

Therapy with Lesbian Couples

Liz Telford

Speaking as a therapist and a heterosexual, the author discusses her work with lesbian couples. She suggests that necessary components of good therapy are the therapist's awareness of his or her own views, fears and assumptions about homosexuality, and an understanding of the ways that society, including the world of therapy, still subjugates same sex relationships. Working with lesbian couples raises challenges that are pertinent to the wider issue of the redefinition of couple therapy in a society where the couple relationship itself is being redefined.

Introduction

Despite changes brought by feminism and the gay movement, gay and lesbian relationships are still marginalised and relatively invisible in the community, and this is also true of the therapeutic world. Recent issues of family and marital therapy journals have few articles addressing gays and lesbians. We live in a culture that is still predominantly heterocentric and homophobic and this affects all of us in one way or another.

What makes for useful therapy with lesbian couples? What do heterosexual therapists need to consider in order to be in a position to offer it? Should therapy be any different with gay and lesbian couples? Or do the differences require some particular approach? My own work with lesbian couples has sometimes challenged me to think beyond my usual horizon and this is occasionally disconcerting, but always refreshing. This has been the energy behind this paper.

I have also found that while I am thinking about work with lesbian couples, I am reflecting on the place of couple therapy more generally in contemporary society. I have noticed recently some renewed interest in couple therapy, and some rethinking. For example, in the Summer 2002 edition of *Family Process*, Gurman and Fraenkel state that we are now in a period of 'Refinement, Extension, Diversification and Integration' where the importance of context in shaping our beliefs must be acknowledged. In another

article in that issue, Pinsof suggests that the effectiveness of couple therapy is constrained by assumptions about what constitutes legitimate coupling. Parallel discussions are also occurring around Australia. At a Symposium of The Australian Association of Marriage and Family Counsellors (AAMFC), the keynote speaker, Margot Schofield (2003), invited us to consider how our western view that the couple, the intimate pair-bond, is our primary relationship, might fit with our ageing, changing, and culturally diverse society. At the time of writing, there is also debate within the Australian Association of Marriage and Family Counsellors about whether the word 'marriage' in its name ought to be replaced with the more inclusive term 'relationship'.

Society is grappling with how to integrate the variety of intimate coupling options and this is paralleled in the society of therapists as we struggle with the terms that help define relationships. Discussions about counselling same-sex couples are a necessary part of this overall review process.

There is still another aspect to this discussion that I realised was entering into my frame of reference. How do relationship counselling and family therapy relate to each other? I have trained in family therapy and I have also trained and interned at a major relationship counselling organisation. In some ways these are two very distinct professional worlds. At times I've wondered if couple therapy is seen by some in the family therapy field as the old conservative aunt, a distant relative who is there but hardly noticed, while conversely family therapy is sometimes seen by those in the couple therapy field as a reckless youngster, indulging in risky, perhaps even unethical, behaviour. How ready is either



Liz Telford is a Family and Relationship Therapist, Private practice, Northcote, Melbourne. Contact address: 12 Clifton Street, Clifton Hill, Victoria, 3068.

side to learn from the other? Perhaps an interesting parallel can be drawn between these perceptions of different therapy styles and society's perceptions of heterosexual and homosexual lifestyles? Perhaps another aim for this paper is to suggest more openness to ideas and orientations. If there is to be real acceptance then there needs to be a desire to know that the 'other' holds something of real value.

So to return to the topic of therapy with same-sex couples: I believe that this work challenges us, regardless of what theoretical orientation we favour, to take account of the broader context and to attend very carefully to the therapeutic relationship. It also brings into stark focus our own attitudes and assumptions. When we work with a same-sex couple, how do we attend to the many aspects that affect their life together? How do we address the presenting issues and also the issues that lie underneath? How do we manage our own expectations of what it means to be a couple? When the couple live in or have come from a context of marginalisation, or trauma or deprivation, how do we work with the many layers?

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Knowing Who You Are

Before going any further, I will locate myself in relation to counselling gay and lesbian couples. This is relatively easy for me to do, as I am part of the heterosexual mainstream. If I were not, I might be concerned about the possible consequences of advertising that I am lesbian. It would be an act of coming out; one of the typical daily decisions I would need to make about my safety and privacy, and also about my professional life. I might wonder who would be reading this and whether I would want this information about myself to be known.

However, as I am a part of the dominant culture, I do not have to deal with these things and the act of identifying who I am is not accompanied by any anxiety or tension around the wish to hide and the wish to reveal (Maggee & Miller, 1995). I do have friends, colleagues and relatives who are gay and lesbian and as this is such a part of my life, I am not conscious of our differences from one another most of

the time. I identify myself as a feminist with a leaning towards a social constructionist view of sexual identity and sexual preference. Rather than being concerned with questions about the aetiology of the various sexual orientations, I am concerned with the meaning that has been created around them.

Given my social network and my feminist lens, I might comfortably assume that I would be free of any homophobic and heterosexual assumptions. However, I don't believe that I can. I have a heterosexual identity and have been raised in a society where the dominant culture is heterosexual and patriarchal. This is the society I live in still, so I cannot assume smugly that I am totally immune from its beliefs, fears, biases, assumptions and expectations. I am 'speaking from the dominant position', like Chris McLean (Denborough, 2002). To know this, to be aware of the dominant position's privilege and to be willing to explore it, is one of the most important attributes a therapist needs to bring to therapy with couples of the same sex (Bernstein, 2000).

Aspects of my Social Work and other training have undoubtedly given me sensitivity to those in a minority, those who are silenced, oppressed or invisible. It is from this awareness that I draw my understanding of what it means to be in a position of privilege. These are social justice issues and within them there are also universal stories that have attracted me to explore the therapy experience of lesbian couples, although not all (lesbian or otherwise) will relate to these stories. I am drawn to stories of developing resilience in the face of marginalisation, of pride and celebration overcoming shame and degradation. Such stories echo through a number of studies and writings about the gay and lesbian experience (Stacey, 1993; Pardie & Herb, 1997; Denborough, 2002). Joan Laird (2000) writes that

Lesbians in many ways are freer than heterosexually coupled women to innovate ways of constructing and enacting gender and sex and to resist constraining prescriptions for living and loving (466).

There is much that the heterosexual community could learn from.

Perhaps my particular family circumstances, the area in which I lived and the struggles I, and the people close to me have had, have given me an affinity with those who I perceive also to have struggled. So in relation to working with same sex couples, I may be more likely to mythologise than pathologise. Given therapy's history, this may be a safer, if still unstable, position to be coming from. The key is to

see the positive, but not at the expense of knowing about the difficult areas of the relationship.

Not everyone who 'fits' into a minority will identify him/herself as marginalised and to assume that s/he would, would be patronising and stereotyping. Some time ago, a young woman came to see me. She seemed perfectly at ease with discussing her lesbian relationship, apparently assuming that I would be too, but not wanting to bring her partner in with her. I wondered aloud about how she had developed such ease and confidence, and asked her. She didn't return, calling to say she thought I had a problem with her sexuality. I don't know how 'at ease' or not she was, but had I stayed with her story rather than my own preoccupation with resilience, I may have got a little further. My own views and biases were brought into stark focus by this experience.

Therapy with Gay and Lesbian People: The History

Gay and lesbian relationships have been pathologised, or at best ignored, in the history of the various schools of therapy. I believe that it is important to revisit this background so that we don't become complacent. Just as important as being aware of the influence of our own personal experience is consciously considering and challenging the assumptions embedded in the therapeutic orientation we prefer.

Freud used Darwin's species survival model to develop his theory of psychosexual development. Non-procreative sexual activity was, therefore, pathologised. The Oedipus Complex embedded sexual orientation in identity structure, further pathologising homosexual feelings. The Object Relations school later argued that homosexuality stemmed from mistaken gender identity (Domenici & Lesser, 1995).

Sections of the psychoanalytic and family therapy communities are attempting to redress these views. Domenici and Lesser in *Disorienting Sexuality* address the question of how cultural attitudes about homosexuality have affected psychoanalytic theory (1995). The contributing authors in this collection challenge psychoanalytic theory's position as the guardian of objective truth about what is 'normal' and 'abnormal' sexuality. Instead, they revise the psychoanalytic structure to encompass a non-hierarchical view of sexuality. Ronnie Lesser (1995) argues that psychoanalytic concepts of sexuality are not objective and have been ideologically and defensively driven. Pathologising has been a way of silencing and controlling the critics, the 'masquerade' of objectivity legitimising and promoting the power of the theorists.

While psychoanalysis has marginalised homosexual relationships by pathologising them, family therapy could be said to have marginalised them by ignoring their existence. Again, this can be understood in terms of the context within which this field developed. As many of the early family therapists were themselves trained in psychoanalysis, family therapy inherited many of the same assumptions. Also, the pioneers of the systemic and structural therapies of the 1950s and 1960s themselves lived in a patriarchal, politically conservative society, this being reflected in family therapy's values about what constituted 'family' and how this should function. Very little can be found in the early family therapy literature about same-sex couples. Even today, there are very few articles on gays and lesbians in the major family therapy journals. A content analysis between 1975 and 1995 found that less than 1% of the articles in marriage and family therapy journals pertained to gay and lesbian clients (Clark & Serovich, 1997).

More recently, with the development of postmodern approaches, the experience of gay and lesbian clients has been highlighted and reflected on. This body of literature has been growing over the past few years, particularly in the Narrative stream (Stacey, 1993; Clark & Serovich, 1997; Denborough, 2002).

The Current Social Context

Most heterosexuals probably do not directly come across the prejudice and discrimination that exists towards gays and lesbians and we could easily be lulled into feeling (falsely) confident that society is fairer and more tolerant than is actually the case. For example, studies that explored the experience of lesbian mothers and their children found that teasing and bullying are a common schoolyard occurrence (Ray & Gregory, 2001) and that the reactions and attitudes of mainstream services and institutions frequently caused the mothers concern (Perlesz & McNair in this issue of the *ANZJFT*). The press reports many examples of discrimination against homosexual people, in the Church and the Military, gay bashings, and recent complaints about the perceived 'promotion of the homosexual lifestyle' by television programs portraying gay or lesbian people.

Therapists must be aware of these and similar realities and be mindful that the social, religious and legal context is still overwhelmingly disapproving, discriminatory and punishing towards gays and lesbians. Therapy must offer something different and provide endorsement, respect and a sense of safety, for it to be

of any benefit to the clients. It is not always enough to attend to the personal or relationship issues. At times the therapy must acknowledge the social and political context.

At the same time, it is equally important not to assume that because someone is gay or lesbian, this is the root of his or her problem. Just being gay does not make a person's sexuality a problem. Overemphasising the role of gay or lesbian identities in therapy can also be harmful (Milton & Coyle, 1999). We need to be sensitive to the possible issues without generalising.

Milton and Coyle (1999) consider that, regardless of the model used when working with gay and lesbian clients, it is the capacity of the therapist to affirm and legitimate the couple's particular relationship that is most important. I believe that there can be another dimension to this for a gay or lesbian couple. We live in a society that fears homosexuality and that denies gay and lesbian families rights that others take for granted (Katzen, 1997). Unfortunately, for many same-sex couples whose families have been disapproving, therapy may be their first experience of having their relationship openly witnessed by someone who is interested in them and supportive.

Common Lesbian Concerns

Women have a very different experience to men in society, and to speak about the issues for gay and lesbian couples as though they were all the same ignores the very powerful role that gender plays in our lives. We still live in a patriarchal society where power between men and women is not equal. Women are socialised within a sexist cultural context and an awareness of this is also necessary to understand some of the issues that lesbian couples face (Brown, 1995).

Lesbians cite common problems in their relationships (Nichols, 1987; Brown, 1995), including lack of sex, coming out, and boundary issues or 'fusion'. Yet these have been treated as problems when they may not be. Laura Brown (1995) argues that lesbians, like others, have learned to devalue stereotypically feminine attributes such as nurturance and empathy.

I asked some therapists, all women, but not all heterosexual, about their work with lesbian couples. A common response was that it is somehow harder than work with heterosexual couples because there was more 'boundary confusion'. If women are socialised to believe that there is a certain amount of sex in a healthy relationship, or that there is a 'right' degree of closeness, but their own experience diverges from that expectation, they could easily see

an otherwise satisfactory relationship as problematic. If all relationships are going to be considered in terms of a heterosexual norm, then few relationships will pass the test. A construction that seeks to understand the uniqueness of a relationship can still explore the tensions but without devaluing or stereotyping. There may be different parameters for understanding the lesbian couple experience, which, since we are

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socialised into a patriarchal, heterosexual society, we may not automatically consider.

It is possible that these problems of 'fusion' and 'lack of boundaries' may also reflect deeper relational problems of intimacy and stress, as with any couple. My view, though, is that it is also important to explore the problem being presented with a 'context' lens, ensuring that our own heterosexual blueprint is not contributing to the perception. The case studies below demonstrate the ways that this lens can be useful.

Lack of Sex or 'Lesbian Bed Death'

Lesbian couples in therapy frequently report very little or no sexual relationship, even though sometimes the rest of their relationship is happy. The term 'lesbian bed death' is commonly used to describe the way the sexual relationship is seen to wither and die.

Sue and Jenny had lived together for five years and had worked together for most of this time. They sought counselling because they had sex only about every six months and the intervals were getting even longer. They took a few sessions to raise this as their main concern. First, they had identified their presenting problem as sharing domestic tasks and difficulty dealing with conflict. They had had a satisfying sexual relationship for the first year and then it had gradually decreased.

We could construe from examples such as this that lesbian women experience inhibited sexual desire in epidemic proportions. However, perhaps women's socialisation is responsible? Considering lesbian sexuality in terms of 'inhibited sexual desire' and 'dysfunction' may be approaching their relationships from a heterosexual perspective on sexual function. This couple continued to have, as it turns out, an

active sexual relationship that involved affection and physical closeness, but rarely any genital sex. One difficulty they faced was that they both believed that this was abnormal and indicated a deeper problem between them.

As Margaret Nichols (1987) points out in her aptly titled chapter 'Doing Sex Therapy with Lesbians: Bending a Heterosexual Paradigm to fit a Gay Life-style', perhaps it is simply the norm for lesbian couples to cease genital sex after a few years. Lesbian couples have been found to have less genital sex than any other pairing (Patterson, 2000). Very little research into the lesbian sexual experience exists, thereby increasing our temptation to draw on knowledge of heterosexual experience.

Once Sue and Jenny left aside questions about normalcy and began to discuss their ideas of what their sexual relationship should be like and where these came from, they began to feel more confident about their relationship. Then they were able to discuss more openly their differences regarding their wishes and needs, without feeling that a dreadful rift was about to be exposed.

Fusion

Reflecting a heterosexist bias that the differences between a male and a female somehow enable clearer boundaries, many therapists overly emphasise the closeness of women partners as a problem, and they name it 'fusion' (or 'merging' or 'enmeshment'). Pardie and Herb (1997) suggest that boundary issues are often a problem for any couple in distress, whereas there is a tendency to define this symptom as a *cause* in lesbian relationships. The capacity for closeness is one of the many qualities of lesbian relationships and need not be viewed as pathology.

Anna and Sam, both in their early 30s, had been living together for six years. They attended for counselling due to escalating and more frequent arguments, which they described as worse at the beginning of the weekend. At the recent wedding of Anna's sister, they had a huge fight that precipitated the call to me. There had been no sexual relationship for many months and while they each said they would like a more intimate and physical relationship, neither felt able to initiate this. Sam was becoming more depressed and Anna, outgoing and optimistic, was feeling increasingly frustrated, becoming more occupied outside the relationship. At the first session they told me that at previous counselling Sam felt that it was clear that she was the problem (being too angry, negative and always focussing on what was going wrong) a

view that Anna shared. They stated that they had 'boundary problems'.

Both Sam and Anna had had affairs and there were many unresolved issues for both of them regarding these. Anna said that her affair was with a 'straight' woman, and that she herself struggled with the identity of 'lesbian'. They described themselves as homophobic, saying they hated the idea of being identified with 'dykes'. Their parents differed in their reactions to their daughters' sexuality. Sam's mother was quite supportive of Sam and Anna's relationship. They felt that Anna's mother was also supportive, but Sam felt ignored by Anna's father. Sometimes he was overtly rude to her.

Despite all this, they expressed a love for each other, a desire to stay together, and respect for the qualities they saw in each other. They did not know any other lesbian couples with children but both wanted a child. They also felt that if they were able to improve things between them, that they would like a wedding ceremony, but how this would occur was also a source of conflict.

How can therapy best assist this couple reach their goals? Many themes could be addressed. Their polarised responses of being depressed and optimistic could be explored in terms of transgenerational themes of denying problems or being completely overwhelmed. Object relations might offer a framework within which to explore their experience in terms of attachment, splitting and projections. A Bowenian therapist would focus on intimacy and differentiation, the perceived boundary problem (Papero, 1995), 'unpacking' the cycle of conflict and discovering triggers. Another focus could be the couple's infidelities, their impact and what they meant. We must listen to what it is the couple raises, but we make decisions constantly about which part to engage with.

While all of these possible conversations could be helpful, something that stood out to me was that the wedding of Anna's sister was a watershed. It symbolised the difference between Anna and Sam's marginalisation as a couple and in comparison, the way Anna's sister's relationship was being celebrated by family and friends. They were uncomfortable with how others viewed them, they struggled with their 'lesbianness' and how this should be understood and represented to the world. There were issues of grief about their invisibility and the loss of social support. They carried many of the negative stereotypes of lesbians and assumed that I would be devastated if one of my daughters was lesbian. They spoke in negative and pathologising terms, even telling me a joke ('What does a lesbian bring to her second date?')

to illustrate their 'boundary problem'. (The answer is: 'her suitcase')

As we talked about the social context of their families, their friends, their workplaces and the community, it became evident that Anna and Sam had experienced rejection and hostility in many different ways. I decided that it might be useful to find out more about this. What had they each experienced and how had they each developed resources to deal with this? This was an opportunity to render homophobia transparent (Stacey, 1993). We could also talk about their relationship in this context. For example, Anna tended to deny that there were differences to the extent that she was uncomfortable identifying as a lesbian even to her partner. This hurt Sam, who took it as a rejection. Sam dealt with the pressure of being marginalised by pathologising their relationship, assuming that as lesbians they were unhealthily enmeshed and had internalised homophobia. Once their experience of the social context had been understood, work focused on the dynamics between them, their experience of being with the other and how they wanted to improve their relationship.

Coming Out

The process of defining one's sexuality and of coming out to others is generally significant for lesbians. For this couple, each partner had a very different experience, leading again to misunderstandings. Sam had 'always' known that she was attracted to women but it was a more gradual awareness for Anna, who was still unsure whether the term 'lesbian' best described her. People differ in sexual feelings, sexual behaviour and sexual identity, and these three areas need not match up with one another in individual cases (Patterson, 2000).

The decision about how to come out and to whom can also be problematical for couples. Differences in readiness or beliefs about what is right or necessary may lead to conflict. This conflict is reflected in a debate in *Family Process*. Green challenges the view that coming out to the family is an important crisis that must be resolved (LaSala, 2000), saying that it is only one option (Green, 2000). Green argues that other forms of social support are just as important and that such an emphasis on the family of origin is based on heterosexual assumptions. Indeed, for some people coming out to their family may lead to unmanageable levels of conflict and rejection.

Sam and Anna had no other experience of discussing their relationship openly and hearing that a lesbian relationship was as legitimate as any other. I

was aware that I was representing the dominant culture and that I was presenting an alternative, more accepting voice. Giving this couple information about my own knowledge and experience of lesbian couples having children provided them with an alternative picture of themselves and their worth as women who could be mothers. Bernstein (2000) recommends discussing the couple's choice of a

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straight therapist, and while I don't think this is always necessary, in this case I did. For them it was a friend's recommendation, however when I asked them had they considered seeing a lesbian therapist, they both laughed and said they would all 'suffer from the same problem'. This led to an opportunity for us to talk about the myths and stereotypes that abound and the difficulties and discrimination that lesbians, including therapists, encounter.

Conclusion

The examples I have used highlight some ways that the social environment can be explored therapeutically. I am suggesting that when a heterosexual therapist works with lesbian couples, it is important to ensure that the environment being offered challenges the heterosexist, patriarchal and homophobic culture within which we live. If we are heterosexual, then it is useful to be aware that we represent the dominant culture and understand the responsibility we hold to counter the many negative and harmful messages that society gives about lesbians and their relationships. We also need to know our own experience and be prepared to confront our prejudices and myths, biases and beliefs, and to recognise our own fears. The same rules apply as to working with anyone — don't assume that you know what their experience is like and make sure you know what parts of your own experience are relevant. Regardless of the outcome the couple chooses for their relationship, the therapy experience is then more likely to be a positive one. We need to prepare ourselves to be more genuinely affirming and open with our clients.

Thinking about this work hones our skills in working with all couples. It challenges us to be clear and flexible about our theoretical approach. It challenges us to look deeply into our own attitudes and assumptions. Whether we are attracted to couple work or find it particularly difficult and best avoided, what are the underlying beliefs we hold? Working with lesbian couples in particular requires heterosexual therapists to understand the clients' experience of their context. It also urges us to hold this understanding in mind while giving full attention to what is going on between the couple, and how each partner experiences this.

Couple therapy calls us to attend to both its systemic and psychodynamic facets. Carmel Flaskas (1996) comments that there are aspects of relationships that systemic language just can't reach and articulate. Equally, psychodynamic approaches may not focus sufficiently on the broader system, the social context. I am not suggesting that heterosexual therapists should 'do' therapy any differently with gay and lesbian couples, but I am suggesting that whatever our therapeutic orientation, we pay attention to the significance of the social context and the significance of the therapeutic relationship.

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