

Men Together: Working with Gay Couples in Contemporary Times

Gary L. Sanders¹

“The love that dares not speak its name is such a great affection as there was between David and Jonathan, such as Plato made the very basis of his philosophy and such as you find in the sonnets of Michelangelo and Shakespeare. It is that deep spiritual affection that is as pure as it is perfect. It dictates and pervades great works of art. It is in this century so much misunderstood that it may be described as the love that dares not speak its name and on account of it, I am placed where I am now. It is beautiful, it is fine, it is the noble form of affection. There is nothing unnatural about it. That it is so the world does not understand. The world mocks it and sometimes puts one in the pillory for it. “

(Excerpted from Oscar Wilde's reply to the Solicitor General in the second of Wilde's three trials. The Crown Prosecutor had asked him to explain a phrase he had used in a letter to Lord Alfred Douglas. [G.F.T., 1981])

Although Wilde's sentiments remain the same for men in relationship together today as they did then, the cultural understanding and acceptance of gayness has grown remarkably, particularly in the last fifty years. For instance, throughout Europe, being homosexual is now a protected human right. The Isle of Mann, the birthplace of European elected democracy, was required to change its centuries old anti-gay laws before it could officially become part of the European Union. These legal changes are also occurring in North America. Sexual orientation is federally protected from discrimination within the Charter of Rights and Freedoms of Canada and now also within every province in the country. In a landmark case in 1998, the Supreme Court of Canada found against the Province of Alberta for not including 'sexual orientation' within the provincial Human Rights Act and required Alberta to include sexual orientation within the Human Rights Act. Cultural acceptance of gayness is increasingly spreading throughout the United States although there have been some recent setbacks in civil rights legislation. Nevertheless, Savin-Williams (1989, 1996) points out that gay persons are coming to self-acceptance at ever younger ages, are being more open with those in their personal social spheres and more visible in the wider community. The youthful proclamation of the 1980s "We're queer, we're here, get used to it" is now giving way to gay and lesbian persons' inclusion in the larger North American society and a continual striving for access to the opportunities enjoyed by "every man and every woman".

It is the intent of this chapter to provide the reader with opportunities to be more effectively therapeutic with gay male couples. The chapter is, of course, focussed on gay male couples but many of the issues, concerns and solutions could also apply to lesbians in coupled relationships as well as heterosexuals in relationships. However, these other populations are more fully dealt with in parallel chapters in this volume.

The most relevant determinant of outcome in working with gay couples, in my view, is the therapist's fundamentally held beliefs as to how s/he understands gayness itself. As a concept, gayness and lesbianism (or homosexuality as it has been clinically termed) can be metaphorically thought of as a "coat of many colors." The issue too often then becomes what "colours" are seen most predominately - either those that are favorites or those that are liked the least. The problem with either of these views is that the purpose of the coat (i.e. warmth in the cold) is lost. So it can be with homosexuality; the rhetoric of right or wrong, good or bad, moral or sinful can obscure the purpose of gay men's human efforts at generating and experiencing meaningful adult intimacy.

Many theories have abounded as to the origin of homosexuality, some of which orient toward positive viewings of gayness and others of a negative nature. The negative views have been more

¹Gary Sanders B.Sc., M.D., F.R.C.P.(C) is Director of the Human Sexuality Program, Faculty of Medicine, Associate Director, Family Therapy Program, Department of Psychiatry, and Associate Clinical Professor of Psychiatry, Faculty of Medicine, The University of Calgary.

prevalent in the recent past. In the early 1900's, some had begun to understand homosexuality as a normal biologic variation, but this quickly gave way to notions of perversion, inversion, and 'the third sex'. However, it wasn't until the 1950s that a team of American sex researchers turned such notions on their head. The Kinsey Reports (Kinsey and Pomeroy 1948, 1953) not only revealed that homosexuality was a lot more common than previously imagined, they also showed that the divisions between homosexual and heterosexual *behaviour* were not at all clear. For example, one of their major studies of American males revealed that 37 per cent of adult men had had some homosexual experience to the point of orgasm since adolescence. But only four per cent had been exclusively homosexual in behaviour all their lives. So, sexual practices were not something fixed with such clear boundaries as once had been imagined.

Although the Kinsey Reports have been widely accepted and the research often replicated, they have had limited impact on social attitudes toward homosexuality. In most parts of the world today women and men who live their lives as gay persons are still treated as freaks or outcasts, even subjected to murder. The October 1998 murder of twenty on year old Matthew Shepard in Wyoming dramatically demonstrated such risk. He was lured out of a bar by two men pretending to be gay, taken to an isolated country road, beaten unconscious, tied to a fence like a scarecrow and left to die in th freezing weather. He was found, still alive, 18 hours later by cyclists but died two days later never having regained consciousness. Why all this hatred?

I believe that homosexuality appears to threaten traditional male domination (Sanders, G., 1988, 1993; Sanders, M. 1989; Sanders and Tomm, 1989). If men are to retain their so-called 'natural right' to control women and the resources around them, the differences between the men and women must be defined and reinforced with heterosexualist practices. In Mozambique, for example, traditional initiation rights lay down the rules of how sex should be conducted - man on top, woman underneath. Men loving men and women loving women might throw this order into confusion.

Gay feelings, behaviour, life style, couplings and culture are primarily a vehicle for human affiliation. When this understanding is held uppermost in mind, it comes as no surprise then to discover that gay and lesbian persons and couples have much more in common with their heterosexual brothers, sisters and couples than they have in difference. All clinicians are wise to keep this in mind while looking at the unique differences that gay men struggle with in their efforts to find effective, meaningful and fulfilling intimacy.

Useful Distinctions

I propose, like Oscar Wilde did so many years ago, that what we have come to call homosexuality has much less to do with sexuality than it does with the experience of human love or affiliation. Of course, by its very nature there can be a sexual component to that connection, either in mind and/or in practice. However, it is my suggestion to view homosexuality through the lens of human affiliation. This union is based on a preferential love relationship along with, perhaps, a hope for congruence of sexual activity. I suggest this view instead of that which sees homosexuality through the lens of genital activity alone. That is, rather than simply privilege behaviours and subsequently confuse those behaviours with a person's inner experience, I propose to view the inner experience as more fundamental and the behaviour as either being congruent with that experience or denying of it. Further, it is my belief that the existence of a compelling invitation to keep one's love affiliation secret and the succumbing to that invitation is the 'poison' that robs gay and lesbian persons of their joys in life and hopes for the future.

If, however, the therapist subscribes to an understanding of homosexuality as primarily genitally based or simply as a "sexual identity" or "sexual orientation", s/he is apt to miss the mark in working with gay men. The couple's language of presentation may be around sexual concerns, or may be proffered in the traditional linguistic style of men, such as power and money. However, if the therapist is unable to see beyond these traditions of presentation and instead see that the client is actually in search of meaningful intimate human affiliation, then most therapists will have little effect or be inadvertently damaging in their clinical work with gay couples. For instance, this would certainly be the case in counseling persons to give up their primary and most effective affiliative orientation and try to 'become' heterosexual.

The major impediments for gay men in developing, maintaining and promoting intimate relationships of value can be broken into what I have come to call the “triad of tyranny”: patriarchy: heterosexism and homophobia (Sanders 1993).

In dealing with the issue of gay and lesbian love experiences, heterosexism is perhaps the greatest villain. Heterosexism is a culturally held belief while individually internalized heterosexism expressed with negative intent can be described as homophobia (i.e., those negative feelings generated on becoming aware of gay or lesbian persons or experiences.) Heterosexism can be either conscious or non-conscious. For instance, a person may not feel that they are disturbed by awareness of gay or lesbian love, yet act in ways that minimize the opportunities to be aware of it. On the other hand, someone may in fact consciously believe that heterosexual love is more natural or ‘normal’ without being obviously negative toward gay or lesbian persons. Statements such as, “I don’t mind gay people, as long as they keep it to themselves.” or, “I wish they wouldn’t ‘flaunt’ it.” Are examples of such beliefs. Therapists can look for their own inner negative reflex responses when becoming aware of gay affections or behaviours.

The belief systems of heterosexism and homophobia operate at any of three levels. One level is within a person’s own inner experience. Many clinicians have spoken with someone who has told of experiencing an inner homophobic reaction while reflecting on his or her own thoughts and feelings. These people, in fact, can include gay and lesbian persons who believe have inculcated heterosexist ideas and have yet to value their own inner longings and experiences.

Homophobia can also be encountered within an immediate community – family of origin, among friends, or small social groupings such as church or place of work. The homophobia may be overt, such as gay and lesbian “jokes” which erase their subjects’ humanity, disqualifications of valued relationships, or invitations to personal erasure for being different than the expected heterosexist stereotype. Or it can be covert, such as a refusal to acknowledge the importance of other persons of the same gender in a gay person’s life. Or even a refusal to hear the beginning offerings of openness on the part of a lesbian or gay person, or the persistent invitation or expectation to the lesbian or gay person to follow a more heterosexual lifestyle.

Finally, homophobia can be active within social institutions where the conversations that have been generated through heterosexist values come to form rules, regulations and expectations. Here, a parallel can be drawn with the experience of women in our patriarchal culture. Women have often been socialized into disbelieving their own experience, reflecting negatively on those experiences in which they do believe, seeing themselves as less than men, and accepting the status quo as somehow the normative to which they must avail, even though it is defined in deference to men. Similar experiences occur for lesbian and gay people except that for them the experiences often occur even more forcefully and less obviously.

Our culture has, over many centuries, come under the influence of an increasing ‘tyranny of sameness’ (White, 1986.) Such fundamental cultural beliefs – that we should be more similar than diverse, love through our genitals rather than through our souls, privilege property above experience, rules rather than relationships, and so on – when inculcated into most individuals within the society, are the true contagions supporting the problems clinicians see for gay couples and individuals.

Despite these, however, there have been some surprising opportunities for relational development for gay men. For instance, the five-thousand year history of patriarchal tradition for heterosexual union has been largely absent for male-to-male unions. Although Boswell (1980, 1994) has pointed out there were Church sponsored commitment unions for two men or two women for over a thousand of the two thousand years of Christian history, they have been lost to modern practices for hundreds of years. The current dearth of available traditions allows a diversity of relational types for gay men including best friendship, lovership, mentorship, cohabiting, pluralships and shifting allegiances. Second, the depth of affection and love felt by a gay man for another man can invite men to escape the yoke of patriarchal trivialization of affection. Some examples include: the love of Alexander the Great and his general Hephestion (who he publicly ‘married’) which is unmistakably recorded in history as rivaling that of Anthony and Cleopatra, or Michelangelo who wrote all his sonnets to males, and even Oscar Wilde and his continuing relationship with an English aristocrat. Most importantly, however, these deeply felt affections can invite men into recognizing that individual experience is a more valid indicator of personal worth than is simple behavioural compliance or materialistic accumulation.

First, various intervention strategies will be offered, followed by a discussion of a number of common clinical concerns for gay couples.

Intervention Methods

Gay couples can, of course, suffer many of the same concerns as heterosexual couples but also struggle with the added burden of some problems being more prevalent or problematic by the fact of being gay. This section discusses intervention methods that I have found useful in my practice over the last eighteen years.

Personal Reflective Skills

Effective Reflection

Fundamental in working with anyone of difference, particularly gay or lesbian couples, is an awareness of the unique cultural restraints that we all live with, including the clients themselves. By being aware of heterosexist assumptions, patriarchal beliefs, and even homophobic responses, plus making an effort to actively stand clear of them, we can develop what I consider to be the most important intervention of all - effective reflection. This then allows a meaningful therapeutic alliance through respectful mutual acceptance. For instance, a therapist can ask: "How has society's anti-gay bias affected you as a couple and as individuals? How much have you been able to escape the effects of that bias to date? How much does the bias still trip you up? Or, "How much do you worry that I, as your therapist, will fall victim to heterosexist assumptions as we work together? Is this something you as a couple have discussed? If you feel that I am acting in ways that colludes with an anti-gay bias, would you be comfortable in telling me?" "If not, can you help me understand how come not?"

By reflecting on and actually naming what is traditionally not commented on in therapy, gay couples can see the therapist's openness to the issues of heterosexist bias. This can invite greater trust and investment on the clients' parts in the therapeutic process.

Therapists can also help individuals reflect positively on their love experiences; to see that these are based in human affiliation; in a privileging of life over property; of togetherness over isolation; of connectedness over separateness. As therapists we must, through whatever skills and methods we use, invite our clients into siding with positive life sustaining sentiments over beliefs that are unfriendly and self-erasing.

Therapists can help clients and their families make this distinction through questions such as: "Who do you believe recognizes most clearly that your relationship is based firstly and most significantly on your love for one another, you, your friends, you families, or someone other? If others who are important to you recognized and valued this love as the basis of your relationship, what difference do think this might make to your concerns? If society as a whole saw gay relationships as love based rather than genitally based, what difference do think this would make for your future as a couple?"

Another way to help our clients, whether gay or straight, escape the trivializing effects of heterosexist assumptions of gay love is to see themselves as being victimized by inculcated ideas of heterosexism, homophobia, and patriarchy.

Externalization and Internalization

One way I do this is to invite the clients to externalize (White 1986) these oppressive ideas. This involves 'personifying' the tyrannizing belief, helping the clients see how it has been 'controlling' them and, more importantly, how they have exercised occasions of being more 'in control' of their lives than the ideas have been - i.e., the idea of unique exceptions to the problem. By linguistically separating the problematic ideas from the person, I invite the client into experiencing greater choice over whether the idea participates in his or her life. This then allows the person to have more conscious choice of what ideas and values guide their lives. When done in the context of positively affirming affiliation and negatively connoting erasing practices of one's self or others, therapists offer a more compelling invitation to escape the tyranny of heterosexist and homophobic beliefs.

Here is an example of externalizing in working with a gay couple.

Case Vignette - The Story of Jason and Pierre

Jason and Pierre, both 28, had been together for three years, two of which they had cohabited. Although both their parents knew their sons were gay, neither had invited them as a couple to family events such as Thanksgiving or Christmas. Both Jason and Pierre had kept up the tradition of attending their own family's events solo. They had come to therapy with each feeling the other was not taking their relationship seriously enough. After therapeutic engagement had occurred and then discussing their families of origin, the therapist asked:

"What ideas do each of you have as to how come the love that brought you together years ago remains unseen and unheard by your families?"

Pierre thought that his family just 'couldn't handle it' and Jason that it was a needless provocation to 'flaunt' their relationship at their parents. The therapist continued to ask a series of questions that invited the clients to see Heterosexism as interfering in their lives like a meddling and unwelcome neighbour, to become aware of its influence over the people and practices in their lives, and to see the exceptions.

"Who do you think has succumbed most fully to heterosexist (these beliefs were discussed so the term made sense to the couple) beliefs; one of you, your families or others in your world? How fully has Heterosexism silenced your love when you are with others? What exceptions can you tell me to Heterosexism's grip over your lives while with your families? If you were to stand together to counter Heterosexism's grip on your future would you have more or less success compared to trying it alone? If your successes started to grow, particularly with your parents, who would notice first? What effect would escaping heterosexism's erasing grip within your families have on each of your satisfactions in the relationship?"

These questions help the couple to reflection on a future where Heterosexism is less in control but rather they are.

Recognizing Differing Paces of Change

Additionally, in aiding our clients' to escape the negative beliefs of the dominant culture and of the past, therapists need to be aware of the different paces which individuals use to escape the effects of tyrannizing convictions. Many gay persons are far ahead in their escape from these convictions as compared to their loved family members since they have been on the journey of escape much longer than the family members have. This issue of timing is, in my opinion, highly important. What may appear to the therapist or client couple as an opportune time to confront erasing beliefs and actions may in fact not be for the partner-in-life, the family of choice, or the family of origin. The experiences of these others and how their experiences may then affect the lives of the clients should also be considered, albeit not as the primary concern.

Linguistic Practices

Another important therapeutic resource is language use. By reflecting on and becoming increasingly aware of how language maintains the status quo, we as therapists can choose alternate language constructions that orient our clients to more respectful and accepting lives. For instance, by choosing to use the phrase "lesbian and gay persons" rather than the word "homosexual", one brings forth the experience of the persons being discussed (who see themselves as experiencing life through a primarily affiliative lens) rather than the experience of the persons traditionally doing the discussing (who historically see the relationship primarily through a sexual lens). Or, the use of the word 'invitation' to describe the social and interpersonal expectations of conformity with heterosexist values highlights the

experience of choice that is implicit in such expectations. A therapist can help a client see such choices where that client may not yet have experience of them.

Being aware of linguistic assumptions and word usages can have a dramatic intervening effect. For instance, for gay men the word *lover* is taken to mean an affiliative investment, not the dominant heterosexist and patriarchal cultural view which commonly sees a lover as a sexual dilettante. The term partner, however, or life-partner, is acceptable and most often understood.

The simple use of *invitational language* rather than the traditionally used language of inculcation and objectification can offer significant therapeutic opportunities. For instance, on hearing of one partner in a couple saying he feels lonely, a common question is: "What makes you lonely?" The response could easily be something such as, "When my lover doesn't come home on time." A follow up question may well be, "What could you do to reduce your loneliness?" and the response could include "Convince him to come home earlier." In contrast to this implicit embedding of the 'cause' as the one's loneliness being the failure of the lover in coming home when wanted, another question could be. "What interpersonal situations invite loneliness into your experience?" Here the answer may be "When I am alone and missing meaningful company." In response to the question, "What could you do to reduce Loneliness' grip on you?" he may answer, "Seek out friends either on the phone or by visiting friends when my lover is away." In one scenario, it seems as if the lover is left responsible for easing the speaker's loneliness, in the other, the speaker can view himself as primarily responsible for the resolution of loneliness.

Celebration of Diversity

Case Vignette - The Story of Paul and Simon

Simon, forty-one, had presented with his partner of seven years, Paul, twenty nine, complaining that Paul's interests in computers was damaging the relationship. They reported that they shared few interests in common outside of hiking in summer and theater in winter. Otherwise, Paul spent a great deal of time on his computer and the internet searching the web. Simon, on the other hand, preferred to read novels and meet friends for coffee. Over the years, their lifestyles had become increasingly separate to the point that Simon initiated for the couple to attend therapy.

As therapist, I became very interested in their views of these differences: "I am curious, who believes more strongly that you have to be similar to have a better relationship?"

"We both do," they replied.

"How has the difference in your ages been an asset to your relationship rather than a deficit?"

"It has allowed me to help Paul with his job and family - things I had already dealt with" said Simon. "And, it allows me to support Simon when he gets worried about the future being too short or about getting old as a gay man," replied Paul.

"What would happen if the two of you saw the differences in personal interests as a resource rather than a restriction? For instance, if Paul's computer interest and expertise was lauded and occasionally joined by Simon, and Simon's social activities could be seen as an opportunity for Paul to occasionally escape the house? If your resentment of differences was replaced with valuing differences, what would happen to your coupled experience?"

"Then there would be fewer upsets and less unhappiness." Paul state. Simon agreed with him.

What Michael White (1986) has called the "tyranny of sameness" certainly is underscored in homophobic, heterosexist assumptions about homosexuality. However, it is not only within a heterosexist view that difference is problematic. Just as with heterosexual couples, it can also be difficult for gay men if differences between the two partners are seen as threatening rather than celebratory. By openly inviting couples to reflect on the conceptualization of difference as enriching, as empowering, as an opportunity for celebration, one can help reduce the fear

attendant to differences. This fear can include concerns such as outside friendships, different pursuits and interests, different religions, family of origin practices, cultures, ages and so on. Too many couples see these as threatening the personally minted exclusivity of intimacy that the relationship offers them. Yet, by introducing the notion of celebration of difference, therapists offer their clients the opportunity to maximize coupled richness through unique individual experiences being shared.

Affective Primacy

It seems almost a truism these days to say that men in general (and, therefore, gay men in particular) enter into relationships with a habit of focussing on behaviour and sexuality as methods of generate their intended emotional experiences of connection. Therapists can be of significant help to these men by helping orient them towards more congruent affective description (i.e., the internal awareness of, and labelling of, current emotional state), affective disclosure and acceptance of affective communication.

Some men question the relevancy of these tender feelings, especially if they have been trained to believe that vulnerability is tantamount to a personal “death sentence”. I often respond by inviting them to see feelings as an “emotional disposition towards action” which could have had

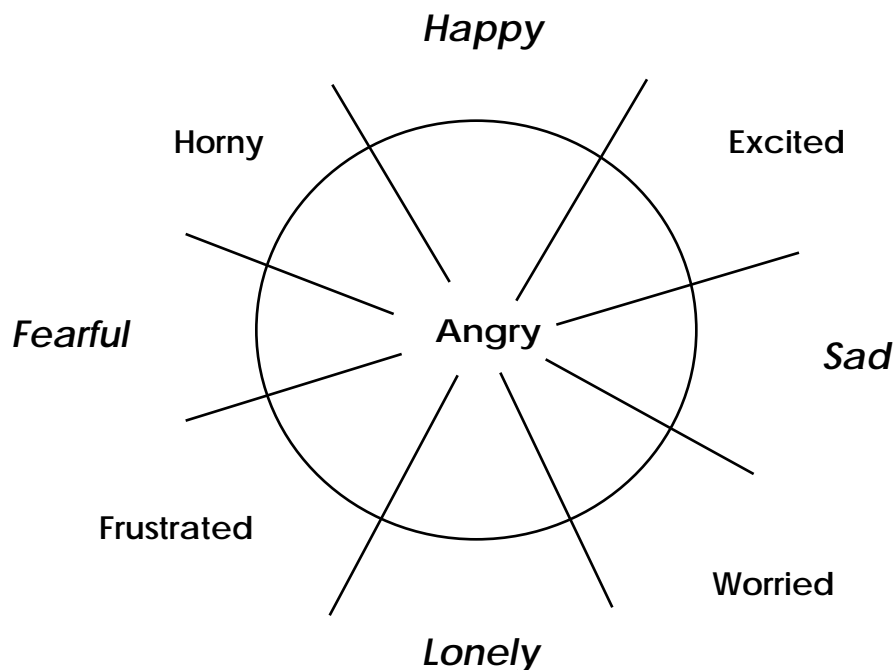


Figure 1: The “Angry” Feeling Wheel

evolutionary advantage for our species. Such a teleological rationalization appeals to many men. For instance, when one experiences fear, one can be seen as disposed to seek interpersonal safety; when one is experiencing sorrow, one is disposed to seek comfort; and when one is feeling loneliness, one is disposed to seek meaningful company. Love, or happiness, interestingly, disposes one towards open sharing. By using the feeling wheel to orient gay men towards the deeper meaning of their horniness, angers, or jealousies, therapists can go a long way towards inviting their clients into a deeper sharing and more intimate connection. Going even further by helping clients also develop effective language skills, active listening abilities, and non-blaming emotional disclosure can hasten relational improvement dramatically.

Case Vignette - The Story of Etienne and Stephen

Etienne, who was 38 when he and his partner of two years Stephen aged 37 came to see me was originally from France. He had been in North America for most of his adult life and worked in the airline industry. Stephen was from California and had met Etienne when he, too, worked in the airline industry. He now had owned a computer consulting business. The concerns for the couple centered around increasing displays of anger by both. Etienne attributed this to the constant shift changes and potential layoffs for his work with the airline. Stephen thought his 'temper' was more related to the poor employee performance of the young people he hired at work and the subsequent difficulties fulfilling his contracts. Nevertheless, increasingly they were arguing between themselves and felt that they were 'growing apart.'

I chose to quickly move the couple away from continued descriptions of anger and instead toward the more vulnerable underlying emotions for each:

"Etienne, what feeling do you think Stephen struggles with when he first becomes angry - do you think it is more related to hurt, fear, or loneliness? And Stephen, as Etienne thinks about this, what feeling do you think is underneath his displays of anger - more sorrow, fear or loneliness?"

After each thought about it, both identified that their partner was struggling with fear.

"If each of you saw the other as trying to deal with fear rather than anger, would you act differently at all? For instance, Etienne, what would happen if you looked under your feelings of anger at your more vulnerable feeling? Would you choose to privilege the anger with Stephen or the fear? If you were to 'honor' the fear and then seek out interpersonal safety, would the fear grow or shrink? If it shrank, would you be more or less likely to continue to display anger?"

And so on.

These types of questions can invite the clients' into not only recognizing their experiential choices, but more importantly, into seeing alternatives to their traditional non-helpful habits.

Restorying Sexuality

Case Vignette - The Story of Rudy and Pedro

Pedro, 25, and Rudy, 27, came to try and find a solution to their increasingly sparse sexual activity and lack of fulfillment. In response to a few orienting questions about their frequency (once every three weeks) and practices (mostly mutual masturbation and oral sexual contact), they indicated that they believed Rudy was less desirous than Pedro. Both couldn't understand this change since four years ago when they got together, Rudy was the primary initiator for their sexual activity.

"Pedro, when you and Rudy are sexual do you believe he is being sexual out of personal desire rather believing he should?"

Pedro guessed 70% but Rudy said his experience was more like 30%

"What invites Rudy into trying to be sexual 70% of the time without actually having personal desire?"

Pedro was unable to guess, but Rudy suggested it was his love of Pedro and fear that if he wasn't sexual on a regular basis with him that Pedro would 'dump' him and find another sexual partner, thereby allowing the relationship to falter.

"Rudy, which do you imagine it is that Pedro is primarily looking for - sexual release or heart felt connection. In other words, is he looking for a 'penis-parkade' or a place to 'rest his heart'?"

Rudy replied he thought Pedro was looking for heart connection but always expected it through sexual contact.

“Pedro, would you prefer Rudy to give of his body out of love for you when he is preferring to not be sexual or would you prefer he show his love in some way that he felt desire for, other than sexually?”

Pedro responded, like most partners in such situations: “I would want Rudy to follow his own heart - if he is not horny then to not be sexual because otherwise he is actually misleading me. If he were to say - here, use my body but don't mind that I am thinking of work, or the bills, or something, I would turn him down. I am looking for love making, not just a release.”

How much difference would there be in your couple relationship if the two of you only had sexual contact when it was both mutual and freely chosen? Do you think sexual activity would grow in quality and quantity or not?”

Traditionally, sex is seen as something that is “done.” This is particularly the tradition using traditional understandings of gay men's sexual experiences. I have found it more useful, however, to reframing sex as something that is *felt*. I have called this way of viewing sexuality as “The Five Sexy Words” (Sanders, 1991a) From listening more carefully to my patients (Sanders, 1991b), I distilled a series of five felt and shared experiences between two people that appeared minimally necessary before the activities the two engaged in could be considered by our culture as mutual sexuality. Although I have described these “Five Sexy Words” elsewhere (Sanders 1991a), they are so fundamental that they bear repeating.

By refocusing the gay couple's personal goals towards these shared sensual-erotic experiences rather than specific genital behaviours, therapists can help the men in a couple have a much more satisfying and rich relationship.

Thoughts do not predict actions

Another fundamental premise that I have found helpful in working with gay couples is to help them to clearly understand the differences between thought and action. Although this sounds initially quite simple, when it comes to the areas of sexuality particularly, many of us, whether professional or lay persons in the community, act as if one is necessarily predictive of the other. For instance, there is a fear that one or both members of the couple may feel about sexual fantasies and thoughts. We, as a community and often as professionals, become so alarmed at a person's fantasies for fear that he will then act them out, that we often become more social control agents than therapists. If each member of the couple can come to understand and accept his and his partner's thoughts as simply mindful events, rather than ‘road maps’ for action, the fears, jealousies and acting out are dramatically reduced.

Case Vignette - The Story of Randall and Stan

Stan and Randall had been living together for 3 years when they sought out therapy. Randall, a 29-year-old computer systems analyst, summarized the concerns the couple brought by describing Stan, 25 and a PhD student in biology, as overly possessive and jealous. A few questions more lead to the disclosure that Stan would become inquisitorial and blameful of Randall's intending to step out on the relationship if he noticed Randall looking at an attractive man. Events became even more problematic when, during a more open moment, Randall disclosed to Stan that he sometimes thought of these men when he was sexual, either by himself or with Stan. Subsequent to this particular conversation, the jealousy and accusations had increased. Randall felt increasingly guilty for his noticing of other men, and found that his sexual desire for Stan had begun to diminish.

“Do either of you drive a car?” I asked.

“Yes.” each answered while looking as if I had lost my way therapeutically.

“Are you faster or slower than the traffic around you?”

Stan replied “Faster.”

Randall added “I go the speed limit so I guess I am a bit slower.”

“Have either of you had the experience of becoming angry when trying to get somewhere quickly only to be blocked by a slow driver in front? If so, have you ever fantasized that you could somehow literally push his car onto the shoulder of the road, or make it vanish somehow? Or, maybe you have had the experience of upset and frustration when finding a driver behind tailgating you? Have you ever fantasized that you could actually stop your car quickly enough so that the tailgater smashes into your rear end, leaving his car disabled and yours, of course, magically untouched?”

Both men laughed and admitted they have had both experiences, although Stan said he was more likely to encounter the slow drivers and Randall said he was more likely to find the tailgaters.

“Stan,” I asked, “how many of those slow drivers have you allowed yourself to actually push off the road?”

“None,” he answered “but I have certainly thought about it. My favourite fantasy at a time like that is that my car is equipped with one of those science-fiction ‘phasars’ and that I can simply push a button and the obstructing car and driver simply vanish in a cloud of molecules letting me drive on through. But, I have never crashed into anyone.”

“And Randall, although many of us touch our brakes to alarm the tailgater behind how many of these cars have you actually allowed to smash into your car?”

“None,” Randall said, “but you’re right that I do sometimes put my foot on brakes to tell the driver to back off.”

“How are each of you able to do what you do? How is it that you don’t just cave into your feelings?”

Stan replied that he finds that his anger dissipates more quickly when he plays the ‘Star Wars’ fantasy. Randall said he found the same when he imagines the car behind being left disabled at roadside as he merrily continues on.

“Do you find yourself more or less likely to drive in ways you would generally not value when you entertain these fantasies?”

Both answered they felt they were able to drive more respectfully when they let the fantasies be than if they emptied their minds due to guilt for thinking in ways that they would never want to actually carry out.

I then told them a story of a couple much like themselves who I had seen some years earlier. The man who seemed always on guard against his partner’s ‘looking’ habit had come to realize that his belief that what was thought would necessarily be acted on was more the problem than what was thought. He had had a sudden realization and said, “I think I understand this now. It doesn’t really matter where you get your appetite, it only matters if you eat at home!”

Helping men to distinguish thought from action in such situations decouples the experience of fear of the action of ‘stepping out’ from the thoughts of the attractiveness of those outside the relationship. It can, in fact, de-pathologize looking and fantasizing.

Family of Origin, Family of Choice

“No man is an island.” Similarly, no gay couple can be an island either. Every gay couple has a combination of families, friends, schools, churches, communities, societies, and each member of the couple is a citizen of a nation.

Families of origin are the family units most therapists first think about and, therefore, first focus on. Unfortunately, these families often lack pertinent and up-to-date information about gayness and their gay sons. They need to hear that there is no ‘blame’ for their gay family member, particularly since blame was unfortunately too often a significant part of many therapies in the past. Once disclosure has occurred, therapists may need to encourage of the family of origin member’s relationship with their child through

loving and accepting experiences. Promotion of acceptance of and comfort with the gay family member through information and reading, is often of use for family of origin members.

The concept of *family of choice*, which was popularized by lesbian and gay people more than thirty years ago, is a very useful therapeutic distinction. Family of choice embodies the notion that the relationships in a person's life that are affirming and of value usually make a better family than those discomfiting relationships which are legislated either through tradition and genetics (such as the biologic family) or by law (such as a social services' family). Although a biologic family and/or a legislated family may have persons in it who become part of the gay couple's family of choice through experiences of value, the biologic family may not, by default of past history, be the most effective family.

Case Vignette - The Story of Marcos and Peter

Marcos' family had emigrated from the Philippines when he was six. At 35, he had been to his native country only once some fifteen years previously. In fact, it was, he said, in the Philippines that he actually came to truly know himself as being gay. Prior to that, he had feared he was gay but hoped he wasn't. However, while visiting extended family in Manila for a few weeks, he had met a man with whom he had had a brief affair. This had confirmed his gayness in his own eyes. Over the years he had become increasingly self-accepting as a gay man, despite his Roman Catholic upbringing and his cultural heritage. When he was 26, he met Peter, then 30, and after a courtship of a few months, they had begun living together.

Peter described how, at 19, his family had disowned him when he disclosed he was gay. They were from a particularly strict and literal religious group who believed homosexuality was an unforgivable sin against God. They had chosen their particular view of religion over their son. Peter was terribly hurt by this as a young man and described how, for some years, he had longed to repair things between him and his family. He had even gone so far as to try to 'renounce' his gayness. However, he had little success because his affiliative feelings for men were beyond his conscious control. If he succeeded in pushing his longings out of his experience, he found himself empty inside, not filled with the familiarly preferred heterosexual longings. Besides, he said, he had later fallen in love with another man and this had made the world of difference to him. Although that relationship did not last long, by the time he and Marcos had formed a relationship, Peter was quite at peace with being gay but with minimal contact with his family of origin.

Marcos, on the other hand, had quite a different family story. After uncovering the undeniable experience of being gay in Manila, he had tried to hide the fact from his family for a few years. He has even persisted in the ruse of dating young women. However, it all came to a head when he was 22 after his mother confronted him about his marriage plans. Marcos chose to no longer lie to his mother and told her the truth. Apparently, she prayed for his being changed by God for the next few months, admonishing him not to tell his father or siblings. Yet, barely two months after his mother was told of his gayness, she, herself, told her husband and Marcos' brothers and sisters. This created a crisis in the family. His mother and two of his sisters came to simply accept the fact that he loved men. Marcos told a story of how his mother made peace with him being gay by deciding it was God himself who had decided this for her son and who was she to question God! However, his father and one of his brothers told him they could never accept him being 'that way'.

The couple had come to therapy due to increasing arguments about how to handle their families of origin. Peter, for instance, believed that Marcos should demand his family accept him fully or do a 'family-ectomy'. Marcos, on the other hand, believed that Peter should try to make amends with his family, despite Peter's statements that he had no interest in resurrecting that area of his past.

“Who do you invite for Thanksgiving dinner?” I asked.

“We have some long term couple friends with whom we almost always get together with at Thanksgiving and Christmas. Also, every other year one of my sisters and one of my brothers and his wife, come for Thanksgiving.” replied Marcos.

“Sometimes we will also be invited to the home of one of these gay couples who we usually get together with.” added Peter. “On occasion we have even gone to Marcos’ sister’s home. That is interesting because his whole family tends to be there then.”

“Who do you invite to share other celebrations with, such a birthdays, anniversaries, and special events like promotions and graduations?”

“Again, it tends to be those same two couples, sometimes some of my family, and sometimes a single gay friend we have known for years.” answered Marcos.

“What would it be like for the two of you if you decided to think of your ‘Family’ as being those persons who have earned the right by being closest to you in heart rather than simply closest to you in blood? Do you think you would find greater peace and happiness or less?” I asked

Each of the couple reflected privately before answering.

Marcos asked: “Could that include some of my biologic family?”

“It could, I suppose, include anyone in the world who had earned the right to be of your family by being closest to your heart,” I said.

“I think I would feel less guilty when I don’t automatically include all my biologic family in special events.” Marcos added.

“It is already like that, sort of,” Peter went on. “I just haven’t thought of it as a family since I have always thought of family as being who raised you. But if we thought of the people who love us as we are and who we love for who they are as family, I would be much happier.”

By introducing this kind of language and the concept that persons choose family who are effective for them, rather than simply accept the family that was given to them by nature or law, a therapist helps open up opportunities for gay couples to immerse themselves in more supportive relationships. Even though a couple’s extended family could, and most often does, include significant members of the family of origin, to openly speak of the possibility that the family of origin needs to ‘earn’ the right to be part of a family of choice helps the individuals in the couple see opportunities for greater affirmation and resource in the future.

Stories of Others

Since gay couples are generally invisible to the community at large, role models and stories of the successful navigation of life’s hurdles are often missing for gay men. If there is public awareness of gay couples, it is usually the ubiquitous stereotypes of short term, angst ridden, and sexually promiscuous relationships. The stories of couples who have managed, despite extant social oppression, to forge successful relationships of meaning and mutual love are lost to most gay men through fear induced invisibility.

Helping gay men hear others’ stories so they can learn from them is both an elegant and effective therapeutic intervention. Not only does it invite a sense of history and continuity that is simply ‘there’ for straight couples, it also can invite a sense of pride and hope since stories of success countermand the negative and disqualifying stereotypes that are prevalent in the community at large.

From time to time, I will tell a ‘clinical story’ to couples who are struggling with current difficulties and appear to have problems anticipating continuity of their relationship in the future. The intent of telling such stories is to bring a richer past into the present so the couple can construct a more cooperative and wanted new future. The story is told as a method of informing rather than instructing. For instance,

Case Vignette - The Story of Larry and Ian

Larry and Ian have been together since 1961 when each was 25. They met while Ian was shopping for a car. Larry was his sales agent, and over the week or so that it took for Ian to purchase his new Chrysler, each recognized that he enjoyed the other's company. After some tentative and careful questions and answers intended to look at the possibility of each being gay, the two began an affair. Initially, it focussed on the sexual domain. Neither had had a long-term relationship with a man before, although Larry had been dating a woman with whom he had broken up some months before. Each was acknowledging of self as gay but had not told their friends, family, or work mates. Both had only a few gay friends.

Over the many years since their getting together, Larry and Ian had negotiated significant upsets and enjoyed numerous special experiences. For instance, when the dealership that Larry worked at went into receivership and his job was terminated while still being owed significant back-pay, Ian was there to help him by offering him a place to stay till he got on his feet again. Although Larry eventually found another job and did get his own place, the two more or less had already begun living together. The 'pretext' of having a separate place would still last another year or two before they felt secure enough to live together in one place, although they kept up the appearance of separate bedrooms for a number of years more. Ian, a veterinarian, became expert at investments and together the two were able to forge their combined monies into a purchase of a failing Chrysler dealership in the early 1980's. It was one of the wiser investments as Chrysler Corporation took off in the late 80's allowing the men early and comfortable retirement. Although other investments helped their financial independence, they routinely call the auto dealership 'the money factory.'

As time went on and the couple became more comfortable being known as gay by family and friends, they faced the first major threat to the integrity of the relationship when Larry had a brief clandestine affair with a younger man at the dealership. This proved a crisis in their coupled experience, but they were able to negotiate it with the help of an acquaintance who happened to be a psychologist. Finding someone who could both work with gay men and who could work with couples in the 1970's was a stroke of good luck. By helping each member of the couple be more open about his emotional needs and worries, plus work through the hurt and fear associated with the affair, the couple was able to recover and in fact, surpass there adaptive functioning compared to before.

Along the way, Larry and Ian faced a number of life struggles including serious illness for Larry who required a heart bypass at age 43, the death of Ian's parents in an auto accident when the men were in their late forties, the death of Larry's father from cancer, and the loss of one of Larry's sisters to breast cancer. Although the families had difficulty with the fact that their son's were gay and living together in the beginning, by the time the men had been together for five years, they were accepting and inclusive. (It is often forgotten that this family scenario is much more likely than that of being rejected.) Some years ago, the couple purchased a larger home and invited Larry's widowed mother to live in a suite in their home. They spoke of this being one of the more difficult decisions to make due to it being permanent and the fact that the other siblings resented her agreement to move in with 'the boys.' Despite what was a tremulous beginning, the arrangement worked well enough that they were actually approached about how their experience by other gay friends. Some of their friends also invited an aged parent into their homes, sometimes successfully and sometimes not.

I had met the couple when the men were in their early sixties. They had requested couple counseling to deal with Larry's heart disease and the effect it was having

on their intimacy. Ian had pulled away and seemed forever immersed in their financial affairs. Larry had become increasingly depressed as he anticipated yet more heart surgery, perhaps even a heart transplant. However, in just a few sessions, the therapist was able to help the men address their fears of Larry's death and regain a joy in living whatever life was available to them.

Larry and Ian had now been together for over 35 years, weathered life's adversities well, and can easily be a source of inspiration to other younger gay couples. Yet, due to the invisibility of gay couples from community newspapers, television, movies, church bulletins, and other means of openness, few gay couples could know of Larry and Ian's rich life together. To provide gay men the opportunity to learn about successful gay relationships either through real life meetings with older gay men, or through reading and story telling, can be immensely inviting. The book, *The Oldest Gay Couple in America*, was a runaway best seller in gay bookstores the continent over for just these reasons.

Ensuring Resources

The fact that this chapter is being written, implies that therapeutic resources are available to gay couples. Yet, the majority of couples living outside large urban centres lack available therapeutic resources. Since to many, the term 'family' implies heterosexual, gay men may falsely assume they are not allowed or able to access resources that the dominant community has assumptive access to. For instance, I know in my own community that many gay and lesbian couples deselected our Family Therapy Program as a potential resource and instead called for help through our Human Sexuality Program saying they assumed the Family Therapy Program was for heterosexual families only. Although, luckily, there have been exceptions to this, it is, unfortunately, not an uncommon comment.

Therefore, as therapists we can make a very important intervention on the larger systems level of community resources. That is, to let the public know in general, or the gay subculture in specific, that couple and family therapeutic resources are open and accessible to gay men. Although this can occur by word of mouth, much more effective methods will include language of inclusion in program and therapeutic descriptions that are offered to the public in general. Also, being listed in gay and lesbian resource guides (most medium to large urban centres now have "Pink Pages" or "Unity Pages" - a listing of gay owned or gay supportive businesses and establishments) as available to the gay persons, the couples they create and the families they live in will increase the actual availability of therapeutic help for gay men.

Clinical Concerns

Gay men in couples, or as individuals, can present with any concern within the human realm of experience. Certain presentations, however, are more apt to be either seen in or brought up by gay men as a population than perhaps other groupings of men. These can include loneliness, affiliative invisibility, unavailable couple role models, substance abuse, reliance on sex for intimate connection (genitalization of the heart), management of interpersonal boundaries, dealing with previous partners sexual concerns, and availability of couple resources.,

Loneliness

One of the more common presentations I see for men in gay couples is a sense of *anomie*. This is Durkheim's (1951) conceptualization of an existential loneliness and sense of isolation. In Durkheim's opinion, it refers to the demands of living failing to experientially reach the individual and one can certainly see how this could be applicable to gay men. Despite the recent civil changes and emerging tradition of more respectful cultural understandings of homosexuality, particularly in the larger urban centres where a gay male presence in particular can be seen and felt, North American culture, and U.S. culture in particular, remain more pejorative and pathologizing of gayness than accepting and including.

As children who are in the process of uncovering the fact of their affiliative orientation being stronger towards members of the same gender enter into late childhood and early teens, they become acutely

aware of this pejorative view of gay and lesbian persons. In reflecting on their own affiliative leanings through such a disqualifying and pathologizing lens, these boys and teens are apt to be less accepting of their own experience. Instead, as teens and men, they may then suffer from what I have come to call the “if only you knew” syndrome. Many gay clients have told me that they have felt unsupported and disconnected despite others’ recognition of their personal, academic, familial and social accomplishments. It appears that these accolades are not sufficiently owned by the individual due to this “if you only knew” reflective stance taken by the gay person. Therefore, earned compliments seem simply not to ‘stick.’ They fail to touch or have meaning to the gay person due to the internal disqualification of “if you only knew (*about my secret gayness*) you wouldn’t say such things.”

Such practices, of course, lead to a sense of *anomie* and potential depressive experience which may easily be presented to a clinician either as couple dissatisfaction or individual despair. Although many gay men will come to terms with this and begin to live a life that is more accepting and including of their homosexuality, the coping strategy of being “the best little boy in the world” can persist in other areas, particularly in coupling with a chosen and valued mate. Open conversation and disclosure of problematic experiences may be put aside in favour of pseudomutuality leading, unfortunately, to a similar experience as when the man was an early adolescent trying to “hide” his gayness itself. It is not at all uncommon, therefore, to hear one male speaking of feeling lonely in reference to his relationship with his partner.

Although most therapists have a plethora of interventions that can be used when dealing with couple loneliness, the main ones I use and that have been discussed earlier in this chapter include: inviting the men into more *effective reflection* and disclosure. That is, to know what it is that they are feeling. Additionally, by inviting the couple to reflect on the emotional reasons for being together (i.e., love, friendship, enjoyment and so on) as the larger context to the concerns of loneliness or other problems, the therapist can help each of the partners to see the loneliness as having lesser substance. Therapists can orient the couple participants toward *affective primacy* in the relationship. That is, help each in the couple disclose his vulnerable feeling of loneliness (and other vulnerable feelings) and to subsequently actively and affirmingly listen to his partner’s disclosures. Using an intervention focused on *stories of others* can also be helpful here. It may allow the couple to see that the current state is not uncommon, that it can be recovered from, and offer them some practical suggestions without being instructive.

Invisibility

It is now well known that the pejorative heterosexist stereotype of gay men as effeminate and weak, somehow less a man compared to a heterosexual male (i.e., gender atypical), is false. Gay men come in all shapes and sizes, ages, and ethnicities with just as wide and diverse interests as the general population. There are no identifying stigmata. As such, one of the greatest complaints of men looking for relationships with other men is the actual difficulty in finding another (suitable) gay man to meet. When one adds together the facts that there are no visible signs distinguishing a gay man from a straight man, that the number of gay persons are approximately one eighth to one tenth the number of straight persons (Bagley et al, in press; Bagley and Tremblay, 1997), plus the fact of the still extant pejorative view of gayness, many men find it difficult to meet others who could become suitable mates.

“Ghettoization” in large urban centres is one attempted solution to this problem of invisibility. The Castro district of San Francisco, South Beach of Miami, Chelsea and the Village in New York, Queenstown in Toronto, the West End in Vancouver, and West Hollywood in Los Angeles are well known examples of large urban centres that have dense, gay neighborhoods. Here there are opportunities for social interaction through work, community, church and recreation that are more likely to include other gay men. But for the majority of North Americans, this is not the case and although most medium to larger urban centres do have places where gay men can meet, they are primarily focussed on the younger bar crowd or anonymous sex places. Both of these are of course not set up to foster meetings that have potential for openness or affiliative success.

Despite these impediments, however, the surprising fact is that such a large majority of gay men do find other men to have relationships with and do invest themselves in such relationships. Luckily, there is a recent emergence of non-alcohol or non-sex based opportunities for men to socialize and meet. For instance, many athletic associations are spreading chapters across North America such as Front Runners,

an international gay running group, or the Gay Games local chapters. Additionally, efforts in some urban centres to provide social and recreational opportunities for gay and lesbian youth have established youth groups for discussion and socialization as well as 'juice bars' - nightclub-like social opportunities without drugs or alcohol.

However, some couples begin their relationships in places or ways that are 'unmentionable' in heterosexual contexts. I remember seeing one gay couple who had been together for over 30 years whose anniversary celebrations had never included family of origin. This was due to their embarrassment of having met in a gay bathhouse, the only place for gay men to socialize in their smaller city so many years ago.

It is not, of course, the work of therapists to introduce gay couples to others who can be affirming and supportive, but we can intervene in ways that help the men enlarge their worlds meaningfully. For instance, using the intervention of *stories of others* can also be helpful here. Not only can solutions such as community involvement, volunteerism, family involvement and so on be imbedded in the stories, but other potential solutions can also be offered without being required. A therapist could also bring forth *family of choice* and *family of origin*. The idea of family of choice may be much more appealing to the couple as a method to counter invisibility compared to family of origin. Therapists could use *externalization methods* as well. Invisibility itself, could be externalized and shown to have influence over the couple's future. Therefore, the couple can be invited into cooperatively countering Invisibility. Sessions can help search out examples of effective countering while inviting *reflection* on the connection between the escape from Invisibility and the well being of the couple. Finally, *ensuring resources*, particularly awareness of resources of connection can do much to counter invisibility. Most gay persons know of the commercially available meeting places such as bars and bathhouses. However, by orienting members of a couple to 'experiment' with connecting through gay athletic groups, gay interest groups, volunteerism and so on, invisibility can be escaped.

Role Models

Other than the "tyrannizing triad" of patriarchy, heterosexism and homophobia, I would say that the most significant and ubiquitous problem for gay male couples is an absence of visible role modeling. Although there has been an increased presence of gay persons in popular culture, it remains relatively rare to see depictions of gay couples in healthy and happy relationships as is routine amongst heterosexual cultural imagery. Additionally, although gay couples have existed since ancient time, openness about their lives and relationships within the community at large is still rare. Therefore the availability of role models to show typical developmental tasks, relational strategies, and problem solutions are seldom available. The recently popular gay book *The Oldest Gay Couple in America* chronicling the story of a couple whom have been together for decades is a testament to the need for such information. McWhirter and Matheson's (1984) seminal book *The Male Couple: How Relationships Develop* takes a detailed look at normative gay relationships in the 1980's of the United States. More contemporary books such as *Men Loving Men* (1980) have updated this information. Nevertheless, the fact remains that this knowledge is not easily and readily available on a community-wide basis for the average gay man struggling to try to develop a relationship of meaning with his partner. Additionally, I know of very few family and marriage training courses where this information is routinely and effectively taught.

There are a number of interventions that a therapist can use in this area of concern. For instance, introducing the notion of *celebration of diversity*, that is, that there are many ways to be a couple, not simply the heterosexual model. As well, *stories of others* can have a dramatic effect couples struggling with absent or inadequate role models. *Ensuring resources*, particularly those that allow the meeting of other couples, can provide opportunities for role models that would otherwise be invisible.

Substance Abuse

As Don Clark (1987, 1992) went on to point out in his classic book *Loving Someone Gay*, a further risk from the denial process that leads to anomie, loneliness and even depression is substance abuse. It is common knowledge that males are demographically at greater risk for alcoholism and drug abuse than females. Therefore, it comes as no surprise that this could be potentially even more problematic for gay males. Part of the tradition of alcohol use for coping with emotional discomfort comes from the urbanized

gay male culture having heavy reliance on bars, discotheques and nightclubs as places of meeting an acquaintance or socializing. These commercial enterprises are obviously established for profit making and nowhere are there greater profits than in the sale of alcohol and or drugs. Linea Due (1995), in her book, *Joining the Tribe: Growing Up Gay and Lesbian in the '90s*, shows that providing young gay and lesbian people with social opportunities that do not rely on drugs or alcohol generates a significant difference in future coping habits. Also, many gay men do not fit the 'youngman' stereotype of a hard defined body and handsome well dressed good looks (Flood, 1989). Yet, when gay men socialize in one of the few available places such as a bar or dance palace, the alcohol or drugs are used in an effort to bolster self-confidence or overcome natural shyness. This then leads to a potentially downward spiral of increasing need to socialize yet also the increased reliance on chemical relief from anxiety and loneliness.

Additionally, the traditional patriarchal tradition of under-verbalizing vulnerable feelings such as sadness, fear, and loneliness can leave men trying to 'anesthetize' these very feelings through alcohol or drugs.

If these traditions are carried over into the men's intimate relationships, common experiential problems are then dealt with through the numbing effects of alcohol or drugs. Of course, then the frequently seen dynamics of 'enabler' or 'co-dependent' often come into play. Luckily, these couples can be helped similarly to any other couple struggling with substance abuse. The only major differences in working with gay males would be to acknowledge and work with the excessive 'male' tradition of 'bottling' up one's feelings and avoiding the possibility of open rejection. I find that inviting the clients in to seeing that they can still be seen as 'prisoners' of dominant societal habit of silencing affective communication and then helping them learn an affective lexicon can make all the difference in the world.

Interventions in area of substance abuse can include more *effective reflection*. The individuals involved can be invited into having greater awareness of what the 'imprisoning' issues are: heterosexism, homophobia, and internalized self loathing as a result. *Externalizing* homophobia, for example, can lend the individuals and the couple greater influence over the negative reflections and behavioural habits that support substance abuse. The therapeutic distinction that *thoughts do not predict actions* can help the individuals involved in the patterns of substance abuse reflect on the difference between feeling an urge to drink, for example, and the underlying emotional invitation accompanying the urge.

Genitalization of the Heart

Patriarchal edicts have misled men for millennia in their search for affiliative fit. As a sex therapist, it often appears to me that many of my male clients, either gay or straight, appear to be "divining for their hearts with their genitals". This effort to "light up the heart by plugging in the penis" is omnipresent in our western culture and one only need to look at any downtown metropolitan centre anywhere in North America or western Europe and see the commercial establishments that exist to support this search method. Single bars, 'peeler' clubs, dance bars, 'massage' parlours, as well as escort agencies and personal classifieds are ever present and readily available.

Unfortunately, this genitalization of the heart is often magnified for gay men's initial efforts at trying to find meaningful, human connection. Not only are gay men subjected to the prescripts of patriarchy (i.e. a man is always ready, willing and wanting to have sex (Zilbergeld, 1993)), but they are further culturally restrained from alternative methodologies such as dating, courtship, open introductions and so on. Although some of these opportunities are increasingly occurring, especially in large urban 'gay ghettos', the dominant discourse around homosexuality has traditionally been that 'homosexuality' is carnal, impulsive, and trivial. These heterosexist assumptions are one of the greatest enemies to gay men's successful coupling and development of personal esteem.

Although the AIDS epidemic of the eighties and early nineties temporarily interfered with the primacy of genital contact as a method of meeting for gay men, easy, and too often unsafe, sex now appears to be in resurgence for gay male youth in urban centers.

Sample interventions dealing with the habit of genitalization of the heart include helping each in the couple develop more effective *personal reflective skills* so that each man can see the emotional need he is actually trying to address. This includes therapists inviting the couple into using linguistic practices that are clear to each, descriptive of the emotional experience itself, inviting of the partner to join in with, and affirming of efforts made. It may seem obvious, but *affective primacy* is a major intervention problems of

genitalization. By aiding each man in coming to see that which is truly being searched for is an 'affiliative' experience rather than simply an orgasmic experience, therapists can invite their clients into truly being able to address and fulfill emotional needs. When gay men, or, for that matter, any man, is able to address his emotional experience directly and effectively, a sense of liberated opportunity is brought forth. Through *restorying sexuality* and introducing the concept that *thoughts do not predict actions*, the men in the couple can be invited into literally 'putting sex in its place.' This means that sex is seen as part of the experiential celebration of unique intimacies that the couple can celebrate rather than the end all or be all of the relationship. This latter view, of the indispensable nature of genital connection, rather than the experiential view of sex being for intimacy, is all to dominate for men and some women in our culture. Introducing *stories of others* who have been able to successfully escaped the habit of genitalizing the heart can inspire not only hope, but also suggest without requiring, methods that could be tried for the couple in treatment. Here, stories of how some men have found even better sexual connection by looking toward heartfelt experiences rather than simply genital activities can further inspire. For instance, many gay men have had to confront simple behavioural efforts at sex by becoming conscious of the HIV epidemic. In rethinking their sexual practices and ensuring greater safety, some of these men have had an opportunity to actually discover that sex *is defined* less by the behaviour and more by the mutual experience involved.

Boundaries

Much has been written about gay men's "permeability of boundaries". Johnson and Kieran's chapter "Creating and Maintaining Boundaries in Male Couples" in the recent book *Lesbians and Gays in Couples and Families* edited by Laird and Green (1996) takes a detailed look at this issue. One of the most striking and potentially problematic boundaries is the sexual boundary. As Mattison and McWhirter (1995) point out and as emphasized again in more recent writings, gay relationships can show a wide diversity of agreements in respect to sexual boundaries. Some relationships include explicit openness of sexual boundaries where either partner can have an outside sexual encounter as long as they do not 'fall in love' with the third person. A variant on this agreement is those men who agree to only have sex with an outsider if that person is part of a 'threesome' between the two committed men. However, others have implicit openness where outside 'dalliances' are accepted as a likelihood but never actually discussed; still others have clandestine openness which is a contradiction of the either overt or covert expectation of monogamy, and yet others have agreed on and experience monogamy.

It appears in my practice that the sexually open type of relationship is more prevalent in younger gay couples than in older. It is my belief that this difference may be less a consequence of the era of raising, but rather more an issue of men growing emotionally and developing more effective intimacy skills over time. As one client in his fifties told me, "In my twenties I seemed to want to step out to taste the 'forbidden fruit', now I have enough pleasure in looking at it and sharing the fantasy with my lover."

The discovery, however, of an affair that had not been disclosed nor accepted can have the same damaging impact to gay couples as it can to any other couple in our community. Issues of betrayal, deceit, disrespect, sexually transmitted diseases, self esteem as well as friendship circles and shame can be consequences. However, it must be said that some men do develop loving and lasting intimate relationships with permeable sexual boundaries. It depends, from my experience, on the 'match' between the two individuals and their own value systems.

For these couples, the problem is often less with the couple than it is with the therapist. For instance, a heterosexual therapist raised in a 'traditional' value system of dedicated heterosexual monogamy may erroneously believe that the issues the men are struggling with are primarily related to the permeable sexual boundaries rather than to whatever other concerns the couple may be dealing with. This despite the fact that up to 50% of men and women in such explicitly monogamous relationships sexually 'step-out' at some time or other.

Previous Relationships

Due to the comparatively fewer numbers of persons who are gay in relation to the community at large, and the concentration of gay culture in urban centres, gay communities can be relatively small. As such, a gay male couple may find themselves bumping into previous partners in the community in which they socialize, work and live. This can also bring forth concerns of jealousy, abandonment, and personal

inadequacy. Oddly, however, despite these as potential concerns, it is not at all uncommon to find that previous relationship partners become part of the circle of friends of the current couple. This is not as frequently seen amongst gay couples as it is amongst lesbian couples but nevertheless seems to be more the case amongst gay men than it is amongst heterosexual couples.

However, in addition to these issues, the consequences of previous relationships such as children from heterosexual marriages, previous female partners from those marriages, biologic family, extended family, and friendship circles further complicate the relational involvements of the current male partnership.

Many interventions are available to therapist when dealing with the actual fact of multiple relationships. However, distinguishing family of choice from family of origin is perhaps the most valuable of them all.

Over the last one hundred years, gay men and lesbians have pioneered the development of “*family of choice*.” Centuries of hiding, pretending, and despair left gay people with little opportunity to be openly themselves with traditional family and friends. Luckily, this has changed for many in Europe and North America. Yet, the emerging tradition of using positively experienced relationships as the definition of family rather than only the patriarchal biologic line of inheritance allows many gay people to access greater value in their close relationships. These families of choice may include valued members from the biologic family as well as other heterosexual people who are accepting and loving of the gay person. Additionally, however, they include other gay and lesbian people who have lent the support and social help to the gay person and his partner. It is not unusual, therefore, to hear stories of Christmas, or Thanksgiving including some family of origin members but also gay friends and their partners and children. This mix of valued relationships is an incredible strength for gay couples - one that therapists too often forget when working therapeutically with gay persons. Intervening using *celebration of diversity* and *stories of others* will also invite the couple into recognizing their own resources and those that others have been able to use, despite the dominant discourses of trivialization of gay men’s bonding.

Issues of Sexuality

In this section, I am describing not so much the issues of affairs or boundaries around the relationship, but sexuality within the relationship itself. This is an area that is often overlooked during therapy with either heterosexual or homosexual couples alike. Nevertheless, it needs to be attended to as well - and not just from the usual disease prevention perspective of safer sex. More importantly, this area needs to be addressed from the perspective of enabling affiliative celebration. Interestingly, as the writer Ann Rice stated:

“... gays are in the vanguard of that final divorce of sex from conventional notions of sin; the divorce of sin from mythology and religion. If we can carry this off— if we can take sex out of the realm of sin altogether and see it as something else to do with personal relationships and ethics, then we can finally get around to another phase of Christianity which is long overdue. That phase is the one which deals with the question of sin as violence; sin as cruelty; sin as murder, war and starvation.

Compared to other men, gay men are often able to have more diversity, self-expression and personal enjoyment in their sexual contact. Nevertheless, they too can suffer problems such as desire discrepancy secondary to other life events, erectile dysfunctions, rapid ejaculation, or other symptomatic concerns. These issues have been covered in other articles (Sanders & Tomm, 1989). The treatment strategies are very similar no matter the affiliative orientation and are based on promoting a ‘win/win’ situation for both partners.

Couple Physical Resources

Without the usual strategies and role modeling, gay men have a variety of ways in which they can deal with individual physical resources being brought to an intimate relationship. Most usual is to maintain previously owned items separately and subsequently develop a “roommate style” with one

another. However, over the years this often gives way to more joint endeavors, including joint ownerships of family homes, furnishings and investments. As with heterosexual couples inequalities in earning power, resource allocation and family wealth can create significant problems of experience for gay men that the therapist will be asked to address.

Interventions here can include all those that the therapist has acquired in working with heterosexual couples. Additionally, emphasizing *affective primacy* by inviting each member of the couple to, in essence, 'see through' the money concerns to recognize the emotional issue that is underpinning the resource concern. Most often, it is one or the other struggling with fear.

Conclusions

Gay men, like people the world over, strive to construct and maintain intimate coupled relationships. Rather than use outmoded and disrespectful understandings of gayness based primarily on sexual *behaviour*, this chapter invites the reader into using an experiential frame based on an understanding and acceptance of the notion of romantic affiliation. The disrespectful assumptions based on the 'tyrannizing triad' of heterosexist, homophobic and patriarchal concepts can be seen as impeding the development of secure and fulfilling couple relationships for gay men. However, it is not only the clients who suffer from this triad, since as therapists, we need to escape our own subjugation by such unhelpful assumptions too.

The chapter went into detail of how a therapist can be of help to gay couples. This can include both the therapist as well as the clients developing personal reflective skills. These skills will help therapeutic participants to escape prejudice and therapeutic blindness, bringing forth a celebration of difference rather than relying on the 'tyranny of sameness', aiding the couple in dealing openly and congruently with fundamental affective needs, restorying sexuality to be based on the experiential rather than the behavioural, supporting gay couples' families of choice, and looking for and learning from successful stories of other gay couples.

Gay men can suffer any of the concerns that straight couples do, including issues related to money, power, job concerns, children's issues and so on. However, this chapter has looked at issues that tend to be more unique as concerns for gay couples: loneliness, invisibility, lack of role models, socialization through substance abuse, genitalizing vulnerable emotions, negotiating relational boundaries, dealing with previous partners, issues of sexuality and affection, and the management of gay couple resources.

Working with people who love one another can be one of the most rewarding professions in the world. Helping the experiences of such loving is positive and affirming is, to me, work well done.

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