When Hetty Meets Betty Who Does Hetty Meet?

An exploration of therapist countertransference in response to issues of difference in the therapeutic relationship

Diane Clare

Introduction

I am a narrative psychotherapist. When I work with a client I attempt to use the language of the client to describe what is going on for the client. Narrative therapy considers not only the individual within the family context but considers wider influences by deconstruction of the understandings and stories about the self that come from society on a more global level. This process externalises problems and opens space for reauthoring lives. Countertransference is a psychodynamic term used in a fairly universal way by therapists of many different theoretical backgrounds. Rather than taking a blameful position (e.g. that the individual has the problem) the presentation takes a questioning position about the influence of the predominant heterosexual culture on the individual therapist's response (the countertransference).

The Oxford Dictionary describes *integration* as the intermixing of persons previously segregated. It also says that psychologically this is a concept that embraces the ideas of combining diverse perceptions within a personality. It draws our attention to the word 'amalgamate' as meaning to combine or unite to form one structure, organisation etc. The word *difference* is described as the state or condition of being different or unlike, a point in which things differ – a distinction; and a degree of unlikeness. It offers another meaning in that difference is often used with reference to a disagreement or a dispute.

Is integration an ultimate goal so that all elements of difference can be

embraced within an overarching sameness? Is difference still possible without being thus integrated? Can difference and integration coexist?

To me everyday interaction and relationship form the crucible of human development and it is, therefore, this arena of our experience that is the essence of the work in the psychotherapy relationship. When self meets other there is always difference to some degree and there is always similarity to some degree. In my work I am frequently assisting people whose sense of self is disintegrated and who struggle with differences both within the self and between the self and other in relationship. Such a sense of disintegration is frequently experienced by the client who belongs to a minority group.

Culture Shock in the therapy room

My purpose in this paper is to explore issues of difference in the therapy relationship. What happens when there is difference between you, as the therapist, and the other, the client? Holding countertransference as the focus, the discussion is about you as therapist rather than your client.

Consider that the differences between therapist and client are issues of cultural diversity. Consider culture in a wide sense as "the customs, civilisation and achievements of a particular people" (Oxford Dictionary). There are many ways that we differ from each other: age, class, physical or mental ability, religious beliefs, sexual orientation and gender are but some examples. What happens in the relationship between you when you, as the therapist, have little or no awareness of the issues of difference between you and the client?

When something different presents to us from outside our particular world view, the potential is for a form of trauma to occur in us as therapists, a type of culture shock in response to the difference in the client. Does such a form of culture shock limit therapy? Does this create a form of trauma in the client and the therapist? If so, how does this influence the therapeutic alliance? Consider the following scene: Two women are seated at a factory bench engaged in a monotonous and repetitive task and they have just met. They are having the sort of conversation everyone has had at some time in some form:

Hetty: Hello, my name's Hetty.

Betty: Hi, I'm called Betty.

Hetty: I don't think I've seen you before. Have you just started here?

Betty: Yeah, this is my first week. How long have you been here?

Hetty: I started about 3 months ago.

Betty: So what's it like working here?

Hetty: Okay I suppose. The money isn't too bad but it's pretty monotonous work.

Betty: So what did you do before you came here?

Hetty: I was working in quite a good office job in Auckland but I needed a change.

Betty: That was quite a decision to leave a good job and shift away.

Hetty: I split up with my boyfriend and it all got a bit much so I came down here. So how about you?

Betty: What do you mean?

Hetty: What brought you here?

Betty: I've been out of work for a while. Used to work at Brownlees but got made redundant so here I am!

Hetty: Poor you!

Betty: Do you think you'll stay here now?

Hetty: Yeah. Stu' and I had been together for about 2 years but it wasn't working out and I was getting sick of the pressure from him so I left him and came down here to live with friends for a while so I could sort myself out. Have you got a boyfriend?

Betty: My partner and I have been together for about 3 years.

Hetty: Are you married?

Betty: No we're sort of de facto I guess.

Hetty: Do you have kids?

Betty: Well my partner has a daughter and I have two sons so we're what they call a blended family.

Hetty: So you're a mother to three kids - how old are they?

Betty: Jenny is 8 and my two are Brent who is 6 and Joseph who is 4.

Hetty: What's your partner's name?

Betty: Chris.

Hetty: Does he work?

Betty: (pause) Chris is a nurse.

Hetty: I suppose that means shift work?

Betty: Yeah but it doesn't worry us. We've got used to it and have built our social life in spite of it.

Hetty: What do you two like doing then?

Betty: Depending on Chris's shifts we might have a meal with friends, go to the movies or to the pub. We both like the outdoors – day outings mainly - and we swim.

Hetty: Oh you should meet my new boyfriend John. He's right into tramping. He wants me to go with him next time. Hey why don't we meet and have a drink together then Chris can meet John and we could check it out?

Betty: (Pause) Well I'm wondering if there's something I should tell you ...

At closure Betty comes out from behind her bench in a wheelchair.

Consider that Betty is a lesbian and Chris is actually a *female* partner. Consider what this information means in terms of the assumptions Hetty makes about Betty and how Betty responds to her. Note how Betty is placed in the position of being interrogated and seems to close off more and more. Hetty is doing what we often do to explore ways to get to know someone so that she is not being blamed for how she is attempting to interact with Betty, although she seems quite unaware of the assumptions she is making. Betty having a disability may also be unexpected.

Assume that irrespective of your actual sexual orientation, that just for now you are heterosexual and that it is heterosexuals rather than homosexuals who are in the minority. As a group of heterosexuals you are 10% of the general population. Read what you, as that heterosexual minority, would hear on a regular basis about yourself.

When did you first realise you were heterosexual?

Does your mother know you are heterosexual?

You are going against society for being the way you are.

What do heterosexuals do in bed?

How many partners do you heterosexuals have at a time?

What makes you think you should have the right to marry?

What makes you think you should have rights?

What you do is sick and you need help.

I will have to keep my children away from you now.

You are no longer a fit mother.

You need psychiatric assessment for being that way.

You need a good fuck to put you right.

What was it like when you first came out as a heterosexual?

What did your friends say when you came out?

It is unnatural to be the way you are.

How will you tell your kids that you are heterosexual?

It must be because your mother or father was too dominant.

It must be because your mother or father was distant.

How do you think your kids' friends will handle it?

It's just a phase - you'll get over it.

You're just looking for love wherever you can find it.

You and I have shared the same bathroom, how do you think this makes me feel?

How can I trust you now I know this about you?

In these statements the whole self is attacked on so many levels that the person ceases to even be treated as human. All these are issues that have been raised by heterosexuals towards me and towards other lesbians, bisexuals and gays I have met. It is not simply an isolated experience although every one of these statements has been made to me personally about being lesbian and some of them by therapists.

It is common for predominantly heterosexual groups when confronted with this type of experiential exercise to express disbelief, anger, guilt, shame, sorrow etc. Such responses are similar to the mixture of emotions we call grief. Remember: this is the lived everyday experience of non-heterosexuals who hear these statements.

When you have met someone and assumed they are *heterosexual* consider what this assumption is based on. If that person turned out to be *homosexual,* consider what the similarities and the differences would be in your relationship and how you would handle the differences. If you believe there would not be differences how might this position influence the way you behave towards and how you are experienced by that person? If there are differences that you may be unaware of, how do you think you could attempt to identify these? In what ways do your answers to these questions influence your thinking and feelings about working with clients who identify as lesbian or gay? You may like to

consider whether heterosexual therapists should work with lesbians or gays and, conversely, if lesbian or gay therapists should work with heterosexuals.

Theoretical considerations

I am proposing that the heterosexual therapist responding to a client with a different sexual orientation can experience a form of 'culture shock' and this countertransference has parallels with the response to the client with PTSD. Wilson and Lindy (1994) describe two poles to a countertransference continuum. Type I involves avoidance, counterphobia, distancing and detachment. Type II involves overidentification, overidealisation, enmeshment or excessive advocacy. They speak of the process as being one of empathic strain (or rupture) taking four distinct modes. These distinctions help identify differences in therapists' reactive styles and are indicated at different times in the course of therapy. They are dynamic rather than static processes, enabling themes to emerge in greater detail and depth and directing the therapist to the locus of the work in order to remove the strain.

A modified outline of Wilson and Lindy's schema is:

Type I Countertransference: Avoidance, Counterphobia, Distancing or Detachment

a. Empathic Withdrawal

Factor for risk in therapist Therapist unlikely to have had personal catastrophic experience.

Impact Therapist's beliefs/world view is challenged.

Defence Withdrawal, denial, disbelief, disavowal, isolation. May rationalise the response on the basis of theory and technical orthodoxy.

Addressed by Education about trauma and PTSD (including effects of the trauma of heterosexism for the gay or lesbian client) can help resolve the countertransference.

b. Empathic Repression

Factor for risk in therapist Therapist likely to have experienced or continue to suffer from own related traumas.

Impact Overlap between therapists' own work yet to be addressed and the

client's trauma issues which is an area "out of bounds in an unconscious collusion between two victimised survivors" (e.g. if therapist has not addressed own grief for personal issues of ostracism or prejudice, the work is unlikely to address grief work for the client).

Defence Repression.

Addressed by Supervision or therapist's own therapy are useful ways to address these blindspots.

Type II Countertransference: Overidentification, Overidealisation, Enmeshment or Excessive Advocacy

a. Empathic Enmeshment

Factor for risk in therapist Therapist has had considerable trauma of own.

Impact Often client has much current-day re-enactment of danger which invites therapist to rescue. This reaction in the therapist discharges some of the strong affect still present in the therapist and can lead to loss of boundaries, over involvement and reciprocal dependency.

Common Defence Identification.

Addressed by Supervision or therapist's own therapy are again ways to address this countertransference (may be sexual orientation or other issues inviting enmeshment response).

b. Empathic Disequilibrium

Factor for risk in therapist Therapist naiveté about this element of trauma usually creates risk of therapist of becoming uncertain, vulnerable and overwhelmed (e.g. therapist who has never had any exposure to the devastating loss and grief often experienced by gay and lesbian clients).

Impact Therapist world view is ruptured and fatigue, despondency and despair follow. This in turn may result in empathic withdrawal or enmeshment and burnout.

Common Defence Withdrawal.

Addressed by Rest, recuperation and support along with limiting exposure.

Further Enquiry

What happens in the relationship between you when you as the therapist have little or no awareness of the issues of difference between you? How does this influence your approach? How does your approach influence the client? And what of the transference that thus develops? Conversely, what happens in the relationship between you when you as the therapist are aware of the differences between you? How does this influence your approach? How does your approach influence the client? And what of the transference that thus develops?

If you go to your workplace with three ways of raising lesbian/gay awareness there you may find yourself wondering if others will think this means you are gay. Or you may develop a theoretical stance as to why you should not do this. What kind of countertransferential response might you be elaborating?!

The following may be of assistance (perhaps with modification for male readers) when your client has a different sexual orientation to yours.

Hints for the Heterosexual Woman When First She Meets a Lesbian

1. Do not run screaming from the room. This is rude.
2. If you must back away, do so slowly and with discretion.
3. Do not assume she is attracted to you.
4. Do not assume she is not attracted to you.
5. Do not assume you are not attracted to her.
6. Do not expect her to be as excited about meeting a heterosexual as you may be about meeting a lesbian. She was probably raised with them.
7. Do not immediately start talking about your boyfriend or husband in order to make it clear that you are straight. She probably already knows.
8. Do not tell her that it is sexist to prefer women, that people are people, and that sheshould be able to love everybody. Do not tell her that men are as oppressed by sexism as women, and women should help men fight their oppression. These are common fallacies and should be understood as such.
9. Do not invite her some place where there will be men unless you tell her in advance. She may not want to be with them.
10. Do not ask her how she got this way. Instead, ask yourself how you got that way.

11. Do not assume that she is dying to talk about being lesbian.
12. Do not expect her to refrain from talking about being a lesbian.
13. Do not trivialise her experience by assuming it is a bedroom issue only. She is a lesbian twenty four hours a day.
14. Do not assume that because she's a lesbian she wants to be treated like a man.
15. Do not assume that her heart will leap with joy if you touch her arm (condescendingly? ... flirtatiously? ... power-testingly?). It makes her angry.
16. If you are tempted to tell her she's taking the easy way out: THINK ABOUT IT.

Source: Lesbian Connection, Wellington

Judy Small's song: *No Tears for the Widow* addresses the disparity between the sympathetic response by society for the widow who loses her male partner and the lack of such a response for the woman whose female partner dies. One has the status of widowhood while the other has always been referred to as single and thus the initial existence let alone the subsequent loss of the relationship goes unacknowledged. In narrative terms, the dominant story has swamped the neglected story of the self.

Returning to my initial questions regarding integration and difference, I wonder to what extent dominant narratives restrict the degree of personal integration a person with difference can hope. to develop particularly if the therapist holds the dominant narrative. Just as I have to make coming out decisions in other everyday situations, in writing this paper I had to consider whether to risk expressing and identifying my difference within the Association. I believe that silence would rob my spirit and would ignore the rich mix of threads that combine to make our one cloak.

If you tell the truth you are in trouble
But if you see the truth and you keep quiet.....
.... your spirit begins to die

Ben Okri in his novel: Dangerous Love.

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