by placing them side-by-side on the same continuum. When discussing this confounding, my colleague, Corinne Roberts, suggested that it might be more helpful to conceptualise two continua, one based on emotional intimacy and another based on sexual interests and behaviours. Each continuum could range from a preference which is exclusively for one's own gender (homo), through various degrees of interest in both genders, to an exclusive preference for the other gender (hetero). Thus, the privilege and oppression of women who identify closely with the woman end of both continua (homo-intimacy and homo-sexuality) would not be attributed to women who identify somewhere towards 'homo-intimacy' but somewhere towards 'hetero-sexuality' in their sexual interests and practices.

Who would identify as totally 'hetero' on both continua? My guess is that few women would do so, because women have developed the opportunity to experience valued intimacy with other women in their family and friendship networks. Many have also had pleasurable experiences of touch and physical affection with other women. Men have not been so privileged. The dominant discourse on masculinity (which is heterosexual and homophobic-based), the limited opportunities for men to learn to value intimacy with other men, the common cultural taboo on touch between men (except for firm handshakes), and the cultural training for men to turn to women for their intimacy needs, all invite many men to identify closely with the 'hetero' end of both dimensions.

The purpose of this preamble is to suggest that it is possible to position oneself outside of the dominant assumption that there is one distinct group (heterosexuals) and another distinct group (homosexuals), and that it is, therefore, not necessary to identify on the 'them' or 'us' side of a gaping chasm. Although most of the paper addresses the impact of one's position on the

homo/hetero sexuality continuum, it seems useful to start by posing questions concerning both continua:

- *Where would you presently place yourself on the homo/hetero intimacy continuum and on the homo/hetero sexuality (interest and practice) continuum?*
- *What experiences and training have contributed to these self-perceptions and practices?*
- *Do you experience any dysfunctions between your self-perceptions on the two continua? If so, how do these affect your life?*

Acknowledging difference

Despite the advantages of conceptualising a sexuality continuum, rather than bipolar labels, I recognise that it can sometimes be very helpful to highlight group distinctions. In fact, to minimise the differences in experience between publicly-identified heterosexuals and homosexuals can be a form of oppression.

For example, my friend, Jim, decided that he was sick of being 'in the closet' and that, despite the risks to his career as a school teacher, he would disclose to his colleagues. He disclosed during a meeting when they were all present. After an initial period of confusion, during which various people spoke about barely-related incidents, Jim repeated his disclosure and asked for comments. One of the women responded that she didn't see what the fuss was about. She said that she didn't see why homosexuals wanted to tell people about it. She thought the heterosexual custom of not commenting on one's sexual preferences was less intrusive and avoided discomfort for everyone. She added that she didn't judge people on their sexuality and that she didn't think anyone else did, so it didn't matter. Another woman responded 'So, would it be okay by you if the Principal thought that you were lesbian?' Suddenly sexuality mattered.

Absence of attention

The above example is a good illustration of the point that Kathleen Stacey (1993) makes when she quotes Card's (1992) comment that *Ignorance is not, strictly speaking, absence of knowledge: it is absence of attention* (p.45). The woman who thought that she believed that sexuality didn't matter was not ignorant of the oppression of homosexuals in our society, she simply hadn't previously been invited to pay attention to it. As soon as her attention was directed to the possible ramifications if she was disclosed as lesbian, her previously unrecognised knowledge was fully, and painfully, available to her. If she had chosen to attend to this opening further then more knowledge would have been quickly acquired.

Another example of absence of attention is a friend's recent experience when she was discussing the issue of touch with her male supervisor. She told him that a woman client had attempted to give her a hug at the end of a session in which they were working on the legacies of childhood sexual abuse. She had pulled back from the hug and was worried that the client might perceive this as rejection. The supervisor thought that she was creating, an unnecessary problem. He saw no reason why a female counsellor could not allow a hug from a female client after a successful session. She asked what he would have done. He replied that, as a man, he never touched young women clients. But he thought it was different for her.

The supervisor's response contains three examples of inattention to sexuality issues. Firstly, he seems to share with Queen Victoria a blindness to the possibility that women can be sexual with each other. Touch between women, even if they both identify as heterosexual, has the potential to be experienced as sexual and, thus, to be abusive in a therapeutic relationship.

Secondly, the supervisor seems to have assumed that the counsellor is heterosexual. Although she had not explicitly drawn his attention to her lesbian identity, the counsellor usually discusses it comfortably if given an opening. One's sexual identity is not a neutral factor in working with women, men, or families, and so it deserves attention in supervisory relationships. The absence of attention to her lesbian identity robbed this counsellor of the opportunity to develop her understanding of how it impacts on her work and how to address it in interactions with her clients.

Thirdly, women who are working on the legacies of sexual abuse are vulnerable to questioning their sexuality. Many heterosexually identified women tend to question their sexuality with men, and many lesbians tend to question whether the abuse 'caused' their homosexuality as a reaction against men. In the context of this questioning, intimacy and touch with a woman counsellor can have a significant meaning, especially when safety and trust legacies are being addressed in therapy. The absence of attention to the meaning that the hug had for the woman client robs her of the opportunity to explore this process in her healing. If the client has guessed that her counsellor is lesbian and/or is experiencing some attraction (transference?) towards her, then it seems particularly important to address the meaning of the hug, and the counsellor's withdrawal from it, in the context of the client's preferred narrative.

- *What might have been different if the supervisor had attended to the possibility of sexuality between women, or had recognised the counsellor's lesbian identity, or had asked some questions about the counsellor's thoughts about the meaning of the hug for her and for her client?*

Some personal examples

In my first ten years of work as a therapist I knowingly worked with only one homosexual client. The referring person told me that the client was lesbian and that she insisted that this be acknowledged. Thinking of myself as 'open-minded' (despite the fact that a shock treatment programme for homosexuals was operating just down the hall!), I tried to show acceptance of her sexuality by commenting in the first session, 'And I believe that you are homosexual?' It didn't come off with the flair I intended. My voice dropped and I stammered! She grinned mischievously and responded, 'What was that?' So I had to repeat my 'casual' question, much to my embarrassment.

I attempted to 'normalise' and 'accept' my client's sexuality by ignoring it and not asking questions about how it impacted on her life. Fortunately, she refused to accept this oppression. Over time, she desensitised me to some aspects of lesbian experience and educated me in ways to validate it in the therapy room. As I write that, I realise how it was another form of oppression. A client should not have to 'treat' her therapist's ignorance and homophobia.

And the learning did not generalise. I continued to be inattentive to sexuality with other clients, assuming (without realising that I was doing so) that every client I met was heterosexual.

The journey to my own lesbian identity was similarly hampered by absence of attention. I had a close woman friend whom I loved to be with. I thought of her often, dreamt about her, felt bereft if I didn't see her, and experienced greater intimacy with her than with anyone else in my life. But we were both heterosexual women and the possibility of lesbianism didn't enter my consciousness. If it had been suggested to me, I suspect I would have said that I couldn't be lesbian because I liked sex with men and had a reasonable marriage and two young children. My internalised model of a lesbian was someone who hated men, acted butch, and did not (could not?) mother children. I didn't know that I knew closet lesbians (even role models in the world of therapy) who were very different from that.

An unexpected event focussed my attention on sexuality. I rapidly moved from identifying as 'het' to identifying as lesbian, and started to allow myself to enjoy my lesbian self (this is probably not the place to share all the delightful details). Then I started to notice my homophobia. For example, I had previously been completely comfortable walking down the street arm-in-arm with women friends. Now I wondered if people were thinking that I was lesbian. I also had difficulty embracing the name 'dyke' which many lesbians have reclaimed for themselves (now I love the word).

A different form of inattention influenced my next stage. Since I had two preschool children and a conservative Christian family of origin, I assumed that it was easiest to keep my sexuality a secret. The stress of leaving the marriage, setting up shared parenting with the children's father across our two households, and dealing with family stress reactions, seemed like enough to handle. It took several years to realise that the option of invisibility is a dangerous one. I couldn't have open relationships with women, so fear, secrecy and shame contributed to destroying my lover relationship with my friend. I couldn't talk freely about my sexuality with anyone but my lesbian friends, so my other friendships and family contacts became increasingly superficial. As the children grew older, I started to feel guilty that I was living a lie to them and wondered what would happen if they discovered my secret before I told them.

I wish Jo-Ann Kresten's (1988) article had been written by then. It would have allowed me to attend to the corner I was inadvertently painting myself into, and to come out much earlier than I did. She argues that:

> *... disclosure is important to the lesbian in order for her to counteract her tendency to internalize the homophobic message of society, in order for her to build authentic personal relationships with family members, and in order to avoid the pressure to form an increasingly closed system with her lover and other gay friends that is intensified by secrecy.* (p.119)

My memories of that time resonate with Jo-Ann Kresten's quote from Clark (1977) who says that:

> *Each time you pretend to be non-Gay when you are Gay, you give yourself a silent irrational message that it is wrong and bad to be the person you are.* (p.62)

The reasoning seems to be 'I want them to like and respect me, so I'll pretend to be the person they want me to be and then they'll like and respect the me I'm pretending to be'. This is a self-imposed punishment for being unacceptable within the dominant discourse, and only serves to strengthen the prescription that there is something bad or wrong with being who one is. If therapists intentionally or inadvertently collude with this self-imposed punishment, then does the punishment become therapist-imposed too?

Coming-out issues operate for all members of a homosexual's family. For example, when my 11 year old daughter was nine, she decided to tell some of her school friends that I am lesbian. They are all very interested in seeing me and my partner and asking questions about us. But they have chosen not to tell their parents. So she has a secret with them. My 14 year old son is out about me only to close family friends. He has decided not to 'subject himself to the problems he thinks he would experience if he told his school mates'. What influence are these secrets having on my children's internalisation of acceptable sexuality, or of their perceptions of the 'acceptability' of me and my partner? (And what do you call your lesbian mother's partner – your stepmother?)

Given the common assumption that we are all heterosexual until proven otherwise, a homosexual-identified person who wants to be out has to make

constant decisions about how to do this. When you meet someone do you say, 'Hi, I'm Daf, and I'm lesbian'? Do you put it on the agenda for announcement at a staff meeting? Do you wear lavender clothes and lesbian earrings and hope that others know the code? Do you talk about 'my partner' and 'they' and hope that others notice these clues? Do you wait until someone asks about your husband or boyfriend and then create embarrassment for them by saying that 'he' is a 'she'? And how should clients inform their therapist? I think many try to do it by clues. But what are they supposed to do if their therapist misses the clues?

In my work as a therapist, I no longer have the problem of being 'a' heterosexual who does not notice homosexuality. Now I'm 'a' homosexual who has to decide whether or not to come out to my heterosexual clients. I always come out to therapists I am supervising, but I've taken the 'need to know' line with clients and disclosed only when sexuality has been a subject of therapy. I often wonder if this is another form of oppression, either for me (pretending to be who they think I am) or for them (being denied information which they might consider important in our work together). I'm interested in others' perspectives on this dilemma.

A heterosexual questionnaire

If you let someone know that you are gay or lesbian, then you are likely to be asked a number of 'well-meaning' questions about it. I started putting together a list of typical questions. Some of them were told to me by clients as ones they were asked by other therapists (leading them to find a lesbian therapist). I was intending to provide the list with a commentary on the underlying assumptions and point out how oppressive they are for gays and lesbians. But the commentary started to sound like a soap-box lecture, so I've switched the questions around. If you imagine a heterosexually-identified person being asked the questions, in therapy or by their family and friends, you'll be able to provide your own commentary.

1. *When did you first start to realise that you were heterosexual?*
2. *How did you know?*
3. *Are you sure ? Perhaps it's just a phase?*

4. *Did you fight the urge?*
5. *Have you sought help for it (I hear they can fix it with shock therapy if you're really motivated to get better)?*
6. *Were you sexually abused as a child?*
7. *Do you think it's because you went to a co-ed school?*
8. *Do you think it's because you had an unhappy homosexual relationship?*
9. *Is anyone else in your family heterosexual?*
10. *Are you providing your children with some good role models of homosexual families ?*
11. *What do you actually do in bed?*
12. *Even if you are 'that way', wouldn't it be fairer to your family to live a normal life as a homosexual?*
13. *Do you know that I still love you and think of you as normal?*
14. *1 can accept that you are heterosexual, but don't you think it would be better not to tell your mother?*
15. *You and the children are welcome to come home for Christmas, but would you mind not bringing your partner?*
16. *We're happy to have you stay with us, but you do understand that we couldn't put you in the same* room?[1]
17. *Why do you have to flaunt it by touching each other in public?*
18. *For men: Are you a man-hater?* For women: *Are you misogynist?*
19. *Did your mother (*for women: *father) neglect you so that you need a woman (man) to mother (father) you as an adult?*
20. *All you need is a good '....' (with a person of your own gender). Why don't you try it?*

The purpose of this questionnaire is not to discourage therapists from asking clients anything about their homosexual identity or experience. On the contrary, these are important issues to be addressed. It is a myth that homosexual-identified persons are free of homophobia. When homophobia is an inevitable consequence of the dominant discourse, everyone is vulnerable to

internalising it, especially those who have to live the day-by-day repercussions of being a member of the 'deviant' group.

Questions about how homosexuality influences a person's life and relationships, and their view of themselves, are likely to create openings for deconstructing heterosexual dominance in their lives and freeing them of vulnerability to homophobia and its associated shame. Not to ask such questions is to inadvertently exclude experiences which are fundamental to a person's identity and self-narrative.

A Wish List – What would be different

* *If all therapists advertised themselves as 'couple' therapists, rather than 'marital' therapists and there were 'Couple Centres' rather than 'Marriage Guidance' centres?*
* *If one of our international journals was called the Journal of Couple & Family Therapy?*
* *If no therapists made assumptions about a person's sexuality or the gender of their partner or the sexuality of the parents of their child clients?*
* *If all therapists recognised that, no matter whether clients label themselves as homosexual or heterosexual, they are each likely to vary in their position on both the homo/hetero intimacy continuum and the homo/hetero sexuality continuum, and that these positions influence their lived experience?*
* *If gays and lesbians didn't have to cover up social embarrassment when their therapist realises they had made an unjustified assumption about sexuality?*
* *If gay and lesbian clients never had to desensitise or educate their therapists about their lives?*
* *If no therapists ever tried to 'normalise' gay or lesbian clients by avoiding discussions of the impact of their sexuality on their lived experience?*
* *If gay and lesbian clients felt free to explore their internalised homophobia with their therapists without fearing that their sexual orientation would be questioned?*

* *If no therapists assumed sameness in the sexual behaviours and patterns of gay, lesbian, and heterosexual clients (for example, not using penis-based criteria for considering lesbian sexuality) ?*
* *If it was legally, occupationally and personally safe for all gay and lesbian therapists to come out to their colleagues? (and to their clients?)*
* *If therapists presenting at conferences or workshops sometimes discussed their work with homosexual couples and had a consistent pattern of labelling the sexuality of all couples, not just 'homosexual couples'?*
* *If all therapists who have not identified about 1 in 10 of their adult clients as homosexual, asked themselves 'Why'?*
* *If all therapists recognised that the ending of a gay or lesbian relationship has the same potential importance to each partner and to their children as the ending of a heterosexual marriage?*
* *If all therapists acknowledged to children and adolescents who have gay or lesbian parents that this influences their lives, rather than having it 'normalised'?*
* *If the role of the non-biological parent in gay and lesbian couples was fully acknowledged and appreciated by all therapists (and by the law)?*
* *If no therapists were affected by the dominant discourse that gay men are in some way responsible for AIDS?*
* *If all therapists asked gay clients about the impact on their life and their relationships of their losses of friends and lovers in the AIDS epidemic?*

Acknowledgement

Many thanks to Mary Dawson for her support and helpful comments during the preparation of this paper.