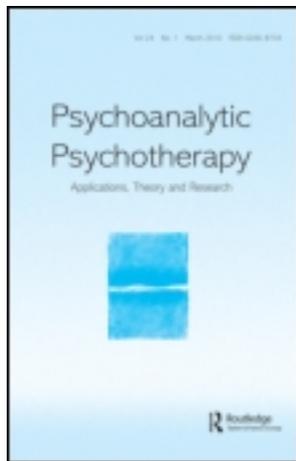


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Lesbian and gay couple relationships: When internalized homophobia gets in the way of couple creativity

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Many lesbian and gay couples remain cautious in seeking psychoanalytic treatment for their relationship difficulties. The use of psychoanalytic theories, particularly the application of the Oedipus complex to explore homosexuality has been experienced by many as especially damaging. It is regrettable that psychoanalytic theory has too often been used in a restrictive and deterministic way to pathologize sexual orientation. Yet, the concept of the Oedipus complex has also been immensely fruitful for psychoanalysis and remains one of its central tenets. In this paper I use the concept of the Creative Couple, an idea which has evolved from the Oedipus complex, to underpin my thinking in an exploration of some of the issues with which I have observed lesbian and gay couples struggle. One such issue is that of *Internalized Homophobia*. Using case examples I consider the damage this can cause to lesbian and gay couples, including the sense of paralysis that can pervade both the couple's relationship and the therapy. I reflect on the challenges that internalized homophobia can present for the therapist when manifested in the transference and countertransference, and the need to be aware of the hidden, pernicious ways in which it can interfere with a couple's creativity.

Keywords: lesbian and gay; couple relationship; internalized homophobia; couple superego; unconscious beliefs; Oedipus complex

Introduction

Time and again, couples coming for therapy show us just how difficult it can be to sustain an intimate adult couple relationship. According to psychoanalytic theories of couple relationships, partner choice involves conscious and unconscious aspects of the personality (Bannister et al., 1955). The strong bond a couple forms is understood to be a result of the union of their unconscious phantasies and patterns of relationships formed in early life. Each partner receives the other's unconscious projections giving a mutual feeling of acceptance and being understood. This mutual acceptance of the other's projections constitutes an unconscious attachment that the couple will have to each other and will consist of shared internal phantasies and shared defences. These processes of projection and introjection form what has become known as the couple's projective system

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(Ruszczynski, 1993). In psychoanalytic couple psychotherapy, it is the couple's relationship – their shared internal world, projective system and interactional field which is the therapeutic focus and area of treatment, rather than either or both the individuals. When the couple's projective system is operating benignly, it can make those conflicted parts of the personality more tolerable and understood within oneself. However, when operating in a more destructive manner, it can also produce the effect of the need to control or attack this part of oneself which, now located in the other, can be more clearly seen.

Psychoanalytic couple psychotherapists are presented with the opportunity to observe and experience the ways couples demonstrate the significant aspects of their shared unconscious worlds in their relationship with each other as well as with the therapist. In therapy, as couples begin to explain their difficulties, both the couple and the therapist become drawn into the emergent triangulated emotional experience. Each partner's fears, anxieties, conflicts as well as pleasures, phantasies and hopes make up the couple's shared unconscious world and through the therapy, the rich internal life of the couple's relationship can become known.

Application of psychoanalytic concepts to therapy with lesbian and gay couples

Lesbian and gay couples have been largely excluded from the rich body of psychoanalytic ideas and theories about couple relationships that has emerged over the last 60 years within the British psychoanalytic tradition (see Ruszczynski, 1993, for an overview). However, the North American psychoanalytic movement, with its shift away from drive theory in favour of a model more focused on relational and intersubjective techniques, has provided a fuller contribution to a largely relational psychoanalytic understanding of lesbian and gay couple relationships (for examples of this see D'Ercole & Drescher, 2004; Domenici & Lesser, 1995).

One of the concepts from the British Psychoanalytic tradition which I have used extensively in my work with couples – lesbian, gay and heterosexual – is that of the 'creative couple' (Morgan, 2005; Morgan & Ruszczynski, 1998). The creative couple is understood to be fundamentally a 'state of mind' and is a belief in the need for and creativity of relationships. It is a recognition that we exist and function in the context of a relationship to another and it does not necessarily depend upon being in a relationship *per se*, as not every individual chooses to be part of a couple or achieves it if desired. In applying the concept of the creative couple in therapeutic work with lesbian and gay couples, I have found that there can be a mirroring of the societal indictment of homosexuality reflected in the couple's relationship. This can interfere with the couple's capacity to inhabit a creative couple state of mind. In this paper, I want to consider how the homophobic discourse, potentially so pernicious particularly when expressed by the couple themselves to attack each other and/or their relationship, may contribute to difficulties in sustaining the relationship. I draw on Britton's

concepts of the third position (Britton, 1989) and unconscious beliefs (Britton, 1998), as well as Kernberg's idea of the superego of the couple (Kernberg, 1993, 1995). Through case material I will describe how I have used these psychoanalytic ideas to try to understand the particular expressions of the difficulties that occur for some lesbian and gay couples in their relationships.

The creative couple state of mind and the relationship as a third

It is frequently the case that couples in difficulty find it hard to establish some objectivity about what is happening between them in their relationship. Morgan (2001) describes how symbolically the couple seeks this objectivity in the figure of the therapist. Here they hope to find a third that – ‘can stand for the relationship, and this has a particular significance for the couple coming for help’ (Morgan, 2001, p. 19). The therapist not only stands for the relationship, but simultaneously can stand outside it while also inhabiting the relationship from the inside with the couple in the therapy. At the beginning this capacity for objectivity rests with the therapist, but eventually it can become integrated in the couple themselves. An important part of this process of the therapy will be the coming together of the mind of the therapist with the minds of both partners in the couple. This can hopefully, in due course, enable them to be able to think about their relationship for themselves, generate a richer intercourse between them and establish a creative couple state of mind. The creative couple state of mind is, after all, an internal dialogue within ourselves from which our creative capacity comes and from which a rich internal life can develop and be shared with others.

The concept of the creative couple owes much to Britton's (1989) idea about a third position. This idea has its roots in Freud's discovery of the Oedipus complex, which he considered to be a central aspect of development (Freud, 1897, 1924) and later in what Klein named as the Oedipus Situation (Klein, 1928). Britton's idea about a third position is perhaps more closely related to Klein's conception of the Oedipus Situation - a triangular space within which a child experiences the following: the separate link with each parent, being the observer of and not participant in the parental couple relationship and being observed by the parental couple. As Britton describes:

If the link between the parents perceived in love and hate can be tolerated in the child's mind, it provides him with a prototype for an object relationship of a third kind in which he is a witness and not a participant. A third position then comes into existence from which object relationships can be observed. Given this, we can also envisage being observed. This provides us with the capacity for seeing ourselves in interaction with others and for entertaining another point of view whilst retaining our own, for reflecting on ourselves while being observed. (Britton, 1989, p. 87)

Gradually this capacity to observe oneself in one's own relationship becomes internalized as an aspect of oneself. The development of this third position is integral to the creative couple state of mind as there is an awareness of the relationship itself as a third, a new symbolic object. As the individuals create this

new symbolic object between them and allow it to develop, there is a capacity for separateness and difference, an awareness of the fact of dependence and a capacity for self-reflection. In relative health, the relationship can then be subjectively experienced as a resource, an internal object in the relationship which both partners can turn to in their minds.

In couple relationships which function relatively well, when there is a disruption in the couple's relating to one another, each individual can take up the position of the relationship as a third, and observe him/herself within the relationship. The different or sometimes opposing perspective of one partner can be taken into the psyche of the other where it can be allowed to reside and join with one's own thoughts in a creative intercourse. This creativity becomes possible because a state of mind has been achieved in which two minds and sometimes two bodies can come together and create a third. Although for some couples this third may be the third of a child, for other couples it may be a different kind of third, more symbolic, something created together and nurtured, such as a shared endeavour. The creative couple state of mind has then been discovered by the couple and can be recovered by them when things become difficult in their relationship. However, there may be many factors which interfere with the capacity to be a creative couple and maintain a creative couple state of mind. One such factor which is particularly pertinent to lesbian and gay couple relationships is the effect of internalized homophobia on couple functioning and I will now describe this further.

Internalized homophobia – A perfect host for the couple's superego

Malyon (1982) described the struggle for internal acceptance of an individual's own sexuality and how this can in part lead to what he termed internalized homophobia. It is important to mention here that there has been a significant debate about the use of the term internalized homophobia and the concept it seeks to define which is beyond the scope of this paper (for further reading see Herek, 2004; Herek et al., 1998; Russell, & Bohan, 2006). However, Malyon's definition of internalized homophobia, which emphasizes shame, guilt, anger, hate, and disgust more than fear, is not entirely in accordance with psychoanalytic understanding and use of the term phobia. So although internalized homophobia is not strictly speaking an analytic concept *per se*, I use it here because it is now widely referred to and generally understood to mean: 'the gay person's direction of negative social attitudes toward the self, leading to a devaluation of the self and resultant internal conflicts and poor self-regard ...' (Meyer & Dean, 1998, p. 161).

In understanding the potentially destructive nature of internalized homophobia it is necessary to think about the role of cultural and societal attitudes in relation to homosexuality and how these impact on, and interact with the superego. Freud's development of the concept of the superego (1923) introduced the idea of a prohibitive and restrictive internal agent, a monument to parental authority and heir to the Oedipus complex. In 'Civilization and its discontents' (1930), Freud put forward the idea of there being a strong link between the individual and the cultural

superego. Both have origins in identifications with strong, authoritative figures who establish demands which make use of guilty feelings, particularly when these demands are not met. To link this with the concept of internalized homophobia, a person takes in ideas, judgements, and societal injunctions from the surrounding external world, alongside the widespread depictions of heterosexuality as the norm and homosexuality as abnormal or deviant. These elements become internalized and are then used directly to oppose, undermine and attack his or her own sexual desires and sexual identity. Internalized homophobic content then becomes a component of the ego and functions both as an unconscious introject as well as taking up a role in 'influencing identity formation, self esteem, the elaboration of defences, patterns of cognition, psychological integrity and object relations' (Malyon, 1982). Therefore, what becomes internalized are object relationships that symbolically represent narratives expressing anti-homosexual attitudes and values (for further reading see Downey & Friedman, 1995).

Over time the interaction of each partner's superego forges a new system which Kernberg (1993, 1995) calls the couple's superego. He describes how the couple relationship becomes the repository of both partners' conscious and unconscious phantasies, desires, and internalized object relations as well as conscious and unconscious superego functions. Kernberg stresses the importance of the benign function of the couple's superego, how the couple's mature superego-expressed in concern for the other as well as the self-protects the couple's object relations and fosters commitment and love. It contributes to a joint construction of values that serve as a boundary function for the couple in relation to the rest of the world. The couple can use these superego functions to creatively contribute to solving conflicts between them:

... an unexpected gesture of love, remorse, forgiveness, or humour may keep aggression within bounds. Tolerance of shortcomings and limitations in the other as well as in the self is silently integrated into the relationship. (1995, p. 98)

The couple's superego also contains by its very nature remnants of Oedipal conflicts and therefore has the capacity for aggression, to threaten a couple's sexual love 'by inhibiting or forbidding the expressions of tender and sexual feelings' (Kernberg, 1995, p.97). Here Kernberg highlights how the couple's superego 'may thus reinforce the capacity for lasting sexual passion or that very agency may destroy it' (1995, p.97). For some lesbian and gay couples internalized homophobia can be an active component which may well influence whether the couple's superego reinforces or destroys aspects of their couple relationship.

I am suggesting here that internalized homophobia, functioning as an unconscious introject, acts as host for aggressive aspects of the superego potentially resulting in a very punitive attitude towards the homosexuality of the self and of others. In lesbian and gay couple relationships where internalized homophobia exists unconsciously in one or both partners, and therefore in their shared unconscious world, it can act as host for the couple's superego. Consequently, one's sexuality is repeatedly and persistently called into question not only by others, but inevitably by

oneself. Crucially, it is not only that one's sexuality can feel scrutinized, different or wrong, but in addition one's own sense of belief about oneself, and indeed about one's relationships, can come to feel equally under attack. This can have a particularly damaging effect on a couple's relationship and for some lesbian and gay couples, may contribute to difficulties in sustaining their relationship.

However, I would suggest that the introjection of internalized homophobia may also be considered a protective act aimed at adapting and transforming the unbearable pain of external attack into an apparently more stable, bearable position of internal indictment. Consequently, at an unconscious level there is a concordant view between external societal indictment and an internal indictment against homosexuality, which may play an important role in psychic stability. As a gay male patient recently said: 'Well at least if it's (*internalized homophobia*) inside me, then it is part of me. I don't have to worry so much about all that anti-gay stuff which is all around me because inside and outside all feel the same. I don't notice I attack myself then'.

The difficulty with this is that such an adaptation may make the therapeutic endeavour even more challenging for therapists because of the profound human need for psychic stability and the couple's understandable reluctance to relinquish this. I have found that it is very important to try to investigate and grasp hold of the extent of a lesbian or gay couple's internalized homophobia in order to understand something of the landscape and size of the therapeutic task in hand. It may at first appear as though the couple is ego-syntonic in relation to their sexuality, but as the therapy progresses, it can become evident that the unconscious destructive aspects of internalized homophobia are operating within the couple relationship and that they are in fact ego-dystonic in relation to their sexuality. In my experience, internalized homophobia can be very resistant to the therapist's best efforts to address it. Just as it seems that some good therapeutic progress has been made, so it can be quickly undermined. A particularly persistent quality seems to emerge in the work where there is often a repetitious and immediate pull by the couple to use specific interactions as proof that their sexuality is wrong or abnormal, and also to attack both their sense of self and the relationship.

Unconscious beliefs and internalized homophobia

Morgan (2009) describes how unconscious beliefs about being a couple and what a relationship is, form a central part of the unconscious life of the couple. She describes how unconscious beliefs have a particular feeling about them — although they are 'beliefs' they reside in the unconscious like facts unless they become conscious and can be thought about. It is then that we become aware that they are in reality only beliefs. This idea shares much in common with Britton (1998), who described how something which starts as a belief can transform itself in to an unconscious fact. These unconscious facts then become certainties which can drive many aspects of our conscious life. Britton gives a salient personal example of this, describing his own childhood belief in Father Christmas. It was

only when he encountered another child who was more sceptical, that he realized – ‘Father Christmas was not a fact but a belief of mine’. The crucial point, which he puts so succinctly, is this:

I needed the discovery that it was possible not to believe to discover that I had a belief and did not know a fact. It is the shift from thinking one knows a fact to realising one has a belief which is linked to self-awareness. (Britton, 1998, p. 14)

It is often the case that couples in difficulty present their thoughts and feelings about their partner as facts which the other – and frequently the therapist too – have to accept without question. It is possible to identify that this may be occurring when a couple’s distress and arguments have a repetitive, fixed quality. As the work of therapy progresses, it also becomes possible to see the way in which these unconscious facts drive much of what happens in the couple’s relationship. Gradually, as a couple become aware of these unconscious facts, they can then shift from thinking they know a fact to realizing that they have a belief. It is this capacity which can be so vital for the couple in developing insight into their relationship.

In my experience lesbian and gay couples sometimes develop particular unconscious beliefs in relation to their sexuality. However, in the therapy it can take some time before these unconscious beliefs emerge because like many couples, lesbian and gay couples bring difficulties which need more immediate attention, consciously at least. Where internalized homophobia resides in the shared unconscious world of the couple and acts as host for the couple’s superego, it can generate punitive unconscious beliefs along the lines of – ‘*something about our coupling is bad, wrong, we shouldn’t be like this or if only we weren’t like this*’. This can then prevent even the idea of a creative couple state of mind from fully emerging because something about the relationship itself is felt to be wrong.

In the following composite example of therapy with a lesbian couple undertaken in a specialist unit for psychoanalytic couple psychotherapy, I want to illustrate how the very concept of their relationship came under attack from the effects of internalized homophobia. This lesbian couple was unable to use their relationship as an internal object to sustain and help them with their difficulties because their relationship itself was felt to be wrong. Just as the relationship could not be used as a resource, for a while, neither could the therapy.

Clinical example

Sasha and Rae had been in therapy for about 18 months. Over the past three months their relationship had been under a lot of stress due to the fact that Rae had been subject to a complaint at her workplace brought by a junior colleague to whom she thought she had been supportive. She was devastated that this had happened. Rae had been very distant and preoccupied with the complaint throughout this time and Sasha now felt worn out. The outcome of the internal investigation completely vindicated Rae, the employee left and Rae was promoted. However, Rae remained preoccupied with the grievance and

repeatedly played the details of the complaint in her mind. She described it as 'a relentless record' in her head which she was powerless to switch off. It left her exhausted, ground down and unable to enjoy anything including their sexual relationship together. They were unable to talk about what was happening in their relationship without it erupting in to a huge argument with each insisting on their point and they could not agree even the simplest of things.

On one particular day, the couple arrived at their session looking very upset. Following another serious argument, they thought the only way forward was to separate. In the session they wondered if the grievance had precipitated some underlying difficulties which they believed were now impossible to address. The way in which they told the therapist about their impending separation and the reasons for it felt like an announcement. Unlike their previous way of relating to each other where they disagreed about most things, for the first time Rae and Sasha were aligned in their thinking and they both appeared to be utterly convinced of this shared belief about their relationship. The therapist's countertransference was of being in a cul-de-sac and her attempts to help the couple think about their argument further were met with repeated rebuttals. However, the therapist found her thoughts returning to the 'relentless record' in Rae's mind. She wondered if her own attempts to engage the couple in thinking just now had perhaps been experienced by them as a relentless record. The therapist put this to the couple, who at first were irritated that she was returning to this seemingly unrelated issue now. The therapist none the less, without being really sure why, felt they should give this more thought and reluctantly they agreed.

This opened up an opportunity for Rae to describe the unremitting way in which her mind kept returning to the complaint including the tormenting quality with which she attacked herself for the way she had managed her colleague. She said 'I know it's stupid but I think if I were a better person, more patient and understanding, not a lesbian, bla bla bla, you know ... well, you know what I mean ... then this wouldn't have happened'. The therapist, aware of the patient's lack of coherence at this point, asked how being lesbian related to the grievance. Rae responded with something of a tirade –

Well if you really want to know this is how it goes ... actually it's like a rap or something in my mind. So I'm bad because I'm lesbian, it's not the way it was supposed to be, gay relationships seldom last, probably because they're not normal anyway. It's like what my parents said when I came out to them – I do irreparable damage to others. That's what it's like.

A silence fell in the room, Rae became upset and Sasha looked shocked. Eventually Sasha said that one of the things which had drawn her to Rae was that she seemed so comfortable with her sexuality and this had helped Sasha herself to come out and to feel more at ease with her sexuality. Now this idea she had held about Rae was shattered and she felt that it had all been a sham. In this moment, it was as if there had been an unconscious agreement between Rae and Sasha which had now been severed.

I think it might be helpful to the reader to return to the idea of the couple's projective system mentioned previously (Ruszczynski, 1993) because it was in thinking about this that the therapist became able to see what might be happening between the couple. Sasha had found in Rae someone who was apparently at ease with her sexuality, as Sasha herself so wished to be. Simultaneously, Rae had found in Sasha someone who needed help to accept her sexuality and whom she could help to do so. In terms of partner choice, you could say there was a good unconscious fit between them. Rae could project her own introjected feelings of unconscious internalized homophobia into Sasha who, receiving this projection was then left holding the homophobic feelings for them both. In this way Rae could partly disown her unconscious feelings of internalized homophobia, while keeping this part of herself close by and locating it in Sasha, in whom there was already a valence. Then at a distance Rae could address these homophobic feelings in herself, but which were now located in Sasha. Now Rae was no longer unconsciously at risk of doing anyone 'irreparable damage,' in fact she was helping Sasha to grow and accept her sexuality. They had for some years maintained a stable and fulfilling relationship with their shared projective system working to support their couple relationship. However, the current accusation from her colleague seemed to have brought live in Rae a belief about herself as someone who would cause harm to others, which in her mind was linked to her parent's reaction when she came out. Symbolically the grievance had come to stand for Rae being guilty of causing 'irreparable damage'. Furthermore, it seemed that Sasha and Rae held a shared unconscious belief that lesbian and gay relationships never last. The therapist came up against their couple projective system which was in part being driven by their shared unconscious beliefs. What was striking about Rae and Sasha was that they had presented as ego-syntonic in relation to their sexuality and it was not until some apparently unrelated incident occurred, that their unconscious feelings about their sexuality could be known more consciously but in a very punitive way.

The therapist put something of her thoughts about the couple's projective system and their shared unconscious beliefs to them. She said that it felt as if they wanted her to be convinced just as they seemed to be, that there was something bad and deficient about them as a couple linked to being lesbian which was not amenable to change, and that this somehow meant their relationship had to end. There was a long silence and then Rae said 'For the first time it's like we are sitting on our own shoulders and watching what our private minds have been doing to our relationship'. Sasha said that she was shocked that they were just about to end their relationship and she added 'How on earth can we possibly look at our relationship more objectively if somewhere deep down inside, we think it's fundamentally wrong? There's no hope when it's like that'.

For Rae and Sasha, it was more difficult for both partners to use their relationship as an internal object and as a resource which they could turn to. The shared unconscious beliefs generated by internalized homophobia had interfered with their capacity for a creative couple state of mind. The therapist felt that it

was important that she did not try to counter the couple's unconscious belief with another 'fact' but instead explored the repetitive fixed quality of their belief to see where it led, and eventually something creative took place between all three. In putting things to the couple in a rather tentative way, the therapist's intention was to appeal to the more benign functions of the couple's superego which Kernberg describes (Kernberg, 1993), rather than its more attacking and aggressive qualities. Eventually, Sasha and Rae could take in the therapist's thoughts alongside their own and allow something to develop out of this coming together. One might say a creative intercourse took place. The couple began to use both the therapy and their relationship as a resource they could turn to, their creative couple state of mind being more available to them now.

Internalized homophobia and paralysis: The therapist as 'homophobic other'

For many couples who come to therapy, part of their presenting problem and their complaint about their relationship will be that things feel stuck between them. With couples for whom this is the case, therapists frequently encounter a feeling of paralysis in their countertransference. In this respect Moss's (2002) work with individual gay men is equally useful in thinking about lesbian and gay couples. Moss describes how some gay men live out a conflicted relationship to their desired objects due to internalized homophobia in the following way: while simultaneously desiring the same sex object, they also hit up against an internal repulsion and hatred of their own desire. According to Moss – 'the founding opposition between desire and repulsion collapses, and the result is a fundamental stasis' (Moss, 2002, p. 7). For some lesbian and gay couples this might mean that when they find a partner whom they desire and want to be in a couple relationship with, they inhabit a state of unconscious conflict and hatred in relation to their sexual object choice and also I would say, towards their couple relationship. In the following example, I want to illustrate an earlier event with Sasha and Rae which occurred a few months into the therapy, where their shared internal sense of stasis had a paralysing effect both on their relationship and on the therapist. The way in which this paralysis became manifest was in a therapeutic injunction experienced by the therapist to not talk about the couple's sexuality and where the therapist then became the 'homophobic other'. In this way the couple could disavow themselves of their own feelings of internalized homophobia by projecting them into the therapist.

Clinical example

Sasha and Rae had initially come for help as a couple because things had felt inexplicably stuck in their relationship for some time. They described how there was a constant push-pull dynamic between them that had exerted an increasingly corrosive effect on their relationship and they were now very hostile and rejecting towards each other. In the therapy, the therapist found that the couple constantly

rejected her interventions. At times she lost her train of thought and wondered if there were aspects of the work that she was missing. In looking at the work with her supervisor, together they noticed that the therapist seemed to have bypassed a number of openings to talk about their sexuality as it had emerged in the material. This surprised the therapist given that she was experienced in working with lesbian and gay couples and would not normally have sidestepped issues in this way.

Subsequently, when further similar material was brought to the session by the couple, the therapist's attempts to explore the issues were met with a defensive response and an accusation by the couple that her curiosity indicated that she was homophobic. The therapist carefully considered this and became aware that in fact she felt she was living with an injunction to not look at the couple's sexuality. Despite feeling that it was important not to bypass the opportunity to help the couple explore their feelings about their sexuality, in her countertransference she simultaneously felt paralysed. An opportunity presented itself again, this time in relation to a party invitation at Sasha's workplace where staff usually brought partners and family. Sasha was not out to colleagues at work and did not want Rae to come with her to the party, and this had caused a nasty argument between them. When the therapist asked about this, Sasha became very irritated and said – 'Look, will you stop going on about this, ok?! . . . Just put a sock in it. I don't want to think and I don't want to be lesbian. So that's that'. This powerful statement said with such emotion momentarily left both the couple and the therapist feeling taken aback. However it provided a pivotal moment in the therapy because it subsequently became possible for the couple to begin to explore their sexuality further. As the work continued, this occasion was often referred to by the couple as the moment where they began to know about the extent of their own homophobic feelings and how these had become internalized within their couple relationship.

For Sasha and Rae, I think there was perhaps a shared unconscious belief in relation to their paralysis along the lines of – 'well if we keep ourselves in this state of paralysis, we don't have to fully know about or own our sexuality, which we would encounter through the other's response to our desire'. Ruth Stein (1998a, 1998b) lucidly describes how the pleasure of erotic desire comes from being able to transpose oneself in fantasy, in to a state of mind which is felt to be the other's. For Sasha and Rae as a couple, their internal repulsion of their sexual desire for the other paralysed this ability. The wish not to know about or own their sexuality was manifested in the transference to the therapist who became the homophobic other. In her countertransference the therapist hit up against her own internal paralysis and appeared to drop the subject of their sexuality from her mind. She experienced an internal embargo, a therapeutic injunction, on thinking about the couple's sexuality and her attempts to do so were seen by the couple as her homophobia.

The stasis in the couple's relationship which paralysed the therapist's mind made it difficult for the therapist to find a third position from which to observe what was occurring in the therapy. This was eventually found in the supervisor

who was able to help the therapist observe what was happening in the work. At this moment one might say that the therapist and supervisor were able to inhabit something of a creative couple state of mind in relation to the therapy with Sasha and Rae. Morgan (2005) emphasizes the importance of the belief in relationships as a source of creativity not just through concretely becoming part of a couple, but also through contact with colleagues, friends and even good internal objects. Just as therapists consult with colleagues who are particularly experienced in working with specific patient populations, this may also be necessary where clinicians are working with lesbian and gay couples. Certainly in the case of Sasha and Rae it helped the therapy to take a more productive turn.

Concluding thoughts

In this paper I have drawn attention to the pernicious and damaging effects of internalized homophobia on lesbian and gay couple relationships and the accompanying challenges for therapists, particularly a sense of paralysis, therapeutic injunctions and the therapist as homophobic other. Internalized homophobia is just one of the issues that can jeopardize sustaining a satisfying, creative couple relationship. The psychoanalytic ideas used in this paper have helped me to explore some of the therapeutic challenges attendant in working with this powerful and sometimes hidden force.

Inevitably, space has precluded the exploration of other important issues relevant to this subject particularly those of the therapist's own sexual orientation and issues of analytic neutrality. However, I do want to briefly consider something of the biological aspects of lesbian and gay relationships which can potentially present further conflicts. In my experience, there can be a real need for lesbian and gay couples to mourn the fact that they cannot biologically create another life through their intercourse and have a baby with their partner in this way. Many lesbian and gay couples do indeed have children and achieve this in a variety of ways, finding different and creative family formations in which to raise their children. Even when a couple have already become parents together by other means, for some there is an intense feeling of resentment that their partner is not able to give them a baby. To address this issue, particularly when it is unconscious, can be delicate and painful work in therapy. For a heterosexual couple their sexual life and the act of their intercourse together can result in the creativity of another life. The opportunities that now exist for lesbian and gay couples to have children could divert attention away from the conflicts that may exist as a result of the biological impossibility of creating a baby together. Sandler (2006) describes how in making this point some would call her homophobic for doing so and yet, not to fully consider the impact of this reality would be to overlook the centrality in psychoanalysis of Freud's theory of development where the body, sexuality and desire are intrinsic to mental life (Freud, 1905, 1924). In my opinion, not considering this biological aspect is to leave something crucial unexplored.

In the process of writing this paper and returning to psychoanalytic theories of sexuality, it is noticeable how some concepts have been misused in a homophobic and moralistic way. Milton (2000) warns more generally of the way in which derailments of a psychoanalytic standpoint can easily occur, where the moral high ground is then assumed and theories become 'morally loaded concepts'. What is clear now though is that within psychoanalysis a more exploratory, less judgemental *zeitgeist* is emerging with regard to sexuality. For instance, Target (2007) and Fonagy (2008) have both in different ways put forward ideas that seek to re-centre psychosexuality at the heart of analytic enquiry and redress the previous theoretical pull in the direction of understanding psychosexuality mostly as an expression of early object relationships. Put briefly, both authors describe the central importance that mirroring of affect by the primary caregiver plays in the capacity for emotional regulation. However, the uniqueness of sexual experience means that caregivers repeatedly leave unmirrored expressions of infantile sexuality, which in turn means that sexual feelings remain dysregulated in us all. These ideas and those described in other recent publications (Fonagy, Krause, & Leuzinger-Bohleber, 2006; Stein, 1998a, 1998b) illustrate a move to place psychosexuality and the biological aspects of psychoanalysis more centrally. This opens up possibilities for a fuller understanding of how our sexual identity and gender comes to be authentically felt in each of us.

Finally, it is probably true to say that we can help our patients only in as much as we have worked on our own feelings about our sexuality, gender and our own internalized homophobia, regardless of our sexual orientation. We are less likely to be able to understand these aspects in our patients if we do not understand them within ourselves. This is always work in progress and by its very nature, not something ever completed and arrived at.

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