Chapter 12: Relationship Therapy with Lesbian, Gay, Bisexual and Trans Clients

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The history of the psychotherapeutic professions and lesbian, gay, bisexual and trans (LGBT) clients is a deeply troubled one (Davies and Neal, 1996). Thankfully most of the negative attitudes of the past seem to be changing with all of the major UK therapy associations (BACP, UKCP, BPS) providing guidance on working ethically with clients from sexual and gender minorities and making statements critical of conversion/reparative therapy (which is designed to change someone's sexual orientation). In spite of such changes, pathologizing stances concerning LGBT clients still exist amongst some therapists, particularly those from a psychoanalytic perspective and some religiously informed therapists. The earliest school of existential therapy – Daseinsanalysis – does not escape charges of homonegativity and heteronormativity either. Medard Boss, the founder of Daseinsanalysis wrote in his book *The Meaning and Content of Sexual Perversions* (1947/1949) about homosexuality as a sexual perversion and, even as recently as 1987, thought that the healthiest state for a woman was to have children in a loving relationship with a man (Boss & Kenny, 1987).

The British School of existential therapy, by contrast, has a history in which notions of psychopathology are rejected. Building on the work of important figures in anti-psychiatry, notably Ronnie Laing, (1960, 1961), the British School has adopted a strong critical perspective on psychopathology. Instead, there is a focus on maintaining the phenomenological attitude, wherein the therapist seeks to set-aside their preconceptions and stay with the client and their own meaning making process. Serious attention to the phenomenological method, as the basis of existential therapy, offers up the potential to step aside from the normative assumptions that underpin so many therapeutic theories and instead to work with our clients to understand the world as it appears to them.

In brief, the phenomenological method involves the therapist engaging in a series of strategies designed to better help them stay with the experience of the client and how the world appears to them (Langdridge, 2007a, 2012). The four key elements are: bracketing, description, horizontalization, and verification. Bracketing involves the therapist attempting to set aside their preconceptions, as best they can, so that they can better understand the world as it appears to their client. So, for instance, when a client speaks of feeling attracted to the same sex we would not simply draw on our knowledge (and assumptions) about homosexuality but rather hold these views to one side and focus on getting the client to describe what they mean by this. Description forms the core of all phenomenological work, as we resist reductionist explanations for experiences (such as the belief that their same sex feelings result from an abusive relationship with someone of a different sex). Description rather than explanation, for both therapist and client, forces us to stay with experience as lived and to resist bringing in our preconceptions. Horizontalization helps this process further by reminding us of the need to resist putting aspects of a client's experience in hierarchies of meaning or importance, at least until we have been able to check in with them in detail about the importance of different aspects of their account. An LGBT client may present to us due to having difficulties in their relationship but we must not assume that their being LGB or T is particularly important here unless they tell us so. The flip side of this is that we equally should not ignore the broader socio-cultural context of their experience of being LGB or T. Finally, we always need to check in with our clients about the meaning of what it is that they are telling us. By continued checking and re-checking we can gain a firmer sense of the world in its appearing for our client, as free as is ever possible from our own biases and preconceptions.

Through rigorous application of the phenomenological method there is the potential for all therapists working with LGB or T clients to resist imposing their own worldviews onto their clients' experiences. This takes considerable skill and consistent attention as our natural attitude is inevitably the background to our everyday way of engaging in the world. Subtle assumptions about what is healthy or unhealthy, good or bad, right or wrong, creep into our work all too frequently. A gay couple may present to us with problems in their relationship where, for instance, they have an open relationship and have frequent and regular sex with others. It would be

all too easy to assume that the cause of their problem was the open relationship and that they would be better off in a 'normal' monogamous relationship. This may of course be the case, but it may also be that their difficulties relate to a failure in communication or some other aspect of their relationship. By working phenomenologically we are reminded of the need to bracket such assumptions, to stay with description rather than explanation and to continually work to verify all our understandings with our clients themselves.

LGBT affirmative therapeutic practice

It is arguable that whilst a phenomenological attitude is undoubtedly beneficial, it is not – on its own – enough for effective therapeutic practise with LGBT clients. In recent years there has been considerable growth in LGBT affirmative therapies in the UK, USA and elsewhere in the world. One of the most significant developments in the UK was the publication of the Pink Therapy series of books (Davies & Neal, 1996, 2000; Neal & Davies, 2000) and in the USA publication of the handbooks of Perez, DeBord and Bieschke (2000) and Ritter and Terndrup (2002). What these books represented was a watershed in understandings of working psychotherapeutically with LGBT clients, mirroring earlier work developing black and feminist affirmative psychotherapies. Here was a clarion cry for all counsellors and psychotherapists to treat LGBT clients equally to heterosexual and cisgender clients (people who remain the gender that they were assigned at birth). And even more than this, in recognition of the impact of a heterosexist/cissexist social world (that is, a world that assumes everyone is heterosexual and the same gender as that which was assigned when they were born) on the development of all sexual and gender minority clients, and the need to work to affirm their LGBT identities as expressed.

Langdridge (2007b) distinguishes between two forms of affirmative therapy in use amongst humanistic and existential counsellors and psychotherapists – a 'strong' and a 'weak' version. The weak version is a form of 'ethically affirmative' therapy where LGBT identities are valued equally with heterosexual and cisgender identities, mindful of the particular socio-cultural needs of LGBT clients. This should be the mainstay of practice for all therapists working with sexual and gender minority clients, although, even here there is often work to be done on the part of the therapist

to ensure that they are prepared to meet LGBT clients in such a way. It is not appropriate, for instance, for therapists working with minority clients to expect the client to educate the therapist about their lifestyle, even if the therapist is accepting of what they hear. With this 'weak' form of affirmative therapy, which should be the standard for all ethical practice with minorities, the therapist has an obligation if they are to work with LGBT clients to educate themselves about LGBT experience and culture. They need to work to meet the client appropriately so that the client's experience is like that of any other client.

The 'strong' form of affirmative therapy is more radical and involves the therapist in affirming LGBT identities directly in an attempt to ameliorate the impact of heterosexism, heteronormativity and cissexism (see Barker, 2011a). This approach requires that the therapist move beyond the phenomenological attitude to work with their clients in full recognition of the power of the social world to limit ways of being that are at odds with the norm.

Davies (1996), drawing on Clark (1987), argues that the LGBT affirmative therapist should actively encourage and support LGBT thoughts and feelings and attempt to reduce feelings of shame and guilt. Shame and guilt are intrinsically connected emotions (Strasser, 2005) that are particularly valuable for providing insight into both a person's own value system and wider cultural norms. An existential perspective is particularly concerned with the exploration of values and a person's worldview (Deurzen, 2001) and it is here that close scrutiny of emotions on the part of both client and therapist may be particularly valuable when working with LGBT clients. Feelings of shame and guilt on the part of an LGBT client represent an insight into what matters to them but also the possibility of a personal struggle with the values of the wider social world into which they are thrown (Heidegger, 1962). With this in mind, it is important that we see a person's emotional expression in the broader social context (of a heterosexist and cissexist world) and do not rush too readily to collude with a client in behaviours that may be enacted to ameliorate uncomfortable feelings. Instead, we may need to stand with them, acknowledge their struggle, but work with them to question the way that such emotions might be emerging as a consequence of an oppressive social context rather than through any individual culpability. So, for instance, if a client speaks of shame and guilt at the thought of being LGB or T we

need to explore the broader social context of the client, as much as their internal world, for the way in which it may act to pattern their emotional life.

Beyond work addressing feelings of shame and guilt on the part of the client, the LGBT affirmative therapist informed by ideas from existential philosophy will also examine difficult feelings that emerge in their encounters with LGBT clients. A therapist may, for instance, experience shame or disgust when hearing a story of sexual expression beyond their own experience. This should not be dismissed as counter-transference, as we might see in psychoanalysis, but rather be understood as something emerging in the very real relationship between client and therapist (Cohn, 1997). The values of the therapist are revealed here, along with important aspects of the relationship. Attending to and then working with such emotional responses are an important aspect of an existentially oriented approach to counselling and psychotherapy. This can be difficult however, especially when our emotional responses (e.g. disgust at the sexual life of an LGBT client) challenges our understanding of ourselves (as a liberal minded and phenomenologically informed therapist). Should these feelings be too overwhelming and not something that can be addressed through self-reflection, supervision or personal therapy, then the therapist would be wise to refer the client on to another therapist who is more comfortable with such things.

Standing back from a client who is struggling whilst adopting an ostensibly neutral phenomenological attitude is also at odds with the spirit of an LGBT perspective. Neutrality in the face of an LGBT client who has been thrown into an oppressive social world is actually conservatism and fails to recognise the power of the therapist in working with a client to act as co-critic of the social world itself. An affirmative therapist would instead work actively and directly to indicate that they value even tentative expressions of LGBT identities and behaviours, allowing space for these to be explored in full acknowledgement of the difficult feelings that may accompany them. This is not to say that a therapist should assert their worldview here, at the expense of the client, but rather gently support them through, for instance, disclosing explicitly that they value such exploratory moves, and so moving beyond a simple descriptive phenomenological stance in their explorations. These explorations may lead to the rejection of nascent LGBT feelings but even here the client will have

experienced a therapist who has actively disclosed their own stance in support of such moves, even if they do not always lead to full expression.

This position is troubling for some therapists who believe that it might prematurely foreclose possible ways of being and involve them stepping outside the phenomenological attitude (du Plock, 1997; Goldenberg, 2000). We think this is mistaken and fails to recognise the subtle ways in which all therapists operate within an ideological position and communicate these to their clients within their work even when engaged phenomenologically, whether knowingly or not. What is being called for here is more explicit recognition of the ways that we can communicate acceptance and the need for the therapist to work directly with their LGBT clients to counter the heterosexism and cissexism that they face.

Moving beyond the rigorous application of the phenomenological attitude is not something that should be undertaken lightly, however, and here Ricoeur (1970) provides a useful idea for therapists seeking to engage with suspicion. He cautions against what he terms the projection of the illusions of subjectivity by the analyst turning the critique first and foremost on him or her-self. This should not be a one-off event but a continual effort to challenge our 'natural attitude', or everyday way of seeing the world, so that we can better work with challenging client material. That is, whenever we move beyond the phenomenological attitude we should always ask ourselves where our interventions are coming from, linking them with our own emotional world and critically thinking through our motivations.

Davies (1996) and Ritter and Terndrup (2002) also advocate the therapist fulfilling an educative role with LGBT clients, especially concerning HIV, safety and access to services. This is also unusual for many therapists but not so peculiar for the existentially informed therapist. The aim amongst existentially oriented therapists is for a real adult relationship between client and therapist (Deurzen, 2001). Discussion of safety and practical issues may therefore form an appropriate part of the therapeutic relationship. This requires sufficient professional development on the part of the therapist of course and it is here that a therapist working extensively with LGBT clients may seek out appropriate training.

A powerful case for the 'strong' version of LGBT affirmative therapy has been made by Langdridge (2007b), drawing on the work of the hermeneutic-phenomenological philosopher Paul Ricoeur. There is not the space for detailed discussion here but Langdridge uses Ricoeur's (1970) distinction between hermeneutics of empathy (the usual mode of understanding in phenomenology) and hermeneutics of suspicion (as seen in psychoanalysis) to suggest that it might be possible to bring external hermeneutics, such as those from the LGBT psychological literature and/or queer theory, into practice informed by existential ideas. The more general argument is that it is not ethical or just to expect a client alone to do all the work in countering the prejudice that they have invariably experienced growing up in a heterosexist and cissexist world. There is recognition of the way in which we are all ideologically situated and that whilst the phenomenological stance is still the mainstay of effective practice informed by existential ideas, there is room for the therapist to do more, in full acknowledgement of the power they have to help a client to find ways of opening up so that they can story their experience.

The first author's experience of working with Barry and George provides an example of how such an affirmative stance to existential therapy might play out in practice. He describes this in detail below:

> Barry and George are a gay couple who came to me as they were having problems in their relationship. They were both middle-aged, white and relatively wealthy. They had been together for seven years and whilst their relationship was initially very good the last few years had not been going as well as they would like. I saw both of them together and could see that they still had considerable affection for each other but felt that they 'had grown apart'. They were doing more and more on their own and less and less together. They had an open relationship and had this from very early in their relationship. Barry talked much more than George and spoke of how he missed the closeness that they used to have and that they 'now feel more like flatmates than lovers'. The early part of our work involved me staying with their experience in a relatively strict phenomenological stance, only breaking this to ensure that both had space to talk of their experience.

After this early stage it became apparent that Barry and George had lost touch with each other in a variety of ways. Their sexual life had petered out due in part to what they saw as some perceived incompatibilities in their sexual preferences. Barry was into BDSM (Bondage and Discipline, Dominance and Submission, and Sadomasochism: a term frequently used by members of communities interested in these consensual activities) whilst George preferred more 'vanilla' sex (sex which is not ‘kinky’ like BDSM). George also expressed concerns about whether an open-relationship was really for him, wondering whether this was the cause of their problems. They had also been turning to others for social stimulation, tending to spend time separately with friends to indulge their interests in art, cinema and the theatre. It would have been easy to conclude that George's explanation for their problems was the truth of the situation and that they either needed to return to a more conventional monogamous relationship or to go their separate ways. I was not convinced by this for when I explored George's concerns further it became apparent that he had actually been quite content with their open-relationship for some time and that some of his disquiet stemmed from his more conservative upbringing and worry that others (particularly his family members) might disapprove of the open nature of the relationship. There was considerable shame attached to the open relationship and also to any possibility of engaging in BDSM activities with his partner.

After some time and with a strong sense of what was occurring, I broke from the phenomenological attitude and started working directly with George, supported by Barry, to clarify his concerns and explore the source of his shame. I supported all options equally but did not shy away from affirming the possibility of an open relationship being a valid option for them both. I also challenged George about his beliefs about an open relationship being inappropriate, seeking to explore where these beliefs stemmed from. It became clear that the negative views about an open-relationship were not something related to his personal values, but resulted from his anxiety about the views of others (within the context of

our exploration of the Mitwelt - or social realm – and the relationship between this and his Uberwelt or philosophy of life). The shame he felt was deeply contextual and linked with the social context in which he had been brought up. I was careful to check in with George at all times about his own needs (for instance, concerning his desire for safety and commitment) and whether this could be met in an open relationship. It was clear to George that he could feel safe within such a relationship.

With this element of the therapy concluded we then moved on to look at how they might find ways of being with each other more. Their relationship had become one founded on I-It relating (Buber, 1958), with them both losing sight of their desire to care for each other and engage meaningfully beyond the day-to-day practicalities of living. We looked back at the early stage of their relationship and what they had lost, examining what had changed. We also looked at how they might find a way to come together sexually such that both felt that their desires were being met by the other. It was through puppy play (where they assumed roles of master and dog in a training situation) that they found a way to bridge their apparently different desires. Their commitment to each other was always strong and once the underlying concerns about the nature of their relationship were dealt with it was a relatively simple matter of discussing how they might enjoy each other more. They found they could re-connect with ease and realised that their problems were quite simple as they had simply forgotten the joy that they experienced with each other, explaining their problems away in a manner that meant they were unlikely to find that joy again. Once their ad hoc rationalisations were explored their experience of each other shifted also with them once again falling in love. They returned to a place where they could achieve a sense of transcendence through their relationship with each other (I-Thou relating, Buber, 1958).

Beyond LGBT affirmativity

As seen above, a critical stance towards heteronormativity, and an LGBT affirmative practice, involves awareness and interrogation of more than just therapist understandings and attitudes around the diversity of sexual and gender identities. It is also important to expand knowledge, and to question assumptions, around relationship structures and around sexual practices more broadly, as well as considering the intersections between sexuality, gender, and other aspects of experience such as race, religion, class, culture, age, ability, and geography.

To start with relationships, bound up in heteronormativity is an assumption of 'mononormativity' (Barker & Langdridge, 2010a and b): that monogamous relationships are the normal way of relating, and that anything outside of monogamy constitutes 'cheating' or 'infidelity'. This ‘natural attitude’ fails to capture the rich variety of relationships that people experience and loses sight of the key existential concerns (of, for instance, care for another) that underpin all relationships, whatever their form. Clearly this mononormative stance is also questionable on a global scale given that only approximately 43 out of 238 societies worldwide are monogamous (Rubin, 2001). This has implications for practice within a multicultural context. Also, various forms of open non-monogamy exist within contemporary western culture. Open relationships (where there are sexual encounters outside the main couple) are particularly prevalent amongst gay men, and polyamorous relationships (where there are multiple sexual and/or romantic relationships) are common amongst bisexual people, with estimates of around half of people in each of these groups being openly non-monogamous in these ways (Bonello, 2009; Wosick-Correa, 2010). These forms, coupled with forms of 'new monogamy' (Nelson, 2010) and swinging (McDonald, 2010), which involve some degree of openness within heterosexual relationships, mean that relationship therapists should not assume that their clients have a monogamous contract. Rather they should explore, with clients, their preferred degrees of emotional and sexual exclusivity. Considerations of such issues often relate to existential tensions between freedom and togetherness (and related tensions around privacy, solitude, independence of decision-making, and extent of 'belonging' to the other) (Barker, 2011b). It would be useful for therapists to familiarise themselves with the various forms of contracts and relationship philosophies which openly non-

monogamous people apply to their relationships in order to work around these areas with clients (Barker & Langdridge, 2010).

In relation to sexual practices, as we have suggested elsewhere in this volume (Langdridge & Barker), it is useful to expand our understanding of sex beyond normative notions of penile-vaginal intercourse. This would include exploring the diversities and range that exist in sexual desire, from asexuality and celibacy to levels of sexual activity far exceeding our own, without pathologizing this as hypoactive, on the one hand, or hyperactive, excessive or addictive on the other. It would also require expanding our understandings of sexual identity and practice beyond gender of attraction, to encompass other areas such as the roles people enjoy playing in sex, the positions they like, the activities that most turn them on, the sensations they find pleasurable, the sounds they make, the places or times of day they want to have sex, whether they like physical and/or visual and/or narrative forms of stimulation, and so on (Barker, 2012). BDSM is an umbrella term that covers some of this diversity. As with the heterosexual questionnaire and homoworld activities (mentioned below), it can be useful to consider exercises which require us to confront our own assumptions about such practices (e.g. Barker, 2005; Barker, 2007) and for therapists to inform themselves about the diversity of practices and identities in existence and the variety of meanings these may have for those who take part in them (see Langdridge & Barker, 2007 for more detail on BDSM, and Richards & Barker, forthcoming 2012, for further information for practitioners on LGBT affirmativity and beyond).

It is also important to remember that understandings of sexuality differ across culture and context. If we take the example of people who have an 'opposite sex' relationship but who also have sex with people of the 'same sex', amongst white people in the UK such behaviour is often seen as a reason to mistrust people who are viewed as 'really gay' but lying about it (Barker et al., 2012). There may be a context in black British communities of such people rejecting potential LGBT identities due to these being viewed as part of white culture (Boykin, 2005). And there may be greater allowance of sexual fluidity, without identity labels, in some South and East Asian contexts (Gosin, 2006). It should be remembered that such cultural categories are extremely broad and that there are likely multiple meanings attached to such behaviour within each group, related to class, religion, generation, geographical location, personal

experience and many other factors (see Butler, O'Donovan & Shaw, 2010; das Nair & Butler, 2012).

Training and continuous professional development

All LGBT people live in a social world in which they are viewed as non-normative, and where attraction and relationships between one man and one woman is regarded as the normal form of sexuality. Related to this, these genders are regarded as dichotomous and opposite in many respects (women being emotional and men rational, women soft and men tough, etc.). Also, penile-vaginal intercourse is seen as the normal form of sex (see Barker & Langdridge, this volume, for further implications of this). When engaged in training (whether this is initial therapeutic training or CPD) there are a number of methods that may be used to highlight the values of a therapist. These may alert people to their own 'natural attitude' concerning LGBT issues and possibly to the need to engage more fully in an existential phenomenological attitude.

For instance, we can see the implications of heteronormativity for LGBT people if we imagine a world reversed, where being LGBT was regarded as the norm, whilst heterosexuality was viewed as peculiar and requiring of explanation. Key features of an existential approach concerning the need to live according to one's own values and, most importantly, stand out from the herd (Nietzsche, 1968) are particularly salient here. Recognition of the unique nature of existence is central within existential theory and acts as a valuable corrective to the tendency to project one's own views onto others. There is an expectation within existential theory, which is particularly important for existentially informed therapists, that we must all work hard to identify our values and assumptions and recognise the historically and culturally situated nature of existence. The 'homoworld' short story (Butler, 2010) is a useful exercise for people who are heterosexual themselves to use to reflect upon what it might feel like to be outside of the sexuality norm. For example, in homoworld heterosexual people have to decide whether to come out (and deal with the stress of possible rejection or prejudice) or to hide their relationship (and deal with the stress of keeping such an important thing secret). Also they have to deal with questions from others about the ways in which they decide to commit to their relationship or to have children. On a

very everyday level, they are surrounded by LGBT representations: on billboard advertisements, in pop songs, and on the street where it is generally only LGBT people who are kissing or holding hands.

The heterosexuality questionnaire (Rochlin, 2003) is similarly useful, highlighting common questions which are asked about LGBT identities, but not about heterosexuality, such as what you think caused your sexuality, whether you are *really* that sexuality, and whether it might be better just to keep quiet about it (see also Earlham College Students, 2011). Dominic Davies, the founder of Pink Therapy (Davies & Neal, 1996), suggests that heterosexual therapists should do 'homowork' to experience – albeit briefly – what it is like being LGBT. This could include reading an LGBT magazine in public, holding hands with a 'same-gender' person, wearing non-gender normative clothing, or keeping their heterosexuality in the closet for a week by ensuring that they do not give it away in conversation (for example, not mentioning a partner's gender when talking about what you did at the weekend or when talking on the phone with a tradesperson) (O'Donovan, Bulter & Shaw, 2010).

The use of training techniques such as these provides a simple but effective route to encourage therapists to think existentially about sexual and gender minority issues and challenge their ‘natural attitude’. Through the use of such training techniques the critical spirit at the heart of an existential perspective may therefore gain greater clarity and improve practise with LGBT issues in existential relationship work.

Conclusions

This chapter has made a case for the importance of paying particular attention to the needs of LGBT clients when engaged in relationship therapy. Whilst phenomenology provides an invaluable approach to therapy seeking to focus on people’s experience as lived, it may well be necessary to go beyond a hermeneutics of empathy to encourage a hermeneutics of suspicion: a critical analysis of the impact of the heteronormative and cissexist culture in which clients are living. This has implications for heterosexual and cisgender clients, as much as it does for LGBT ones, as explored further in our other chapter in this volume (Barker & Langdridge) in relation to gendered

experiences of sex, but most importantly offers a route in which we can work existentially with sexual and gender minority clients to better meet their needs.