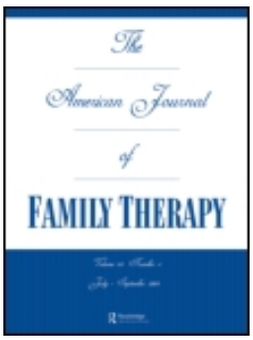

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Couple Therapy With Lesbian Partners Using an Affirmative-Contextual Approach

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Within the Couple and Family Therapy literature, there are few articles directly linking theory to treatment within the lesbian community. Utilizing contextual theory, the author presents a gay affirmative therapeutic approach to work with lesbian couples. The fundamental concepts of contextual therapy are uniquely suited for work with lesbian clients; particularly the four dimensions of individual psychology, relational ethics, systemic interaction, and facts. A case study is presented to highlight this therapeutic process. This article is one step in a larger systemic change related to the challenge of adapting theoretical methodology and gathering evidence for effective treatment of marginalized groups.

This article attempts to address a gap in the Couple and Family Therapy (CFT) treatment literature related to utilizing CFT theory with lesbian couples (Alexander, 1998; Bepko & Johnson, 2000; Bernstein, 2000; Fassinger, 2000; Frost, 1998; Herek, 2006; Ritter & Terndrup, 2002). Particularly, the combination of Contextual Theory (Boszormenyi-Nagy, 1986) with concepts of Gay Affirmative Therapy (Kort, 2008; Malyon, 1982). Contextual therapy is a large and complicated theoretical approach that has many components that make it well suited to work with the lesbian community. When the core concepts of contextual are combined with an affirmative lens, a framework emerges for effective treatment. A clinical case study is also presented in order to highlight the interventions and progression of treatment using this specific framework.

Gay Affirmative Therapy (GAT) is built on the premise that an attitude of acceptance by the therapist best promotes and encourages progress in

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psychotherapy within the lesbian, gay, bisexual, and transgender (LGBT) community. Research has shown that psychotherapy that is not focused on affirmative foundations can be detrimental to the LGBT client's self-esteem (Ritter & Terndrup, 2002). GAT is more of a lens through which to work instead of a theory; therefore, it stands to reason that psychotherapeutic theories must be adapted to include aspects of GAT as well as tailored to suit the needs of specific clients and communities (Kort, 2008; Ritter & Terndrup, 2002).

Couple and family therapy as a field is well suited to help clients within the LGBT community due to a theoretical plurality, a systemic view of therapy, and a focus on the larger social and societal concerns (Bowen, 1978; Seligman, 1995). LGBT clients typically seek therapy with one or more of the following concerns: coming out, anti-gay prejudice, relationship issues, concerns of adolescence, parenting, and family of origin issues (American Psychological Association, 1995; Fassinger, 2000). Many of these presenting concerns, particularly those related to families and relationships, are systemic in nature; accordingly a systemic approach to intervention is a good fit for LGBT treatment in such cases.

THEORY

Gay Affirmative Therapy

According to Kort (2008), GAT is focused primarily on the therapists themselves. GAT is more of a lens through which to view treatment as opposed to a specific theory (Neal & Davies, 2000; Perez et al., 2000; Ritter & Terndrup, 2002); it is related to the beliefs and attitudes that the therapist brings to therapy. While it is not modeled in the same manner as more traditional aspects of psychotherapy, it has been shown to be beneficial for work within the gay community. Its key components are easily adapted to work within various multicultural forms (Kort, 2008).

GAT advocates for the use of psychotherapy to improve and make positive change in the lives of LGBT clients. Through the use of self-exploration, the therapist must become aware of biases and abandon the societal view of LGBT as dysfunctional (Alexander, 1998; Bepko & Johnson, 2000; Green & Mitchell, 2002; Ritter & Terndrup, 2002). A component of this concept is the issue of self-disclosure by the therapist him- or herself. At times, the therapist may feel the need to disclose her/his own sexual orientation. While this can be helpful for some clients, it can also be problematic—raising issues of transference, challenging the self-of-the-therapist issues, and leading to possible ruptures of the therapeutic alliance (Bepko & Johnson, 2000; Bernstein, 2000; Cabaj, 1996; Fickey & Grimm, 1998; Kort, 2008; Ritter & Terndrup, 2002; Sanders, 2000).

The central component of GAT is the role of therapist attitude and belief—potentially a major impact on the client and therapeutic relationship. In order to be a gay affirmative therapist, the clinician must work towards becoming comfortable with LGBT clients, in order to be real and genuine while in session. If the therapist is inadequate in knowledge and helping skills because of limited life experiences; being a gay affirmative therapist can sometimes mean that the clinician knows when it is ethically appropriate to refer a client to another professional who is better able to provide therapy (Kort, 2008; Ritter & Terndrup, 2002).

Contextual Theory

Contextual theory is a large and complex model of therapy encompassing issues of facts, individual psychology, systemic interactions, and relational ethics (Hargrave & Pfitzer, 2003). These four dimensions encompass the major interventions and viewpoints through which to help the client. When the originator of contextual, Ivan Boszormenyi-Nagy was developing these concepts, it was mid-late twentieth-century America, an era of progression and rising acceptance of the LG community (Avery et al., 2007; Boszormenyi-Nagy & Krasner, 1986; Boszormenyi-Nagy, 1987; Cabaj, 1998). While contextual was not developed as a theory that would specifically treat LGBT individuals, it has historically been inclusive (Dankoski & Deacon, 2000). Multicultural awareness is part of the factual dimension, and in turn the goal within the contextual framework is to remove the western thought process of different equals dysfunctional and replace it with a more egalitarian approach toward acceptance of varying diversity (Hargrave & Pfitzer, 2003).

Four Dimensions of Contextual Theory

As will become apparent, the four dimensions of contextual theory are in no particular order, and more circular in their relation. They are not typically considered in a linear fashion, nor should they be. They continually have an impact on each other and the client / therapist—and work together to form a coherent model of therapy (Boszormenyi-Nagy, 1987; Goldenthal, 1996; Hargrave & Pfitzer, 2000).

Facts. Facts encompass many of the foundational components that make us individuals—such as; biological identity, ethnicity, economic status, religious preferences, and sexual orientation. Typically facts cannot change throughout the life cycle, and so many times work in this dimension is focused on the acceptance and integration of these facts into the individual psychology dimension, this leads to a more integrated identity and acceptance of self. However there are several items that fall into this category that

are changeable and could validly be the focus of session. A fact example that is changeable is a curable medical illness or temporary financial difficulties (Boszormenyi-Nagy, 1987; Goldenthal, 1996; Hargrave & Pfitzer, 2000). It can be beneficial to focus on the fact dimension with individuals who have recently come out, or are in the early identity developmental stages; as a focus of the fact dimension is to work on acceptance and tolerance of self.

Individual psychology. This dimension incorporates many elements such as mental stability, personality, cognitive and emotional process, and the individual differences between and within the fact dimension (such as a difference among members of the same ethnicity) (Hargrave & Pfitzer, 2000). Issues of love and trust as the foundation to a healthy relationship (romantically and socially, professionally) are constructed by their beliefs—the experiences and knowledge of the individual (Boszormenyi-Nagy, 1987; Goldenthal, 1996). While it is important to work within a systemic framework inside of individual psychology, there are many aspects that can be focused on primarily with one client. Systems theory states that if you effect change within one member of a system, there will be a 'ripple' change effect throughout many of the other subsystems (Bowen, 1978; Bubolz & Sontag, 1993).

Assessments and their use through contextual theory can be categorized as a way to benchmark progress as well as determine fairness issues within the client system (Hargrave & Pfitzer, 2000). This accounts for individual and family history (genogram), family transactions, and injustices to get a baseline of various psychological factors (Boszormenyi-Nagy, 1987; Goldenthal, 1996; Hargrave & Pfitzer, 2000; McGoldrick, Gerson, & Shellenberger, 1999). While it is sometimes the focus of assessments to diagnose and figure out disorders or dysfunction, contextual theory views them with a much more strength-based approach, preferring to move away from pathology and put the center of attention on crediting the individual for their resiliency (Boszormenyi-Nagy & Krasner, 1986; Hargrave & Pfitzer, 2003). When considering clients of the LGBT community, this is of the utmost importance. When looking at the client through the GAT lens, it is important to recognize heterocentrist thought related to stigma and dysfunction associated with sexual orientation inherent in most assessments (Kort, 2008). Contextual's multicultural focus and strengths-based approach to assessments increases the client's positive traits and functioning.

Systemic interaction. The larger systemic influence on the individual is highlighted throughout this dimension. This is the part of contextual that focuses on larger process than the individual, while at the same time describing and working within the impact on that individual. This includes things like communication patterns, interpersonal issues of power and control, boundaries and applying issues of relational ethics (Hargrave & Pfitzer, 2003).

Systemic interaction can be broken down into life cycle organization patterns, and communication interactions. Throughout this dimension of con-

textual, the focus is on continually adapting and reorganizing the thoughts and patterns that have been ingrained into the client for long periods of time. Often, beliefs in this dimension can work against therapeutic process in the way of influencing the automatic thought patterns of the fact dimension—thus providing the environment for failure. This is exemplified in the 'she will never change—she has always been this way!' statement, as well as with the thought process surrounding long term family of origin issues (Boszormenyi-Nagy, 1987).

Relational ethics. Many of the components of the relational ethics dimension of contextual are the more well-known trademarks of this model (Goldenthal, 1996). When discussing contextual theory, you would be doing a disservice to not mention issues of give and take, balance, multidirected partiality, justice, loyalties, and fairness (Boszormenyi-Nagy, 1987; Hargrave & Pfitzer, 2003). Relational ethics transcends the here and now of the client, and looks towards the history of the family, as well as the future generations to come (Goldenthal, 1996).

Balance and give and take are probably the most well-known of relational ethics—for good reason. Ethics states that it is a fair sense of right and wrong, and that is just what the balance stands for—a balanced ledger of what was given to a relationship, and what is taken out of it. Balance is the concept of having an 'even' ledger of actions and feelings within the relationship – the individual has received just as much as they have given. An intervention used with this process is the creation of a ledger, whereby the client lists things (emotions, security, actions, etc.) that they get out of the relationship, and what they give to the relationship on the other. A truly balanced ledger is the goal of any relationship, and a sign of a health and normalcy. This theory states that whether or not they know they are doing it, most people keep a running ledger in their cognitive process. This accounts for many of the dysfunctions and ruptures in trust inherent in some relationships – a sense of unfairness, or that they have not received enough in the relationship compared to what they have given (Boszormenyi-Nagy & Krasner, 1986).

Multidirected partiality is a powerful part of the contextual model, especially when working within the LGBT population. Widely considered the most important tool and intervention strategy of the contextual therapist, multidirected partiality involves the crediting and acknowledgement of past injustices, and current predicament of the client. It is so powerful due to its ability to validate the feelings and experiences of the client, while at the same time not negating those of others (Boszormenyi-Nagy, 1987). It also requires the acknowledgement and accountability of the individual in the situation—allowing them to maintain responsibility for the positive and negative outcomes (Hargrave & Pfitzer, 2003). Some of the major concepts of GAT can be integrated into this intervention, particularly those of the

affirmative therapist being accepting and non-judgmental (Kort, 2008; Perez et al., 2000; Ritter & Terndrup, 2002).

Loyalty takes many forms, but can be described as the emotional connection and feeling of responsibility to any other person or group. This includes historical roots (family of origin, previous generations) or the future (children, or next generation). Sometimes loyalty can be split, whereby having to forsake one loyalty to honor another. This is often shown and characterized by children who are involved in disputes between parents, or when an LGBT client is debating the coming out process, and they begin to realize the effect it will have on their family of origin. Another type of loyalty, invisibly loyalty, is characterized by the need to honor a responsibility to a generation, individual, or system that is not always apparent—sometimes through destructive entitlement (Boszormenyi-Nagy & Spark, 1984).

Taking into account issues of a balanced ledger, when someone has an unbalanced ledger, they may feel entitled to receive something in return for what they have given (Hargrave & Pfitzer, 2003). This can be a positive entitlement or a destructive entitlement, depending on how the individual reacts to the disequilibrium on the ledger. A destructive entitlement is when an individual goes out of their way to take what they feel they deserve, sometimes hurting others in the process. Sometimes there are positive claims to entitlement. The positive claims are accompanied by an equal share in responsibility and balanced history of emotional exchange, as well as a positive reaction by the partner in the interaction of entitlement (Boszormenyi-Nagy, 1987).

Fairness and justice are major concerns all throughout relational ethics. Both are considered pivotal to loyalty, balance, and many of the interventions throughout this theory. A contextual therapist would say that creating a sense of fairness in life is one of the major goals of therapy, constantly. In order to do this, the client must feel as though their ledger is balanced, and a sense of justice has been achieved. This can get tricky within the LGBT community, as often there is no easy way to achieve these concepts—particularly in a society such as ours that can still be largely discriminatory (Goldenthal, 1996; Hargrave & Pfitzer, 2003).

ADAPTATION OF CONTEXTUAL TO THE LGBT COMMUNITY

Many of the major concepts of contextual theory can be well adapted to foster change with clients of the LGBT community. Particularly concepts of justice and relational ethics are pertinent to psychotherapy with the LGBT client (Fassinger, 2000; Green & Mitchell, 2002; Ritter &Terndrup, 2002). Many crises can be viewed through the contextual framework. Table 1 highlights several common (though not exhaustive) LGBT client crises, and the corresponding contextual concept.

TABLE 1 LGBT Crisis and Corresponding Contextual Concept/View

LGBT Crisis	Contextual Concept/View
Coming Out	Cost/Rewards concept Loyalty to family of origin Entitlement Trustworthiness/Love Forgiveness
Procreation, Having Children	Cost/Rewards Loyalty to family of origin Systemic Interaction Entitlement
Discrimination -Violence -Overt, employment, etc. -Heterocentrist bias -Legal recognition	Justice Entitlement Forgiveness Loyalty Love Cost/Rewards
Social Stigma	Justice Acknowledgement Crediting Trustworthiness/Love
Acceptance	Crediting Entitlement Trustworthiness/Love Forgiveness
Personal Self-Esteem	Crediting Acknowledgement Trustworthiness/Love
Identity Development	Acknowledgement Entitlement Trustworthiness/Love Forgiveness
Medical Concerns	Acknowledgement

As is apparent, contextual is uniquely suited to work with clients of the LGBT community. Often, it is best conceptualized through the use of examples. The following is a case study, using contextual theory and a GAT lens with an LGBT couple.

Case Study

Introduction to Couple

Beth and Karrie (client names and details have been changed to protect confidentiality) are a lesbian couple who have begun treatment due to an increasing concern within the couple's relationship related to cohesion and

satisfaction. Beth and Karrie are both in their mid-twenties, and have recently completed their undergraduate education at a large public university. This is the first same-gender long-term relationship either has been in. Beth has been accepted to, and begun work towards a graduate degree. Karrie works full time in the community in her field of study. The couple recently moved in together, and since then have been having several issues related to decision making and public awareness of their sexual orientation.

Presenting Problem and Initial Assessment

As they entered therapy, Beth and Karrie stated that they were unhappy as the relationship currently was functioning; they were given a standard set of assessments, including the Dyadic Adjustment Scale (DAS) and Beck Depression Inventory (BDI), both indicating that they were unhappy in their current relationship overall, and experiencing moderate levels of depression (Beck, Steer, & Brown, 1996; Spanier, 1976). Every 10 sessions, Beth and Karrie would again take the Dyadic Adjustment Scale, which showed that the couple was continually making progress within their relationship, as indicated by increasing positive scores.

The primary therapist in the case (author) used Vivienne Cass' Homosexual Identity Formation Theory (1979) to conceptualize the individual development of each client. Utilizing the Cass Homosexual Identity Formation Model, Beth and Karrie were placed in stages 3 and 5, respectively. It was evident they were in these stages through the use of the Gay Identity Questionnaire (Brady & Busse, 1994), as well as through interview. These are the tolerance and pride phase, highlighting the concern stated by Cass that individuals in different stages could experience higher levels of relationship distress. The individual in the tolerance stage is still in the process of coming out to others, and accepting themselves fully. Much more overt, the pride-stage individual is open and holds a more radical approach to their orientation, often choosing to have little to no contact with the heterosexual community and participating in public displays of activism.

Therapy Process

Beth and Karrie were active and invested in the therapy process, from day one. They rarely missed a session, and have worked hard to make progress—this is impressive since they had a total of 69 psychotherapy sessions—sometimes for more than one hour. This intensive therapy model was appropriate for this couple, as both individuals suffered from anxiety and were consistently worried about progress in therapy. The longer they were in therapy, the more they began to see changes, and it consistently

encouraged them. The goals of our therapy included increasing relationship satisfaction and cohesion, decreasing tension and over-reaction, and also solidifying a positive individual identity (both sexual and personality related). Several large issues arose throughout the term of therapy, some normative process and some non-normative. This influenced the flow and progress in therapy, as is common—some sessions had to focus on immediate concerns of the client as opposed to the long term goals established at the onset. An example of this would be highlighted by the sessions surrounding Beth and Karrie's purchase of a home – there were several financial and logistical concerns that plagued the couple and so they took the forefront for therapy for that time period.

Interventions

Beth and Karrie participated in therapy for approximately 14 months. Table 2 highlights some of the major interventions utilized with this couple, as well as the results, progress achieved, and the approximate length of time that was required in session for each topic within this time. While this is not an exhaustive list of interventions, it highlights some of the more frequently used.

Through the use of contextual interventions and theoretical methodology (see Table 2), Beth and Karrie are not only much more successful in their couple interaction, but they have begun to communicate more effectively and understand their positions and the impact of their reactions, particularly in relation to their partner.

Progress Made

At the onset of therapy Beth and Karrie described that they would not be able to make it through even one day without at least a minor disagreement, leading to negative communication and hurtful statements. After a year of treatment, both stated that they had been experiencing noticeably different interactions. During this time, they also reported that they were having more positive interactions with each other, and were also able to feel more comfortable within their relationship. Karrie specifically stated that she was gaining more insight into her partner's process of identity development. Over the course of therapy, it has become apparent even when they are describing events outside of therapy that change has occurred. They have become more comfortable in their identity, as well as talking with others about their orientation.

Near the end of therapy, it became apparent that Beth had transitioned into a higher stage of identity development, into stage 4. While this is a small amount of progress, it was an important distinction from where Beth

TABLE 2 Interventions Utilized in Therapy

Intervention	Result	Progress Achieved	Length of Time Required to Complete
Genogram	Highlight of intergenerational messages / transmissions and emphasized loyalties to family of origin	Clients became more aware of family of origin issues, and continuing stressors related to such	3 sessions (including discussion/process)
Systemic Interaction Examination	Identity Development Justice Identification – societal and personal Ledger identification Systemic Understanding	Identification of larger societal oppression and power loss Empathy for others	Ongoing
Cost/Rewards Ledger Creation	Highlight imbalances Discovery of personal feelings/viewpoints	Understanding, lower reactivity and communication improvement	2 sessions – ongoing (including discussion/process)
Assessments	Influence in therapy Baseline data	Mark progress	1-2 sessions (including discussion/process)
Talk Therapy	Discovery of personal feelings/viewpoints Integration of concepts, synthesis of identity formation	Identity development, progress through stages Empathy for partner	Ongoing
Coaching	Family of origin acceptance, understanding	Closer relationships with family of origin, healing of transgenerational wounds	Ongoing
Multidirected Partiality	Increased sense of understanding from therapist	Validation of understanding	Ongoing

was before. This was highlighted by her increasing acceptance and willingness to attend publicized lesbian events with Karrie. She has also taken the initiative and subscribed to several lesbian or LGBT-focused publications. While the couple still has difficulty socializing within the LGBT community, they have expressed interest and have begun to patron certain LGBT-themed establishments in the area.

They have also made significant improvement in relations within their family of origin. Karrie had a turbulent (at best) relationship with her family. In the process of therapy, she did some research and discovered some literature that she gave to her family, related to having a relative who is of a different orientation. Not only was she able to do this with her family, but she was also able to discuss it and express why she thought it was important for them to read the book—something she would not have been able to do at the onset of therapy. Both Karrie and Beth enjoyed more positive interactions with their families as a result of a more solid identity, as well as increased self-esteem.

CONCLUSION

It is the goal of this article to adapt a well-respected and used psychotherapeutic model for use within the LGBT community. Contextual therapy is a complicated and interweaving theory that has vast implications for practice that is particularly suited to the LGBT community. Some of the major concepts (i.e., justice, balance, facts, attention to diversity, and entitlement) are natural fits for a population that has been constantly embattled (Boszormenyi-Nagy, 1987; Cabaj, 1998). It is important to note that the concepts and the framework discussed here are not new, not a combination of models, but yet a different way of looking at the theoretical framework in order to better use it with specific populations.

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