SAME-SEX COUPLE COUNSELLING: A QUALITATIVE STUDY OF CLIENT
PERSPECTIVES

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Abstract

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The voice of same-sex couple clients has been largely absent from the academic literature. In this thesis, I contribute to this literature by exploring these clients' experiences of counselling. My aim is to contribute to good practice in counselling and psychotherapy through reflecting on client experiences, and identifying more effective ways of enhancing the therapeutic process. The research in this thesis adopts a predominantly qualitative approach, drawing on three different episodes of data collection: exploratory interviews, an internet survey, and, finally, follow-up interviews with both individuals and couples. I examine the data using thematic analysis, descriptive statistics and discourse analysis. In the exploratory interviews, participants' narratives showed that they were conscious of, and took the responsibility for managing the potential impact of stigma in their counselling sessions. The internet survey helped to clarify the criteria couples used in their search for counselling, and the ways in which the power of the therapist could both silence the couples and facilitate positive change. In the follow-up interviews, participants positioned their relationships as both the same as, and different from, different-sex relationships, and were sensitised to respond to counsellors' expressions of power, particularly in relation to the reinforcing of heterosexual norms. Same-sex couple relationships need to be acknowledged by counsellors both as 'just another relationship' and as a relationship that is validly different from heterosexual relationships. More specific publicity, stating the extent of the counsellors' experiences with same-sex couples would enable same-sex couples to make more informed choices in the search for therapy. In addition, counsellors need to develop the knowledge and ease necessary for working with issues of sameness and difference, and to be alert to the impact of power imbalances on clients' progress in therapy.

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Publications

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Chapter 1   Contextualising Same-Sex Couples

The Marriage (Same Sex Couples) Bill completed its historic journey through Parliament by receiving Royal Assent today, officially making it law. Women and Equalities Minister Maria Miller also announced that the first same sex wedding could take place by as early as summer 2014 (Same sex marriage becomes law, 2013).

Rev James Gracie, of the Free Church of Scotland on Call Kaye, on BBC Radio Scotland said 'If the homosexuals, and these people, want to be treated equally, then what about paedophiles? What about polygamy?' (The Scotsman, 2011).

The reason marriage is limited to one man and one woman is that it takes no more and no less to produce children. If we were to accept that love is the precondition for marriage, why should we restrict it? If there is no possibility of genetic offspring or indeed no requirement for consummation, why should not close relatives get married? Speech by Lord Emiston in the House of Lords Second Reading of the Marriage (Same Sex Couples) Act (Hansard, 2013).

1.1   Introduction

These three quotations illustrate a range of positions in society in relation to same-sex couples and marriage. Firstly, one that embraces equality and the new legislation to afford equal rights to same-sex couples. Secondly, a homophobic stance that equates same-sex relationships with paedophilia, and thirdly, an illustration of heterosexism that assumes the normality of procreation between a man and a woman. As I go on to show

in this chapter, counselling and psychotherapy organisations support the new legislation, and would condemn the homophobic second quote. However, therapists may have imbibed heterosexist norms that remain unexplored under the banner of enhanced equality. Given the prominence of legalised same-sex relationships, it is possible that there will be a greater need for relationship counselling, particularly as those in legal relationships may stay together in an unhappy state because it is harder to leave (Balsam, Beauchaine, Rothblum, & Solomon, 2008; Kurdek, 2008). Therefore there is a need to support same-sex couples from the position of understanding the nuances of relationships that take place in a somewhat unsupportive and at times discriminatory social context (Rostosky, Riggle, Gray, & Hatton 2007). Kurdek (2008) suggests that, as same-sex relationships take on a higher profile, good quality therapy needs to be in place to enable partners to manage potential difficulties in their relationships. Little research has been carried out to date on same-sex couples in counselling, with the voice of this minority groups seldom heard. This is an important and necessary ingredient in providing the best possible therapeutic support for relationships, and this is the key contribution of my thesis.

On July 17th 2013, the Marriage (Same Sex Couples) Act received Royal Assent in England and Wales, with the first marriages taking place in the spring of 2014. This is the latest in an extensive range of legislation that provides equality and protection for lesbian, gay and bisexual (LGB) people, for example in employment, access to goods and services and adoption. However, previous legislation has not produced universal equality and acceptance. Discrimination and persecution continues in British schools according to the School Report (Guasp, 2012a) with more than half of LGB pupils experiencing homophobic and biphobic bullying. The young people interviewed identified a backdrop of negativity towards being LGB with 96% aware of specific homophobic and biphobic remarks and 99% hearing the term 'gay' being used to describe anything that is unsatisfactory or unworkable. Moreover, according to a more recent Stonewall survey (Guasp, 2013), of over 2500 LGB adults in Britain, 10% had been the victim of a homophobic and biphobic hate crime or incident in the past year. There were also concerns about reporting these crimes, with 75% of the victims not reporting the incident to the police, stating that a fear of being 'outed' or lack of

confidence in the police prevented this. Whilst homophobic and biphobic hate crimes are extremely serious in themselves, their impact is far reaching. In this Stonewall survey, 25% of respondents reported making changes to their behaviour, such as avoiding public affection towards their partner, in order to protect themselves. The ongoing negative societal discourses about being LGB, if not actually expressed as homophobia and biphobia, are regularly present in heterosexist and prejudiced attitudes. Indeed, Jowett (2010), in his analysis of articles in the British press during the consultation period for same-sex marriage (from October 2011 to June 2012), demonstrated that old arguments about the 'normality' of heterosexuality were applied to same-sex marriage. This is also apparent in Stonewall's Health Surveys with gay and bisexual men (Guasp, 2012b) and lesbian and bisexual women (Hunt & Fish, 2008). One third of the men and half of the women who had accessed medical care in the past year reported a negative experience related to their sexual orientation. The men, for example, reported that health care professionals often sexualised problems, assuming that they had slept around, or that a throat infection was a result of rough oral sex (Guasp, 2012b). In the women's survey, they reported that their sexual orientation was often invisible, with professionals promoting ways to avoid pregnancy or discounting the possibility of domestic violence in a same-sex relationship (Hunt & Fish, 2008). Overall then, despite a record number of new laws to protect the rights of LGB people and, in particular, to support their 'everyday familial relationships' (Harding, 2011, p. 1), there remains a significant lack of understanding and negativity towards LGB people.

There has been considerable debate regarding the legal recognition afforded to same-sex relationships, firstly as Civil Partnerships since 2005, and currently with the now established right to marry. Concerns have been raised around assimilation and the application of dominant norms to same-sex relationships. For example, Richardson (2004) argues that the claiming of equal rights would result in the continued ascendance of dominant norms based on different-sex relationships, with same-sex couples assimilating to these, many of which are seen as unhealthy (Lannutti, 2005). Moreover, Boyd (2004) suggests that gaining the right to same-sex marriage would diminish the impetus to challenge the heterosexism and patriarchy associated with this institution.

Conversely, Kitzinger and Wilkinson (2004) claimed the right to marry, and not be classed as second class citizens, despite criticising marriage as a potentially oppressive institution. In addition, for these authors (2006), marriage would mean not having to reproduce the labels of 'gay', 'lesbian' or 'bisexual' nor to specify a 'same-sex' marriage. Richardson (2004) suggests that having the same rights of access to marriage as heterosexuals may raise self-esteem within the LGB community, promoting confidence to claim equality. It is also possible that the raised profile of same-sex relationships will offer alternative models of relating for all couples; as Auchmuty (2004) says, heterosexuals do not have a monopoly on the best ways to engage in intimate relationships. A key question, then, is whether same-sex marriage will result in 'a queering of marriage and family or a straightening of queers?' (Richardson, 2004, p. 399).

In this chapter, I set the scene for my research on same-sex couples in counselling by looking at the wider context in which these couples form and maintain their relationships. The use of language can illuminate underlying attitudes and I explain my choice of terminology reflecting current thinking around sexuality. I next turn to a brief history of sexuality and same-sex relationships, and look at the ways in which these relationships are portrayed in the media and how these images reinforce negative stories and 'myths'. Professional counselling and psychotherapy[1] organisations, too, have been influenced by shifting attitudes and changing legislation, and I look at the key changes in ethical and practice documents with examples of how these have been enforced. I then discuss my own reasons for engaging in this research, based on my personal experiences and practice as a couple counsellor, together with an outline of the ontological position adopted for this research. Finally, I summarise the aims of my research and outline the subsequent chapters in this thesis.

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[1] I adopt the British Association for Counselling and Psychotherapy's (BACP) position that counselling and psychotherapy embrace a range of talking therapies and are interchangeable (BACP, 2010a).

1.2   Terminology and key definitions

There are significant difficulties in defining the range of people's sexual and romantic orientations (Clarke, Ellis, Peel, & Riggs, 2010) and, as Ritchie and Barker note, 'our understanding of sexual identity depends on the language of sexuality available to us' (Ritchie & Barker, 2006, p. 585). For example, the Office for National Statistics (ONS) devised survey questions for the Integrated Household Survey, to collect information about LGB people (Joloza, Evans, O'Brien, & Potter-Collins, 2010) using: sexual attraction, sexual behaviour, sexual identity and sexual orientation. In this way, they accommodate sub-groups such as men who have sex with men, but who do not identify as gay or bisexual (Ellis, 2012). In this thesis, I avoid the terms 'lesbian' or 'gay' when referring to couples, adopting instead the term 'same-sex couples' in order to be more inclusive (Rostosky & Riggle, 2011). However, I acknowledge that those who identify as bisexual are often subsumed within an LGB heading (Barker et al., 2011) leading to 'monosexuality', that assumes attraction to only one gender (Richards & Barker, 2013, p. 227). In addition, there is a risk that sexual orientation is defined by the gender of a partner, resulting in assumptions that clients in couple counselling identify as 'lesbian' or 'gay' or 'heterosexual' (Barker et al., 2012). Alongside this, whether seeking counselling for a same or different-sex relationship, bisexual clients will be faced with the challenge of coming out in the context of negative stereotypes, lack of visibility and double discrimination from lesbian, gay and heterosexual identified people. (Barker et al., 2012). In this thesis, I focus on the experiences of same-sex couples in counselling recognising, but not necessarily addressing, the potential additional issues for clients who identify as bisexual,

In addition, I make the assumption that there are two sexes, and utilise data on 'men' and 'women', whilst recognising that this does not exactly map onto current thinking (Ellis, 2012; Hird, 2000; Richards & Barker, 2013). I acknowledge that the terms 'female' and 'male' can represent socially constructed gender roles (Ellis, 2012)and utilise 'women' and 'men' where possible, although I use the actual language utilised in reported research, and in the collection of data for this thesis. I also refer to individuals who identify as lesbian, gay or bisexual but without adding transgender; as das Nair and Butler (2012) note, this keeps the focus on sexual orientation rather than also including

gender. Pragmatically I use the term 'couple' whilst recognising, as Davies (2007) observes, that this term privileges heterosexual models of relationships and excludes polyamorous or open relations (Richards & Barker, 2013; Ritchie & Barker, 2006). In selecting this terminology, I aim to recognise and value the diversity within non-heterosexual relationships, not to force potential participants to adopt a particular identity such as lesbian or gay (Heaphy, Weeks, & Donovan, 1998), or to exclude those who may self–define as bisexual, or reject definitions altogether. In addition, the terms 'same-sex' and 'different-sex' are used to avoid the binary assumptions of gender in the term 'opposite-sex.' In carefully selecting language, I maintain the focus of this research on anyone who has been in a same-sex relationship. This might include lesbian or gay identified people, those who might identify as bisexual and who had been in a same-sex relationship, and any transgender people provided they had a same-sex partner at the time of attending couple counselling. Balsam, Beauchaine, Rothblum, and Solomon (2008) note the confusion around defining a 'couple' in research on same-sex relationships, for example, by inclusion criteria of length of time together or time cohabiting. I chose not to specify a restriction of this nature, preferring to leave the definition of 'couple' to the participants themselves. Finally, I acknowledge the concept of intersectionality that

> refers to the interaction between gender, race, and other categories of difference in individual lives, social practices, institutional arrangements, and cultural ideologies and the outcomes of these interactions in terms of power (Davis, 2008, p. 68).

This concept challenges the stereotype that all LGB people are 'white, able bodied and have large disposable incomes' (Fish, 2006, p. 52). In this way, the norms of different communities can be considered (Riggs & das Nair, 2012) together with the associated impact of 'privilege and/or disadvantage' (Clarke et al., 2010, p. 245). I now briefly discuss some key terms used in this thesis, namely: homophobia, heterosexism, heteronormativity, internalised homophobia and gay-affirmative practice.

Herek (2004), whilst recognising the historical importance of the term homophobia, cites some reservations in utilising this term. For example, the more common response

of homophobic people to gay men is of 'anger and disgust' (p. 10), rather than the fear that is the usually associated with phobia. In addition, there is a focus on the individual's response rather than attention to the social context and systems of discrimination (Fish, 2006). To accommodate these criticisms, the term, heterosexism takes a broader view and incorporates the underlying structures, systems and gender norms that support homophobia (Ellis, 2012; Herek, 2004). It is important to distinguish between these two terms, as eliminating homophobia deals only with discrimination whilst challenging heterosexism addresses wholesale changes in systems (Fish, 2006). In addition, heteronormativity is a form of subtle prejudice that assumes the 'normality' of heterosexuality (Ellis, 2012), for example, in constituting a family as 'male' and 'female' partners with children. Peel (2001b) draws attention to the ways in which language constructs a form of mundane heterosexism where even seemingly non-prejudiced talk privileges heterosexuality. I now turn to two terms, internalised homophobia and gay-affirmative practice, that have special significance in counselling.

For many years, therapists were encouraged to identify internalised homophobia, described as the internalisation of 'society's negative messages' (Davies, 1996a, p. 55) and to facilitate discussion of these thoughts and feelings with LGB clients. However, this term has been challenged as a psychological diagnosis that puts the onus on the recipient of prejudice and discrimination, rather than tackling the system of oppression (Kitzinger, 1996; Kitzinger & Perkins, 1993). As Kitzinger (1996) warns, going to therapy to be treated for internalised homophobia is reminiscent of therapy as a cure for homosexuality, and overlooks the significance of the client's oppressive social context. In addition, many psychometric measures of internalised homophobia were developed for gay men and do not translate well to lesbian or bisexual people (Szymanski, Kashubeck-West, & Meyer, 2008). As a response to the impact of societal prejudice, an alternative, more affirmative approach was developed whereby the therapist affirmed 'a lesbian gay or bisexual identity as an equally positive human experience and expression to heterosexual identity' (Davies, 1996b, p. 25). Langdridge (2007) takes a more nuanced view that being affirming is merely good ethical practice, and suggests a more active role for the therapist in challenging the impact of heterosexism, including adopting a training role in helping the client to develop a positive self-identity (Davies,

1996b). As we can see from the foregoing discussion, language has the power to include or exclude, to dictate 'norms' and to pathologise those in minority groups. Moreover, psychological terms can be incorporated within a liberal or radical frame, with liberal approaches considering only the individual, whilst radical approaches take structures and power into account (Clarke, 2005). Clarke et al. (2010) warn that a liberal approach can result in assimilation, where power is held by the majority and the minority can only be accepted if they assimilate to heterosexual 'norms'. I now turn to explore the historical contexts from which negative terms emerged.

1.3   Brief history of sexuality and same-sex relationships

It is impossible to consider same-sex relationships without some reference to the history of homosexuality in the Western world. Society's (dis)approval for same-sex intimacy has generally originated in the political and social implications of such acts. Historically, in the West, same-sex eroticism was condemned by Church and State. In the mid-19th Century the term 'homosexual' was coined by Benkert, thereby creating an identity rather than labelling an act (Ritter & Terndrup, 2002). As a consequence, two identities, of homosexuals and heterosexuals, were socially constructed (Kitzinger, 1995). Subsequently, a 'homosexual' lifestyle was seen as threatening, and labelled as aberrant, permitting one group to have power over another (Langdridge & Hagger-Johnson, 2009). The coining of the term, 'homosexual', enabled governments to shift their emphasis to the control of individuals' health, procreation and sexuality (Cocks & Houlbrook, 2006). This led to an examination and measurement of what was considered to be normal, with 'sexual deviance ….mapped and catalogued, described and specified' (Cocks & Houlbrook, 2006, p. 8).

Having constructed the identity of a 'homosexual', legislation in Britain served to discriminate against gay men and deny their human rights, with the implication that same-sex relationships were dangerous or bad. In 1885, the Criminal Law Amendment Act created the offence of gross indecency, outlawing intimate physical relationships between two men, punishable by two years in jail. By the 20th Century the Sexual

Offences Act 1967 shifted the focus of British law, from an absolute, moral position, to the role of the state in the 'maintaining public decency', thus separating out public and private behaviour (Weeks, 2003, p. 108). However, the new legislation included the clause that sexual acts between two men were legal only if both men were over 21 years of age and there was no risk of a third party being present. A physical relationship between two men was seen as 'immoral, dangerous and to be discouraged' (Stonewall, no date). There has, though, been no criminal law concerning sex between two women and, indeed, the House of Lords in 1921 declined to include women in a bill relating to gross indecency (The National Archives, 2010). Similarly, the Wolfendon Committee (1957) noted in passing that, as same-sex relationships between women were not illegal, they 'therefore presented no social problems' (King & Bartlett, 1999, p. 109). The lack of legislation prohibiting such relationships is seen as evidence of a broader devaluing of women's relationships and sexuality; in other words, these relationships were not 'worth' legal sanction.

Whilst legislators focused on the legality, or otherwise, of sexual acts, the medical world was defining homosexuality as a mental illness, culminating in the addition of a specific category in the 1952 American Psychiatric Association's (APA) Diagnostic and Statistical Manual (DSM) justifying the application of treatments or cures (Smith, Bartlett, & King, 2004). In 1973, partly due to protests from the gay community, homosexuality was removed from the DSM III manual, only to be replaced by a diagnosis of ego-dystonic homosexuality. This manual, used widely in Britain, supported the idea that homosexuals were to be viewed 'separately from heterosexuals in terms of relationship identity and degree of happiness in one's sexual orientation' (Robertson, 2004, p. 163). While this avoided identifying homosexuals as criminal, it nevertheless offered a psychological definition which led to the development of therapeutic approaches that utilised oppression and forced treatment to 'cure' homosexuals (Ritter & Terndrup, 2002; see also section 1.5 below).

Legislation in the 21st Century has provided some basis for equality, although this has not been achieved without considerable struggle and controversy. For example, opposition to equalising the age of consent was fierce, with views expressed that only heterosexual sex was wholesome and natural (Ellis & Kitzinger, 2002). Indeed, it was

not until 2001 that the British Government pushed through an amendment to the Sexual Offences Act to equalise the age of consent at 16 years of age. Similarly, Catholic adoption agencies contested adoption legislation giving equal rights for same-sex couples to adopt. Moreover, although Section-28 of the Local Government Act (1988) which forbade Local Authorities to promote homosexuality, was repealed in 2003, Ben Summerskill, previous CEO of Stonewall, suggests in a preface to the School Report (Guasp, 2012a), that it continues to cast a long shadow in schools. Although there were no prosecutions under Section-28, many teachers felt wary about discussing homosexuality with pupils (Moran, 2001) and some felt that they lacked the ability to challenge homophobia (Guasp, 2012a). However, considerable legislation has been enacted, including the Civil Partnership Act (2004), and the Equality Act (Sexual Orientation) Regulation (2007, now subsumed into the Equality Act 2010), that outlaws discrimination in terms of goods and services. This latter legislation has already been tested through the courts and compensation awarded to two men in a couple relationship who were refused a double bedroom in a bed and breakfast establishment run by a Christian couple (Davies, 2012b). Finally, the Marriage (Same Sex Couples) Act (2013) received Royal Assent, permitting same-sex couples to marry from 2014. These legislative advances set a legal standard for equality; but, as discussed earlier, they do not automatically translate into a lack of discrimination, prejudice and heteronormativity.

There are particular problems for LGB people compared to some other minority groups (Guthrie, 2006). Whilst those from black and minority ethnic groups also experience prejudice and discrimination, they can generally draw on family to affirm their identity, and have a shared history with other people persecuted because of their colour or race (Crocker, Major, & Steele, 1998). In contrast, the majority of LGB people cannot be taught by their families to combat oppression (Malley & Tasker, 2007) and are generally brought up by parents and carers who assume that they will be heterosexual (Oswald, 2002). In a review of the literature Oswald (2002) suggests that the family of origin of an LGB child can contribute to negative constructions of sexuality and may struggle to 'unlearn heterosexist beliefs and values' (p. 428) once their offspring has

'come out'. In extreme situations, some LGB people have been cast out from their family of origin (Crespi, 1995).

Notwithstanding recent equality legislation, there are many outcomes of the negative history of sexuality in addition to homophobic and biphobic hate crimes. These can be found in the mundane use of language that, perhaps without thought or malice, marginalises same-sex relationships (Kitzinger, 2005a). Heteronormativity privileges heterosexuality as 'natural' and 'normal' (Clarke et al., 2010), often through language or images (Barker, 2007). This can restrict the available discourses that inform ideas about same-sex relationships and can take the form of negative constructions or unsubstantiated 'myths'. It is arguably in the media that negative attitudes are predominantly created and supported and I will now explore some of the stories told about LGB people and same-sex relationships.

1.4   Media issues and 'myths' about same-sex relationships

The media are a powerful influence, yet same-sex relationships are often missing from them, or portrayed negatively. Towbin, Haddock, Zimmerman, Lund, and Tanner (2003) in a review of 26 full-length Classic Disney films, found a paucity of LGB characters, with no images of same-sex relationships. In addition, where there was same-sex affection, this was derided. For example, in the film 'Beauty', a male cartoon character kissed another man on the cheek, who then reacted with disgust. This lack of visibility is also present in British television with 0.4% of the output from the BBC portraying LGB people in 2006 (Cowan & Valentine, 2006) and just over 2% doing so across five terrestrial channels in 2010 (Stonewall, 2010). Both these reports argue that LGB people and their lives were more often portrayed negatively than positively: five times more negatively on the BBC and more than twice as much across all channels. Moreover, Cowan and Valentine (2006) found evidence that, when present, same-sex relationships were marginalised. For example, in the reviewed BBC programmes, a lesbian couple on a game show were given less time to talk about themselves than their heterosexual counterparts. More generally, gay men's relationships were desexualised

and included no intimate sexual contact. Kitzinger (1999) challenges a token appearance of same-sex relationships in the media as though 'a gay kiss on a television sitcom overcomes structural and institutional discrimination' (p. 53). This more subtle form of invisibility and negativity can be identified through discourses that privilege heterosexuality, for example, seemingly liberal talk can belie an underlying attitude of 'mundane' heterosexism (Peel, 2001b).

One way of introducing more media representations of LGB people and their relationships is to portray them as just the same as heterosexuals. Jowett and Peel (2010) argue that the media has an investment in portraying same-sex couples adopting the norms of different-sex couples. This form of assimilation, though, does not accurately reflect the diversity of different sexual orientations and intimate relationships. As Walters (2001, cited in Shugart, 2003, p. 69) notes 'we may be *seen*, now, but I'm not sure that we are *known*' (original author's italics). Concealment of the real lives of LGB people and their relationships is achieved through avoiding the realities of diverse sexualities. For example, Shugart (2003) notes that the media rarely address the emotional and physical aspects of same-sex intimate relationships and avoid consideration of their political and social context. The media, then, either contribute to a negative image of same-sex relationships or marginalise them, either through assimilation or by avoiding specific issues that are unique to same-sex couples.

Stereotypes are often the default position when portraying same-sex relationships (Shugart, 2003) and, despite a more positive shift in public opinion, a number of 'myths' continue, perpetuated by negative stereotypes (Felmlee, Orzechowicz, & Fortes, 2010). One such story 'conflates sexual orientation/identity with gender role performance' (Felmlee et al., 2010, p. 227) so that gay men are perceived to have feminine attributes and lesbians to be more like men (Bepko & Johnson, 2000). These discourses construct sexuality using language that inverts gender roles (Lev, 2007; Peel, 2005) and projects 'male' and 'female' roles onto same-sex couples in what is referred to as the 'butch-femme model' (Weeks, Heaphy, & Donovan, 2001, p. 105). Although this is an outdated concept, there remains considerable prejudice against gender non-conformity whatever the sexual orientation (Herek, 2004). For example in

Guasp's (2012a) study of LGB pupils, 96% pupils reported hearing negative remarks such as 'poof' or 'lezza'

In addition, there are jokes that perpetuate stories about getting together and the inability to form long-term relationships. Firstly, for women, the 'U-Haul' joke (Gordon, 2006) implies that women get together quickly:

> *Q:* What does a lesbian bring on the first date?

> *A:* Her toothbrush.

> *Q:* What does she bring on the second date?

> *A:* A U-Haul[2].

Similarly, for gay men, the dating joke (Denizet-Lewis, 2008) perpetuates the 'myth' that men cannot form long-term relationships together:

> Q: What does a gay man bring on a second date?

> A: What second date?

This latter myth is challenged by Kurdek's (2004) findings in a longitudinal study where 14% of 125 gay men couples and 10% of 100 lesbian couples had been together for more than 20 years. However, these 'jokes' replicate the stories that lesbians and gay men are unable to form stable relationships (Clarke et al., 2010; King & Bartlett, 1999; Kort, 2008).

 A major issue arises because the 'myths' are based on the perceived 'normality' of different-sex relationships. For example, stories of romantic love are often represented by gender-specific fairy stories of a prince rescuing a damsel and whisking her away to

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[2] A U-Haul is an American self-drive van or trailer

'a kingdom of marital bliss' (Testa, Kinder, & Ironson, 1987, p. 170) and are not transferable to same-sex relationships (they may also not be acceptable to some heterosexuals). In addition, the norm for relationships in the Western world is for monogamy (Conley, Ziegler, Moors, Matsick, & Valentine, 2013) and gay men and bisexual people in open relationships are termed promiscuous (Weeks et al., 2001) and positioned as morally deviant (Clarke et al., 2010). Weinstock (2004) challenges the problematising of these aspects of same-sex relationships as being based on heterosexual norms and I will return to this theme in Chapter 2 (section 2.2.4). I now turn to review the ways in which professional counselling and psychotherapy organisations promote equality, and the shortcomings of counsellor training programmes and research output.

1.5   Professional counselling and psychotherapy organisations and training

In parallel with changes in legislation, major British accrediting organisations in counselling and psychotherapy, such as the BACP, United Kingdom Council for Psychotherapy (UKCP), and the British Psychological Society (BPS), have amended their ethical codes. Counsellors need to be able to work with a diverse group of clients and colleagues, and to make services more accessible (Bond, 2010). For example, in its Ethical Framework, the BACP (2013) makes a broad statement about prejudice:

> Practitioners should not allow their professional relationships with clients to be prejudiced by their own personal views about a colleague's lifestyle, age, gender, disability, gender reassignment, race, sexual orientation, pregnancy and maternity, religion or belief, marriage and civil partnership or sex (p. ii).

The UKCP, in its Ethical Principles and Code of Professional Conduct (UKCP, 2009) makes a similar statement about not allowing prejudice towards different groups to affect therapy negatively. However, this document also includes a statement that acknowledges prejudice in everyone, indicating that all members should be engaged in personal work to address discrimination.

> The psychotherapist undertakes to actively consider issues of diversity and
> equalities as these affect all aspects of their work. The psychotherapist
> accepts no one is immune from the experience of prejudice and
> acknowledges the need for a continuing process of self-enquiry and
> professional development (p .4).

Finally, the BPS not only includes statements covering these issues, but also offers a
100-page document covering current thinking around sexuality and the impact of social
context with reference to current research (BPS, 2009). For example, it states that:

> Psychologists are encouraged to recognise that attitudes towards sexuality
> and gender are located in a changing socio-political context, and to reflect
> on their own understanding of these concepts (p. 6).

In addition, any attempt to change sexual orientation has now been formally discredited
by these three organisations (UKCP, 2014). However, there remain a small proportion
of therapists who continue to view reparative or conversion therapy as an acceptable
possibility. These therapeutic approaches seek to change a person's sexual orientation
from LGB to heterosexual through programmes of treatment (Clarke et al., 2010).
Bartlett, King, and Phillips (2001) found in a random sample of therapists, that
approximately 8% identified progress in therapy as a change in sexual orientation from
homosexual to heterosexual. Moreover, a further study of 1328 mental health
practitioners found that, although only 4% of respondents would attempt to change the
sexual orientation of a client, 17% had attempted this in the past (Bartlett, Smith, &
King, 2009). There are also major organisations such as the National Association for
Research and Therapy of Homosexuality (NARTH) whose proclaimed aim is to
research, promote and facilitate a change from homosexual or bisexual to heterosexual
identity.

The stance adopted by the major British accrediting organisations has led to some high
profile cases within the therapy world. In 2012, BACP removed the accreditation of
therapist Lesley Pilkington, for professional malpractice when she engaged in therapy
to change the sexual orientation of a gay man (Walker, 2012). In a second case

involving the relationship counselling organisation, Relate, a counsellor, Gary MacFarlane, claimed unfair dismissal and discrimination on religious grounds because he refused to counsel same-sex couples in sex therapy. In January 2013, he lost his case at the European Court of Human Rights (Brown, 2013). British law and therapy organisations have made significant advances in promoting equality and respect for different sexual orientations in a relatively short period of time. This presents a challenge to some existing therapists, many of whom may continue to engage in 'overt or covert bias, including pathologisation of homosexuality' (Bartlett et al., 2001, p. 545). As Ellis and Kitzinger (2002) argue, the 'rhetoric around homosexuality as 'sinful', 'morally wrong', 'sick', 'unnatural' or 'deviant' is well established in both psychological and public discourse' (p. 171).

Counselling and psychotherapy training courses clearly have an important role in ensuring the competence of trainee therapists to work with diverse sexual orientations. Yet research shows a paucity of training in this area. Alderson (2004), in a study of Canadian counselling training programmes, found a mode value of between 0 and 3 hours spent on specifically addressing LGB issues. A lack of specific input, role models, or gay-affirmative attitudes of staff resulted in American women psychology students learning from their own informal sources, and feeling ill-prepared to work with lesbian or gay clients (Buhrke, 1989). Indeed, lack of specific training could be harmful to LGB clients, due to therapists' internal prejudices, lack of critical analysis of psychological theories and lack of knowledge of LGB issues (Davies, 1996b; Liddle, 1996; Phillips & Fischer, 1998). More recently, Owen-Pugh and Baines (2013) found that UK counsellors within five years of completing training were critical of the lack of preparation provided by their courses for working with LBG clients, including a lack of self-awareness training and the absence of suitable developmental models. Davies (2007) offers a rationale for inadequate training. Firstly, given the paucity of training on sexual minorities, it is perhaps unsurprising, although not acceptable, that trainers teach what they know. Secondly, trainers can find their own sexual orientation questioned if they take responsibility for raising and exploring issues of sexuality in the classroom. The latter is an example of a 'courtesy stigma' (Goffman, 1963, p. 44). Here,

heterosexual people associated with LGB matters can also find themselves subject to discrimination (Land & Kitzinger, 2007).

Alongside a paucity of training, extensive research into LGB issues has been lacking. Of 5628 published articles in eight mainstream counselling journals between 1990 and 1999, Phillips, Ingram, Smith, and Mindes (2003) found only 119 (2.11%) that had a significant LGB focus. Although an improvement on Buhrke et al.'s study (1992) which found 0.65% in a similar review, it nevertheless prompted an article in response calling this 'a haunting number' (Rodolfa & Davis, 2003, p. 78). Turning to publications on family and couple therapy, Clark and Serovich's (1997) content analysis of family therapy journals found that only 77 out of 13,200 articles (0.006%) mentioned sexual orientation. Overall, the stigma and discrimination experienced by trainers and researchers limits research and teaching (Platzer & James, 1997) through what has been described as 'oppressive forces' (Phillips, Ingram, Smith, & Mindes, 2003, p. 56).

The professional bodies' promoting of good practice in working with LGB clients may result in some practitioners eschewing homophobia and biphobia, but adopting a liberal position where they seek to treat all people the same. In this way, social differences are assimilated into a heterosexual norm as a condition of acceptance (Brickell, 2001) and the very real issues that same-sex couples face are ignored (Means-Christensen, Snyder, & Negy, 2003). In his heterosexual identity model, Mohr (2002) suggests that there is strong motivation to fit in with the norms of dominant groups, in this case the norms of the professional organisation. As I found when researching counsellors' competences to work with LGB clients, this can result in counsellors espousing 'politically correct' views in training, rather than exploring their own attitudes (Grove, 2009). Therefore, the overt statements from professional bodies, whilst defending the rights of LGB clients, can lead counsellors to espouse equality while avoiding discussion of the heteronormative ideas they acquired through living in a heterosexist culture. I now discuss this exposure to negative social constructs with reference to my own development as a counsellor and my reasons for undertaking the present research.

1.6   My journey

My personal history, in terms of considering sexual orientations other than heterosexuality, parallels my initial counsellor training in a national couple counselling organisation. In my world, in the early 1980s, couples were heterosexual, and generally married. As a couple counsellor, my first recollection of formal training in relation to other sexual orientations began in the late 1980s, as a result of the Government's 'Tombstone Campaign' (Wellcome collection, no date) about HIV/AIDs, which admonished people not to 'die of ignorance'. My counselling agency discussed the risk of HIV transmission, and how we might raise this with couples following an affair.

I will draw on Mohr's (2002) theoretical model here, and throughout the thesis to reflect on heterosexual identity. Mohr describes four working models of social perception that reflect individuals' experience, but can be challenged by new material, which can either be assimilated into the current model, ignored or promote change to a different model. The four models are: democratic heterosexuality, seeing everyone as basically the same; compulsory heterosexuality, where other sexual orientations are seen as pathological or sinful; politicised heterosexuality, which involves a heightened awareness of discrimination and one's own privilege; and integrative heterosexuality, which recognises the multiple oppressions that can occur and the differences both between and within groups. In terms of this model, I had adopted a 'democratic identity' where everyone is assumed to be the same, but which prioritises heterosexuality as 'normal'. Mohr suggests that, from the perspective of this identity, even raising questions about differences in sexual orientation may appear to demonstrate prejudice. Therefore, in working with my first women same-sex couple in the early 1990's, I could only draw on heterosexual models of relationships and lacked the capacity either to acknowledge differences or to appreciate the couple's oppressive social context. Unsurprisingly, these clients soon terminated the counselling. Inevitably, I encountered an occasional LGB client or acquaintance, but as Davies (2007) warns, just having a friend who is gay does not guarantee that the counsellor can work with the subtlety required to address issues with LGB clients. I was subsequently fortunate to work with LGB people, as colleagues within a youth-work role, and as fellow students, and eventually to practice counselling within an LGB-specialist centre. These

experiences challenged my 'democratic' working model of heterosexuality, and propelled me into a greater awareness of difference and privilege.

When searching for a topic for a Master's dissertation, I was moved by an article by Cordelia Galgut (1999). She had found that a remarkably small number of experienced counsellors had knowingly worked with lesbian clients, and expressed concern about this, given the estimated proportion of lesbians in British society of between 10% and 25%. This highlighted potential issues for my work with individual clients, but more particularly, if these clients were hiding their sexual orientation throughout therapy, what happened to those in same-sex relationships? Same-sex couples must disclose their sexual orientation before or at the first interview, with this potentially discomforting information impacting on the counselling encounter (Berger, 1990). In the research for my Master's dissertation, I ran focus groups of people who had experience of intimate same-sex relationships to explore the issues potentially associated with seeking therapeutic help. My participants highlighted some of the damaging effects of heterosexism and discussed their caution in approaching mainstream couple counselling organisations (Grove, 2003). However, I remained curious about the experiences of same-sex couples in counselling, and was keen to learn more about the process of counselling from the clients' perspectives, hence my decision to carry out further research. I now turn to consider my philosophical position in relation to the present research.

1.6.1   Philosophical Approach to the Research

In selecting my ontological position for this research, I have considered the two polarities of essentialism (which can also be understood as realism) and social constructionism (which is more closely associated with relativism), each of which has advantages and disadvantages. These will now be discussed in relation to researching sexual orientation and same-sex couples. Having acknowledged the pros and cons of these polarities, I will account for my selection of the middle way of critical realism.

An essentialist, or realist, position assumes that there is a reality that is separate from those involved in the world, that 'social phenomena and their meanings have an existence that is independent of social actors' (Grix, 2004, p. 61). This approach to research seeks to predict and explain social phenomena, rendering 'the social world understandable' (Grix, 2004, p. 82). However, it lends itself to obtaining 'a truly objective knowledge of reality' (Lynch, 1996, p. 145) including defining in absolute terms, categories of people in relation to, for example, race, mental illness, gender and sexual orientation. These constructs are seen as independent of politics or social values, and can be used, intentionally or unintentionally, to marginalise and oppress minority groups (Burr, 2003; Willig, 1999a). Moreover, Burr (1998) argues that the claim of essentialists to be apolitical is not only unrealistic, but in fact is political, as its claim of being value-free legitimises 'questionable social practices' (p. 14).

In comparison, social constructionism is relativistic, in eschewing the concept of a fixed reality, and viewing any 'truth' as relative, with 'local and specific constructed and co-constructed realities' (Guba & Lincoln, 2005, p. 193). In this paradigm, social phenomena and categories are continually being created and recreated through social interaction (Bryman, 2004) and language is the crucial medium for creating and experiencing a reality (Cromby & Nightingale, 1999). Burr (1998) describes the liberating aspect of social constructionism whereby, if what we know is constructed by people then it is possible to adopt new constructions that are more meaningful and empowering. This gives access to new ways of self-identification based on, for example, sexual orientation and gender. Queer Theory is an example of a refusal to be categorised, particularly in binary terms, and in ways that afford power of some groups over others (Hodges, 2008). However, Grace, Cavanagh, Ennis-Williams and Wells (2006) suggest that, although using the term 'queer' avoids an essentialist binary definition, it can also prevent collective action against discrimination and oppression. Moreover, Burr (1998) warns against a wholesale adoption of social constructionism, raising the difficulties of a world with no realities, only a 'multiplicity of perspectives' (p. 14), with no way of claiming that some groups are oppressed, when all constructions could make an equal claim of truth. Without definitions of lesbian, gay and bisexual, it would be impossible to collect data and highlight oppressive practices.

There is a third approach, namely critical realism, that rejects the polarities of essentialism and social constructionism, recognising that reality can be constructed, but also that existing social structures impact on, and constrain, individual actions (Burr, 2003). From this perspective, social structures are neither fixed entities nor social constructions, but are historically pre-formed as products of the past (Lewis, 2002). The current social structures impact on the social world but not in a deterministic way, as alternative outcomes are possible (Willig, 1999a). This process is 'recursively related' (Lewis, 2002, p. 17) in the sense that social structures limit and influence how individuals make sense of the world, whilst those individuals, in turn, can shape the social world by drawing on their own sense of meaning (Willig, 1999a). Therefore, critical realism as a 'middle way' facilitates the deconstruction of unhelpful and damaging constructs, and helps to define 'why things are the way they are' and the 'ways in which they could be better' (Willig, 1999a, p. 38). In this way, for example, the recent lack of legal recognition for same-sex marriage can be understood to uphold an establishment discourse that these relationships are inferior to different-sex relationships. In writing this thesis, I adopt a critical realist approach that recognises that language has constructed, and continues to construct, same-sex relationships negatively, while also acknowledging the impact of social structures on social discourse. I am mindful that, whilst negative narratives of same-sex relationships may be socially constructed, the experience of being categorised and stigmatised is very real (Kitzinger, 1999).

1.7   Summary and research aims

In conclusion, present day, British same-sex partnerships are formed and maintained within a context of improving rights and recognition but with on-going discrimination and disadvantage that can affect mental health and relationships. As Riggs and das Nair (2012) note, 'social reform …. lags a long way behind laws intended to prevent discrimination' (p. 19). In addition, the complexity of the rights arguments over same-sex marriage and civil partnerships signals a complex interplay of assimilation and differentiation.

Therefore, the aims of the research discussed in this thesis were:

- to enhance my own understanding of the client experience in same-sex couple counselling;

- to explore the ways in which same sex-couples enter and experience counselling, giving voice to clients who are usually overlooked in research;

- and to contribute to good practice in counselling and psychotherapy through reflecting on the clients' experiences, and identifying more effective ways of enhancing the therapeutic process.

In Chapter 2, I will explore the existing literature on same-sex couples and the quality of their relationships. I firstly look at comparison studies with different-sex couples before identifying some of the unique features of same-sex relationships. Turning to theories, I provide an overview of three core bodies of counselling theory and their capacity to acknowledge sexual orientation together with a review of couple counselling theories. I then identify and expand on theories of power, including the theorising of stigma, as helpful lenses for understanding same-sex couple counselling. In so doing, I introduce the work of Goffman (1963) and French and Raven (1968). I then explore the ways in which clients seek therapeutic help and their experience in counselling, drawing on first hand client experience and accounts from therapists. Finally, I outline my research questions.

I discuss my chosen methodology in Chapter 3, making a case for adopting a mixed-methods approach that includes semi-structured interviews and an internet survey. These forms of data collection and the three chosen methods of analysis (namely, thematic analysis, descriptive statistics and discourse analysis) are discussed with reference to minority groups. I then outline three stages of data collection, namely: exploratory interviews, an internet survey and in-depth, follow-up interviews. I present an overview of my research participants and consider why they participated while others did not. I then move on to consider ethical issues and offer my own reflexive account as a heterosexual researcher. Finally, I outline key features of the data that will be explored in more detail in the subsequent three chapters.

In Chapter 4, drawing on the results of the exploratory interviews, I investigate the experiences of same-sex couples seeking therapeutic help for a troubled relationship. I utilise thematic analysis in order to report the 'experiences, meanings and the reality of participants' (Braun & Clarke, 2006, p. 81). I begin to map out some key issues, such as the ways in which couples monitor signs of acceptance of their relationships, and make adjustments to protect themselves from negativity, linking these findings to theories of stigma and power.

In Chapter 5, using the results from the internet survey, and employing descriptive statistics, I explore same-sex couples' reasons for seeking help and the ways in which they prioritise selection criteria in their search for counselling, linking this to potential stigmatisation. I also extend the findings of Chapter 4 using thematic analysis to examine qualitative survey data, showing how the power imbalances in therapy can both silence couples, but also be used to affirm them and facilitate change.

Chapter 6 takes a more discursive approach to examine data from the follow-up interviews. Discourse analysis is used to gain further insight into the ways in which same-sex relationships and power imbalances are constructed in counselling. I explore the ways in which the participants positioned themselves as both the same as, and different from, different-sex couples, and how this affected the search for therapy. I show that, while the therapist's power may initially be appreciated, it can later be constructed as either inappropriate, or as an imposition of heterosexual norms.

In Chapter 7, the concluding chapter, I summarise and discuss my findings in relation to the management of same-sex relationships, the process of seeking therapeutic help and the client experience of same-sex couple counselling in relation to therapist power. I then discuss how this thesis contributes to the LGB literature in general and to the literature on couple counselling in particular. Finally, I consider the limitations of this research, suggest some implications of its findings for future couple counselling practice, and highlight some ideas for future research.

Chapter 2   Counselling and LGB Clients: Exploring the Literature for Individuals and Couples

In the previous chapter, I briefly outlined the political history of sexuality and the negative discourses relating to same-sex relationships, together with relevant recent legislation. Although much has changed in Britain and elsewhere through anti-discriminatory legislation and the legalised right to affirm relationships through marriage or partnership ceremonies, Weeks (2003, p. 20) maintains that 'traditional homophobic norms and values remain deeply embedded'. There is evidence of continued, if less blatant, discrimination towards same-sex relationships in the media with same-sex couples having limited visibility and the media reliant on LGB stereotypes (Guasp & Dick, 1012). In addition, heterosexism, monosexism, homophobia and biphobia are still present, for example in assumptions of heterosexuality in women's health care (Fish & Bewley, 2010) and LGB people 'suffering wide-ranging abuse, from physical assaults and threats of violence through to harassment, verbal insults and damage to their property' (Guasp, 2013, p. 4). It is within this more visible and legally recognised setting that same-sex couple counselling now takes place. The following literature review now examines these relationships, including same-sex couples' experiences of seeking and undergoing counselling. I begin by exploring same-sex couple relationships, including how these compare to those of different-sex couples, and some unique features of same-sex relationships that have been foregrounded in the literature. I also consider the relevance of theories of individual and couple counselling to sexual orientation. I then introduce two approaches to theorising power that can help to elucidate the experiences of same-sex couples in Western society, and the ways in which these couples search for and experience therapeutic help. As there is a dearth of research concerning the latter, I will also draw on therapists' published accounts of casework and literature relating to the experiences of individuals in counselling, in addition to the limited evidence relating to couples.

2.1 Same-sex and different-sex couples: similarities and differences

Despite the significant social gains made by same-sex couples, Clarke et al. (2010) have suggested that their enhanced societal recognition may have been achieved through assimilating into heterosexual norms. In this section, I review research on same-sex couples and their relationships, exploring the findings of comparison studies. Given the history of persecution of people who do not identify as heterosexual and society's negative and judgemental attitudes (Pope, Murray, & Mobley, 2010), it is unsurprising that early research on same-sex couples sought to dispel negative myths and demonstrate that these relationships were the same as different-sex relationships (Clarke et al., 2010; Warner, 2004). In this section, I examine four aspects of this comparative paradigm: relationship satisfaction, support, household labour and childcare, and couple interactions.

Firstly, research exploring factors relating to relationship satisfaction has, overall, found little difference between same-sex and different-sex couples. Kurdek (2006), applying a model of heterosexual relationship adjustment (Huston, 2000) to 1753 gay and lesbian unmarried, and 4314 heterosexual unmarried and married couples, found that these 'close dyadic relationships work in similar ways' (p. 509). Similarly, Roisman, Clausell, Holland, Elieff and Fortuna (2008), in a comparative study of 60 same-sex couples, 50 engaged, 40 older married and 109 dating different-sex couples found insignificant differences in relationship quality, based on self and partner report, and observation by researchers. Moreover, in a ten-year longitudinal study of 95 lesbian couples, 92 gay male couples, 226 different-sex couples with no children and 312 different sex couples with children, Kurdek (2008) found similar relationship quality paths. More recently, Conley et al. (2009), using the same data as Kurdek (2006), tested a positive illusion model that suggests relationship satisfaction is linked to one partner viewing another more favourably than they see themselves. For all four groups included in the research (lesbian, gay, heterosexual married and heterosexual cohabiting couples), relationship satisfaction was associated with positive perceptions of the partner and not whether the relationship was same or different-sex. Therefore, the research suggests that relationship satisfaction is not impacted by the gender of the partner, but relies on more subtle factors such as degree of positive perception.

A second focus for comparative research has related to levels of support. Research suggests that compared to married women, lesbians report less support from their own and their partners' family of origin, whilst gay men perceive more support from their friends than do married men (Kurdek, 2001, 2004; Solomon, Rothblum, & Balsam, 2004). Kurdek (2004) suggested that the enhanced level of support from friends for same-sex couples can, in some part, compensate for lack of family support. However, the creation of an alternative family or 'family of choice' (Weeks et al., 2001), whilst offering support in the face of homophobic relatives, does not have to be seen as a deficit or second class option. Rejecting this heteronormative view, Weeks et al. (2001) suggest that friends and ex-lovers can form effective alternative families, successfully appropriating and claiming the term, 'family', for the non-heterosexual community. This can particularly be the case where a family of origin have been rejecting, but also applies to lesbians who feel that their chosen family is better able to understand them (Liddle, 2007). However, some of this research is arguably becoming dated, given the rapidly changing social context for same-sex couples in Britain. In more recent research by Heaphy, Einarsdottir, and Smart (2012), fifty couples aged under 35 years were interviewed about their experiences of being in a civil partnership. The couples reported that they predominantly felt, not only very similar to married couples, but also quite comfortable with their family of origin, showing little evidence of the adoption of 'families of choice'. Reflecting on these findings, Heaphy et al. (2012) suggest that British society's increased acceptance of same-sex relationships, together with the recent legislative advances may have contributed to their interviewees reporting feeling like an 'ordinary' couple. LaSala (2013), in a review of family therapy and sexuality, noted three historical waves of research findings: where families of origin were blamed for their children's sexual orientation; where LGB people hid their sexual orientation fearing family rejection; and, finally, where families of origin provided a support to LGB children, enhancing their mental health and well-being. Whilst there appear to be positive changes in the experiences of same-sex couples, Heaphy et al. (2012) note that discrimination will still exist for some couples, and point out that the participants in their research may have been conforming to heterosexual norms in order to experience societal approval.

A third significant focus for research relates to the division of household labour and childcare. Solomon, Rothblum and Balsam (2005) compared over 300 lesbians and gay men in civil unions, over 200 friends in same-sex relationships but not civil unions and over 400 of the civil union couples' siblings. They found that differences in the distribution of household tasks were along sexual orientation, not gender or family culture lines. Those in same-sex relationships, whether or not in a civil union, reported more sharing of household tasks, whereas the married women stated that they undertook the majority of the housework and married men reported undertaking fewer tasks around the home (for example washing, cooking and cleaning). Whilst Gotta et al.'s (2011) study of same and different-sex relationships in 1975 and 2000 found a small historical increase in division of household tasks overall, same-sex relationships continued to be more egalitarian. Moreover, Kurdek's (2007) study of 79 same-sex couples not only found that they shared household tasks equally, but also found a positive association between levels of sharing and reported relationship satisfaction and stability. Participants in Connolly and Sicola's (2005) qualitative study of ten lesbian couples in long-term relationships noted that equality was achieved through negotiation and, at times, compromise. Crucial to this process was the lack of 'gender-proscribed norms' (p.158) and partners' commitment to sharing tasks. This heightened sharing of tasks is equally prominent among same-sex couples when parenting is added to the domestic responsibilities. Patterson et al. (2004) compared 66 lesbian and heterosexual couples and found that heterosexual women consistently spent more time than their partners looking after children, whilst lesbian parents shared this responsibility more equally. Dunne (1998) has argued that, in the absence of stereotypical unequal gender roles, lesbians in relationships have more flexibility to negotiate how to organise and balance their life and work. Similarly, Patterson et al. (2004) suggest that women in relationships with other women aspire to share parenting and will adjust their work life to accommodate this. In contrast, the heterosexual men in Patterson et al.'s study worked twice as many hours in paid employment as did their partners, inevitably limiting contact time with their children.

Finally, poor and destructive communication in relationships is a major presenting issue when couples seek therapy (Doss, Simpson, & Christenson, 2004) and researchers have

examined the ways in which conflict is managed in same and different-sex relationships. Gottman et al. (2003) conducted research with 40 committed same-sex couples and 40 different-sex married couples, examining respondents' self-reports, and also observing couples engaged in discussion. They found that compared to different-sex couples, same-sex partners were better able to raise potentially difficult issues, and to hear and respond to these constructively. Moreover, they were also better able to keep focused on the difficult issues and avoid introducing distractions. Nevertheless, these authors point out that comparison of groups who had engaged in a commitment ceremony, that is marriage, with those who had not, may influence research findings. They suggest that participants who are not legally committed may be more cautious in the way that they interact with their partners, as either could easily leave the relationship. Conversely, however, Lannutti (2005) in a web-based survey of 288 LGBT participants' views on same-sex marriage, found that a legal commitment was deemed not only to confer enhanced status for a relationship, but also to make some couples more likely to persevere and work at maintaining it. Gottman et al. (2003) suggest that different-sex couples have much to learn from the ways in which same-sex couples manage the process of conflict in their relationships. Listening and responding constructively are standard therapeutic techniques taught to clients in couple counselling (Greenan & Tunnell, 2003; Hulson & Russell, 1991) and they appear to be more prevalent between same-sex partners.

Although comparative studies have raised the profile of same-sex relationships and challenged the view that they are pathological, there are identified difficulties with such research. Some of these difficulties overlap with the argument discussed in Chapter 1, that same-sex couples are pressurised to be 'functionally similar' to different-sex couples (Boyd, 2004, p. 213), leading to assimilation of heterosexual norms. There are also more subtle issues for LGB groups, who may lay claim to be both the same as, and different from the heterosexual majority. For example, Barker's (2005) polyamorous participants engaged in a discourse that positioned polyamorous partnerships as both better than monogamous ones and also just another kind of relationship. In the following critique of this comparative research, I will address the use of heteronormative measures, the lack of research into the uniqueness of same-sex

relationships, sampling issues, and finally, assumptions of uniformity amongst LGB populations.

Firstly, it has been argued that comparative studies can be seen as heteronormative as they draw on theories and measures developed specifically for different-sex relationships (Kitzinger & Coyle, 1995; Kurdek, 2005). They consequently adopt a 'deficit framework' (Pope et al., 2010, p. 164) that takes different-sex relationships as the norm and measures same-sex ones as either the same or implicitly inferior. For example, Kurdek (2006), in a comparative study of partners in same and different-sex realtionships drew on a model devised for different-sex couples in marriage or intimate relationships. This model employed social support as a measure of satisfaction, using a proxy measure of the 'frequency of contact with friends relative to that with family' and 'feeling accepted by partner's mother and ….partner's father' (p. 510) when it is possible that parents will be disapproving and LGB people may turn to families of choice. Clarke et al. (2006) point out that the very process of comparing a minority group against the norms of a majority group gives credence to the idea that the majority behaviour is the norm, thus reinforcing heteronormative models of relating and pathologising same-sex relationships. It is valuable to identify similarities in same and different-sex relationships, provided that the measures used are not predicated only on heteronormative constructs.

Secondly, little research has been conducted to identify the unique variables in same-sex relationships (Kurdek, 2005) and to focus on the strengths within those relationships (Pope et al., 2010). Indeed, Kurdek (2004) in a longitudinal study of 80 gay and 73 lesbian couples without children, and 80 heterosexual married couples with children, found that where differences occurred, 78% indicated better functioning for same-sex couples than different-sex relationships. In working from a premise that same-sex relationships are not the same as different-sex ones, but bring alternative models of relating, for example in more shared childcare and household tasks, there is an opportunity to contest heterosexual norms. Clarke (2002), in relation to parenting defines this as 'transformative' difference (p. 214) and, like Kitzinger and Perkins (1993), recognises the political dimensions of promoting not sameness but alternative difference, with the subsequent potential threat this offers to heteronormativity. The

findings of comparative research highlight alternative ways of managing relationships, based on greater equity between partners, and in this way they challenge the social order. For example, a new way of approaching work/home tasks is called for by Dunne (1997) when she asks 'why can't a man be more like a woman?' (p. 178). Promoting shared childcare, she suggests, would prevent men from taking on jobs that kept them away from the home for long hours, while engaging in an equal amount of household labour would make long working hours unrealistic (Dunne, 1998). This is, perhaps, an example of Kitzinger and Perkins' (1993) argument that lesbianism 'is a blow against patriarchy' (p. 61). Far from being 'harmless', non-heterosexual lifestyles have the potential to challenge heteronormativity, which privileges the desirability of monogamous, cohabiting relationships (Jowett & Peel, 2010).

A final difficulty lies in research that compares LGB and non-LGB populations, which can be deemed to imply an inappropriate uniformity that misses differences between sub-groups (Savin-Williams, 2008). For example, Savin-Williams and Diamond (2000, p. 623) suggest that 'gender is a more powerful predictor of sexual behavior than is sexual orientation.' In much research, participants are deemed to form presumed homogeneous groups of same or different-sex couples, a categorisation that does not recognise the varied backgrounds and lifestyles of participants. For example, in addition to differences in ethnicity or disability, partners may have been in previous different-sex relationships, or engaged in alternative forms of relating such as polyamory. Barker (2007) claims that, in much research into marginalised groups, the existence of such intersections is not considered and findings are often extrapolated inappropriately to the whole population of same-sex couples. Attention to intersectionality is perhaps of greater importance with same-sex couples as Bepko and Johnson (2000) suggest there is greater diversity between partners due to the relative smallness of their potential choice of partners.

To summarise, comparative research into same and different-sex couples has established that the former cannot be seen as dysfunctional since they share many attributes with the latter. However, in much of this research, difference is afforded a value normally set by the heterosexual majority. This misses the point that differences are 'equally valid, not better or worse' (Marshall, 2004, p. 16). Consequently, these

results fail to capture the uniqueness of same-sex relationships and can be seen to privilege heterosexual ideas of couple relationships. In addition, when all same-sex relationships are grouped together, other aspects of difference such as (dis)ability, ethnicity or class, are ignored (Fish, 2006; Riggs & das Nair, 2012). In counselling terms, the assumption that same-sex couples are just the same as different-sex ones, would fit with Mohr's democratic model (2002) in which counsellors can reduce their discomfort, whilst maintaining a liberal stance that 'eschews any analysis of power relations between groups' (Clarke, 2005, p. 2). However, as Kitzinger (2005b) argues, there is a societal 'inattentiveness to heterosexuality' (p. 223) that also constructs heteronormativity and therefore maintains the power imbalance between same and different-sex couples. To address the limitations of comparative research, I will now consider some of the unique elements of same-sex relationships in the context of a heterosexist society.

2.2 Issues specific to same-sex relationships

As previously discussed, there is a risk of missing the uniqueness of same-sex relationships if we only consider comparative research. Notwithstanding their similarities with different-sex couples, same-sex couples are a minority group and subject to negative socio-historical external forces and discourses. In this section, I focus on research into the unique experiences of same-sex couples, considering minority stress, being out, gender issues, sexual relationships, and models of relationships.

2.2.1 Minority stress

Meyer (2003) describes minority stress, as 'the excess stress to which individuals from stigmatised social categories are exposed as a result of their social, often minority, position' (p. 675). Although Richards and Barker (2013) suggest that 'marginalisation stress' (p. 6) would be a more appropriate term, given the possibility of some

marginalised groups being in a majority, I use the former term which is adopted in most contemporaneous research. Meyer (2003) identified key elements of minority stress for LGB individuals, and I will draw broadly on these elements and apply them to couples. They are: external events, expectations of stressful events, and internalised negative attitudes.

Beginning with external events, same-sex couples are subject not only to discrimination, homophobia and biphobia, but also to 'mundane heterosexism' (Peel, 2001b, p. 541) where their relationships are devalued or ignored in everyday language through the privileging of heterosexuality. Kitzinger (2005a) highlights this in her analysis of after-hours calls to a medical centre, where physicians' responses made assumptions about intimate and parental relationships and living arrangements, based on heterosexual norms. These responses demonstrate the ways in which same-sex relationships and families are marginalised through everyday talk. DePoy and Noble (1992) illustrated this with the example of a women couple who went out for a meal to celebrate their anniversary and were shocked when restaurant staff assumed it was a birthday and sang to one of the couple. This mundane heterosexism can occur even where others are trying to be supportive. For instance, in Peel's (2012) analysis of non-heterosexual women's experiences of pregnancy loss, the responses of others were generally supportive. However, the assumption, for example, that the couple could simply 'try again' (p. 42) was hurtful, based on the supposition of heterosexual sex and minimising the complex process for women in same-sex relationships to become pregnant. Similarly, Clarke (2005), who analysed heterosexual student talk about same-sex parents, suggests that students position themselves as liberal, and yet maintain a discourse that positions non-heterosexuality as a deficit. Same-sex couples will be exposed to this in their everyday life; however, there is also evidence that this may occur in the counselling room. Evans and Barker (2007) ran focus groups with counsellors from a national couple counselling organisation and found an attempt at a broadly liberal discourse, but also some elements of heterosexism and heteronormativity. For example, counsellors assumed the need for children to have 'male' and 'female' parental role models, and justified this attitude using a discourse of putting the children first. None of them seemed aware of research challenging the view

that children of same-sex parents do less well than those of heterosexual parents (for example Stacey & Biblarz, 2001). Of additional concern here was the senior role that some of the participants undertook within the organisation, as experienced counsellors and supervisors (Evans & Barker, 2007).

Minority stress can also impact on LGB individuals through anticipated discrimination, resulting in poor mental health (Meyer, 2003). Around 40% of LGB people, compared to 13% of people on average, worried about being the victim of a crime (Dick, 2008). This fear extends to the work place, for example, same-sex couples in Depoy and Noble's (1992) qualitative study, reported fear of workplace harassment and discrimination, which they attempted to deflect by hiding their partnership status. Hunt and Dick (2008) found that where a hate crime had occurred, LGB people expected to be treated less favourably than heterosexuals when reporting the incident. In qualitative studies of stress in same-sex relationships (Rostosky et al., 2007), couples were distressed by heterosexuals' negative stereotypes of their relationships. For example, the perpetuation of the 'myths' described in Chapter 1, that LGB people are promiscuous and incapable of making a sustained commitment to an intimate partner. Rostosky et al.'s (2007) respondents also reported an imposition of male-female roles on same-sex couples that invalidated their liberation and freedom to determine individual partnership roles. These results are also found in more wide-ranging research. In a study of individuals in various marginalised relationships, for example, those with wide partner age-gaps and inter-racial couples, as well as same-sex partners, those who perceived greater disapproval of their relationship, had significantly lower levels of relational commitment (Lehmiller & Agnew, 2006). Anticipating rejection, a couple in Rostosky et al.'s (2007) study commented on being stared at in a supermarket and imagining negative comments. In this study, Rostosky et al. (2007) found that about one in four couples anticipated that same-sex relationships would not last, perhaps internalising negative messages. These poor expectations risk impacting on the quality of the relationship (Otis, Rostosky, Riggle, & Hamrin, 2006).

Finally, among same-sex couples, an increase in internalised homophobia, biphobia and internalised oppression (see Kitzinger, 1996; Kitzinger & Perkins, 1993) has been associated with poorer relationship satisfaction. For example, in studies of 396 LGB

individuals (Frost & Meyer, 2009) and 51 college students in same-sex relationships (Mohr & Daly, 2008) internalised homophobia was associated with poorer intimate partner relationships. In addition, Balsam and Szymanski (2005), in a study of 272 lesbians and bisexual women, found that participants with a lower internalised homophobia score experienced less conflict in their relationships. It is perhaps unsurprising that a negative construction of intimate partnerships and heightened awareness to others' negativity would impact on the relationships. However, Spencer and Brown (2007) found no significant difference in relationship satisfaction where couples reported different levels of internalised homophobia. These authors suggest that having one partner with a more positive attitude towards their sexual orientation may provide 'a buffer against relationship dissatisfaction' (p. 264).

To conclude, minority stress acts on same-sex couple relationships in a variety of ways from overt homophobia and biphobia, and hate crimes to subtler experiences of more mundane heterosexism (Peel, 2001b). It is, however, a pervasive experience in everyday life and, from the evidence of Evans and Barker (2007), may also be found in the counselling room. Same-sex couples' awareness of being different from the majority will also influence their choice as to whether or not to come out and their sensitivity to others' responses to this decision, as I will now discuss.

2.2.2   *Being out as a couple*

The choice of publicly communicating one's sexual orientation, known as 'coming out' (Mosher, 2001) is an on-going decision to be made whenever LGB individuals encounter new acquaintances and new situations. In this respect, Hegarty (2007) describes silence as the privilege of heterosexuals as they do not declaim their straightness; he suggests that, if they did, questions would be asked about why they felt the need to do so. Bepko and Johnson (2000) see the act of coming out as finally permitting 'the development of a narrative that gives voice to same-sex feelings and that redefines relational connections' (p. 411). However, there continue to be issues for individuals after coming out. Valentine's (1993) lesbian participants reported that their

relationships were not recognised as unique and they became 'honorary heterosexuals' (p. 404) at work. Moreover, in Hunt and Fish's (2008) survey, 10% of the lesbian and bisexual women who came out to a healthcare worker experienced their sexual orientation as being ignored, with 70% of the healthcare workers responding inappropriately.

In addition to the individual process of coming out, couples have to make a decision about disclosing their relationship to others, thereby potentially attracting social stigma (Rostosky et al., 2007). This claiming of a 'social identity' (Bepko & Johnson, 2000p. 411) has ramifications for the couple relationship. Couples may seek to avoid potential hostility through hiding their relationship from family, or be fearful of shaming their parents or other family members (Caron & Ulin, 1997; DePoy & Noble, 1992). This form of self-protection extended to the names used for a partner, for example, as one of Bates and Demajo's (2013) participants stated, 'a 'wife' among friends is a 'roommate' when the cable repairman comes to the house' (p. 67). Conversely, couples may also seek to maintain social support through being open about the relationship (Beals & Peplau, 2001; Caron & Ulin, 1997; DePoy & Noble, 1992). In this respect, same-sex couples differ from different-sex couples, where partners can make assumptions about family and community support (Caron & Ulin, 1997). I acknowledge that there are other groups with 'socially devalued relationships' (Lehmiller & Agnew, 2006, p. 40) for example, couples with mixed heritage or with a substantial age gap. Research into the possible relationship benefits of same-sex couples being out has produced conflicting results. Definitions of coming out have been operationalised to include the way in which sexual orientation is both known and communicated, for example, who knows or does not know, and what is openly discussed or not (Caron & Ulin, 1997; Mohr & Fassinger, 2000). Haas and Stafford (1998), in a thematic analysis of 30 gay men and lesbians' relationship maintenance behaviours found that being out in as many situations as possible was a positive factor for the relationship. This included hosting celebrations for family and friends and jointly sending social correspondence, leading to a sense of 'couple identity' (p. 853). Conversely, Beals and Peplau (2001), in a study of 784 lesbian couples in the USA, found that neither partner's disclosure was significantly associated with the quality of the relationship. Balsam and Szymanski

(2005) concur with this finding in their quantitative study of 372 women in same-sex relationships, offering an alternative hypothesis that difference in 'outness' between partners has a greater impact on relationship quality.

Even where couples are out, they may experience a lack of recognition or support in their social and family life. For example, over day-to-day dilemmas such as expressing physical contact in public, having a formal name to call a partner, buying named cards, and hiding sexuality, either deliberately or through omission (DePoy & Noble, 1992). This invisibility or invalidation is accentuated when families either ignore a partner or acknowledge the same-sex relationship but then downplay its importance, for example, by not sending cards, excluding the partner from family events or providing separate bedrooms for the couple on family visits. Even ostensibly supportive families can find difficulty in overcoming some heteronormativity. In Peel's (2012) analysis of the discourses of a couple announcing their intended civil partnership, one mother responded in practical terms rather than with the joy that might be expected towards an impending heterosexual marriage. In a similar manner one of Rostosky et al.'s (2004) participants noted that, although there was a lack of hatred on the part of his partner's family, their support only extended to them being 'not unhappy' (p.49) about the couple's relationship. Whilst support from families is often available and valued, this continues to be conditional and associated with small invalidations. It is the lack of such traditional forms of support that often leads couples to seek help from families of choice as described in section 2.1. Whilst Bepko and Johnson (2000) highlight the benefits of women's experiences through families of choice, they also note a potential difficulty in an insecure current relationship when an ex-lover is turned to for support.

To summarise, same-sex couples frequently have to decide whether to be 'out' to new acquaintances, potentially making the choice between invalidating the relationship by hiding it, or risking negativity by being open. Support for outness can be variable, with couples often feeling that they are marginalised and treated less positively than siblings in different-sex relationships, and support from friends at times being more prevalent than from families.

2.2.3   Gender and sexual issues

In Europe and North America sexuality is linked to gender identity, that is 'the shared beliefs and meanings attributed to what it means to be a man or a woman (masculinity and femininity)' (Valentine, 1993, p. 396). Taking gender to be socially constructed (Ellis, 2012) there are associated heterosexual stereotypes about what it means to be male or female and these have been transposed onto being lesbian or gay. For example, Peel's (2005) research on Lesbian and Gay Awareness Training (LGAT) found that trainees produced lists of words that identified lesbians and gay men predominantly through specific sexual practices, and drew on discourses of gender inversion. There are a number of ways in which same-sex partnerships may be socialised to be different from one another, reflecting their gender differences (Means-Christensen et al., 2003). Eldridge (1987) suggested that, regardless of sexual orientation, women placed higher value on 'equality, emotional expressiveness, and similarity of attitude between partners' than do men (p.569). Decker (1984) too argued that women are rewarded for attachment and relationship skills, for putting the needs of others before themselves and for equating love with sex. In addition Moon (1996) highlights barriers to intimacy between men that include difficulties in expressing vulnerability and lack of role models that demonstrate acceptable men's affection. Perhaps reflecting these gender norms, research indicates that women's same-sex relationships are more likely to arise out of friendships, whereas, for men, the first same-sex encounter is more likely to be sexual (Eldridge, 1987; Simons, 1991). However, it is important not to oversimplify gender specific ways of relating (Ellis, 2012), or to assume that men's experiences are the norm, for example, through assuming that 'sexuality and sexual orientation are first and foremost about sexual behavior' (Peplau & Garnets, 2000, p. 338). As an example of the latter, Peplau and Garnets speculate on the potentially different outcome if Alfred Kinsey, the American sexologist, had asked about emotional yearnings, not sexual acts. In addition, gender can be considered to be the 'performance of a role' (Bepko & Johnson, 2000, p. 410) and therefore dependent on the context and culture. I now explore how some of these gender norms impact on women and men in same-sex relationships, focusing in particular on 'fusion', sexual activity and non-monogamy.

Historically, for women in same-sex relationships, 'fusion', characterised as 'intense anxiety over any desire for separateness or autonomy within the relationships' (Krestan & Bepko, 1980, p.277), has been seen as an unhealthy state, and occurring when the pursuit of harmony overrides the resolution of conflict (Causby, Lockhart, White, & Greene, 1995). Krestan and Bepko (1980) have suggested that living in a society that does not recognise their relationships has resulted in women attempting to draw their own couple boundaries. In this way, any threats from outside may cause these boundaries to become rigid, resulting in the women turning in on themselves against the world. This may, of course, be a rational response to a hostile and oppressive world (Weinstock, 2004), and a non-pathological survival response to society's attempts to deny and devalue women's same-sex relationships (Greene, Causby, & Miller, 1999). However, the equating of separateness with maturity can be seen as a male attribute valuing individualism (Gold, 2003; Greene et al., 1999) and one that many women find frustrating (Connolly, 2005). Turning to the empirical literature, a comparative study of 66 lesbians and 77 heterosexual women found no differences in levels of reported 'fusion' (Greene et al., 1999), perhaps suggesting that fusion is an issue of gender rather than sexuality. Moreover in a larger study of 76 women and 58 men in same-sex relationships together with 1221 women and 285 men in different-sex relationships, Frost and Eliason (2014) found little evidence that women couples had 'higher rates of fusion, nor did they demonstrate a greater ''urge to merge'' compared to other types of relationships explored' (p. 7). Finally, if 'fusion' is seen as a socially constructed, negative phenomenon, a way forward would be to rename the concept of 'fusion' as 'linking, connectedness, or commitment' (Greene et al., 1999, p. 91). Adopting such a focus, Hill (1999), in a qualitative study of eight lesbian couples who had not sought therapy, found that high levels of communication can lower conflict, suggesting that this ability to reduce friction through effective communication may have been mistaken for 'fusion'.

Krestan and Bepko (1980) suggested that, in gay men's relationships, societal pressure for men to be autonomous will lead to some form of distancing. Tunnell et al. (2004) focused on society's disapproval of emotional sensitivity in men and, in particular, the negativity towards young gay men who are perceived to express any traditionally

labelled feminine attribute, such as a pursuit of intimacy. Therefore, in a men's same-sex relationship, Tunnell et al. (2004) note that an expressed desire for closeness can reactivate feelings of shame, based on negative stories of 'sissy' boys. It is this sense of shame that can infiltrate the couple relationship, particularly when the couple share the stereotype of being 'emotionally self-reliant and not …dependent on other males' (Tunnell et al., 2004, p. 18).

Turning to sexual relationships, and in relation to women couples, Solomon et al.'s (2005) study of nearly a thousand participants of same-sex partners in civil unions, their married siblings and non-civil-partnered same-sex friends, found that lesbians had sex less frequently than did married heterosexual women. However, Peplau and Fingerhut (2007) suggest that notions of sex are based on 'male construct(s)' (Simon, 1996, p. 112), and therefore do not allow for gender differences in defining and measuring sexual behaviour. An example of this is the perceived falling off of sexual activity about two years into a lesbian relationship, termed 'lesbian bed death' (McNally & Adams, 2000, p. 86). Fassinger and Arseneau (2007) suggest that this is more to do with 'invisibility of the range of lesbian erotic activity' (p. 31). Iasenza (2002) adds that it 'overgeneralizes and essentializes' the sexual experiences of women in same-sex relationships (p. 112). She argues that the unit of measurement for sexual activity relates to discrete events rather than length of encounter. If researchers used the length of time engaged in sexual activity rather than the frequency of a discrete act, then same-sex female couples would have more sex than different-sex couples (Iasenza, 2002). Furthermore, definitions of sex based on both heterosexual and male-gendered notions can lead to inappropriate diagnoses for women. For example in DSM IV[3] a diagnosis of 'female orgasmic disorder' relates to a failure to reach orgasm given sufficient stimulation (Graham, 2010), even when this absence has not been seen as distressing for the women involved (Basson, 2000). In order to address the perceived deficiencies in models of sexual arousal for women, Basson (2000) devised an alternative model for women's arousal with more flexible and varied responses, including an outcome of

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[3] DSM V has combined two female disorders as 'female sexual interest/arousal disorder' (APA, 2013).

pleasure and intimacy rather than orgasm. Finally, Nichols (2004) reported that the Institute for Personal Growth female sexuality survey of 104 lesbians and 89 heterosexual women, found that lesbians reported fewer sexual problems.

Gay men in relationships are subject to heterosexual norms of what constitutes romantic love and to the binary norm of relationships (Worth, Reid, & McMillan, 2002), whilst also having the opportunity to create alternative ways of managing sexual pleasures. Both gay and straight men[4] in Solomon et al.'s (2005) research engaged in the same frequency of sex, perhaps supporting the view of Ritter and Terndrup (2002) that sexual prowess has been socialised for all men as a measure of manhood. However, in terms of monogamy, Solomon et al. (2005) found that there were differences between groups of men, with three-quarters of heterosexual men, one half of male siblings in civil unions and one third of the gay men not in civil unions in agreement with their partner not to have sex outside of the relationship. Barker and Langdridge (2010) challenge the normativity of monogamy as 'mononormativity' (p. 750), comparing this to heteronormativity. Traditionally, non-monogamy has been seen as pathological, and related to lack of trust and reliability (Klusacek & Keefler, 2006). However, in interviews with 70 gay men in committed relationships, Adam (2006) found that negotiated rules around extra-dyadic sex could be used to support a close and satisfying partnership. Similarly, in LaSala's (2004) qualitative interviews with 65 coupled gay men, openly non-monogamous couples were no less satisfied with their relationships than monogamous couples. In addition, Yip's (1997) interviews, with 30 gay Christian men in intimate relationships, supported the argument for freedom to negotiate sexual boundaries in men's intimate relationships. Clarke et al. (2010) argue, from a liberal perspective, that if people are engaged in safer sex, 'does it matter how much sex they are having?' (p. 182), highlighting society's moral impositions on sexual activity.

However, heterosexual norms can influence men's same-sex relationships. Worth et al.'s (2002) qualitative interviews with 20 men, representing eleven couples suggested that notions of romantic love based on heterosexual norms continue, and influence the

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[4] Bisexual men were not a focus of this research

democratic process of decision-making between the couple. In contrast, some participants in Yip's (1997) study rejected the heterosexual model of monogamy, arguing that, as their relationships were not legally, religiously or socially sanctioned, this did not apply to them. Finally, taking a more longitudinal view of all couples, Gotta et al. (2011) found that, between 1975 and 2000, there was a significant increase in monogamy agreements in both different and same-sex couples. This led to speculation that awareness of sexually-transmitted infections had tempered engagement in sex outside of the primary relationship. However, it was not clear if this movement was driven by health fears or a shift to the heterosexual norm of long-term monogamous relationships (Gotta et al., 2011). The authors note that younger LGB people are showing a preference for engaging in more long-term, monogamous, legally recognised relationships, therefore challenging the stories of promiscuous and short-term same-sex relationships. This finding questions the meaning of marriage and legal commitment and obliges us to query whether same-sex couples are adopting heterosexual norms of monogamous long-term relationships or whether these 'norms' will be challenged, as discussed in Chapter 1.

I now turn briefly to discuss engagement in bondage, domination, sadism and masochism (BDSM). This umbrella term includes a range of activities, incorporating power, domination, pain and role playing within a safe and consensual agreement (Nichols, 2006). BDSM is utilised across all forms of relationship; however, Kolmes et al. (2006), in questionnaire research with 175 BDSM participants, found that approximately one third of them identified as heterosexual and two thirds as LGB. BDSM is subject to a number of myths and misconceptions. These include linking BDSM with child abuse, intentionally damaging behaviour and a way of avoiding intimacy (Nichols, 2006) or being diagnosed as 'crazy' (Kolmes et al., 2006). Participants in Kolmes et al.'s study were selective in revealing their BDSM activities to others. For example, 65% reported that most friends knew, 45% said that most of the nuclear family were aware, but only 29% were open at work; however, it is not known how many of these participants identified as LGB. Stiles and Clark (2011) suggest that the stigma of being part of a group that engages in BDSM must be hidden in order to

safeguard not only themselves and their jobs, but to protect their families from any negative fallout.

The impact of Society's views on gender and sexual orientation has far-reaching effects for those who do not conform to majority norms, resulting in the pathologising of sexual activity, non-monogamy and BDSM practices. Although Bepko and Johnson (2000) have argued against the polarisation of gender roles and attributes, and advocated a more nuanced exploration of 'meanings that we assign to biological differences' (p. 410), nonetheless, it seems that dominant gender discourses will impact on those in same-sex relationship. Ellis (2012) highlights two key gendered discourses based on heterosexuality. Firstly, that men have an uncontrollable and biologically driven desire for sex, and secondly that women are asexual and motivated to meet their different-sex partner's needs. This leads to a complex situation where same-sex couples can seek the liberation of being different, yet are also influenced by heterosexual, gendered norms. As Worth et al. (2002) note, 'the values and mores associated with dominant social institutions not only traverse the realm of gay intimacy but are also reproduced within these relationships' (p. 241). It is within these societal views of gender and relationships that models of same-sex relationships are developed, forming the basis for those embarking on such relationships and for therapists who are working with them.

2.2.4   Models of the relationship

Same-sex couples generally grow up with knowledge of only heterosexual models of relationships and no 'culturally sanctioned maps' that would enable them to determine behaviour and boundaries within their intimate relationships (Bepko & Johnson, 2000, p. 413). For many, the only models of relationships they encounter are those of family and these are rarely of same-sex couples (Spitalnick & McNair, 2005). The fourteen same-sex couples in Rostosky et al.'s (2007) qualitative research had turned either to parental relationship models or to other couples (both same and different-sex) who provided them with relationship scripts to either emulate or eschew. At the same time,

they demonstrated that they did not adopt the gendered power roles inherent in many different-sex relationships, but endeavoured to negotiate their own individual way of relating. This liberation from defined roles can be exciting and rewarding whilst also being hard work (Heaphy, Donovan, & Weeks, 2004). It also permits women to avoid what Heaphy et al.'s (2004) participants referred to as oppression within different-sex relationships. Moreover, the men in their study felt able to let go of dominant masculine discourses and behaviours and achieve a more authentic and intimate partner relationship. Refusing to adopt stereotypical heterosexual gendered roles was positive, however, these were aspects of what not to do in a relationship. Therefore, in the next section I discuss the literature on the ways people find out about how same-sex relationships might function.

Learning about same-sex relationships is not always straightforward. Valentine and Skelton (2003) note that LGB young people are likely to be brought up by different-sex parents who expect them to be heterosexual. Schools could offer alternative models, but, as I highlighted earlier, the legacy of Section-28 has cast a long shadow in UK educational settings. For instance, in recent qualitative research by Formby (2011), with 199 young LGB people, participants expressed disappointment and anger about the lack of information about same-sex relationships, particularly within sex and relationship education (SRE) classes. The participants in Formby's (2011) research reported that they felt marginalised and excluded by a predominant assumption that they were all straight. When same-sex relationships were mentioned, one participant noted that this was specifically in relation to AIDS, and another noted that lesbians and bisexual women did not seem exist. The media too, as and when it represents same-sex relationships, does so in an unrealistic and stereotyped fashion (Cowan & Valentine, 2006; Stonewall, 2010), as I discuss in Chapter 1. Learning by experience will be a fall-back route for many LGB people, but this can have pitfalls. Savin-Williams (1995) suggests that there are difficulties for young people wanting to experiment with dating same-sex partners. Due to the dearth of models of same-sex relationships, and environments in which to meet other LGB people, their encounters are predominantly sexual with no opportunities to 'try out' intimate relationships (p. 176). As a consequence of this lack of informal social space, some of the 43 participants in

Valentine and Skelton's (2003) research accessed gay venues that they experienced as uncomfortable. The authors suggest that, due to a lack of self-esteem and confidence, these young people perhaps found it difficult to reject sexual advances. Moreover, in the absence of role models with which to compare their situations, some of Donovan and Hester's (2008) participants, from four focus groups and 67 interviews, found themselves in abusive relationships.

Different-sex couples can rely on well-recognised stages in the development of their relationships. The declaration of an intention to marry has attendant rituals of 'engagements, weddings, exchanging rings, name changes, and alterations in legal and financial status' (Reczek, Elliott, & Umberson, 2009, p. 739). Until March 2014, marriage was not an option for same-sex couples in England and Wales; however, it has been possible since 2005 to engage in a civil partnership that formally and legally sets out rights and responsibilities for the couple. Engaging in a civil partnership poses some difficult issues for same-sex couples that are not present for heterosexuals embarking on marriage. In Rolfe and Peel's (2011) qualitative study of five couples and two individuals who had made the decision not to engage in a civil partnership, participants feared making a formal commitment. Their concerns included: being placed in a position where they would have to 'out' themselves, fearing incitement of family conflict, and having to sign up to heterosexual norms of behaviour. Therefore, whereas heterosexuals making a commitment through marriage as a stage in their relationship are likely to find this an overwhelmingly positive occasion, some same-sex couples in a similar situation may face negative outcomes. In order to ascertain LGB people's attitudes to same-sex marriage, Harding and Peel (2006) conducted a large scale internet survey with 1538 respondents. They found overwhelming support for same-sex marriage, and suggested that 'the social acceptance aspects of the legal recognition of relationships are, in many ways, more important than legal rights and responsibilities *per se*' (italics in the original) (p. 134). This was echoed in Fingerhut and Maisel's (2010) internet study of 239 people in same-sex relationships where the recognition of the relationship through a public ceremony was associated with life and relationship satisfactions. In addition, Reczek et al.'s research (2009) with 20 long term cohabiting same-sex couples also confirmed support for legal marriage, with 98% of participants in

favour. However, perhaps because commitment ceremonies have only recently been an option, the participants perceived these as a celebration of the relationship to date rather than the 'transformative act' (p. 745) that is generally attributed to marriage.

Couple counsellors often rely on a theoretical understanding of the stages of relationships to assess clients' presenting difficulties and determine the focus for work. For different-sex couples, these stages encompass: becoming independent of parents, marriage, having children, managing commitments, separating from parenting roles, children leaving home, and old age with possible illness or loss of the partner (Crawley & Grant, 2008). The emphasis on gender roles makes these models particularly inappropriate as blue prints for same-sex relationships (Rostosky, Riggle, Dudley, & Wright, 2006). Moreover, Ringer (2001) suggests that research into same-sex relationships is 'based on normative heterosexual assumptions' (p. 138) and draws on norms of lifetime relationships restricted to two people. In addition, these heterosexual life stages focus around an interaction of the couple within a wider social system that is often not available to same-sex couples, who may have little wider social support for their relationships (Caron & Ulin, 1997). Therefore, there has been a need for different models of relationships that locate same-sex partnerships within their wider social context and that acknowledge their alternative values and practices.

McWhirter and Mattison (1996) developed a model of men's relationships based on interviews with 156 couples over a five-year period, culminating in a six-stage model (McWhirter & Mattison, 1996; Ritter & Terndrup, 2002). The model tracks the development of individuation and togetherness, covering stages of trust and productivity for both the individual and the couple, and concludes with a celebratory stage of reflectiveness and concerns about the future (McWhirter & Mattison, 1996). This model must be used with some caution, as the data collected was cross-sectional rather than longitudinal and the social context for men in relationships in the 1980s, was different from today (Ritter & Terndrup, 2002). Ringer (2001), whilst commending the model for presenting a lifespan approach to men's same-sex relationships, criticises the implication that one model could satisfactorily describe the majority of men in same-sex relationships. It does however offer a framework for understanding some of the issues that gay and bisexual men may face in the development of their intimate

relationships. In normalising a presenting problem in terms of a developmental stage, the focus of the difficulty for a couple can be the relationship stage, rather than problems with either of the partners (McWhirter & Mattison, 1996) or, indeed, their sexual orientation.

Neither different-sex nor men's same-sex relationship models translate effectively to women couple life-stages (Klinger, 1996). There has been no comparable development of a lesbian or bisexual woman stage model based on empirical data, such as the McWhirter and Mattison (1996) model for men. However, Slater (1995) has devised a five stage 'lesbian family life cycle' model that, like the model for men, begins with the formation of the relationship. Ritter and Terndrup (2002) illustrate the influence of gender on this stage, for example, while men may withdraw from the intenseness of the relationship, women may adopt female roles of putting the needs of their partner first. Slater's last four stages comprise: establishing the relationship and managing similarities and differences; making a commitment for the future; productivity; and finally, negotiating changes due to ill-health or death.

The extant models are criticised by Ritter and Terndrup (2002), partly for the lack of substantial testing and verification, and also because partners could be at different stages of being 'out'. In particular, in terms of sexual identity, one partner's reluctance to be 'out' may be taken as a sign of lack of commitment to their relationship (Tunnell et al., 2004). Butler (2009) argues that even these specific models for same-sex couples are (hetero)normative as they privilege 'long-term, monogamous, cohabiting relationships' (p. 346) and exclude a range of different partnerships, for example, non-monogamous relationships or partnerships involving bisexual or transgendered partners (Barker & Langdridge, 2010). Slater (1995) also offers caution that the creation of rigid models can miss the rich diversity of relationships. For example, they may make assumptions about ethnicity, or omit different family structures and kinships. There is also a danger of creating another norm of same-sex relationship models, with any deviation interpreted as 'abnormal'.

A further form of relationship that is not well publicised is polyamory. This is included here as some same-sex couples may also be involved in such love relationships.

Klesse's (2006) definition draws on the Latin and Greek roots of 'more than one love' (p. 568) and does not necessarily imply only sexual relationships, nor a restriction to same-sex relationships. Polyamorous relationships can be formed in a number of different ways. For example, Barker (2005) describes relationships with a primary pair plus others, triads of three people, and relationships of two couples. They note that there are a range of living arrangements including all living together, and different agreements about whether the polyamorous relationships are open to involvement with others (for further discussions on the development of polyamory, see Barker and Langdridge (2010)). Barker (2005) argues that polyamory challenges the normative view that relationships should be between people of the opposite sex, monogamous and with women subservient to men. However, polyamory is conventionally linked to sex and promiscuity and those engaged in it described as 'over-sexed, self-obsessed, irrational and pathological' (Klesse, 2006, p. 577).

Turning to same-sex intimate relationships, two stages, namely beginnings and endings, have received particular attention. This discussion will now consider, the 'myths' of women getting together quickly (see also section 1.4), possibly through friendships, and same-sex couples maintaining friendships after ending a relationship. Firstly, in relation to beginnings, Rose and Zand (2002) identified three scripts relating to starting a women's same-sex relationship. The first, 'dating', they describe as meeting on an informal basis to discover if a relationship might evolve, describing this as a heterosexual concept. Two further forms of starting a relationship are also suggested: the 'friendship' script, where an intimate relationship emerges from an existing friendship, and the 'sexual' script where sexual attraction is the leading motivation. In their interviews with 38 lesbians, 74% of participants identified the friendship script as the most frequent, with the other scripts utilised to a lesser extent. However, there are some potential challenges for the friendship script. Peplau and Fingerhut (2007), for example, note that the move from friendship to lovers may be problematic in terms of assessing the sexual interest of a friend. Women forming relationships quickly are disparaged in the 'U-Haul' joke (Gordon, 2006) and Munson and Stelboum (1999) suggest that this phenomenon is driven by gendered norms. They propose that being brought up to 'to believe that sex is only good if you are in love, that love and marriage

go together' (p. 3) makes the rapid formation of intimate relationships inevitable, bypassing the stages of trialling and testing out. By contrast, Rose and Zand (2002) interpret getting together quickly as a result of enhanced intimacy brought about by a more egalitarian approach. Overall, the women in their research were able to adopt ways of getting together that did not adhere to heterosexual norms (see further examples in Rose & Zand, (2002)). Whilst women are more likely to form intimate couple relationships that begin as friendships, men's first encounters are likely to be sexual (Savin-Williams & Diamond, 2000). In Savin-Williams and Diamond's (2000) study of 164 men and women sexual minority adults, 20% of the men experienced their first sexual contact with a man who was a stranger, whereas this was never reported by the women.

With regard to endings, Harkless and Fowers (2005) conducted a quantitative study with 97 lesbians and gay men, and 84 heterosexuals[5], and found that gay men and lesbians achieved greater connectedness after the end of an intimate relationship than did heterosexuals. There is no name for this new relationship (Carl, 1990; Weinstock, 2004), and Weinstock (2004) questions the term, 'just friends', which is often applied to ex-lovers, criticising this as signalling a deficit rather than a potential. Whilst there may be some difficulties in managing the boundaries between friendship and intimate partnership (Bacon, 2012), there is the possibility of future supportive relationships, given a common history of affection and sharing (Weinstock, 2004). Bacon's (2012) participants, in a study of 25 lesbian 'divorce stories', cited a number of ways in which a meaningful contact was retained with their ex-partner, including: 'taking care of each other's children and pets, making hospital visits, providing financial support, and participating in rituals around holidays, tragedies, and celebrations' (p. 169). Turning to generic books on intimate relationships, Butler and Joyce (1998) and Fisher (2000) advocate that couples work through the ending of their relationship in order to construct a new relationship as separated partners. In addition, Fisher (2000) suggests that by understanding the past relationships each partner can avoid repeating unhelpful patterns

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[5] The authors did not collect sufficient data from those identifying as bisexual to include these respondents in the analysis.

of relating. This perhaps reflects the more usual pattern for different-sex relationships of minimal post-separation contact, but is likely to be incorporated in the process of endings for same-sex couples, offering additional benefits to both partners.

To conclude, both every day and theoretical models of relationships tend to be based on different-sex couples and either exclude same-sex couples from consideration or construct alternative ways of forming relationships that still rely on heterosexual norms. This denies the creative and liberating qualities of same-sex couples, such as the opportunity to continue supportive relationships with ex-partners, or develop alternative intimate relationships such as non-monogamy and polyamory. In addition, the lack of recognised models of same-sex relationships can result in couples' difficulties being attributed to sexual orientation (McWhirter & Mattison, 1996), or being assumed to signal an irrevocable problem rather than a normal stage or transition (Connolly & Sicola, 2005). Counsellors will not only draw on the very limited models of same-sex relationships, but will also have trained in a core theoretical orientation or orientations and I now turn to a critique of these approaches.

2.3   Psychological and couple counselling models

I begin with a brief overview of three core categories of counselling theory, namely, psychodynamic, cognitive-behavioural and person-centred theory, that underpin Western understanding of psychological development. Barker (2005) has argued that these are based on the assumed naturalness of a monogamous relationship with a person of the opposite sex, with the intention of joint procreation. I will therefore critique these theories with respect to work with LGB clients, before considering theories specific to couple counselling.

Firstly, psychodynamic therapy has a poor reputation with respect to 'homosexuality', linking this with psychopathology to the extent that, until 1991, the APA refused access to training programmes on the basis of homosexual orientation (Auchincloss & Vaughan, 2001). Freud, the 'father of psychoanalysis' appears to have held ambivalent

views regarding homosexuality (King & Bartlett, 1999). It is notable that he both responded positively to a mother of a gay son, saying that there should be no shame or persecution attached to being gay, and supported a gay colleague who was applying for psychoanalytic training (Izzard, 2000). In fact, it is not specifically Freud's theories that are anti-homosexual, but the ways in which they were interpreted by his followers who shunned his more ambivalent view of sexual orientation (Horrocks, 1998). Focussing on selected aspects of his theory permitted psychodynamic theorists to construct an entirely pathological and unhealthy view about LGB people, illustrated by Socarides' assertion that homosexuality could be cured by analytic therapy (Phillips, Bartlett, & King, 2001). New writing by authors such as Isay (2010), have reworked key elements of psychodynamic theory such as the oedipal complex, and located LGB clients within the context of a pathologising society (Hodges, 2010; Izzard, 2000). However, the legacy of this theoretical approach can be seen in the somewhat ambivalent views of some psychodynamic and psychoanalytic therapists. Phillips et al. (2001), in a qualitative study of 15 heterosexual psychodynamic and psychoanalytic therapists, found considerable adherence to older, more pathologising analytic ideas, despite expressions of empathy towards lesbians and gay men. Many participants upheld ideas of equality in, for example, lesbian and gay men accessing analytic training, and were relatively positive in relation to LGB work colleagues or friends. They nevertheless held potentially damaging heterosexist assumptions, for example, that lesbians and gay men do not have children, and showed a lack of understanding that LGB clients may want an LGB therapist.

Secondly, cognitive-behavioural therapy (CBT) has no specific pathologising view of homosexuality and bisexuality, and indeed 'takes a morally neutral standpoint on sexuality' (Gray, 2000, p. 26). However, the illegality, and pathological definitions, of same-sex intimacy, and social prejudice, particularly against gay men, created fertile ground for psychological interventions in the 1960s and 70s (King & Bartlett, 1999), particularly as psychodynamic psychotherapy had not achieved the desired result of converting homosexuals to heterosexuals (Feldman, 1966). According to Feldman (1966), the clinicians involved believed that, by using conditioning techniques that associated anxiety or fear with any positive attraction towards images of other men, it

would be possible to generalise this aversion to all 'inappropriate' responses to sexual stimuli associated with men. In a study of the professionals who had been involved in this aversion therapy, King, Smith and Bartlett (2004) reported that they adopt the common negative societal views of gay men, had very little contact with them or had absorbed the views of their parents regarding sexual orientation. Some patients had presented for treatment expressing a desire to change and some had done so under pressure from families. Others, as a result of confiding in a GP or teacher, were sent for treatment based on the diagnosis of homosexuality as a mental illness, and some were sent as a result of a court order (Smith et al., 2004). Many of the practitioners involved in the King et al. study (2004) argued that, if people wanted to change their sexual orientation, then they should have the opportunity. Reflecting back on their experiences in the 1960s and 70s, some practitioners expressed regret and sadness at their involvement with these programmes. They were saddened by their own naïve part in the application of behaviour therapy and aware of how caught up they were in the society that condemned homosexuality (King & Bartlett, 1999).

Finally, Carl Rogers' person-centred therapy does not theorise sexual orientation; indeed, its hypothesis of 'self-actualising process' relies on trust in the self. If there is an attraction to someone of the same sex, then this must be valued and built on in order to build congruence (Davies, 2000), to promote that it is 'not only permissible but desirable to be oneself' (Mearns, Thorne, & McLeod, 2013, p. 13). Indeed, Rogers himself, in describing hypothetical therapy with a gay client, advocated that the man embrace his sexual orientation as a way of achieving congruence (Davies, 2000). Broadly, according to (McLeod, 2009), person-centred therapy requires 'psychological contact' (p. 112), plus therapist congruence, unconditional positive regard and empathic understanding, for change to occur. However, Davies (1998, 2000) stresses the demands of applying these 'core conditions' when working with LGB clients. For example, he questions the first condition, that two persons are in 'psychological contact', when LGB people can be sensitive to any signs of therapist prejudice, which, if hidden could result in the therapist being incongruent. Therefore, therapists' knowledge of their own sexuality and their attitudes towards same-sex relationships are both essential if therapy is to progress. In order to be congruent and empathic, they need

sensitivity to the societal context in which LGB people grow up. As Davies (2000) states, the core conditions are not sufficient if there is inadequate personal work and appropriate knowledge by the therapist of the cultural and political world of the client. In addition, Davies (1998) suggests that the strength of refusing to diagnose LGB people within the theory of a person-centred approach also contributes to a weakness. This occurs when strenuous attempts are made to treat all clients the same, missing the need to support LGB clients who are functioning within a homophobic, biphobic and heterosexist society. Aspiring to treat all clients the same, often through a fear of not being sufficiently 'politically correct', can result in clients constantly monitoring the counsellor to ascertain their real views and possible lack of congruence (Davies, 1998). Lemoire and Chen (2005) suggest that sexual minority adolescents need more than the core conditions, for example; more direct help in thinking through the risks of coming out, planning and practicing strategies for this, and encouragement to join LGB support groups. However, such direct help conflicts with a basic tenet of person-centred theory, namely that the therapist remains neutral; this requires them to avoid demonstrating gay-affirmativeness, therefore enabling clients to explore all aspects of their identity without therapist influence (Langdridge, 2007).

To conclude this section, it seems that psychodynamic theories make embedded negative assumptions of LGB people, while CBT, although not pathologising sexual orientation, nonetheless has a track record of invasive and arguably cruel treatment that will have reinforced negative views in trying to change sexual orientation (King & Bartlett, 1999). In addition, person-centred theory can overlook the impact of societal context and social difference, and requires practitioners to have a very high degree of self-awareness. For therapists aligned with each of these modalities, there are degrees of uncertainty where theory based on older attitudes to sexual orientation is now being challenged by newer ways of thinking. These theories have informed the development of couple counselling which I will now consider, starting with a brief overview of the history of couple counselling.

Relationship counselling has its origins in the 1930s, with the inauguration of a number of organisations in the USA and UK to support ailing marriages. In Britain, the National Marriage Guidance Council (now called Relate) was launched in 1938 in response to

'divorce, the falling birth rate and sexual morality' (Relate, 2008). Marriage counselling was generally not offered by therapists, but by others in caring professions, such as the clergy or social workers (Gurman & Fraenkel, 2002), and was predominantly an educative process with the counsellors telling clients 'how to make their marriages work better' (Butler & Joyce, 1998, p. 3).

With this initial lack of theoretical underpinning for couple counselling, marriage counsellors in the 1960s turned to psychoanalytic and psychodynamic ideas to support their work (Gurman & Fraenkel, 2002). In the UK, Mattinson and Sinclair (1981) authored a book based on marriage counselling as part of their social work roles. This focussed on the unconscious fit between different-sex couples and the way in which transference and countertransference kept the partners in unhealthy collusions that prevented each partner from accessing unacceptable impulses or feelings (Mattinson & Sinclair, 1981; McLeod, 2009). Later, other approaches followed, taking and applying existing theories such as Virginia Satir's emphasis on self-esteem and relational closeness, and Murray Bowen's (1993) theory of differentiation, developed around family systems and the influence of multi-generations on the couple (Gurman & Fraenkel, 2002). It was not until the 1970s that the feminist and multiculturalist movements challenged marital counsellors to consider the couple within its wider social context (Gurman & Fraenkel, 2002). Race, ethnicity, class, gender and sexual orientation were now seen as external forces that impacted on the couple and family as well as creating differences between counsellor and clients and potentially influencing the therapeutic alliance. Despite this, as Spitalnick and McNair (2005) note, 25 years ago it was still commonly believed that, with some support, therapists needed no further skills to work with same-sex couples. I now briefly explore some specific couple counselling theories.

Murray Bowen's popular theory of couples/family therapy was developed in the 1950s and defined all family difficulties as having their aetiology in the couple dyad. The title, 'Bowen Family Systems Theory' (BFST), embraced multi-generational issues but strongly emphasised the marital 'dyad as the central treatment unit' (Gurman & Fraenkel, 2002, p. 216). A central concept in this theory is differentiation, both of the self in distinguishing between thoughts and feelings, and between the self, and others,

including the family of origin. BFST suggests that, when anxiety over intimacy becomes overwhelming, triangulation will occur with a third 'party' being brought into the relationship to manage the tension. This could be an affair, work or addiction, and could be managed by one partner developing symptoms such as depression or a physical illness. LaSala (2007) criticises this perspective for lacking sensitivity to issues of difference, particularly ethnicity and sexual orientation. Whilst BFST describes a common situation, where the child distances themselves from the family of origin but retains connection, this could present problems where parents are disapproving of their child's sexual orientation and the parties may be completely cut off from each other. Although families of origin play an important role for the different-sex couple (Crawley & Grant, 2008), for same sex couples the 'family' can often be a family of choice (Weeks et al., 2001). The Bowen model also poses difficulties when working with non-monogamous relationships, where the presence of an additional person may be a satisfying and agreed component of a healthy relationship (LaSala, 2004) rather than a dysfunctional triangulation. Spencer and Brown (2007) found, in a study of 53 lesbians, that internalised homophobia had more significant connection to relationship satisfaction than did differentiation of self, illustrating the importance of seeing the couple within its social context.

Other theoretical approaches in couple therapy have paid more attention to the impact of the social context. Schema-focused therapy, combined with CBT, offers opportunities to frame negative views of self as schema that constitute a 'fight for survival' (Gray, 2000, p. 29). From this perspective, couples have the opportunity to improve communication and develop joint problem-solving skills (Kirby & Baucom, 2007). Whilst CBT acknowledges the impact of context, for example social discrimination, on basic schema, social constructionist therapy goes further and, rather than seeking for a truth about human beings, constructs realities through discourse (Simon & Whitfield, 2000). Taken with ideas from the Milan School of systems theory, this approach recognises the need to work with people in the context of their social system, introducing an approach to couple counselling that seeks to identify dominant discourses that maintain power (Simon & Whitfield, 2000).

In conclusion, although homosexuality is no longer diagnosed as a mental illness, psychological theories can be underpinned by heterosexist ideas and many continue to promote heterosexuality as the 'norm' or 'ideal' (Clarke et al., 2010, p. 20). Therefore, as LaSala (2007) suggests, it is important to see such theories as useful maps, and adopt an etic approach whilst maintaining an emic view of the particular cultural and social factors that impact on the couple and family. In addition, these relationships take place within a predominantly heteronormative and mononormative society where the majority maintain the power to define what is 'normal' and to pathologise behaviour that falls outside of these definitions. Therefore, power predominantly lies with the heterosexual majority and needs to be considered in the counselling relationship particularly as the counsellor often embodies that majority. In addition, Moradi, Mohr, Worthington and Fassinger (2009) note that there continues to be sufficient disapproval of sexual minorities for stigmatisation to be an element of most LGB people's experiences, as illustrated in Chapter 1 through representation in the media. The power of the majority and stigmatisation must be acknowledged in counselling as 'therapy always treads a fine line between control and liberation' (McLeod, 2009, p. 44), with a tendency for therapists to verge towards social control. Consequently, I next discuss these concepts, before turning to the research literature on counselling LGB individuals and same-sex couples.

2.4   Theorising power

Social theories provide 'lenses' that illuminate new ways of seeing the world, leading to innovative and original solutions to obdurate social problems (Dressman, 2008). Layder (1994) identifies core dualisms set within a hierarchical frame that contribute to thinking about social theory. Although it can be argued that there can never be an individual untouched by societal forces, Layder (1994) makes the case that it is still important to allow for the uniqueness of the individual. Therefore, each partner in a relationship will bring an identity and expectation that is premised by societal notions of sexuality and couples, as well as their own unique psychological patterning. However, social theories can adopt both micro and macro perspectives, with the former

focusing on the interpersonal interactions between people, and the latter on large-scale, generic dimensions of society, such as cultures, institutions and organisations. The micro and macro can act both independently and in concert. In this way, concepts of sexuality can be both individually defined (at the micro level), and be influenced by social context, culture and organisation (at the macro level). These 'reproduced patterns of power and social organisation' (Layder, 1994, p. 7) impact, not only on the external ways in which same-sex relationships are conducted, but also on the ways in which individual partners identify, and the norms and values that are brought into the relationship.

Theorising the counsellor's power can address the macro perspective, for example, as in Foucault's notion of 'normalizing or regulatory power' (Lawler, 2008, p. 56). However, Proctor (2002) argues that Foucault's theory fails to address value systems and so cannot account for therapy's underpinning aim to 'help the client and improve the client's quality of life' (p. 56). She goes on to suggest that therapists cannot avoid role power and in line with this, I will make use of French and Raven's (1968) theorised classification of power, which includes interpersonal as well as positional and societal power. Theories of power can also illuminate micro aspects of sexuality in relation to stigma. Jenkins (2008) argues that, despite criticism of Goffman's work on stigma, it does indeed relate to power. Goffman's (1990) symbolic interactionist theory offers a helpful way of thinking about social interactions and micro communications, particularly in face-to-face meetings such as counselling sessions. It incorporates the theorising of stigma (Goffman, 1963), which focuses on what makes interactions successful and how each party can retain their moral integrity (Parker, Mars, Ransome, & Stanworth, 2003), and also touches on issues of trust and sincerity which are necessary components for the creation of an effective counselling relationship (Feltham, 1999). I will now discuss Goffman's theorising of stigma, and French and Raven's 'formal' and 'functional' power with respect to sexual orientation and same-sex couples.

2.4.1   Theorising of stigma

I begin by introducing some of Goffman's terminology, and then look at the way the threat of potential stigmatisation impacts on interactions and how different parties manage this. Goffman described a stigma as an attribute that reduces the person 'from a whole and usual person to a tainted, discounted one' (1963, p. 12; Lawler, 2008). Taking account of the social construction of stigma, Link and Phelan (2001) contest the term 'attribute' as an essentialist concept that takes no account of more fluid definitions or social constructions of sexual orientation (King & Nazareth, 2006). They propose the term 'label' rather than 'attribute' to locate the designation within society rather than in the person themselves (Link & Phelan, 2001). For example, in relation to same-sex couples, this permits a more flexible self-definition of sexual orientation, as an alternative to attributing monolithic essentialist descriptions. In this way, the use of language plays a crucial role in how the world is constructed; for example, the challenge to the term 'internalised homophobia' implies that the problem lies within individuals themselves, who then become responsible for the solution (Kitzinger & Perkins, 1993). However, as the term 'attribute' is commonly used in the literature, this will be mostly used for this thesis, but with an awareness of its implications and limitations.

Importantly, stigma can be understood in terms of relationships and context rather than as an essentialist absolute (Goffman, 1963). It can be recognised as socially constructed, and dependent on time and culture (Crocker et al., 1998; Major & O'Brien, 2005), so that, for example, in some other cultures and some historical periods, sexual activity between individuals of the same gender may be socially acceptable (Crocker et al., 1998). Stigmatised people are classified into two groups by Goffman (1963). Either they believe that their stigma is already known or would be noticed on a first meeting, the 'discredited,' or their stigma is hidden, the 'discreditable' (p. 14). Until the gender of their partner is known, individuals in same-sex relationships can remain in the discreditable group, for example, by not engaging in physical affection in public or by using gender neutral pronouns. However, same-sex couples must disclose their sexual orientation before or at the first counselling interview, with the risk of being 'discredited' (Goffman, 1963, p. 57). This is in contrast to LGB *individuals* in therapy who can protect themselves from negative judgement through 'passing' as

heterosexuals, even during the course of counselling (Ritter & Terndrup, 2002). The opportunity to pass permits time for an assessment of others' opinions and likely reactions to the stigmatised person (Crocker et al., 1998), which is denied to same-sex couples in counselling.

Goffman's theorising of stigma (1963) acknowledges that the stigmatised can be assigned additional negative characteristics leading to stereotyping, when the stigmatised group are perceived as 'them' by those without the stigma, who identify as 'us' (Link & Phelan, 2001, p. 370). This process is reinforced by the use of language so that individuals become the label (Link & Phelan, 2001), in the case of sexual orientation, being referred to as 'gays,' 'lesbians' or 'bisexuals'. This denies them any identity other than one defined by sexual orientation, which Marshall (2004) describes as a central element of discrimination. These stereotypes are associated with the lack of visibility of LGB people, and stories told about them, and lead to automatic categorisation. They can be expressed instantaneously without thought, even among those who would claim not to be judgemental (Fiske, 1989), consequently influencing encounters between the stigmatised and non-stigmatised. I now consider the potential experience of the non-stigmatised, and then the stigmatised, before exploring the ways in which these encounters are managed.

The non-stigmatised may experience discomfort in the presence of a discredited person, leading them to monitor both the other and their own reaction (Goffman, 1963). Crocker et al. (1998) have suggested reasons for this discomfort. For example, anxiety will be high if the non-stigmatised person has spent little time with, or has little knowledge about, the stigmatised group. This disquiet, according to Allport's contact hypothesis (Pennington, Gillen, & Hill, 1999), will not be alleviated through occasional contact, but requires sustained contact focusing on shared status, cooperation and social sanctions. As Davies (2007) notes, having a gay friend is not sufficient to guarantee a proficient counselling service. In addition, the non-stigmatised may experience discomfort if they hold negative attitudes, yet know that it is unacceptable to show these. This was apparent in Burckell and Goldfried's (2006) study of 42 individual LGB respondents who completed questionnaires on therapist attributes. Therapists' discomfort was evident if they failed to raise sexual orientation for fear of offending the

client. In these circumstances, the client will at some level be aware that the counsellor is incongruent, and harbours feelings and thoughts contrary to those being expressed, leading to a poor therapeutic relationship and the strong possibility of an impaired therapeutic outcome. The recent declarations by professional counselling bodies stressing equality and non-discrimination, (discussed in Chapter 1), may present a challenge to counsellors who hold negative views about other sexualities and who have had little experience of associating with LGB individuals or counselling LGB clients (Galgut, 1999). They may fear being seen as prejudiced since this would threaten their self-concept as liberal minded counsellors and any hint of falling below these standards would be experienced as threatening and shaming (Crocker et al., 1998). They may respond to this threat by espousing a form of liberalism that minimises the significance of any power differentials, that is the 'democratic' position of Mohr's (2002) model. Clarke (2005), using focus groups with 43 heterosexual students discussing same-sex parents, and Peel (2001b), who researched lesbian and gay awareness training, identified three forms of heterosexism that denied power differences. Firstly, their research participants used language to position others, not themselves, as prejudiced. Secondly, they positioned themselves as liberal by considering being LGB or the child of same-sex parents, as a deficit to be tolerated, for example, in comparing this to a disability. Thirdly, they defended against being seen as homophobic by positioning heterophobia as the converse of homophobia.

For the stigmatised group, whatever the source of the others' anxiety and discomfort, the effect to some extent is an experience of prejudice and negativity (Crocker et al., 1998). In addition, Goffman (1963) suggests that, whatever a person from a non-stigmatised group says openly, members of stigmatised groups will not perceive them as accepting or willing to relinquish power and status in personal encounters. The stigmatised group can also experience what Crocker et al. (1998, p. 518) call 'stereotype threat'. In this, they experience discomfort, not because they concur with the negative views, but because any behaviour that they display might confirm the negative views. This then becomes 'threatening (to) the good image of oneself and one's group' (p. 519), resulting in a monitoring of the non-stigmatised for negative attitudes and constructs (Goffman, 1963). This is illustrated in Peel's (2001a, 2002)

interviews with LGB identified trainers, who were faced with the dilemma of either dressing in ways that might confirm stereotypes, or dressing in such a way that elements of difference were ignored. These issues are generally not apparent for heterosexuals who do not need to defend against the stereotype threat unless they belong to other stigmatised minority groups.

Turning now to social interactions, the challenges for members of a stigmatised group arise even when they do not themselves believe the negative stereotypes, since they must take action to manage the tensions and anxiety in such situations (Berger, 1990). Goffman suggests a process of 'good adjustment' (1963, p. 146) whereby stigmatised people assume they are just as acceptable as the non-stigmatised, but take responsibility for protecting them from any discomfort or threat due to the stigmatising process. This saving face can rely on 'disattention' (Goffman, 1963, p. 57) where the issues of difference are ignored by both parties; however, discomfort and uncertainty remain, particularly for the stigmatised individual. In addition, Kitzinger (2005b) argues that it is this very inattentiveness that allows the construction of heteronormativity. It can also be seen as a form of assimilation that aims for the 'acceptance and tolerance of the majority' (Clarke et al., 2010, p. 35) through a denial of difference. The outcome of disattention, according to Goffman (1963), is that it protects the non-stigmatised from acknowledging and addressing others' stigmatisation, thereby maintaining their self-identity of normality. Kitzinger and Perkins (1993) hold a more radical view, that the non-stigmatised should be threatened by differences that challenge how sexual orientation and gender are constructed.

Goffman's (1990) work on social encounters, suggests that, on any new encounter each party seeks information about the other. Participants in the encounter are conscious of the impression they give off and aim to present themselves in an idealised way 'to incorporate and exemplify the officially accredited values of the society' (Goffman, 1990, p. 45). In this way, as discussed in Chapter 1, counsellors may seek to espouse politically correct attitudes that they do not actually hold, and those in stigmatised groups may try to minimise differences between themselves and others. However, Goffman (1990) suggests that the true attitudes of the other person in the encounter can only be discovered through their indirect behaviour, resulting in considerable

uncertainty for both parties. Similarly, Herek (2004) suggests that sexual prejudice resides as an internal attitude that can only be 'inferred from overt behavior' (p. 18). Stigmatised people, then, will be alert to signs of negativity in the other, perhaps holding back information until they have more knowledge (Major & O'Brien, 2005). As Goffman (1990) notes, 'the impression of reality fostered by a performance is a delicate, fragile thing that can be shattered by very minor mishaps' (p. 63). In counselling this rupture in the therapeutic alliance, if not addressed, can prevent effective progress (Cooper, 2008).

An additional way of managing stigma is for individuals to seek encounters with similarly stigmatised groups, providing a sense of 'comfort of feeling at home' (Goffman, 1963, p. 32) whereby their identity can be validated and support gained (Major & O'Brien, 2005). However, Goffman (1990) suggests that all participants in an encounter will have a tendency to present themselves in an idealised way, raising the question of how clients might want to present themselves in different settings. In a specialist LGBT organisation, it might be imagined that being 'out and proud' would be socially acceptable, whereas in a mainstream counselling setting there may be a tendency to play down sexual orientation. Goffman's concept of 'frames' of interaction provides a lens to explore the context. This specialist context may appear seemingly innocent; however, he argues that creating such frames of interaction establishes difference (the work being done by the framing), which then becomes part of the taken-for-granted normality (Lawler, 2008). Goffman goes on to argue that this performance not only expresses difference 'but constitutes it' (Lawler, 2008, p. 112). So, identifying separate counselling services for different and same-sex couples is not only expressing a difference but also generating a difference. Same-sex couples may resent this divide, but, also being aware of the potential for stigmatisation, they may nevertheless select a specialist LGB service, consequently avoiding the embarrassment of stigma but also highlighting the divide between different and same-sex couples. This framing process also unfortunately negates any other differences within groups, so that LGB people then become defined solely by their sexual orientation (Riggs & das Nair, 2012).

Stigma is a useful, but not sufficient, concept when considering the interaction between two people (Goffman, 1963). It is maintained through 'stereotyping and separating

groups into "us" and "them"' (Link & Phelan, 2001, p. 370), with the non-stigmatised group often calling upon the 'naturalness' of their characteristics, compared to the stigmatised, in order to maintain the differential. Weeks (2003) notes that the assumed 'naturalness' of heterosexuality is embedded in Western culture. Whilst stigma can be understood in terms of 'micro' communications, it relies on and is reinforced by 'macro' processes, such as the unequal distribution of power, privilege and control within society (Link & Phelan, 2001). For example, as discussed in Chapter 1, Section-28 legislation (Local Government Act, 1988) prevented local authorities from taking any action that would position same-sex relationships positively**.** Although this was repealed in 2003, Ellis (2004) argues that it not only tended to silence teachers and educators, but also continues to legitimise 'moral interventions' (p. 223). In the therapy world, similar macro-level processes extended to openly gay or lesbian applicants being refused entry to analytic training (Davies, 1996b). It is therefore important to consider, not only micro-level processes of stigmatisation, such as occur in interpersonal interactions, but also the wider macro-level power processes.

Spong and Hollander (2003) argue that counselling professionals can collude in supporting social inequalities by ignoring their effects on individuals. Client distress that is due to discrimination and lack of social power can be seen by them as an individual problem which they are responsible for resolving, rather than a result of inequalities and powerlessness (Kitzinger, 1999). Conversely, power differences in the counselling room may manifest themselves as part of the client's wider experience of discrimination and stigma and need to be considered as contributing to the client's frame of reference (Link & Phelan, 2001; Spong & Hollanders, 2003). In addition, McLeod (2009) suggests that the counsellor possesses an intrinsic power by virtue of occupying a professional status and knowing how therapy works. Power, then, is a material issue that need to be considered within counselling, not only in relation to societal power but also to the therapeutic interaction. I will now turn to a model for classifying power (French & Raven, 1968) that can acknowledge the power accruing to a counsellor, not only due to social and professional status, but also other personal characteristics.

2.4.2   French and Raven's (1968) theorising of power

French and Raven (1968) have described five types or bases of power, namely: reward, coercive, legitimate, referent and expert power. For convenience, Kadushin and Harkness (2002) have since subsumed the five bases into two overarching sources of power, namely, formal and functional power. Firstly, formal power is automatically endowed as part of a role or position; it includes reward, coercive and legitimate power. Secondly, functional power includes expert and referent power, and relates to what a person 'knows, is and can do' (Kadushin & Harkness, 2002, p. 89). I now offer a fuller description of these bases of power, relating this to sexual orientation, same-sex couples and counselling.

I begin with formal power, considering reward and coercive power together. In the case of counselling, a client may be induced to conform to the wishes of the counsellor in order to receive a reward or, in the latter, to avoid a punishment. As Kadushin and Harkness (2002) observe, the 'withholding of a reward is in effect a kind of punishment' (p. 87). For example, one of the participants in Guasp's (2012b) health survey of gay and bisexual men, chose to allow health care workers' assumptions that he was straight rather than risk a negative response. Moreover, Kolmes (2006) found evidence of counselling clients who felt they were being coerced into giving up their BDSM practices in order to be offered therapy.

The third element of formal power is known as legitimate power; in the case of counselling, this would relate to the role of the counsellor as a professional helper, and possibly also a member of a majority group. Proctor (2002) highlights the power resulting from counsellors commonly being white, middle class, probably heterosexual, and enjoying the privileges of belonging to a majority in society. Counsellors also have the power to assess and formulate the client's problem (Proctor, 2002), in doing so, they assume the power of the institution for which they work, perhaps drawing on pathologising theory to diagnose clients, as described in section 2.3. For example, Pixton's (2003) respondents appreciated therapists who held 'an holistic perspective' (p. 214) and did not see the client's sexuality as the core problem for their difficulties. Both as a representative of their profession or employer, and potentially as a member of

a majority group, counsellors can use language to confirm their power; they can do this through using professional jargon (Proctor, 2002) and by adopting heteronormative language and assumptions about couple relationships. In Mair's (2003) research, one of the respondents felt alienated from a therapist who continued to use the term 'homosexual' which holds unhelpful and discriminating associations (Clarke et al., 2010). Heterosexist language is part of everyday talk that privileges heterosexuality, often going unnoticed and unchallenged (Kitzinger, 2000; Peel, 2001b), leading to minority stress.

Turning to functional power, this addresses the personal qualities of the counsellor and incorporates two of French and Raven's (1968) power bases, expert power and referent power. Expert power derives from the client's perception of the therapist's knowledge and skill, it is the 'power of professional competence' (Kadushin & Harkness, 2002, p. 89). According to French and Raven (1968) this is evaluated against the observer's own knowledge as well objective standards. In relation to counselling Burckell and Goldfried (2006) found that participants rated an expert therapist as one who knew that coming out had both positive and negative outcomes. Expert power exerts influence over clients as they will trust their counsellors' decisions and judgements; however, its range is limited to the continued demonstration of validity (Kadushin & Harkness, 2002) and therefore constantly under scrutiny.

With referent power, the counsellor is seen as a model for what or how the client would like to be, and reflects a desire by the client to be liked. This form of power reflects the influence the counsellor has over the client, and the strength of the therapeutic relationship (Kadushin & Harkness, 2002). In relation to individual counselling, the relationship between therapeutic alliance and outcome is important, especially in the early stages of therapy (Burckell & Goldfried, 2006; Horvath & Bedi, 2002). For different-sex couples in therapy, Symonds and Horvath (2004) found a weaker correlation between client-rated alliance and outcomes compared to studies of individual clients. Nonetheless, where both partners agreed about the working alliance there was a strong correlation with outcome. Given the stigma experienced by same-sex couples in society, Tunnell and Greenan (2004) suggest that clients will be scrutinising their therapists for any negative views, and therefore, the ability of the therapist to

quickly establish a strong therapeutic alliance is essential. The ability of the therapist to form a good alliance, and demonstrate referent power, is therefore an important feature of effective therapy.

To sum up, although legislation now exists to protect the rights of same-sex couples, power processes may continue to affect the ways in which people learn about, form, and experience their relationships. Homophobia, biphobia and hate crimes continue, and in addition, more subtle forms of oppression can be found in media portrayals of same-sex couples and the general heterosexism and heteronormativity in Western society. Goffman's (1963) theorising of stigma offers an opportunity to explore the ways in which interactions in therapy are influenced by the dominant heterosexual group. French and Raven's (1968) framework illuminates the ways in which the power to influence is related to social contexts such as the counselling encounter. This allows us to consider the relationship between the couple clients and the counsellor in a broader sense, going beyond differences in sexual orientation alone. Having discussed the ways in which power might be expressed in counselling, I now turn to discuss counselling for same-sex couples, beginning with the therapist perspective and moving on to consider what is known about the experiences of clients. I will end Chapter 2 by outlining the research questions that guided my empirical study of same-sex couples in counselling.

2.5   Same-sex couple counselling – the therapists' perspective

Whilst my thesis addresses the clients' experiences in same-sex couple counselling, there is a dearth of first-hand empirical literature on this topic. However, there is a body of literature relating to counsellors' experiences, drawn from practitioners' case-work and empirical studies relating to counsellor competence. I now briefly address this research drawing on three areas utilised in Bidell's (2005) Sexual Orientation Counsellor Competences scale. His measures, based on work with multicultural competences, cover counsellors' knowledge, self-awareness and skills.

In terms of knowledge, Spitalnick and McNair (2005) recommend that counsellors take a cultural view of sexual orientation, incorporating the wider social context. Connolly

(2004) suggests that therapists need to 'discern how much of the presenting problem stems from societal oppression and internalised homophobia versus normal and universal couple dynamics' (p. 10). Similarly, Bepko and Johnson (2000) stress the need to avoid pathologising behaviour and attitudes through applying heterosexual norms. This is a complex process that will need to respond to changing attitudes and contextual realities. For example, couples presenting in counselling may be estranged from their families or may be able to turn to them as a resource (LaSala, 2013). Much knowledge can be acquired from reading; however, as Bidell (2005) suggests, being knowledgeable is insufficient if this is not supported with self-awareness.

Whatever their therapeutic orientation, self-awareness is a necessary attribute for counsellors (McLeod, 2009), and Bepko and Johnson (2000) stress the importance of self-awareness relating to homophobia, biphobia and heterosexism. Telford (2004), in considering therapy with lesbian couples, owns her own dominant position as a heterosexual woman and advocates continued vigilance for heteronormative concepts that can easily be imposed in the counselling room. This attentiveness needs to be supported by wide reading, non-therapy contact with LGB couples, and preferably also with appropriate consultation (Wetchler, 2004). Self-awareness is also a key element in enabling the counsellor to decide whether to disclose their sexual orientation to clients. McCann (2001) challenges the heteronormativity of straight counsellors' failure to consider their sexual orientation and 'the extent to which it gives them unquestioned freedom within the therapeutic domain' (p. 83). There are different strategies for heterosexuals regarding this disclosure in therapy. Bernstein (2000) distinguishes between couples who have located her services through generic or specific LGB advertising directories. In the case of the former, Bernstein suggests that the therapist must raise sexual orientation tangentially, in the first session, to allow the clients to reflect on whether they had considered searching for an LGB therapist. For clients who find their way to therapy through an LGB service, then Bernstein would always state her heterosexual orientation. She argues that, clients may assume that she was part of the LGB community, and then it would be dishonest to allow this misconstruction. Conversely, Wetchler (2004) makes a point of disclosing at the first session, and owning his own partial knowledge as something that he and the clients can address

together. This positions him in the non-expert role and permits clients to change counsellor at that stage if they want an LGB practitioner. However, the situation is different for LGB therapists whose life experiences will include being part of a minority-stigmatised group. Satterly (2006) proposes a flexible model of therapist self-disclosure, based on a focus group study with 26 gay men therapists. His participants reported that they made a careful assessment of the best interests of their LGB clients before self-disclosing. For example, a gay man married to a woman, was not considered ready to hear about the sexuality of his therapist, whereas for others, a gay counsellor could be a role model. Self-awareness is not only crucial, but requires careful thought in terms of communications with clients.

In addition to being self-aware, counsellors also need the skills to be able to communicate clearly regarding specific same-sex couple issues which might be within-couple problems and/or related to societal oppression. For example, Wetchler (2004) recalls previously adopting selective deafness when a client wanted to talk about being a lesbian, and his lack of imagination and ability to raise issues of sexuality with a different-sex couple, one of whom was probably gay or bisexual. It is vital for all topics to be able to be discussed (Bepko & Johnson, 2000), with the confidence to refer to stigmatisation and its effect on the couple relationship. Adopting a stance of not-knowing can be respectful and effective but, as Perez (1996) noted, same-sex couples will have been subject to negative social attitudes about their sexual orientation and their same-sex relationships. Due to this, their therapists have a responsibility to raise issues, provided that they have a good understanding of same-sex relationships in the current social context. This requires confidence, so that counsellors acknowledge positive and negative aspects of same-sex relationships, both internally and externally. As Tunnell and Greenan (2004) advocate, the therapist must be able to keep an open mind about ways of forming relationships and, at the same time ,not be so consumed by being politically correct that they are unable to question specific assumptions and behaviour. In the current climate of rights legislation and non-discriminatory therapy, there is a risk that therapists are either unaware of, or feel unable to challenge negative behaviour. Skinner and Goodfriend (2009) provided professional counsellors with three identical scripts of couples talking, with a change of names indicating same and

different-sex relationships. The counsellors perceived the same-sex couples to be more committed and satisfied than the different-sex partners. These authors suggest that some counsellors will refrain from making any negative comments to avoid an accusation of being prejudiced. Even so, in a study by Telford (2004), only five out of 96 counsellors considered the impact of minority stress on a same-sex couple and three of those identified as LGB, showing a widespread lack of understanding of the potential impact of heterosexism and the privilege of the dominant culture. These studies illustrate some of the less positive consequences of increased support for LGB rights that have resulted from legislation and the codes of practice of professional counselling bodies.

Research evidence suggests that the competence of therapists to work with same-sex couples is poor. In addition to the inadequate training described in Chapter 1, many therapists continue to feel unprepared to work with same-sex couples and lack the necessary confidence. Green, Murphy, Blumer and Palmanteer (2009) administered questionnaires to 208 family therapists across nine American States. Although support for legal recognition for same-sex couples was a predictor of comfort to work with LGB individuals, this did not extend to same-sex couples, suggesting perhaps that they had not yet had a chance to work with this client group. Indeed, in Doherty and Simmons' (1996) study, barely half of 526 marital and family therapists (MFT) in the USA felt competent to work with lesbians and gay men. It is this level of discomfort that can lead to uneasiness for both the stigmatised and the non-stigmatised in a counselling encounter. Confidence based on knowledge and experience is missing in many couple counsellors, 95% of whom are learning primarily through their clinical work (Green et al., 2009) potentially leading to resentment from clients who feel that they are having to educate the counsellor (Bernstein, 2000).

In summary, learning to counsel heterosexual clients and couples does not equip counsellors to work with LGB people or those in same-sex relationships, and requires them to undergo further training and development. While we can learn much from therapists' experiences in working with LGB clients and couples, I would argue that it is also important to take into account the clients' voice. This affords a more rounded understanding, as advocated by Elliot and Williams (2003). It is this focus of listening

to the clients' experiences that I address next; firstly, in the process of seeking help, and secondly the counselling experience.

2.6   Client experience of seeking therapeutic help

There is a dearth of research into same-sex couples' experiences of seeking therapeutic help; therefore, the experiences of individual clients are included in this review of the literature. I begin by exploring the experiences of LGB people, both individuals and couples, when seeking help from non-counsellors, before considering access to, and experience of counselling.

Beginning with non-counselling support, LGB people seeking help for individual issues have tended to turn to peers before family. In a longitudinal study, Hays, Catania, McKusick, and Coates (1990) sent questionnaires to 530 gay men in San Francisco comprising men diagnosed with AIDS, men who had tested positive or negative for HIV and men who were untested. This research indicated that peers were the most frequent and most helpful forms of support, and families the least. Whilst this is rather old data, Malley and Tasker (2007) found similar results in a postal survey of 365 lesbians and gay men, where 60% turned to friends and 12% to family of origin, preferring women to men. Turning to same-sex couples seeking help, in Kurdek's (1988) sample of 69 men and 50 women in same-sex couples, nearly 50% mentioned friends as providers of support and only 14% mentioned family, with women again identified more frequently than men. Kurdek compared these results to a heterosexual sample where family and friends were mentioned equally, with 27% in each category named as people to turn to for help. From this admittedly limited literature, it seems that the family does not provide the same level of support to troubled LGB individuals and same-sex couples, compared to heterosexuals and different-sex couples.

The process of seeking a counsellor will be different for LGB and heterosexual clients. In Manthei's (2006) study of 20, presumably straight, clients at a counselling centre, 14 of 20 selected the counsellor through being referred by others, for example: a GP,

health professional or social acquaintance. They did not question its suitability and took the referral on trust (Manthei, 2006). It is of note here that the sexual orientation of the clients is not stated and therefore the norm of heterosexuality is privileged and assumed. This is in contrast to Modrcin and Wyers' (1990) study, where 128 gay men and lesbians currently in an intimate relationship had either sought, or would seek, professional help through friends (38%), specialist lesbian and gay services (28%) and the gay press (13%). This study may reflect the earlier time at which the data was collected, when LGB people had few human rights, but nonetheless, presents a very different picture to Manthei's (2006) respondents who were confident about disclosing their sexual orientation while Modrcin and Wyers' participants exercised more caution. Couples cannot 'pass' in their sexual orientation, and therefore need to find appropriately accepting therapists; at the same time, they may not be 'out' to GPs or social acquaintances, or may not want to attract disapproval. These problems are illuminated further by a large-scale study of LGB people using mental health services, where 82% were told that the source of their problems was their sexuality (King & McKeown, 2003).

Some studies have stressed the importance of clients having a therapist of the same sexual orientation. In Galgut's research with 24 lesbians who had considerable experience of individual therapy, 92% said that they would have a preference for a lesbian therapist (Galgut, 2005). Modcrin and Wyers (1990) found that 40% of their 128 participants in committed same-sex relationships said they would seek help for their relationship from someone with the same sexual orientation. However, sexual orientation is not necessarily a clear criterion for the selection of a counsellor. In Malley and Tasker's (2007) analysis of 637 survey responses from lesbians and gay men who had engaged in therapy, less than 8% stated that they would in future look for an LGB therapist. The respondents cited a range of ways in which they would search differently, including seeking a different-gender therapist and generally finding out more about the counsellor in advance. Other research has found that, where sexual orientation or sexual problems were the presenting issue, LGB participants were more likely to seek out a therapist of a similar sexual orientation (Burckell & Goldfried, 2006; Kaufman et al., 1997). Kaufman suggests that the respondents did so to address potential concerns

about the therapists' fluency and comfort with sexually explicit material, perhaps also preferring a therapist with a shared experience of stigma.

Finding a counsellor who is gay-affirmative is another way of avoiding judgement and lack of understanding. Screening for a gay-affirmative counsellor was undertaken by 63% of Liddle's (1997) sample of 392 lesbians and gay men seeking individual therapy. This was achieved predominantly through asking friends for a contact (62%), asking the therapist about their attitudes and views (35%) and checking the gay press or an LGB centre (10%). Only 3% sought counselling from a specialist LGB centre, which might reflect the paucity of such provision in the1990s or the reluctance of clients to be pigeon holed solely by sexual orientation. Similarly, in Kolmes et al.'s (2006) study of BDSM-identified individuals in therapy, 34% searched for a kink-aware therapist, despite only 12% stating that BDSM was relevant to their presenting issue in therapy.

Overall, for those identifying as LGB, seeking help for individual or couple issues, brings additional challenges compared to heterosexuals, with families not an automatic choice of support. The history of counselling has been built on pathology and discrimination, and a lack of visibility of LGB people and same-sex couples, so that 'professional helpers from this field may not always be an entirely benign source of support for lesbians and gay men' (Malley & Tasker, 2007, p. 94). LGB clients then expend effort in assessing a potential counsellor, drawing on a range of attributes to inform this choice and seeking to avoid any potential stigmatisation. For LGB individuals and couples there is no single answer to finding the right counsellor; however, in many cases they make specific efforts to find someone who would be accessible and not judgemental. I will now turn to the literature on the client experience of being in counselling.

2.7   Client experiences of counselling

Due to the dearth of research on same-sex couples' experiences, I begin with individual clients before discussing the limited research on couples. The research into individuals'

experiences in counselling covers the clients' sensitivity to the counsellors' attitudes, counsellor proactivity, counsellors' ability to communicate, counsellors' use of language and the impact of shared client/counsellor sexual orientation.

According Crocker et al. (1998), any discomfort or anxiety in the non-stigmatised is attributed to prejudice or negativity. Therefore, clients are particularly sensitive to the interpersonal relationship with their counsellor and will be watchful for signs of discomfort that might signal negativity. For example in Pixton's (2003) qualitative study of the experiences of 17 British LGB individuals who had received affirmative counselling, clients wanted their counsellor to be comfortable when discussing 'homosexuality'. In addition, the 33 lesbian and bisexual women in Saulnier's (2002)'s focus groups not only wanted their service provider to be comfortable with them, but also to help to make the participants themselves feel comfortable. It is this level of comfort and ease in the counsellor that has been identified as an important factor in effective counselling, promoting a positive therapeutic relationship and feelings of safety (Lebolt, 1999). An example of this can be found in Lebolt's study where the nine gay men were enabled to address any issues, helped by the counsellor's connection and ability to normalise different sexual orientations. Some clients will engage in overt strategies to check out the level of comfort in their counsellor. For example, in Kolmes et al.'s (2006) research with BDSM-identified individuals in counselling, 65% were explicitly open about their BDSM in the early sessions. This provided a way of testing the counsellor, to assess if they (the clients) would feel comfortable working with them, despite only 12% stating that BDSM was relevant to their presenting issue in therapy. Similarly, the fourteen gay men in Mair and Izzard's (2001) qualitative research did not seek therapy because they were gay, yet declared this at the first counselling session. Mair and Izzard suggest that sexual identity was of paramount importance to the men, and that they wanted this to be taken as part of their identity, not seen separately. As with Kolmes et al.'s (2006) participants, this perhaps represented 'a "checking out" of the therapist with a view to gauging the level of acceptance that is conveyed' (Mair & Izzard, 2001, p. 478).

Making a connection requires a more proactive response rather than just a verbal acknowledgement of the client being LGB. Participants in Mair's (2003) interviews

with 14 gay men wanted a more proactive stance from their therapists than a statement that 'gay is fine' (p. 37). They wanted the counsellor to be confident to raise and talk about issues relating to sexual orientation, even when this was not a presenting issue. Similarly, Galgut (2005) noted that 71% of her participants wanted their counsellor 'to be more explicit about sexuality issues, and specifically less scared of raising issues, less careful and less self-conscious' (p. 9). However, there is a risk that therapists may focus on sexual orientation when the clients are interested in issues that are more generic. Liddle (1996) found this in her study of 392 American lesbians and gay men who responded to a questionnaire about their experiences of therapy. They highlighted the importance of the counsellor never making an issue of their sexual orientation when it was not relevant, but not being afraid to raise it when it was. It is this desire for affirmation, and therapist courage to raise issues, that Malley and Tasker (2007) report in a study of 646 lesbians and gay men in the UK where respondents wanted their therapists to be knowledgeable and confident in issues related to sexual identity, and not to see this negatively. The authors highlight a challenge for therapists: if they raise the client's sexual orientation, they may be seen as linking all issues to this, but if they do not, their client's identity and social context are ignored. A counsellor's lack of confidence can be compounded by some counselling trainings that stress the need for clients' to set the agenda (Mair, 2003) potentially leaving counsellors unsure about raising issues themselves.

Attitude and knowledge are ineffective if these are not demonstrated to the client. O'Neill (2002), in a single-case study of individual therapy with a gay man, reported that the client felt silenced because the counsellor did not openly respond to statements about sexual orientation. Interpreting this as her lack of knowledge about LGB issues, the client withdrew from therapy. He was subsequently surprised to encounter the counsellor at an AIDS function, seemingly very comfortable talking to gay men. O'Neill concluded that counsellors must be more overt in expressing their attitudes and knowledge, demonstrating their expert power (French & Raven, 1968). In a similar way, 71% of the lesbians in Galgut's (2005) research highlighted the need for heterosexual therapists to 'directly disclose positive attitudes to lesbians' (p. 9). However, Mair and Izzard (2001) discuss the tension between being openly affirmative

to communicate safety for the client, and being affirmative but non-disclosing. Being affirmative can facilitate client disclosures; however, counsellor disclosure may preclude transference, which gives access into the client's unconscious world. (see Mair & Izzard, 2001 for further discussion)

Counsellors' use of heterosexist language may reinforce society's general lack of acceptance of LGB people, and result in the client perceiving the counsellor as less helpful and even in terminating the sessions (Liddle, 1996). In Dorland and Fischer's (2001) American study, half of the 126 LGB participants read a vignette of a counselling assessment interview that contained heterosexist language and the other half one that was free from heterosexist language. The researchers found that participants exposed to heterosexist language would be less willing to return to the therapist, less willing to disclose personal information, and less comfortable disclosing their sexual orientation. However, refraining from heterosexist language is not sufficient, and clients want their counsellors to utilise terminology used within LGB communities. For example, one of Mair's (2003) participants felt that the counselling was disrupted as his counsellor was ignorant of the term 'cottaging'.

Whilst some LGB people may seek out a counsellor with a similar sexual orientation, there is no conclusive evidence that therapist sharing of sexual orientation has a positive outcome on the therapy. Jones, Botsko, & Gorman (2003) in a quantitative study of 60 LGB clients, found that therapist gender and sexual orientation were predictors of a positive outcome, with women and LGB therapists having the most positive outcomes. However, Liddle (1996) found qualified support for matching, with evidence that heterosexual women therapists did no worse than LGB therapists. In addition, it has not been found to be essential for a therapist to be LGB themselves in order to provide gay-affirmative therapy (Jones & Gabriel, 1999; Pixton, 2003). As Fassinger (1991) noted, simply being LGB is not sufficient to provide a good quality service. Indeed, having a therapist of the same sexual orientation may have a negative effect, for example, by silencing the client who may fear appearing not to be politically correct (Galgut, 2005; Mair, 2003). This was also apparent in Ryden and Loewenthal's (2001) study, where some of the participants could not discuss painful issues related to homophobic experiences as they wanted to appear self-assured as a lesbian. In addition, some of the

women feared a sexual attraction towards their counsellor, with insufficient confidence that boundaries would be upheld. Finally, Riggs and das Nair (2012) note that there are homogeneity assumptions in relying on shared sexual orientation, where gender norms may be inappropriately applied. For example, gay men therapists are as likely to hold sexist attitudes as straight men (Simons, 1991), and a failure to be aware of intersectionalities risks oppressed groups becoming the oppressors (Riggs & das Nair, 2012).

In conclusion, from the experiences of LGB individual clients in therapy, it seems that sexual orientation is always important, whether or not this is related to the presenting problem. The clients require a knowledgeable, affirmative counsellor who is able to communicate with ease and who can challenge appropriately. I now move on to consider the clients' views in same-sex couple counselling. There has been a paucity of research into the experiences of clients in same-sex couple counselling, and I now turn to the one research article that addresses the perspectives of same-sex couples in therapy.

Smetana and Bigner (2005), in a qualitative study of five lesbian couples who had attended relationship counselling, found that participants valued counsellors who had professional knowledge about LGB issues and who were openly accepting and validating about same-sex relationships. For one of Smetana and Bigner's (2005) couples, this included openness of the therapist in response to questions regarding their attitudes towards diversity and homosexuality. However, acceptance must also incorporate the ability to explore negative elements of the relationship, and the differences between same and different-sex relationships. As one of Smetana and Bigner's participants noted, 'don't make it more than it is, but don't forget that it's a factor in my life' (2005, p. 39). This echoes Liddle's (1996) summary of best practice with individual clients where therapists 'never made an issue of your sexual orientation when it was not relevant' and were 'not afraid to deal with (it) when it was relevant' (p. 397). Since the aim of therapy is to provide a relationship that is 'sufficiently secure to allow the person seeking help to explore issues that are painful and troubling' (McLeod, 2009, p. 7), the way in which couple counsellors interact with their clients will influence the depth of exploration.

From this very limited research, there appear to be overlaps with individual LGB client experiences in therapy. However, this conclusion is based on one small-scale piece of qualitative research with five relatively homogeneous couples. Smetana and Bigner (2005) also note that the participants expressed relatively high satisfaction in their counselling and question whether the results would be reproduced with those clients who were dissatisfied with their therapeutic experiences. The limited research into the experiences of same-sex couples in counselling affords practitioners little information on how to enhance the therapeutic encounter. Whilst there is informative data relating to the experience of individual LGB clients in therapy, it is not known if these findings are replicated with same-sex couples or what unique features may be of importance in couple therapy.

2.8   The research questions

Summing up this literature review, there are similarities between same and different-sex couples, with LGB couples no less well adjusted, particularly if we eschew heteronormative measures. Indeed, research shows that same-sex couples demonstrate alternative, and generally more constructive, ways of managing their relationships. For example, when viewed as an equally valid construction of relationships, non-monogamy can be fulfilling for a couple, based on honesty and negotiation. In addition, couples can avoid the prescribed gender roles and construct more equitable sharing of household tasks and childcare. Nonetheless, minority stress is apparent, based on homophobia, biphobia, heterosexism and internalised negative concepts. Set alongside this, theoretical counselling models for both individuals and couples have failed to satisfactorily take into account diversity of sexual orientation.

There is some research that, in comparison to heterosexuals, individual LGB people and same-sex couples turn to friends rather than family. Individual LGB clients are sensitive to being stigmatised, search carefully for an affirmative counsellor, are aware of their therapist's sexual orientation, whether mentioned or not, and note the level of knowledge and comfort of their therapist in relation to LGB matters. Same-sex couples

seeking therapy by definition will be raising issues related to intimate relationships yet there is little research to indicate the ways in which they find and experience their counsellor.

We are currently in a changing situation in the UK, with increasing legislation to protect the rights of LGB people and same-sex couples, and professional organisations increasingly requiring counsellors to pay attention to equality of opportunity and to appreciate diversity in counselling. Given the power exercised over LGB people and same-sex couples by the heterosexual majority, I argue that research to enhance therapeutic services to same-sex couples needs to reverse the trend of 'top down' research that prioritises the interests and prejudices of the researcher. The process of giving marginalised groups 'a voice' (Clarke et al., 2010) acts in opposition to the lack of visibility of same-sex couples' experiences in Western society. Whilst there is some evidence relating to individual LGB clients' experiences of seeking therapeutic help and being in counselling, 'there is a paucity of empirical research in couples therapy literature dedicated to gay and lesbian relationships' (Spitalnick & McNair, 2005, p. 43).

My research aims to add to the existing literature on LGB clients' first hand experiences in counselling and to the conceptual literature on same-sex couple counselling. Broadly, my primary research question asks:

'What is the client experience in accessing and experiencing same-sex couple counselling?' In particular, I will address the following research sub-questions:

1) How are the myths and stereotypes relating to same-sex relationships experienced, managed and constructed?

2) How do couples construct their relationships in their search for therapeutic help?

3) What strategies do same-sex couples use to find therapeutic help?

4) What are the relationship issues brought into same-sex couple counselling?

5) How do clients experience the counselling relationship with reference to power and sexual orientation?

6) What are the key moments that enhance or detract from the counselling process?

In the next chapter, I account for my use of a mixed-methods approach and describe in detail the data-collection process and the analysis of data collected, at each of the three stages of the research, namely: exploratory interviews, the internet survey and the follow-up interviews. Given the nature of this research, and the issues relating to power discussed in this chapter, I also reflect on power issues and my own part in the data collection as a heterosexual-identified woman.

Chapter 3   Methodology

Methodology, according to Wisker (2008), links the research question with a world view and philosophy, leading to an account of methods used. In Chapters 1 and 2, I identified the negative history of same-sex relationships and the ways in which these have been persecuted both legally and by professional therapy. Moreover, previous research adopting a positivist approach at best, sought to disprove that such couples were inferior to different-sex ones, failing to take a more radical line in valuing difference. In contrast, the methods employed in the present research reflect a pragmatic, critical-realist approach that does not adhere to a single fixed world view, and is underpinned by a feminist research approach that aims to privilege experience and its representation, with a view to highlighting 'oppressive power relations' (Burman, 1994, p. 124).

In this chapter, I explain my choice of a mixed-methods approach and account for the selection of methods chosen, particularly with respect to sexual orientation and critical realism. I discuss the reasons for selecting a qualitative approach, and then outline a rationale for the two forms of data collection: interviews and an internet survey. I next move on to describe the process for the three episodes of data collection: exploratory interviews, internet survey and follow-up interviews. I address the procedure for finding the participants and the challenges in accessing a small and hard to reach population. I discuss my choice of analytic methods, namely: thematic analysis, descriptive statistics and discourse analysis that collectively give voice to the participants and identify the ways in which they position themselves and are influenced by available discourses. I explore the participants' reasons for engaging in the research and in addition, as the responses to the internet survey were slower and fewer than expected, I present the participants' suggested reasons for this. I outline the ways in which I have adhered to an ethical approach that mirrors the trustworthiness and integrity at the heart of counselling and psychotherapy (Bond, 2004). Recognising that my own position and involvement will influence the results, I reflect on my own experiences including being a heterosexual-identified researcher working on a project

that focuses on same-sex relationships. I conclude with a discussion of validity and an overview of the results that are presented in Chapters 4, 5 and 6.

3.1   A mixed methods approach

This research adopts a mixed methods approach compatible with a critical realist position that also avoids polarities, in this case those of quantitative and qualitative approaches. In broad terms, Bryman (2008) distinguishes between a qualitative methodology that adopts an inductive approach based on an underlying orientation that truths are constructed, and a quantitative approach that is deductive, testing theory to prove an objective truth. A mixed methods approach is able to embrace the strengths and avoid the weaknesses of both polarities, as measured on a continuum (Johnson & Onwuegbuzie, 2004). Teddlie & Tashakkori (2003) define two multiple methods designs: a multimethod design where different methods are used within one world view, and a mixed methods design that includes both qualitative and quantitative data. It is this latter form of mixed method that I employ within this thesis. Johnson, Onwuegbuzie, & Turner (2007) describe this as a 'qualitative dominant' (p. 124) approach that focuses primarily on a qualitative approach, but that also recognises the value of numerical methods. I now explain the value of this approach for this research into same-sex couples' experiences of counselling.

A mixed-method approach has several advantages. A qualitative approach avoids some of the heteronormative and historically oppressive difficulties that can arise within a quantitative paradigm, as I illustrated in Chapter 2, and aims to avoid imposing heteronormative concepts and definitions (Hegarty, 2008; Warner, 2004). Moreover, a qualitative approach to research is seen by McLeod (1994) as important for the counselling practitioner, as it provides a level of depth that makes the findings more relevant to practice. In addition, due to the paucity of research into the experiences of same-sex couples in counselling it is difficult to formulate a hypothesis to test, particularly in the light of the risk of constructing heteronormative norms. Finally, as same-sex couples form part of a disadvantaged minority group where power disparities

in the research may be an issue (Oakley, 1999; Qureshi, 2004), a qualitative approach seeks to minimise these (McLeod, 2001). Notwithstanding the advantages that reflect the underpinning values of counselling, I also engage with some limited quantitative numerical measurement. For this research, I adopt the definition of Sanders and Liptrot (1993) that a quantitative approach involves 'measuring things with numbers' (p.9). This is not pursued in conjunction with hypothesis testing, but rather seeks to use numbers to condense data into categories to illuminate and describe. In this way there is an acceptance of a form of realism but not one that seeks to predict the social world (Grix, 2004), nor to lay claim to some objective reality (Lynch, 1996). The use of numbers in LGB research can illuminate discrimination (King & McKeown, 2003) and address lack of visibility (Cowan & Valentine, 2006).

A mixed-methods approach offers opportunities to answer a range of research questions that would otherwise be constrained by one approach (Teddlie & Tashakkori, 2003). For example, a qualitative approach best addresses questions relating to clients' experiences in seeking and engaging in therapy, whilst a quantitative approach can identify the issues brought to counselling and the use of specific decision-making criteria when seeking help. Moreover, a mixed approach not only offers more breadth and depth but acts as a form of triangulation where findings obtained using one method can illuminate or clarify findings obtained with another (Johnson & Onwuegbuzie, 2004; Teddlie & Tashakkori, 2003). Finally, a qualitative approach might need to be used in an area where little is known, to inform later research including quantitative data collection (Grove, Peel, & Owen-Pugh, 2013). In this way, I was able to start with little knowledge about same-sex couples' help-seeking processes and to use the results from my exploratory interviews to inform the questions in the internet survey.

In conclusion, I agree with Teddlie and Tashakkori's (2003) pragmatic approach that avoids privileging one world view over another; as they say:

> Study what interests and is of value to you, study it in the different ways
> that you deem appropriate, and utilize the results in ways that can bring
> about positive consequences within your value system (p. 30).

This seems appropriate to two key aims of this research, that is, to inform the practice of same-sex couple counselling and, in particular to give weight to the client experience (Ussher, 1999). I now move on to discuss the choice of data collection, taking account of the potential participants and issues of power, particularly as I come from the majority group in terms of sexual orientation.

3.2   Methods of data collection

Two different forms of data collection were utilised across three episodes of collection: interviews, both face-to-face and online, and an internet survey. In the first episode, I conducted exploratory interviews, with the help of a research assistant; the results of these (reported in Chapter 4) then informed an internet survey of quantitative and open qualitative questions (the results of this survey are outlined in Chapter 5). Finally, I conducted follow-up interviews, predominately face-to-face, but including one on-line audio interview (the results are presented in Chapter 6). These methods are now discussed in terms of their appropriateness for this research; details of the data collection will then be offered. For convenience, I choose to use the term 'participants' throughout.

3.2.1   Data collection – interviews

Interviewing, as a method of data collection enables an in-depth exploration of a personal topic with the possibility of clarifying meanings (Dallos & Vetere, 2005; McLeod, 1994). In particular, it can explore the ways in which people 'explain or justify their actions, or what ideas, held culturally, could be said to influence their accounts' (Dallos & Vetere, 2005, p. 177). Semi-structured interviews were utilised in this research to address specific questions, but also to enable participants to talk about additional issues of importance to them (Braun & Clarke, 2013). Taking a position that the world is socially constructed, Burr (2003) stresses that both the researcher and the interviewee bring their own world view to the interview encounter and that this results

in a joint 'co-production' (p.152), recognising that the interviewer cannot be totally neutral (Fontana & Frey, 2005).

Seeing research as a tool to challenge oppression as well as to produce research results resonates with feminist theory (Burman, 1994). Fontana and Frey (2005) suggest that the interview, far from being used to extract the maximum information from a participant, has the capacity to promote social action with oppressed or under-represented groups. This chimes with my aim to use my research results to inform good practice in same-sex couple counselling. Moreover, underpinning the use of semi-structured interviews for this research is an additional aim to minimise power and hierarchies through a shared and more mutual encounter (Coyle & Wright, 1996; Fontana & Frey, 2005). However, as Edwards & Mauthner (2002) suggest, the equalising of power in the research relationship is an unrealistic aim due to the status of the various participants. They suggest that an 'asymmetrical reciprocity' (p.26) is the ultimate aim, that seeks understanding of the other whilst recognising the different status of researcher and researched.

I considered carefully the question of whether to interview participants as individuals or couples. Whilst interviewing a couple can result in challenge and discussion between the partners (Taylor & DeVocht, 2011) and a mechanism for each to act as an aide memoir for the other, there are potential disadvantages and risks (Dallos & Vetere, 2005). The couple may strive to respond in ways that are acceptable to their partner (Taylor & DeVocht, 2011), so that views and experiences are blended, losing the uniqueness of each participant. Alternatively, the interview may be dominated by one partner and, as Dallos & Vetere (2005) warn, the couple must continue their relationship after the interview, and deal with any issues that have arisen, including the possibility of domestic violence. Conversely, interviewing partners separately may cause anxiety about the disclosure of secrets (Heaphy & Einarsdottir, 2012). In addition, unlike an individual interview, where the interviewer and participant co–construct a reality, for a couple, this is being constructed 'in the presence of an "outsider"' (Dallos & Vetere, 2005, p. 185) and therefore mirrors couple counselling where the focus is on the relationship. This potentially affords a rich insight into the experiences of the couple rather than each partner as an individual.

With these issues in mind, different procedures were adopted for each stage of the data collection. For the exploratory interviews, where relevant, partners were interviewed separately. This was done firstly, because it was anticipated that this would enlarge the pool of potential participants, for example in including those who had engaged in couple counselling but whose relationship had now ended. Secondly, at this early stage of the research, I was concerned about the potential emotional impact on participants if couples were interviewed together. Finally, as the interviews for the exploratory interviews were conducted by a research assistant who was not experienced in working with couples, it seemed ethically sounder to interview one partner only. In the follow-up interviews, where possible, I interviewed couples together. In carrying out these interviews, I drew on my learning from the previous data collection as well as utilising my own couple counselling experience.

3.2.2 Data collection – the internet survey

I will now consider surveys in general, followed by the role of internet surveys. Broadly, social surveys seek to secure data by asking the same questions to all potential participants (Aldridge & Levine, 2001; Sanders & Liptrot, 1993) so that data can be organised and compared (De Vaus, 2002). Surveys can be conducted in person, either face-to-face or by telephone, or through a self-completed questionnaire that might be administered through the post or via the internet (Bryman, 2008). These options will now be considered prior to a more in-depth exploration of internet surveys.

In general, Aldridge and Levine (2001) suggest that self-completed questionnaires are relatively cheap to administer, remove 'interviewer bias' and potentially reach a wider audience. Such surveys offer the opportunity to elicit responses to structured questions but also allow for more in depth probing, through open ended unstructured questions (Dolowitz, Buckler, & Sweeney, 2008) and are widely used in social research, predominating in web-based research (Hewson, Yule, Laurent, & Vogel, 2003). There are however, limitations. The text and questions need to be concise and clear, and the findings of online or paper-based surveys might be affected by literacy issues or the

authenticity of the respondents' answers (Aldridge & Levine, 2001), particularly as the interviewer is unable to restate or ask follow-up questions. (See section 3.3.2 for the process of designing the survey).

Whilst there is evidence of substantial return rates for internet research with LGB communities, both in the UK and abroad (Harding & Peel, 2007b; Jowett & Peel, 2009) there is also a risk of spuriously low response rates as questionnaires may be sent to those who do not fulfil the criteria of the research. This is particularly the case where the pool of potential participants (in the present case, those who have had same-sex couple counselling) is small with no specific groups or organisations to which clients might affiliate to serve as a focus point for distributing questionnaires. Other research has been able to target specific LGB communities, for example, where participants experience chronic illness (Jowett & Peel, 2009) or within the S&M communities (Taylor & Ussher, 2001). In the present case, such tight targeting of specific sub-groups was not possible.

However, using online methods for research is a way of accessing participants in communities who are hard to reach through other means (Fricker & Schonlau, 2002; Meyer & Wilson, 2009). Mann & Stewart (2000) cite the research of Dunne in 1999 where the 'anonymity of the technology [enabled access to] the voices of socially marginalized communities' (p. 5). This was particularly important in the recruitment of same-sex couples who regularly have to make a decision about disclosing their relationship to others and risking potential stigmatisation (Rostosky et al., 2007). The internet was therefore selected as a valuable method of contacting potential participants without the risk of having their relationship status or sexuality revealed beyond the research project, with appropriate measures being taken to maintain participants' anonymity and privacy.

Whilst face-to-face interviewers can build rapport with participants there is evidence of the unhelpful influence of their relative power and role differences (Dallos & Vetere, 2005; Harding & Peel, 2007b). Internet research offers the possibility of removing researcher cues that might influence participants to give anticipated or socially acceptable answers (Cooper, Scherer, & Mathy, 2001; Dolowitz et al., 2008; Kiesler &

Sproull, 1986). Moreover, Fricker (2002) suggests that this reduction in researcher influence is helpful for researching sensitive topics, and may be particularly important where the interviewer forms part of a majority group.

Online research methods have been found to be cheaper by 53% in Roster's (2004) comparison of web and telephone surveys, although Fricker (2002) emphasises the importance of costing all elements of the process, including the researcher's time. They have the advantage of accessing potential participants from amongst a large and diverse population with time and cost efficiency (Hewson et al., 2003). This ready access was important in the present study which sought to secure a wide cross-section of participants who had experienced same-sex couple counselling, amongst a relatively small pool of eligible people. In addition, internet surveys provide a ready-made transcript of responses that is both cost-effective and eliminates transcription errors (Fricker & Schonlau, 2002).

Participants' access to the internet is a crucial issue when considering online research. According to the ONS there has been a year-on-year growth in the UK, from only 13% of the population using the internet nearly every day in 2006, to 60% doing so in 2010 (ONS, 2010). More importantly for online research, in 2010, 73% of households in English-speaking countries had access to the internet (Miniwatts Marketing Group, 2012). This does leave a significant number of people without household access to the internet, although they may be able to use facilities at work or in public spaces. However, these facilities may not be suitably private for those answering questions about their same-sex relationships and counselling. There are some concerns about equality of access to the internet. Figures from the ONS show that, in 2010, 60% of individuals over 65 had never accessed the internet while 91% of those in professional or managerial jobs had accessed the internet compared to 67% of those in manual or routine jobs (ONS, 2010). These discrepancies continue with 97% of those with higher education qualifications, compared to 45% of those with no formal qualifications accessing the internet (ONS, 2010). Accessing the internet is, however, a familiar medium for LGBTQ young people and those looking to form same-sex relationships (Clarke et al., 2010). Internet surveys then, have many advantages in efficiency,

minimising power differentials and accessing hard to reach groups. However, the technology is not currently accessible by all potential participants.

3.3   Procedure/methods for all three data collections.

I now describe the procedures used in conducting the three episodes of data collections, including the development of the interview and survey questions, the construction of the survey site, the procedures used for contacting potential participants and details of the data collected.

3.3.1   The exploratory interviews

The costs of the exploratory interviews were met by seed-corn funding from BACP, together with support from the University of Birmingham and Newman University. The funding contributed to the employment of a research assistant to collect data and to assist with the data analysis. In addition, an informal support group of colleagues, who had a particular interest in sexualities, read and commented on all pre-prepared written material, with a particular focus on the use of language. A semi-structured interview schedule was piloted with a colleague and small amendments made to clarify the meanings of questions. Twelve agencies who worked with LGB clients (predominantly located, for the sake of practicality, in the south of England) were contacted and asked to pass on information to potential participants and to place flyers in their waiting rooms. Adverts (see Appendix A) were also placed in the BACP journal, *Therapy Today* and in *Diva* (a lesbian and bisexual woman's lifestyle magazine) and thirty-five colleagues were contacted by email and asked to pass on electronic information about the project to their contacts.

Anyone interested in participating was asked to contact me to volunteer or gain further information. Enquirers were sent a two-page information sheet (see Appendix B) explaining the project's purpose, methods, and confidentiality procedures. Included in

this were names of people the participants could contact for further information or if they were adversely affected by participating, and a named person to contact in the event of any complaint. The contact details of volunteer participants were passed on to the Research Assistant who arranged convenient times and places for the interviews. As these were being conducted in a venue selected by the participants, a Safe Working Policy was devised and implemented (Jackson & Chaytor, 2003, see Appendix C). In all, 11 email responses were received from potential participants; of these, two had not received counselling, leaving nine suitable for interviews. All the participants had heard about the project either through an internet listserv, or a colleague (see Table 3-1 for brief demographic details, and Appendix D for further details).

Table 3-1: Brief demographics for the exploratory interviews

Pseudonym	Gender	Age	Ethnicity	Setting	Counsellor advertised work with LGBT Clients
Alex	F	20 - 29	White British	Private Practice	No
Bernice	F	30 - 39	White British	Private Practice	No
Chloe	F	30 - 39	White British	Private Practice	No
Ellie	F	30 - 39	White British	Agency	Yes
Darren	M	40 - 49	White British	Agency	No
Fay	F	30 - 39	White British	Agency	No
Geoffrey	M	30 - 39	White British	Agency	Yes
Hank	M	30 - 39	South African	Agency	Yes
Ingrid	F	50 - 59	White British	Private Practice	No

Nine interviews lasting between one and one and a half hours took place across England, in venues chosen by the participants that included a café, office, common room and a private house. Whilst these were not always ideal situations particularly in terms of noise level and privacy, this was an attempt to redress any power imbalance in the interview process and enhance the level of comfort for the participants. Informed written consent was obtained by providing an information sheet in advance and, following an opportunity to ask further questions, by signing a signature on a consent

form (see Appendix E for a sample consent form). Although in a couple relationship, Hank and Geoffrey were interviewed separately. All interviews were recorded and transcribed verbatim. Following closed questions regarding the participant, their relationship and the counselling received, a semi-structured interview schedule was used (see Appendix F). This covered the reasons for going to counselling, accessing counselling and the experience of therapy. Participants were also asked for their thoughts on advice for counsellors and training programmes.

3.3.2   The internet survey

The purpose of the internet survey was to consolidate and extend the findings from the exploratory interviews with a larger and more diverse group of participants. It was hoped that the anonymity and access offered via the internet, plus the promotion of the research beyond the UK would provide a substantial number of responses, in excess of 100. The criteria for inclusion stated that responses were sought from individuals over 18 years of age, who had engaged in same-sex couple therapy or counselling. Survey questions were built around the outcomes from the exploratory interviews and from further reading of the literature. For example, some quantitative questions asked participants to rank their reasons for seeking counselling and the criteria for selecting a therapist (see Appendix G for the full survey). Amongst the qualitative questions were ones offering participants the opportunity to elaborate on, and explore, occasions when they had hidden critical issues from their counsellor.

To develop the survey site I used the services of Bristol Online Surveys (BOS) that offers a structure for survey design, and hosts a website permitting both quantitative and qualitative responses. Pilot versions of the survey were trialled with colleagues from an online research-training course and colleagues who had an interest either in online research or LGB issues. A number of changes were made to enhance the clarity of the questions and to avoid excluding particular groups of potential participants. For example, in the questions on gender and sexual orientation, a 'prefer not to answer' response was added, with the opportunity for respondents to elaborate with a self-

definition. With regard to current relationship status polyamorous relationships were recognised as 'Polyamorous Partnership (trios etc)'. Two questions sought information on how out each partner was, using an amended Outness Inventory (Mohr & Fassinger, 2000). These authors used Likert-type scales to measure outness to family, the outside world and religious communities. However, feedback from piloting the survey suggested that probing into how much participants' sexual orientation was known or talked about within their religious communities could be misconstrued as intrusive or potentially judgemental. Religion was therefore omitted and some category labels were changed in order to be more inclusive, for example, 'parents or primary carers' were referred to instead of 'mother and father'. Within each outness category, participants were asked if their sexual orientation was known and discussed openly, known but rarely or never discussed, or not known. Questions in the survey were grouped into three sections: the first covered details about the participant, the second explored the relationship at the time of couple counselling and the final section offered participants the opportunity to reflect on their experiences of counselling. Questions varied from multiple-choice and Likert-style questions, to free-text answers with expanding boxes allowing for multiple lines of response (see Appendix G). The final question requested contact details from any participants who were willing to engage in an in-depth interview. All questions were labelled 'optional' as I considered the risk of missing data to be less crucial than non-completion of the survey.

The survey was launched on 15 January, 2010, with the survey link and further information emailed to 57 personal contacts, three listservs and 91 organisations with LGB links, with a request that these be cascaded or forwarded on. Of the organisations contacted, 30 confirmed that they would be passing on the information, eight declined to participate and 53 gave no answer, making it difficult to tell if they had distributed information or not. In addition, the survey was promoted through adverts placed in *Diva* (both online and in print) and *Gay Times Online*, advertised to Relate centres through a newsletter and (in two cases) also by direct contact, and flyers were handed out at a Gay Pride festival. As the participants in the exploratory interviews had been dominated by white academics and professionals, attempts were now made to attract a more diverse range of participants. Contact was made with black and ethnic minority groups, church

groups, organisations for parents and friends of LGB people, LGB social groups, and posts on discussion groups (which I was eligible to join). It is impossible to know how many people had access to the survey as it is impossible to know how many people subscribed to listservs or discussion forums, saw the advert in magazines, or received cascaded and forwarded emails.

Of the 63 responses to the internet survey between January and October 2010, five were completely blank and three were partially completed, leaving 55 responses with usable data. A brief summary of the demographic data are presented in Table 3-2 and Table 3-3 with a complete set of demographic data in Appendix H. The data shows that the participant sample was fairly homogeneous white, and educated.

Table 3-2: Brief demographics for the internet survey

Age range		Gender		Sexual Orientation		National Identity	
Under 20	1	Female	36	Lesbian	20	White British	21
20 - 29	1	Male	17	Gay	16	Other White	26
30 - 39	17	Masculine/ Butch	1	Bisexual	4	Black African	1
40 - 49	19	Queer	1	Queer	11	Latin American	1
50 - 59	12			Pan omnisexual	1	Mixed	1
60 - 69	4			Queer/dyke	2	Other Asian	1
70 - 79	1			Not described	1		
				Prefer not to say	1		

Table 3-3: Brief details of relationship status and educational qualifications for the internet survey.

Relationship Status		Highest Academic Qualification	
Partnered	27	Post Graduate	38
Single	7	Degree	16
Civil Partnership	7	School Certificate	1
Separated	4		
Single	2		
Married to same-sex partner	2		
Polyamorous Partnership	5		
Divorced	1		

The outness scores of the participants and their partners were calculated, adapting Mohr & Fassinger's (2000) measure of outness to different family members, friends, work colleagues and strangers (see survey questions 11 and 17 in Appendix G). Taking a score of 1 for 'not known' and 3 for 'known and openly discussed', an average score of outness was calculated for each person at the time of completing the survey, and for their partner at the time of counselling. This data is represented as a dotplot in Figure 3-1 where 1 is the least out and 3 the most out. Compared with their partners, the data for participants is more closely bunched together and their scores are higher. Each dot represents a participant ('participant outness') or their partner ('partner outness') so that, for example, 15 participants scored an overall outness measure of 3 and only ten of the partners scored 3. Whilst the 15 participants (27%) who scored 3 overall, represent being out and discussing sexual orientation with anyone, the remaining 40, (73%) of the participants had encounters with family, work colleagues or new acquaintances where their sexual orientation was either not known or rarely discussed. These participants,

then, may display some element of caution in either divulging their sexual orientation or refraining from mentioning it. Mohr and Daly (2008) suggest that this monitoring of the environment 'for stigma-relevant cues' (p. 991) has a negative psychological effect and, as seen in Chapter 2 this can impact on a same-sex relationship.

Figure 3-1: Plot of participant and partner outness
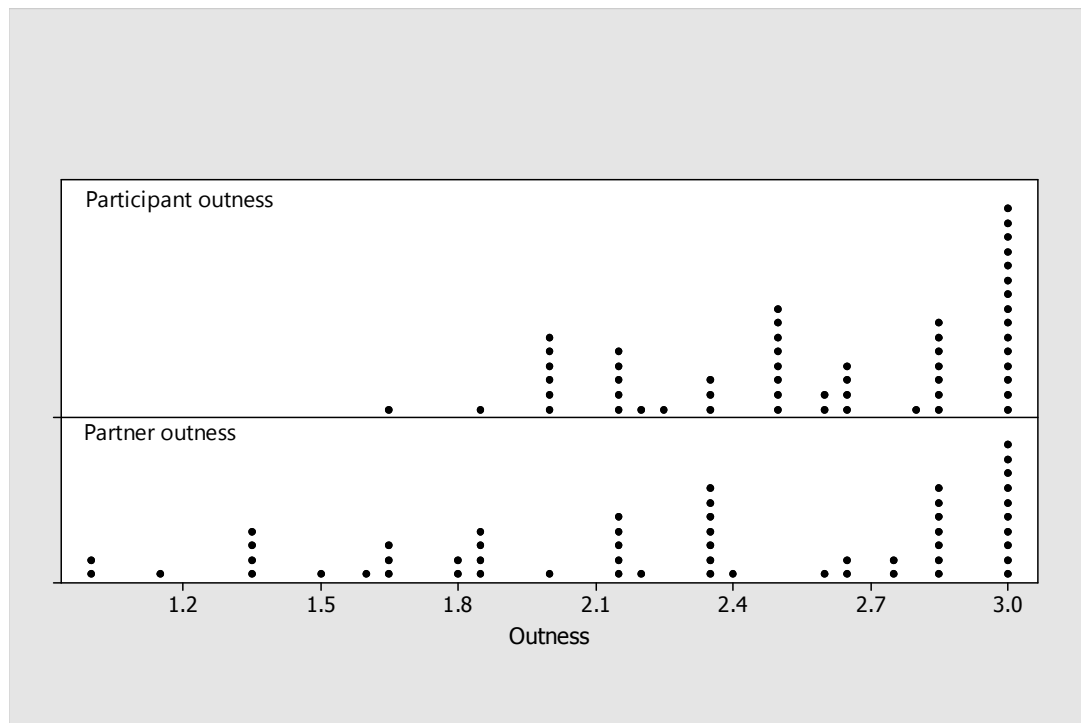
3.3.3   The follow-up interviews

In the survey, the 27 people who left contact details, were contacted and sent an information sheet (See Appendix I), which eventually resulted in 12 interviews, eight with individuals and four with couples. In terms of outness, the scores ranged from 1.8 to 3 (mean 2.5 and standard deviation 0.4). The majority had higher education or postgraduate qualifications (n=11) and only three had an income of less than £15,000.

(A brief summary of the demographic data are presented in Table 3-4, on page 108, with further details in Appendix J). Semi-structured interview questions were developed from the previous episodes of data collection to explore in greater depth the ways in which couples learnt about same-sex relationships, and their journey into, and key experiences, in couple counselling (see Appendix K). Participants were invited to suggest an interview venue, subject to personal safety and a reasonable level of privacy. Three couples and five individuals were interviewed in their own homes and one couple and three individuals were interviewed in a bar or café. Demographic details were obtained at the interview from the two partners who had not completed the survey (see Appendix J), and signed consent forms (see Appendix E) were collected. Each interview was recorded and transcribed verbatim.

Table 3-4: Brief demographics for the follow-up interviews

Pseudonym	How old are you?	How do you identify in terms of gender?	How do you identify in terms of sexual orientation?	How would you describe your national identity?
Anna	40 - 49	Female	Lesbian	White British
Barbara	50 - 59	Female	Lesbian	White British
Merle	40 - 49	Masculine/butch	Queer	Other White
Leah	40 -49	Female	Lesbian	Other White
Irma	40 - 49	Female	Lesbian	Other White
Frank	50 – 59	Male	Gay	White Irish
Christine	40 - 49	Female	Lesbian	White British
Nicola	30 - 39	Female	Gay	White British
Helen	60 - 69	Female	Not described by the above	Other White
Kevin	30 - 39	Male	Gay	Other White
Jack	30 - 39	Male	Gay	White British
George	50 - 59	Male	Gay	White British
Olive	60 - 69	Female	Lesbian	White British
Denise	50 - 59	Female	Bisexual	White British

| **Phyllis** | 60 - 69 | Female | Queer | White British |
| **Edward** | 50 - 59 | Male | Gay | White British |

3.4   Analysis of data

I utilised three forms of analysis, namely, thematic analysis, descriptive statistics and discourse analysis, to engage with the different research questions. Thematic analysis was used for the exploratory interviews and the open-ended questions from the internet survey, descriptive statistics were employed with more quantitative data from the internet survey, and finally, discourse analysis was used for the follow-up interviews with individuals and couples. Each form of analysis will now be discussed in relation to the research topic and questions.

3.4.1   Thematic analysis

Thematic analysis can be seen as both a process for analysing data and a research method in its own right. Boyatzis (1998) claims that it is a flexible tool that can be adapted for use with the majority of qualitative data as well as a method for transforming qualitative data for quantitative analysis. Braun and Clarke (2006) also stress the versatility of thematic analysis but extend this, suggesting that it can be used as an essentialist/realist method, or as a method for researching how meaning is made through language and discourse. Their approach is sited between essentialism and constructionism, for example critical realism where thematic analysis can be used 'both to reflect reality and to unpick or unravel the surface "reality"' (Braun & Clarke, 2006, p. 81). This form of analysis aims to describe experiences accurately, giving voice to the participants in their specific contexts (Holloway & Todres, 2003). This 'giving voice' has particular importance for same-sex couples who, as discussed in Chapter 2, are silenced when they do not feel safe enough to come out (Mosher, 2001), or feel

under pressure to conform to heterosexual relationship stereotypes (Clarke, 2002). Thematic analysis, then, was selected in the present research to analyse the data obtained from the exploratory interviews and the qualitative data from the internet survey; in both cases the focus was predominantly on what the participants said rather than how they said it (Bryman, 2004).

The research assistant and I jointly conducted the analysis of the exploratory interview data, by separately listening to the audiotapes, reading and re-reading the transcripts and coding for themes and thematic patterns related to the research questions. In this inductive approach (Braun & Clarke, 2006), new themes were continually checked against the transcripts, and highlighter pens and 'post-it' notes were used 'to indicate potential patterns' (p. 89). These were investigated by each of us individually, but we also held regular meetings where codes and themes were compared and discussed, either of us presenting our own understanding of the data, until agreement was eventually reached. Negotiating the meaning of the data from two different perspectives enabled us to double-check assumptions, for example, where the interviewer, as a gay man, might have over-identified with participants, or I may have adopted a 'heterosexual paradigm' (Buhrke, Ben-Ezra, Hurley, & Ruprecht, 1992, p. 92).

For the internet survey, qualitative data from the open-ended responses were collected into a single file, and read and re-read to identify units of meaning, which were then categorised into potential themes. These themes were scrutinised for evidence that they 'capture(d) something important in relation to the overall research questions' (Braun & Clarke, 2006, p. 82) and utilised whether or not they were represented across a number of transcripts. There were some difficulties in utilising this data, for example the shorthand way in which one participant wrote, in simply stating 'helpful' to describe the impact of the sexual orientation of the counsellor. Once a theme had been identified, the transcripts were re-read to search for further examples or counter-examples of this theme, and themes from this analysis discussed with my research supervisors.

3.4.2   Descriptive statistics

The descriptive statistics, consisting of frequencies and percentages, are intended to throw some light on the 'emergent reality' of same-sex couple counselling, particularly with respect to current culture and organisation (Bryman, 2004, p. 17). Taking a world view that sees reality as partially dependent on existing social structures that can form and constrain, descriptive statistics can offer a way of describing the social world (Marsh, 1998). In this way, the numerical data was converted into 'narrative form' to inform and enhance the qualitative data, providing a profile of the participants and their journey in counselling (Bazeley, 2009, p. 205). Organising data in a clear and concise way can present information economically (Aldridge & Levine, 2001) and illuminate themes (Sanders & Liptrot, 1993) that can be explored further. For example, breaking down the ranking of criteria when seeking a counsellor, according to sexual orientation and outness. These descriptive statistics do not seek to show 'a cause and effect relationship or an association between variables' (Beals & Peplau, 2001, p. 2) nor, in the present case, can they be generalised to all same-sex couples seeking counselling. However, the descriptive statistics, together with the qualitative analysis, provide a snapshot picture in an area where there is little existing research.

3.4.3   Discourse analysis

Discourse analysis developed against a background of positivism in psychology (McLeod, 2011) drawing on developments within other disciplines that explored language 'as a social performance' rather than an internal measurement of an external reality (Willig, 2001, p. 87). It is underpinned by a social constructionist worldview that there is no one single reality, but a multiple number of truths (Potter & Wetherell, 1987; Taylor & Ussher, 2001; Willig, 1999b). However, alternative views have been expressed that allow for some reality outside of the discourse, that is, 'extra-discursive' factors (Langdridge & Hagger-Johnson, 2009, p. 441). Parker (1992), for example, suggests that there is a value in paying attention to the backdrop of the discourse so that any reality is 'grounded in the material structures beyond language' (cited in Langdridge & Hagger-Johnson, 2009, p. 441).

Different forms of discourse analysis have emerged in the form of discursive psychology and Foucauldian discourse analysis. The study of the use of language in discursive psychology can illuminate how people see themselves and how they choose to present themselves (Wetherell, Taylor, & Yates, 2001). This, in turn, can be linked to Goffman's ideas of how people use 'sign vehicles' (Goffman, 1990, p. 13) to convey the image they choose. Moreover, language, as understood in discourse analysis, is an active process (Wetherell, 2001a) rarely used to describe things (Potter & Wetherell, 1987). Rather, the discourse is used to achieve certain outcomes that relate to blame, responsibility and status (Dallos & Vetere, 2005) with the context an important feature. In contrast, Foucauldian discourse analysis can focus on issues of power within organisations (Dallos & Vetere, 2005; Willig, 2008), and the ways in which language 'conspires to legitimate and perpetuate unequal power relationships' (Willig, 1999b, p. 10). For example, as we saw in Chapter 2, in discourse analysis with counsellors (Evans & Barker, 2007) or students (Clarke, 2005), liberal talk can be seen as a means of upholding the heterosexual status quo. Potter and Wetherell (1995) concisely describe these two approaches as 'discourse practices' and 'discourse resources', that is, the ways in which people use language and the discourses available to them.

In this research, I have adopted a combination of both approaches that allows for a more critical realist position. Wetherell (1998) advocates this more 'eclectic' approach (p. 388). In addition, Potter and Wetherell (1995) suggest that there are benefits in considering both approaches as, notwithstanding some differences, there are areas of overlap. Bryman (2004) also argues that it is possible to include some element of realism in discourse analysis, in the form of structural mechanisms that will have an impact on discourses and that need to be seen as preconditions of understanding and analysis (Madill, 1996). Given the history of discrimination and the pathologising of same-sex relationships, discourse analysis offers possibilities for exploring how language and discourse perpetuate negative myths and also how biological and political structures affect experiences. Finally, discourse analysis can be of value to the wider professional world, and understanding the objectives of discourses can illuminate ways forward in developing services (Finlay, 2002), thereby meeting one of the aims of this research.

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The analysis followed an iterative process outlined by Taylor (2001), in which I listened to the recordings and read the transcripts with a view to identifying patterns, particularly in relation to the research questions and 'language in use' (p. 39). Selected sections were then transcribed using an adapted form of Potter and Wetherell's (1987) notation (see Appendix L) and explored in terms of the way in which language was used to position or defend and in relation to wider structures and norms in society. Langdridge and Hagger-Johnson (2009) suggest that discourse analysis is best learnt by 'doing' and my process was supported by sharing the analysis with my supervisors and two colleagues experienced in this method, using the feedback to focus on discourse rather than description. In considering structure and, inevitably, power, Langdridge and Hagger-Johnson (2009) stress the importance of reflexivity and the requirement of the analyst to own a political stance. As a heterosexual-identified woman, I note the privileged position that I hold in society and position myself as a feminist with a strong commitment to anti-oppressive practice. However, in such a position, I am capable of unknowingly adopting heteronormative ideas and have relied on the support of my supervisors and others, as well as my own reading, to challenge these.

To conclude, the three methods of analysis offer a form of triangulation (Johnson & Onwuegbuzie, 2004; Teddlie & Tashakkori, 2003) within a critical realist approach. Thematic analysis is utilised to give voice to the participants (Braun & Clarke, 2006) and reflect some form of reality through commonalities (Ussher, 1999). The descriptive statistics support this, not by claiming an essentialist truth, but by illuminating themes that can be explored further. Finally the discourse analysis, whilst focussing on the discursive, also allows for attention to the backdrop of discourse (Langdridge & Hagger-Johnson, 2009). This 'eclectic' approach (Wetherell, 1998, p. 388) supports a critical realist stance where social structures and constructed meaning each impact on the other (Willig, 1999a).

I now review the participants in relation to recruitment in other LGB research, and explore their reasons for participation and their views on the low response to the internet survey.

3.5   Recruitment challenges

King et al. (2007), in a systematic review of LGB counselling research studies, noted difficulties in recruiting samples. In common with the majority of those studies, I chose to use a convenience sample for all episodes of data collection. This method, despite its limitations, can be a useful way forward for exploratory research in an under-researched area (Aldridge & Levine, 2001; Dallos & Vetere, 2005; Sanders & Liptrot, 1993) when the results are not being extrapolated to the whole population (Meyer & Wilson, 2009).

Recruiting a broad sample of same-sex couples has proved difficult for previous researchers (Means-Christensen et al., 2003). Conley et al. (2009) found that participants in their study of same-sex couples had 'more crystallized gay identities than did nonparticipants' (p. 1429). In addition, Buhrke et al. (1992), in a methodological critique of articles in counselling journals, found that lesbian and gay men participants were more likely to be out. My participants also appeared to be quite out with an average level of 'outness' of 2.6 and standard deviation of 0.4, based on Mohr an Fassinger's (2000) scale (see Figure 3-1 above). However, these authors do not provide a benchmark for outness against which the score for my research could be measured. Moreover, white middle-class professionals have been found to be over represented in such samples (Kurdek, 2005; Peplau & Fingerhut, 2007; Sullivan & Losberg, 2003; Taylor & Ussher, 2001). This was replicated in my own data set, where 94% of all the participants (across the three episodes of data collection) identified as white and 89% as professional.

3.5.1   Why participate?

Dallos and Vetere (2005) suggest that 'participants who volunteer may be very different from those who do not' (p. 37) questioning whether those who respond may have had either a good or bad experience in therapy. Whilst all participants' experiences in same-sex counselling are equally valid, it is important to situate the results within the range of those voices that were involved. There is no claim that these voices are representative

of the whole population. However, illuminating the characteristics of the participants permits a positioning of the results within a particular context (Heaphy et al., 1998). It is therefore useful to have some indication, not just of participants' demographic characteristics, but why they chose to be involved.

Participants in the follow-up interviews were asked why they had participated in the research. Using thematic analysis on the texts from the 14 participants, four themes were identified, namely: 'hoping to improve inadequate services', 'wanting to help other same-sex couples in counselling', 'supporting research', and 'for therapeutic reasons'. Firstly, the participants were not generally commenting on very poor services, but identifying something lacking, as George said 'it wasn't what we needed at the time fully was it?' Christine, who thought that the counsellor might well be able to provide a good service for different-sex couples none-the-less commented 'I suppose really I thought she wasn't equipped really to offer same-sex counselling'. Secondly, as Peel, Parry, Douglas, & Lawton (2006) found with diabetes patients, participants also engaged in the interviews from altruistic motives. Irma chose to participate in the research as she felt that others could also gain from same-sex couple counselling 'I guess I just think I've benefited tremendously from it and I think both people can benefit'. Merle too, saw the value in helping other couples, saying, 'well if this can help someone gather information that will help educate other counsellors and ways to help queer couples I'm all for that', and George also recognised how his input could help others 'so, if us having a conversation for an hour or so is going to help other people in the future, well then absolutely'. Thirdly, three of the participants noted that as fellow researchers, they understood the difficulties in finding participants, as Denise noted 'Well, because I know it's difficult to get [unclear] in to talk to you'. Finally, a couple, Jack and Kevin, agreed that it was partly because they wanted to hear what each other had to say in the interview, as they separately state:

> Also I was expecting - and it has been the case - that it's interesting and useful for me to hear Jack talk about his experience in a way that we wouldn't talk about it together because he's answering your questions (Kevin)

It would be again interesting for us to talk with you about our experiences

and what's different there (Jack)

Whilst Peel et al. (2006) highlight a therapeutic element for their participants in enabling them to 'get things off their chests', these participants take this one step further in being interested in the responses of their partner in relation to the research questions.

3.5.2   Why were there fewer survey participants than expected?

The responses to the internet survey were both slower and fewer than I had hoped and anticipated, with 63 people accessing the survey between January and November 2010. Harding and Peel (2007b) used an internet survey to test the attitudes of non-heterosexuals to civil partnerships and received 1511 responses, with 150 in the first 12 hours. Their survey was, however, open to anyone self-defining as non-heterosexual. The 16 participants in my follow-up interviews were asked their opinion on the slow uptake of the survey. Thematic analysis was employed to explore the responses and three themes identified, namely: 'fears of lack of confidentiality', 'high number of research requests' and 'the sensitivity of the topic'. Firstly, concerns over confidentiality and privacy were raised by four of the participants. It is not clear if anyone had looked at the introduction to the survey and decided not to continue as these would not appear as a response. However, Christine speculated that there may have been concerns relating to people not being out, saying, 'they wouldn't want to disclose themselves because they wouldn't trust what you would do with the information, where it would go', suggesting a lack of confidence in the internet and researchers. Christine made comparisons with her own experience of talking on lesbian websites to people who would only refer to themselves with an initial. King et al. (2008, p. 13) also note fear of exposure as a deterrent to participation and speculate that this will continue until the risks of coming out are removed. A further reason for not participating related to the high volume of requests for participants; as Kevin noted,

'I often get 3 to 5 emails a week from the [Name of list serv.] with various different people asking for that kind of thing, or phone conversations and stuff, and there's only so many that you're wanting to do'.

Finally, four of the participants wondered if the topic of difficulties with a same-sex relationship might have deterred some responses. Olive noted that just raising couple counselling might 'tread on that nerve a bit' suggesting that couples did not want to think about relationship problems. In addition, she proposed that there may be a stigma within the LGB community about couple counselling itself. Given the probably small pool of potential participants and the sensitive nature of the topic, it is perhaps unsurprising that the number was lower than anticipated.

3.6   Ethical considerations

Ethics in Counselling and Psychotherapy are of paramount importance to UK counselling practitioner organisations (BACP, 2013; BPS, 2009; UKCP, 2009). All the research for this thesis was conducted in accordance with the BACP Ethical Guidelines for Research (Bond, 2004) that cover: trustworthiness, managing risks, relationships with research participants and researcher integrity. Ethical approval was granted for each stage of the research variously through the University of Birmingham, University of Leicester, Newman University and Relate.

To identify potential risks to participants, I consulted, prior to each data collection, with a range of people who were either LGB identified and/or had experience of counselling or researching in this field, in addition to my two research supervisors. Additionally, to ensure informed consent, detailed information outlining the purpose and process of the research, the limits of confidentiality, what to do in the event of a complaint and where to find support if affected by the research was provided before each data collection (see Appendices B, G and I). This information was clarified and consolidated either with a signed consent form or a tick box equivalent on the internet survey form (see

Appendices E and G). In consenting, participants were aware that they had a right to withdraw, that their privacy would be protected, that all identifying details in the transcripts would be removed and that sensitive data would be securely stored. In the event, no participants withdrew from the study. However, one couple who had arranged an interview subsequently withdrew, as they felt that their post-counselling relationship had just reached some stability, and that talking about the therapy sessions might destabilise this. This discomfort is reflected in George's comment at the end of the interview, 'you feel slightly tender, I'm sure you feel the same because it brings back stuff that's uncomfortable', but he nonetheless also said that it was good to talk about the issues. In the introduction to each interview, I stated clearly that the participant(s) could stop the interview at any time, and drew on my counselling skills and knowledge to monitor potential distress. At the end of each interview, participants were invited to comment on the interview and were reminded of support networks should they have been affected by their participation. Privacy and anonymity is important in research (Bond, 2004) and particularly so for LGB groups (Berger, 1990); therefore, I took particular care not to out participants. This was achieved by enabling them to self-select into the research, using participants' choice of venue, subject to the interviewer's safety and its appropriateness in terms of privacy and noise, and ensuring that I was speaking to the participant when ringing to arrange interviews.

One further ethical issue arises in relation to discourse analysis. Informed consent is perceived as a basic human right (Bond, 2004), with the requirement that participants must have sufficient information on which to base their decision to participate (Barker et al., 2011). However, Hammersley (2012) disputes the notion of informed consent when participants expect to share their experiences, only to learn that this data has been analysed to discover discursive practices. Hammersley ponders informing participants in advance but considers that this would skew the data collection as the participants would then be self-conscious. Another alternative suggested would be to de-brief participants after the interview; however, this may risk participants becoming angry and aggrieved, particularly if they were unable to grasp the process of discourse analysis. In the end, as Hammersely argues that if participants are not harmed in the interviews, it

may be necessary to adopt a pragmatic approach to ethics and informed consent in this instance.

Overall, I adhered to the key elements of trustworthiness and integrity for ethical research into counselling and psychotherapy (Bond, 2004). However, there are less clear elements relating to reflexivity that I now address.

3.7 Reflexivity

There are many approaches to reflexivity, dependent on the researcher's underlying philosophical approach to the research. In this section, I consider a form of reflexivity that supports a social constructionist approach in seeking to 'explain how individuals make sense of the social world and their place in it' (Finlay, 2002, p. 534). In doing this, I recognise that my own experiences will impact on the research process and recognise the need to be open to exploring these (Etherington, 2004). In particular, as I and the participants are part of a socially constructed world (Grace et al., 2006), to be aware of my own heterosexism, homophobia and biphobia. In this section, I reflexively consider the way in which I impacted on the research in terms of care of participants, and researching a minority group as an outsider, as well as how the research impacted on me personally.

3.7.1 Care for the participants

Although my interview participants had information in advance on which to base their decision to give informed consent, as a counsellor-researcher I had the opportunity to use my counselling skills in such a way that they may have said more than they would have consented to (Oliver, 2003). The researcher is responsible for planning the process in ways that anticipate any possible harm to participants and not stumbling 'carelessly into intimate personal research relationships' (Etherington, 2004, p. 227). Being a counsellor-researcher has both advantages and disadvantages. The interviewer is

equipped with the skills to manage difficult situations arising out of researching sensitive issues (Coyle & Wright, 1996), but must hold the boundary between counselling and interviewing (Etherington, 2004). As a counsellor accustomed to exploring personal material with clients, I found it challenging to hold the boundaries between in-depth interviewing and counselling (McLeod, 2001). At times, I momentarily fell into a counselling role and used a number of paraphrasing and summarising techniques rather than asking more enquiring, researcher-led questions, potentially missing rich data. In Helen's interview, for example, I summarised her experience of the messages about same-sex relationships learnt from the women's movement, and this encouraged her to talk further about historical issues. In retrospect, asking her a direct question about how these discourses had affected her own construction of couple relationships would have been more in line with the purpose of the research. Listening and being empathic might on the one hand, have established good relationships (McLeod, 2001), but it also seemed to invite my participants to expand further, often sharing in-depth and personal details in an area that was not part of the research focus. In order to try to manage the boundaries between counselling and research (Gale, 1992), I used a clip-board and pen to make notes in order to emphasise the different nature of the encounter, for both the participants and myself.

A further challenge arose in relation to care of the participants as they were invited to suggest a meeting place. Dallos and Vetere (2005) note that interviewing in the home, where the social etiquette is dictated by the hosts, can inhibit researchers from being assertive. For example, in two of my interviews, phone calls interrupted the process, making me privy to additional aspects of the participants' lives, raising the question of whether or not this information could be considered to be research data. In addition, there are social niceties of offering refreshments to visitors, with the potential effect to shift the focus of the meeting from an interview to a social encounter; these made it harder for me to be assertive and take control of the interviews. Public spaces provided additional challenges. I notice in my research diary that in cafés and bars I offered to buy drinks for the participants, thereby establishing my role as potentially in charge of the process of the interview. The social etiquette for public spaces would often be to listen and take turns rather than assertively steer the direction of the interview. This, for

example, made it difficult to curtail participants who wanted to talk about the details of their relationship rather than their experiences of therapy. In addition, communal spaces made it difficult to talk about intimate issues, and I felt inhibited in even speaking aloud the subject of 'same-sex relationships', further highlighting the heteronormativity of public space. Participants, too, may have felt similarly inhibited. I was also mindful of the need for privacy when finding a space in a public bar or café and on one occasion steered a participant away from a table in close proximity to another café customer. Notwithstanding this, a private seating area in one interview became more public as other people occupied nearby tables. Balancing the preference and privacy of the participants with the constraints of meeting away from my home base was a challenging process.

One particular issue to consider in being reflexive is the difference and similarity between the researcher and the participants. In data collection, there is a need to pay attention to not only what is said but how (Fontana & Frey, 2005), and how language is used to enable the researcher and participant to present themselves to each other (Finlay, 2003; Goffman, 1990). During the interviews, I was mindful of my chosen language, for example, using 'partner' for any previous relationships so as not to make gendered assumptions. In doing this, I sought to present myself as knowledgeable and non-discriminatory. I was surprised, though, on reviewing the interview recordings to find that I had on several occasions taken additional opportunities to further demonstrate my knowledge, for example, in citing Stonewall research. In this way, I was endeavouring to present myself as different from the counsellors with heteronormative views that couples had previously encountered. I also noted that I slipped into a shared insider term when I spoke of relationships that 'we' learn about. This unconscious slip was perhaps revealing my underlying discomfort in being different (Mohr, 2002; Wetchler, 2004) confirming Mohr's theory of needing to 'fit in' as described in Chapter 1. I will now discuss the problems arising in researching the 'other'.

3.7.2   Researching the 'other'

Before examining the problems relating to researching people from groups to which the researcher is an outsider, the question of how to define these groups must be revisited. Izzard (2004) expresses disquiet at being forced into a binary definition of herself as heterosexual or LGB, and espouses a more fluid understanding of sexuality, placing herself towards one end of a spectrum of sexual orientation. I, too, experience some discomfort in being constrained by a binary definition that seems increasingly irrelevant. However, I do acknowledge that I also experience membership of the dominant heterosexual group, with privileges that are not afforded to same-sex couples. It is also important to avoid homogeneity by assuming that all LGB people have the same experiences of heterosexism, and indeed essential to take account of other issues of difference and how these intersect with the experiences of being marginalised (Clarke & Peel, 2007; das Nair & Butler, 2012; Phillips et al., 2003). Sexual orientation is not the only potential difference between researcher and researched. For example, in interviewing Christine, I assumed that, as we both inhabited professional job roles, we had a shared identity. However, Christine reported that because of my accent and speech, she assumed that I was middle class and consequently had to challenge her own instant inner inferiority thoughts by saying, 'I'm as good as this person'. It is this element of power, held by privileged groups researching minority groups that will be explored next, particularly with reference to sexual orientation.

The representation of members of groups to which the researcher does not belong has long been of interest to feminists and others with an interest in power relations (Kitzinger & Wilkinson, 1996). These authors suggest that a dominant group describes itself as the opposite of the other, attributing negative attributes to members of minority groups and therefore claiming an elevated positive position for themselves, using this as a 'self-aggrandizing device for those in charge of systems of discourse' (p. 8). As Goffman (1963) notes, this also facilitates stereotyping and a 'them' and 'us' construction. A further issue in representing the other occurs when perceived characteristics of 'the other' are promoted to the extent that they become romanticised and sometimes exotic (Kitzinger & Wilkinson, 1996). This is illustrated in a denial of gender-based conflict between women in same-sex relationships (Toder, 1992) leading to an invisibility of same-sex partner abuse.

The issues of power embedded in the unequal relationship between researcher and participants need to be recognised and addressed in the research process (Etherington, 2004; Heaphy et al., 1998), in particular, when researching groups that can experience discrimination in society. In terms of representing the other, the impact of issues of power on my research (Edwards & Mauthner, 2002) included the privilege afforded to me by society as a white, middle-class, able-bodied woman identified as heterosexual (Clarke & Peel, 2007). In research of this nature a crucial question with respect to representing the other, would be whether or not to openly state the sexual orientation of the researcher. It is possible that LGB participants who are aware that their researcher is also LGB may be more willing to share their experiences at a deeper level, thus enhancing the quality of the data (Heaphy et al., 1998; Perry, Thurston, & Green, 2004). However, Perry et al. (2004) warn that LGB-identified researchers may influence an interview by falling back on their own experience, and that participants may not mention things that they would assume researchers would already be familiar with, or that might offend them. Whilst having a shared experience gives the researcher a greater understanding about the life experiences of the participants this cannot be true on a more nuanced level. For example, can men truly inhabit the world of women, or middle-class researchers appreciate the experience of a working-class participant? As Clarke and Peel (2007) point out, gay men can be just as sexist as heterosexual men. However, Izzard (2004) suggests that if participants are not told of the heterosexual orientation of the researcher, they may feel disappointed or misled if they subsequently discover this. In Bernstein's (2000) view, when clients are considering therapy, such treatment would constitute a deception and breach ethical requirements for trustworthiness (BACP, 2013). In contrast, Braun (2004) notes that proclaiming her heterosexual orientation may appear defensive and might imply that to be LGB was undesirable, thus 'reinforcing the dominant social order' (p. 57). Moreover, Edwards (1996), writing about her own experiences as a white woman researching the experiences of black women, advocates the possibility of some understanding of her interviewees' lives by drawing on characteristics held in common. There is a danger of imposing an essentialist view that only those in the same category can determine the 'truth' (Howarth, 2002) that maintains binary classifications (Grace et al., 2006). In addition, deliberate matching of researcher and researched could impose limitations

with a 'shrinking [of] the research space' (Grace et al., 2006, p. 355), potentially reducing a community to a single person (Kitzinger & Wilkinson, 1996).

Finally, there is some evidence that LGB people have the capacity to sense or intuitively identify LGB people using 'gaydar' (Johnson, Gill, Reichman, & Tassinary, 2007; Shelp, 2002). Utilising these sign vehicles (Goffman, 1990), it is possible that participants could become aware of the sexual orientation of a researcher. Whether identities are hidden or disclosed, McDonald (2013) advocates a 'queer reflexivity' (p. 1), questioning the essential and fixed nature of sexual orientation, addressing the impact of disclosing or hiding aspects of identities in terms of the collection of data and the power dynamics between researcher and researched. The sexual orientation of the interviewers was not stated in any part of my data collection, yet my research assistant and I had different experiences. The research assistant, a gay man, was told sexually explicit material by the participant, Hank, yet one of my interviewees, Phyllis, constructed a way of avoiding describing a sexual situation to me in the interview (see Chapter 6). In addition, one of the participants in the exploratory interviews, without prompting, gave information to the research assistant on where to find the best gay bars in the locality.

In both the internet survey and the follow-up interviews, I had to make the decision of whether or not to disclose my sexual orientation to potential participants. I am aware that assumptions are made about my sexual orientation because I am researching in this area and recently counselled in a specialist LGB service. Part of my decision not to do this related to an unwillingness to engage in limiting definitions (lesbian, gay, heterosexual) seen as 'life-defying, restrictive and divisive' (Izzard, 2004, p. 64). I also did not want this to be perceived as defensively distancing myself from LGB people (Braun, 2004). Conversely, as Hegarty (2007) points out, silence is the privilege of heterosexuals who do not need to announce their sexual orientation and indeed, if they did, would be seen as strange and unusual; perhaps this was another reason for my decision to hold back. This omission makes it difficult to interpret interactions between the participants and myself. For example, when asked why he had participated in the research, George responded, 'the fact that you were prepared to travel from Leicester to here so it must be very important to you'. If he assumed that I was heterosexual, this

would be counter to the experience of many in same-sex couple counselling where the counsellor had not made an effort to step outside of a comfortable heterosexual norm, for example, in informing themselves about different relationships. As an alternative to stating my sexual orientation, participants were invited to ask questions, both in the internet survey and face-to-face interviews (Grace et al., 2006). On reflection, I now wonder if not disclosing my sexual orientation was an avoidance, stemming from Mohr's (2002) core motivation of wanting to fit in and be accepted. This also fits with elements of Mohr's (2002) politicised working model of heterosexuality and with the sense of guilt and privilege asociated with being straight. Whilst participants could have asked questions, this may not have been easy given my power as the researcher, particularly if I was seen as belonging to a majority group. In fact, no one raised questions of sexual orientation, although one participant specifically raised the issue of class. On the other hand, I did not deliberately try not to be straight, as Allen (2006) did in removing her wedding ring, as this would have been a deliberate deceit, while also implying that only married heterosexuals demonstrate their committed relationships through visible symbols.

In conclusion, a key issue is whether a straight researcher can ever effectively research LGB issues without the personal experience of being in that group. Braun (2004) suggests that hetersoexual women may engage in such research, as by relegating these topics only to LGB researchers, the heterosexist world of the social sciences is perpetuated. I acknowledge my position and concur with Griffin when she says

> I cannot avoid telling my story about their lives, I can use the voices of
> Others from ... their positions, but I can never speak/write from their
> positions' (1996, p.189).

3.7.3   *Personal impact and motivation*

Any straight researcher working in the field of LGB research will inevitably have been asked why they have chosen such a topic. Part of the rationale for many lies in a

commitment to anti-discriminatory practice (Braun, 2004; Izzard, 2004), recognising that a failure to address sexuality (or other issues of difference), when part of the majority group, contributes to discrimination and oppression (Robinson, 1999). It also speaks to the connectedness of people, recognising that any oppression affects everybody (BAC, no date), thus creating a space where Izzard (2004, p. 65) states that she 'can feel more at home' with her own sexuality. In terms of Mohr's heterosexual identity models, I aspire to achieve the integrated position; I noticed that, at times this impacted on my ability to listen to the counselling stories of the participants. For example, in Chapter 6 Merle and Leah, talk positively about their therapist's warmth and strength in their counselling; this triggered envy in me as this is a personal aspiration of mine. In addition, some participants talked about negative aspects of the therapy and the counsellor's behaviour that I recognised in my past experiences of same-sex couple counselling, triggering feelings of disquiet and shame. For example, Christine expresses anger and distress when aspects of her relationship and family were ignored, a position of avoidance that I recognise from my first experiences with same-sex couples. My experience of these interviews is inevitably filtered through these lenses and to some extent impacts on my data analysis.

 In conclusion, heterosexuals working in this field have the opportunity to promote equality of opportunity by refusing to see research into LGB issues marginalised, and by disrupting the status quo that assumes LGB issues are only of interest to LGB people themselves (Braun, 2004). Being a member of a privileged majority, as a self-identified heterosexual, brings some potentially positive advantages for promoting LGB research. When writing up and disseminating the research, it may be possible to promote the outcomes to other heterosexuals. Grace (2006) suggests that this may create an opportunity to connect 'with non-LGBTQ readers for whom LGBTQ subjectivities and positionalities may be unfamiliar' (p.352), which is very relevant given that this research aims to inform counselling practice. It is also a personal challenge to reflect on issues of difference from the privileged position of being part of a majority.

3.7.4   Validity

Validity, as a hallmark check of quality in quantitative research, is not automatically transferable to a qualitative study. Howarth (2002) suggests that this term belongs within a 'competing paradigm within social research that rests on positivism and behaviourism' (p. 23) and is not fit for purpose for a constructionist approach. Qualitative research does not seek to generalise the results to a whole population; rather, it is representing the experiences of a small number of participants in depth (Willig, 2001) making redundant the more traditional tests of research quality (Flick, 2007). Similarly, McLeod (2011) challenges the orthodox test for validity expected in quantitative research, arguing that validity is a measure of some objective truth which is anathema from a social constructionist perspective.

However, there is a need to determine if a piece of qualitative research is worthy of notice. Thorne (2000) suggests that good quality qualitative research can be determined by 'systematic, rigorous and auditable analytic processes' (p. 70). This transparency, she suggests, provides the critical reader with an accessible explanation of how the outcomes are achieved. One aspect of this openness is to acknowledge and account for the impact of the researcher through a reflexive approach that seeks to avoid imposing meaning (Willig, 2001) as I have tried to do here. Elliott et al. (1999) suggest that, in the process of 'owning one's own perspective' (p. 221) in this way, the reader can examine how values and assumptions may have impacted on the process and outcomes of the research.

A further suggestion to enhance the strength of qualitative research is to subject the data and findings to scrutiny by others, either peers or the original participants (Elliott et al., 1999; Willig, 2001). Willig argues that, if the participants can agree with the findings, then there is merit in the research. However, some caution must be adopted when asking others, particular participants, to confirm the analysis. Flick (2007) questions which parts of the research should be checked and how disagreement between participants would be managed, for example, whether it would be by giving weight to a majority or to the most powerful voice. These debates challenge a more constructionist paradigm where there is no search for an absolute truth and all voices are valid. Finally,

the authenticity of qualitative research can be judged by the way in which the outcomes are 'grounded in the examples' from participants' responses (Elliott et al., 1999, p. 222). Readers can then examine for themselves the meanings attributed by the researcher and, where appropriate, propose alternative interpretations based on the data presented.

In this thesis, I have identified my own position as a heterosexual-identified, white, middle-class, educated woman, and set out my research procedure, to enable readers critically to view the data collection and analysis. For example, the findings presented in the next three chapters are illustrated with rich data from the participants; it is hoped that this will resonate with readers to the extent that they may see relevance in the results for their own practice (Elliott et al., 1999). In these chapters, I aim to give an account of the participants' experiences of same-sex couple counselling, whilst also paying attention to the 'role of structural factors' in this process (Houston, 2001, p. 851). I will now describe how the analyses of the three episodes of data collection are integrated in the next three chapters.

3.8   Presentation of results

The following three chapters present the results of the three separate episodes of data collections, namely, the exploratory interviews, internet survey and follow-up interviews. Each stage of the research and each chapter answers certain of the research questions posed at the end of Chapter 2 (see Table 3-5). The outcomes of the exploratory interviews, described in Chapter 4, begin to highlight the problematic position of same-sex couples partially answering research questions relating to the effect of societal stereotypes, the search for a counsellor and the impact of power in the therapeutic relationship. The internet survey results (outlined in Chapter 5) build on the outcomes of the exploratory interviews, by, for example, seeking more details about the search for help and identifying the presenting issues in counselling. Finally, Chapter 6, takes a constructionist approach, presenting the ways in which the participants constructed their experiences of learning about same-sex relationships, and their

experience of power dynamics in the therapeutic relationship. These results are presented with some discussion in relation to existing literature, and illustrated by the words of the participants, before moving on to an overall discussion of the this research in Chapter 7.

Table 3-5: Research questions answered at each stage of data collection

Research Questions	Exploratory interviews	Internet Survey	Follow-up interviews
How are the myths and stereotypes relating to same-sex relationships managed and constructed?	√		√
How do couples construct their relationships in their search for therapeutic help?			√
What strategies do same-sex couples use to find therapeutic help?	√	√	√
What are the relationship issues brought into same-sex couple counselling?		√	
How do clients experience the counselling relationship with reference to power and sexual orientation?	√	√	√
What are the key moments that enhance or detract from the counselling process?			√

Chapter 4   Exploratory Interviews: Signs, Safety and Self-Monitoring

4.1   Introduction and research questions

The first two chapters of this thesis showed that, despite equality legislation for LGB people and those who form intimate same-sex relationships, the long history of negativity and persecution continues in the form of homophobia, biphobia and heterosexism. Alongside this, the issue of assimilation into heterosexual norms versus a transformative approach to relationships, continues to be debated (Richardson, 2004). This legacy incorporates continued negative bias in the media with research evidence of resultant minority stress for same-sex couples. Moreover, there is a dearth of research to identify the ways in which same-sex couples consider counselling for their troubled relationships and of their experiences in therapy. In this chapter, I begin to rectify the missing client experiences in same-sex couple counselling drawing on nine interviews conducted by the research assistant in the exploratory study (participant demographics can be found in Appendix D). We identified five themes that appear to offer at least partial answers to several of the research questions posed in Chapter 3; these are tabulated below.

Table 4-1: Exploratory interview research questions and identified themes

Research Question	Identified Themes
How are the myths and stereotypes relating to same-sex relationships managed and constructed?	• Beginnings and endings for same-sex relationships • Lack of affirmation and validation from others
What strategies do same-sex couples use to find therapeutic help?	• Searching for a sign
How do clients experience the counselling relationship with reference to power and sexual orientation?	• Being silenced by the counsellor • Trust, comfort and confidence in the therapeutic relationship

4.2 How are the 'myths' and stereotypes relating to same-sex relationships experienced and managed?

As discussed in Chapter 1, sexual or romantic attractions to the same sex have been largely viewed in negative terms in the UK and other countries, and condemned as either sinful or pathological. Moreover, however LGB people in the West define their 'minority' sexual orientation, they are likely to be exposed to negative 'myths' about their relationships. In this section, participants outlined their experiences of stories told about same-sex relationships, the ways in which they managed these in relation to the beginnings and endings of same-sex relationships, and the lack of affirmation and validation they experienced from family and friends.

4.2.1   Beginnings and endings of relationships

Several participants demonstrated an awareness of the 'myth' and associated stigma of getting together quickly. Common amongst several of the women was the process of getting together in a way that characterised stories told about women's same-sex relationships. Ellie, Alex and Fay recognised this stereotype:

> It was quite strange erm, at the beginning and I think very quickly we did that old lesbian cliché thing, of getting quite involved very quickly. (Ellie)

> That was the Friday and then on the Sunday she moved out and left her, and got a house of her own and we got together, and it was a bit of a whirlwind

> 4 lines omitted

> and it was the kind of situation where you were in a relationship before you know it, and there was no kind of discussion as to, 'are we girlfriends or are we not'. It just happened. (Alex)

> I think just the, the kind of very intense intimacy that two women often develop early on, I mean, there's reasons behind all those U-Haul jokes, and the way intimacy plays out in a relationship between women. (Fay)

These women are aware of getting together quickly, drawing on language such as 'stereotype' and 'whirlwind' that identify this as atypical. Whilst the U-Haul joke acknowledges the existence of same-sex relationships for women, it then pathologises these by assuming an almost immediate need for counselling. The process and pace of getting together is presumably modelled on a heterosexual norm of dating, engagement and marriage, with deviations from this labelled as pathological. In this way, differences are seen to be 'problematic, rather than just differences' (Clarke et al., 2010, p. 17).

Ellie, Alex and Fay are not necessarily unhappy with the start of their relationships, yet are aware of stereotypes of lesbians getting together quickly. This can give rise to a form of 'stereotype threat' where the women are placed in the difficult position of

engaging in a negative stereotype but do not want to be seen negatively, and are mindful that their behaviour serves to confirm damaging attitudes towards same-sex relationships. This ambivalence manifests itself in Fay's comments on feeling compelled to apologise for getting together quickly.

> A lot of women, I think, feel they have to apologise for the fact that women often move in together very quickly that they often move to a great degree of commitment very quickly and we certainly found ourselves apologising for that, and I know of other friends who've been to couple counselling who've found themselves apologising for that because there's an expectation from the counsellor that, if you move to that very intense level of intimacy, that there's some kind of problem. (Fay)

The participants signal disquiet about getting together quickly that relies on knowledge of, but not necessarily on belief in, the stereotype. As Crocker et al. (1998) stress, the distress of participants is not due to a 'negative internalization of the stereotype' (p. 519), but to a concern about the perceptions of women's same-sex relationships. Fay illustrates a further difficulty in terms of stigma where both her apology and behaviour can be perceived negatively, reinforcing the negative stories about the ways in which women form relationships and making it possible for others to condemn both the behaviour and the defensive response (Goffman, 1963).

Turning to the ending of same-sex relationships, couples often seek help from families of choice (Weeks et al., 2001), and commonly from ex-lovers (Bepko & Johnson, 2000; DePoy & Noble, 1992). Alex, although valuing this contact, also labels this as a stereotypical lesbian behaviour. Her report of this continued contact is presented in a somewhat defensive manner, again illustrating possible stereotype threat.

> I've had a stereotypical lesbian thing, we've always kept in touch, always been friends, it's always been very mutual relationship break-up. (Alex)

These perceptions can be interpreted in terms of Weinstock's (2004) concept of problematic and adapted stories. They problematise keeping in touch with an ex-lover, drawing on stories of women being unable to manage intimate boundaries, lack of

legitimacy of their relationships and inability to find a partner beyond close social networks. According to Weinstock, there is a risk that maintaining a friendship with an ex-lover is perceived as symptomatic of the 'dysfunction' of same-sex relationships.

In relationship counselling, couples are often invited to trace the history of their relationship, to establish when problems arose, and to identify levels of support from friends and family (Butler & Joyce, 1998). This inevitably exposes same-sex couples to stereotype threat related to the beginnings and endings of relationships, particularly where the counsellor is perceived to belong to the non-stigmatised group, risking a breach in the therapeutic relationship. Therefore Harkless and Fowers (2005) suggest that therapists should not impose heterosexual norms of a 'clean break,' but acknowledge that remaining in contact would have positive benefits for friends and family, and in particular, for children.

4.2.2   Lack of affirmation and validation from others

Several participants commented on the ways in which their families and others responded to their couple relationship, indicating that they experienced this as marginalisation. Whilst none of the participants reported direct homophobia or biphobia, affirmation and validation were often withheld in family and social situations. This is expressed vividly through a contrasting experience, when one of the women, out shopping for household goods with a gay man flat mate, experienced affirmation based on the assumption that they were a heterosexual couple.

> It hit us both, suddenly we got these waves of approval, and people were helping us and people were supportive and people were just kind of, we got these vibes, people thought we were a young heterosexual couple setting up house together and it really struck us because neither of us had ever had that affirmation, just going out and about, doing our ordinary business. (Ellie)

This experience, on a routine shopping expedition with a friend, is presented as an unusual occurrence for a same-sex couple who would not usually experience these

positive and affirming responses and the attendant privilege afforded to different-sex couples. Couples can experience minority stress (Meyer, 2003) by either keeping their relationship hidden and therefore not 'valid', or by being more open and risking negativity and possible violence. In either situation, receiving the positive 'vibes' of affirmation described by Ellie is rare.

Families might appear to tolerate the participant's sexual orientation but to struggle where this was manifested in couple relationships. For Bernice, this resulted in a denial that this was a relationship worthy of a formally recognised commitment and, for Ingrid, rather conditional love.

> In terms of our relationship more generally, we don't get a lot of support from either side of the family, and I don't think that either side of the family really know quite how to relate to us as a couple, I think that's the bottom line. Erm, my mother chose not to come to our civil partnership, because, apart from all the legitimate reasons like it being long distance, costing a lot of money, etc, etc, her primary reason was because she didn't feel that it was a real marriage. (Bernice)

> My sister just didn't want to talk about it. I mean, she was very loving, but she really would rather that we didn't talk about my relationship. There was a lot of that actually, there was a lot of that with my sister, there were a couple of friends who, just, as long as we just didn't talk about it, it was okay. (Ingrid)

Bernice and Ingrid were both open to their families and friends, and brought their same-sex partner to family gatherings without experiencing overt hostility. However, as with the couple participants in Rostosky et al.'s (2004) research, there was an underlying lack of complete acceptance for the same-sex relationship. For Bernice's mother, the formal commitment of a same-sex relationship through a civil partnership ceremony was seen as second-class (Rostosky et al., 2010), lacking state validation in terms of rights and responsibilities, compared to heterosexual marriage (Kitzinger & Wilkinson, 2004). It is this lack of acceptance by the non-stigmatised that underpins Goffman's (1963) theorising of stigma where 'respect and regard' (p. 19) is neither offered nor expected. Moreover, Bernice's mother put forward more 'legitimate' reasons for not

attending the ceremony, such as distance, presumably to justify herself as a non-stigmatising person. In a similar way, Rostosky et al.'s (2006) research participants, who lacked family support, described how families constructed rationales to avoid fully accepting the same-sex relationship. For example, they constructed the relationship as just a phase or used language such as 'roommate' or 'friend' (p. 211) that negated a permanent couple commitment.

Nevertheless, Ingrid found that her relationship could be accepted, provided that any aspects of difference from her family members were avoided. This form of 'disattention' (Goffman, 1963, p. 57) is achieved at the cost of discomfort and uncertainty for all, particularly for the stigmatised group. For Ingrid, harmony was maintained, but only by denying any elements of difference. Her relatives and friends are perhaps similar to the heterosexual men in Johnson's (2004) study who could value equality for same-sex couples but were troubled by the thought of two men in a physical intimate relationship. It could be said that the families did not want to be confronted by the reality of the relationships, echoing Davies' (1996a) statement.

> The message is 'I don't care what you do in private, but don't force your homosexuality down my throat'. It could be said that 'good gays' are those who are quiet about their lives (p. 45)

When compared to heterosexual siblings, it was rare for participants to report that families gave full value to the relationship, as noted by Chloe.

> …feeling like my sister has got a husband and their relationship is treated more, with more respect than ours.(Chloe)

Similarly previous research by Kurdek (2004) found that same-sex couples received less family support than heterosexual siblings. Within some families then, whilst there is not direct animosity, there is a hierarchy of affirmation and validation wherein non-heterosexual relationships occupy a lower position.

Turning now to consider troubled same-sex relationships, this lack of validation made it difficult for participants to gain family support relating to their couple difficulties and resulted in some monitoring of what they felt able to disclose to families and friends in order to avoid difficulties or challenges. Bernice and Fay describe their reluctance to tell family and friends about their relationship problems.

> What I'm a bit frightened about and talking about is questions being raised about, 'well, perhaps you shouldn't be in a lesbian relationship. Perhaps it's all wrong for you,' and that kind of stuff. (Bernice)

> And I was obviously terrified of telling anybody in case they judged her or judged our relationship, and it then became impossible for me to continue a friendship with that person if Teresa, [Fay's partner] and I stayed together. I didn't want to give them information that would make it difficult for us to interact. (Fay)

These participants dealt with the lack of acceptance by refraining from talking about issues that related to the same-sex partnership. However, in protecting themselves, their partners and their relationship, they also denied themselves the support that Kurdek (2004) refers to as a stabilising force for couples. The value of this support is noted in Rostosky et al.'s (2004) research, where nine out of fourteen same-sex couples reported that support from families had strengthened their own couple relationships. An exception occurred with Fay's mother, who positively acknowledged the relationship so that Fay felt safe enough to explore the difficulties.

> One of the things that she did that I found really good actually was that she said how much she liked Teresa, but not in a judgmental way. It made me feel very safe because I wasn't ready to end the relationship yet. (Fay)

In this situation, her mother's affirmative support enabled her to reflect on her couple relationship in an open and non-defensive manner.

In the above extracts, we can reasonably assume that the relatives and friends referred to were heterosexual. They were presented as tolerating the same-sex relationship and

illustrating the power of the majority (Richards & Barker, 2013). The participants also note the discomfort felt by others who perhaps were struggling as members of a non-stigmatised group potentially trying to avoid being seen as stigmatising. Nonetheless, these ruptures in family relationships, however unintentional, can be hurtful and distressing for same-sex couples. In a similar way Peel's (2012) participants reported responses to either a civil partnership or a miscarriage. Friends and relatives, who at one level were trying to be supportive, nonetheless drew on heteronormative ideas, invalidating the experiences of the same-sex couple. For example, the reaction to the announcement of a civil partnership was often met with a muted response and less enthusiasm than would have been offered had the couple been different-sex.

In this section I have shown how participants demonstrated their awareness of stigma and the ways in which they attempted to manage this. I now turn to consider the ways in which stigma was managed in their search for professional therapeutic help.

4.3   What strategies do same-sex couples use to find therapeutic help?

4.3.1   Searching for a sign

Those seeking same-sex couple counselling are, according to the participants in this research, aware of the negative myths and stigma concerning their intimate relationships. Herek (2004) noted that LGB people will also be conscious of a lack of power and access to resources, compared with heterosexuals. In this section, I explore how participants engaged in the process of searching for a counsellor or agency that showed signs of awareness of same-sex relationships. They gained comfort merely through the indication that the counsellor recognised the existence of same-sex relationships or LGB sexualities, as illustrated below, when Alex first made contact with a counsellor.

Her reactions to things initially were, I just, I don't know, maybe at the time it wasn't something that I was consciously thinking of. I just said me and my partner, and she hadn't said, 'he', she said, 'they', and it just made me think God, you're

aware, there's some kind of awareness here and there's not just an assumption making so it just made me feel yeah, so we went to that one. (Alex)

Ellie, too, sums up the way in which this recognition of same-sex relationships reduced the fear of stigmatisation and lack of acceptance (Goffman, 1963).

> I suppose erm, it just made that first contact easier that erm, I was more reassured that I wouldn't be going into, necessarily going into a judgemental environment. You know the fact that they actually offered it. (Ellie)

Participants demonstrated the anticipation of negative responses and looked for a sign to reassure them that the counsellor or service would be aware of same-sex relationships. In a similar way, the lesbian and bisexual women in Hunt and Fish's (2008) study referred positively to overt portrayals of same-sex relationships in health settings. In the absence of specific information from a counselling provider to reassure those seeking counselling, the default position may be to assume the counsellor is ignorant, holding negative judgements of same-sex relationships. In a predominantly heteronormative world, it is the responsibility of the same-sex couple to manage the sharing of personal information (Berger, 1990), in the face of the stigma of 'an attribute that is deeply discrediting' (Goffman, 1963, p. 13). Although the last decade in Britain has seen a range of legislation affording rights and responsibilities to same-sex couples, heterosexuality continues to be taken as the norm, with examples of heteronormativity very evident, as, for example, in the lack of same-sex imagery in greetings cards (Finlay & Clarke, 2003) and, until recently, the lack of equivalence in being able to get married.

However, it was also important to claim to be part of the mainstream rather than being seen as a member of a minority group, as Ellie notes.

> I don't need Relate's kind of blessing upon me to erm, be happy in my sexuality but the fact that this long standing institution that erm, catered for 'married couples', erm, and then, the fact that they were saying erm, you know, we are now open to same-sex couples, I think that actually was a big thing, it was a big sort of

affirmation thing erm, but still, when those bits of affirmation come they are

precious. (Ellie)

Ellie here makes claims for her same-sex relationship to be recognised by a mainstream different-sex service thereby, in some way adding value and status to her relationship. What is of note here is that Ellie also recognised the differences in same-sex and different-sex relationships in seeking a service that shows some understanding of LGBT issues (see the previous quotation). At the same time, she reports feeling validated by her relationship being seen as similar to a different-sex relationship and being able to attend a long-standing institution that has catered for men and women in traditional heterosexual relationships. In this way, claims to be part of the powerful majority are mixed with fears of lack of understanding and stigma.

Turning now to power, Link & Phelan (2001) observe that the possession of power is related to the assignment of stigma as a means of constructing, sustaining and privileging the majority group. It is this element of power, together with the on-going management of stigma that will be explored in the next section, that focuses on the experiences of clients in the counselling room.

4.4   How do clients experience the counselling relationship with reference to power and sexual orientation?

In this section, the use of French and Raven's (1968) five bases of social power provides a helpful framework to consider the experiences of the participants in the counselling encounter. Power can reside in the counsellor not only as a result of being a member of a non-stigmatised group, but also due to the possession of formal power, including reward, coercive and legitimate power, and functional power, including expert and referent power (French & Raven, 1968). Themes relating to clients being silenced by counsellors, and their trust and comfort with the therapists will be discussed in relation to these power bases.

4.4.1   Being silenced by the counsellor

I will now consider the ways in which potentially important issues in counselling are left unspoken due to the influence of counsellors' reward, coercive and expert power. Firstly, reward and coercive power will be considered together. Participants Fay and Ingrid described ways in which they monitored what they said to their counsellors, and either changed it, withheld information, or felt under pressure to change it, because of their perception of the counsellor's ability to offer some form of reward or to administer a form of punishment. Firstly, Fay describes an experience of coercion resulting in withholding information about her relationship, to protect herself and avoid upsetting the heterosexual counsellor, Shirley.

> We couldn't really talk to Shirley about our sex life which had always been extremely intense and extremely, erm, and quite aggressive and its been an outlet for Teresa's aggressive behaviour and obviously, as we sat there thinking about how it had happened that I got myself into a victim role and Teresa had got into a role of being, it was okay to be aggressive with me, the fact that we had a slightly kinky, sexual relationship was something which would have been an obvious thing to talk about but there was no way in Hell that I could have begun to explain that to Shirley, nor would I have done; I think she would have found it very upsetting. I just, and I just didn't really want to take the, to me, almost certain chance, that that was going to make Shirley feel very, very unsafe and uncomfortable and that even if she gave advice that was quite sensible or talked about it in a way that was quite sensible, that she was going to be really quite unsettled and not be able to help us afterwards. So, in a sense, there was a whole issue there of respect for me and a respect for my boundaries that I never got to talk about in counselling. Because I couldn't take the chance of being judged. (Fay)

Fay reports fearing that talking to the counsellor about their kink relationship would result in not only a negative judgement, but also the loss of further help from the counsellor, and consequently she withheld this information. Exploring sexual issues in

couple therapy brings issues of difference clearly to the fore, making it difficult to adopt a position of 'disattention' as a way of managing stigma (Goffman, 1963, p. 57). Fear of being negatively judged prevented a minority of Kolmes et al.'s (2006) participants from disclosing their BDSM interests, sharing Fay's concerns about the response of the therapist. Nichols (2006) suggests that these omissions will have a damaging effect on the outcome of therapy and that it is the counsellor's responsibility to facilitate such disclosures. Moreover, judging by the research on disclosing sexual experiences, Fay's concerns were well justified. BDSM is often considered as part of a spectrum including child abuse and rape (Connolly, 2006; Taylor & Ussher, 2001). Moreover, Kolmes et al. (2006) report client experiences of therapists, who either lacked knowledge or conflated BDSM with abuse, insisting that clients gave up their BDSM practice in order to continue in counselling. Fay also reports trying to protect the sensibilities of her counsellor. As Goffman (1963) suggests, whatever the personal beliefs of the stigmatised person, they will try to take on the responsibility for protecting the non-stigmatised from any discomfort due to difference and stigma. In this way, Fay is protecting Shirley, the counsellor, from the possibility of being upset by discussions about the sexual elements of the couple relationship. It seems that the unspoken issues stemmed from a lack of confidence in Shirley's robustness to hear about the couple's sexual relationship.

Secondly, Ingrid describes how the counsellor behaved negatively toward her partner and more positively towards Ingrid, apparently assuming that she might be willing to reject relationships with women and re-join the heterosexual majority.

> There were certain things, like her body language was different, she would kind of look at me and then go across to her, [Ingrid's partner] and it was almost like she was forcing herself to look at her.

> [4 lines omitted]

> Yes. I kind of suspected, as we kind of like progressed through the therapy and came to the end of it, that she was working on the assumption that we were going to split up and that she was helping me through it. So my partner was kind of…

possibly trying to prevent that. I know it may sound really ridiculous, but afterwards when I've thought about it I kind of sensed a bit like she was trying to rescue me.

[1 line omitted]

That she was almost… she didn't say anything that I can give an example… it was almost like… I have been in heterosexual relationships before we met, I'd had a child with a man, and I'd had this little blip in my life, perhaps. (Ingrid)

Ingrid here describes sensing that the counsellor sees the relationship with a woman as a mistake and would be approving if Ingrid broke up with her partner and was then available for heterosexual relationships. Ingrid, like many same-sex couple parents (Clarke et al., 2010), had her children within a different-sex relationship and felt that her counsellor would be approving if she returned to a different-sex partner. Despite the major psychological therapy organisations discrediting any attempts to change sexual orientation, a significant minority of therapists have attempted this, and continue to consider the possibility (Bartlett et al., 2009). Ingrid was not presenting as unhappy with her sexual orientation, but it seems that the counsellor was signalling that she was encouraging Ingrid to reject relationships with women.

I will now consider expert power, which derives from the specific knowledge of the counsellor, but needs to be demonstrated and maintained within the counselling relationship (Kadushin & Harkness, 2002). In the next extract, Hank experienced a failure to challenge on the part of his counsellor, who worked in a specialist LGBT organisation.

So maybe she was trying too hard to understand the whole gay thing and you know almost, 'Oh well, you wouldn't disagree with me for saying that, would you?' Because maybe that would sound anti, not anti-gay but not understanding enough, and I thought somebody who really understands gay people, would kind of go, 'Oh, well alright, well, you say that about…you know, that's the kind of gay scene way of doing things, then yeah, that sounds familiar to me, but what's underneath that?

What made you present yourself like that to Geoffrey, instead of a different way?'
(Hank)

Crocker et al. (1998) suggest that, even for those who are not prejudiced, there can be a lack of confidence, combined with social anxiety that prevents them from putting their beliefs into practice. As with the participants in Skinner and Goodfriend's (2009) research, Hank's counsellor seemed wary of appearing as prejudiced, possibly in direct conflict to both the image she held of herself, and the requirements of her professional organisations (as discussed in section 1.5). Mair (2003) in his study of 14 gay men's experiences of counselling noted that although there has been a tradition in counselling of allowing the client to raise issues, the lack of a signal from the therapists that they were 'willing to engage with sexuality, or indeed that s/he was able to do so' (p. 40) left the men feeling silenced and frustrated. Crawley and Grant (2008) stress the importance of couple counsellors addressing sexuality early in the counselling with all clients, noting the importance of this being raised in a 'relaxed and permission-giving manner' (p. 78). For Hank, the perceived lack of knowledge and expertise led to a lack of articulation of relevant aspects of the same-sex relationship through a lack of challenge.

4.4.2   Trust, comfort and confidence in the therapeutic relationship

In this section, I will discuss participants' experiences of counsellors who were able to develop affirming or warm therapeutic relationships with their clients. This enabled the couples to trust their counsellors' expert, legitimate and referent power. Firstly, I show how Darren's therapist demonstrated the expertise to see his couple relationship as both the same as and different from different-sex couples.

Honestly it helps me in these kinds of situations to have some confidence that the therapist is treating the relationship just like any other relationship and is not overly focused on the fact that it is a same-sex relationship. [……..] I tend to want to be treated like a person who's gay, not like a gay person who has psychological

problems of his own kind, so that's always been important to me and so I think that that was another thing that made me comfortable with him. (Darren)

Darren may be engaging in the process of managing stigma through 'disattention,' but he also makes a claim for counsellors to have the expertise to see the similarities within same and different-sex relationships first, and the differences between them second. Whilst a lack of expertise by Hank's counsellor to challenge specific same-sex couple issues left areas unexplored, Darren does not want the focus to be exclusively on sexuality. In this way, he echoes best practice guidelines emerging from Liddle's (1996) research with individual clients, and Smetana and Bigner's (2005) couples, which showed that difference needs to be acknowledged but not overemphasised.

I now turn to the use of legitimate power by a heterosexual counsellor that enabled Fay's partner to stand up to her intimidating father. For Fay, Shirley the counsellor represents the conservative heterosexual majority in a non-LGB specialist couple counselling service.

Shirley was absolutely first rate at just saying…she used to refer to them as 'these parents', and it was wonderful, 'Ah, these parents, they're just, just how, how can they do this to you, what kind of parents are these?'. And she had this indignant horror at the behaviour of Teresa's parents and, because she herself was the same kind of age and seemed quite conservative ... that, I think, gave Teresa the most extraordinary lift where she felt that 'Okay, here's this woman who is Catholic like my parents who is a respectable, middle-class woman, and like my parents and she's telling me that my parents' behaviour is insane, and delusional', and that, I think, more than anything else, is responsible for the fact that she has now stood up to her parents, erm, and had this very, very important conversation with her father erm, ten days ago, where her father phoned us and, well phoned Teresa on the house line at two o'clock in the morning and started berating her and she said, 'Look, Dad, I'm really sorry you feel that way, but, I haven't done anything and none of this, none of this is my fault and if you want to talk about this, we can talk about this during the day'. 'What difference does it matter what time it is?', 'Well Dad, you know, Fay and I have to, we have to go to work too'. He said, 'Who's we?'. She said, 'Who

the bloody hell do you think 'we' is?' you know, and I had been waiting for about a
year and a half for that to happen, and that wouldn't have happened without Shirley.
(Fay)

The very fact that the counsellor was part of the heterosexual majority gave weight and
legitimate power to her comments, and enabled Teresa to stand up to her father's
critical remarks. According to Spong and Hollanders (2003, p. 216), being able to see
the clients in a social context where they experience stigma is essential to avoid
reinforcing 'existing disparities of power', even where this transgresses the deep-seated
counselling concept of neutrality (Samuels, 2003). The value of affirmation from a
position of power can be therapeutic. However, Smith, Shin and Officer (2012) note
that, in the very act of affirming, 'the power of the dominant group is made manifest
and simultaneously reproduced' (p. 395). As they state, it would be difficult to find
heterosexuals responding positively to being affirmed by someone from a sexual
minority. This affirmation by the majority also needs to be considered in terms of
retention of power, and set alongside the need for the majority group to not only accept
and validate difference, but also be prepared to relinquish long-held values and power
(Goffman, 1963; Weeks et al., 2001). There is a form of liberal humanism where the
power of the majority is upheld by retaining the right to determine what or who to
affirm (Clarke, 2005). It would be valuable to examine the response of heterosexual
counsellors if same-sex couple clients engaged as 'dangerous queers' (Clarke,
Burgoyne, & Burns, 2007, p. 175) in, for example, open or polyamorous relationships,
or engaged in BDSM. Nonetheless, Fay's example demonstrates her sense of
affirmation from the counsellor.

I now turn to the use of referent power that in this research would relate to personal
qualities of a counsellor. For the next two participants, personal characteristics of their
heterosexual counsellors strengthened the therapeutic relationship and helped to build
their referent power (Kadushin & Harkness, 2002).

She was just so lovely, so warm, and just so supportive of us, and so happy, you
know, we just, we sort of had a good time with her in a way, like at first, we would
sort of joke.

[16 lines omitted]

Like, I just wish that I could remember everything she said, because I just thought everything she said was so right, and if it could just be put into practice or even just remembered in the heat of the moment, then it would be okay. It was just a very powerful connection and she, and I felt like she loved us, as a couple. (Chloe)

She was erm, delightful, very, very welcoming and erm, seemed very comfortable with us and with us as a couple erm, so that was immediately reassuring to me. Erm, she was smiling and relaxed in her manner, she seemed confident erm, she erm, used language that validated the relationship, said things like, 'It's obvious that you two love each other very much, that you really want to make this relationship work', erm, and seemed very comfortable saying those things, I'm sure they're things she would say to any couple but that was exactly what made me feel confident. She was also very, you know, fun, friendly, smiley person and we both just instantly liked her a lot. (Fay[6])

These participants demonstrate the impact of referent power; it appears that, as a consequence of perceiving it, they became more likely to engage fully with their counsellors. They refer to the support they experienced from their counsellors and the latter's focus on the couple relationship. Moreover, they note the ease with which their counsellors engaged with them. It is this indirect behaviour that Goffman (1990) suggests indicates a true or real attitude towards a stigmatised person; in these examples, it facilitated the progress of the therapy. Similarly, some of Galgut's (2005) participants linked the level of perceived comfort in the counsellor with positive affirming attitudes. Lambert and Barley's (2001) research has shown that the therapeutic alliance correlates positively with client outcomes. Consequently, counsellors must play close attention to the role of referent power in building the counselling relationship and the need to monitor this on a regular basis.

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[6] Fay describes both her assessment counsellor and regular counsellor. This was her assessment counsellor.

In this section, we have seen how the use of legitimate and referent power can support and validate same-sex relationships, promoting a positive therapeutic alliance. However, this conclusion is offered with the caveat that the very power held by the majority inevitably signals an inequality.

4.5   Summary

In this chapter, I have sought to contribute to our understanding of same-sex couples and their relationship difficulties by presenting the voices of same-sex couples reflecting on their experiences of counselling. These voices are rarely heard, and this chapter has begun to map out some of the critical issues they faced, relating these to affirmation, the stigmatising process and counsellors' power. I have highlighted the participants' awareness of negative 'myths' surrounding same-sex relationships and interpreted the resultant difficulties in terms of stereotype threat. The participants sought to manage the stigma of being in a minority group in order to protect their relatives and friends, themselves, and their relationships. Firstly, they monitored and censored the information they shared with friends and families, feeling that their couple relationship was perceived as inferior to different-sex relationships. Whilst this strategy protected them and others from having to address same-sex relationships openly, it endorsed the inferiority of such relationships and reduced the possibility of obtaining help in troubled times. Secondly, in the search for a therapist, participants sought a reassuring sign that same-sex relationships were at least acknowledged by the services in question. Once in therapy, they experienced the formal and functional power of the counsellor, which could work either to block or to facilitate the counselling process. Self-monitoring and self-censorship continued in this setting, with participants avoiding discussion of important areas of their relationships, to protect themselves from negative judgement or to shield the counsellor from addressing specific same-sex couple issues. Where therapists were proactive in affirming the couple, the participants were more able to engage with the therapeutic experience.

These exploratory interviews begin to outline some key aspects of the same-sex couple experience, such as the ways in which couples manage stigma, their search for a sign when seeking a counsellor and the ways in which the counsellor's power can either act as a barrier to the sharing of information, or enhance the therapeutic relationship. In this chapter, the thematic analysis of nine qualitative interviews provides a helpful basis for further exploration of same-sex couple counselling. However, it also raises questions that require more detailed answers. For example, we do not know what other criteria same-sex couples might use in their search for a counsellor, how the sexual orientation of the therapist might affect the therapy, or how the therapeutic relationship might promote beneficial change in their relationships. Moreover, the nine participants in the exploratory study were a somewhat homogenous group in being predominately white and educated. Chapter 5 will now seek to explore the themes raised to date in more depth, drawing on a larger sample of participants. It discusses the results of the online survey, while utilising the power of the internet to contact hard-to-reach groups of individuals who may prefer to remain anonymous.

Chapter 5   The Internet Survey: Counsellor Characteristics and Comfort

5.1   Introduction and research questions

In the previous chapter, I began to highlight participants' responses to negative societal 'myths' about same-sex relationships, the influence of the counsellor's power in relation to the client's willingness to disclose relevant personal information and the development of the therapeutic relationship. In this chapter, I explain how I used quantitative data from the internet survey to identify the reasons why couples seek counselling and to explore the specific factors that appear to be important for same-sex couples in their search for a counsellor. I also explore their experiences of counselling, addressing the perceived levels of comfort of both counsellor and clients, and taking into account the perceived sexual orientation of the therapist. Finally, a qualitative analysis of participants' written responses to the open-ended survey questions throws light on the ways in which they felt their counsellors' power silenced or facilitated discussion of same-sex relationships.

The quantitative and qualitative data collected from the 55 internet responses (see Appendix H for demographics) were analysed using descriptive statistics and thematic analysis to answer several of the research questions posed at the end of Chapter 3 and tabulated on page 151.

Table 5-1: Internet survey research questions and identified themes

Research Question	Results and Identified Themes
What are the relationship issues brought into couple counselling?	• Presentation of quantitative results including differences in relation to gender.
What strategies do same-sex couples use to find therapeutic help?	• Seeking professionalism and LGBT awareness • Protecting additional potential vulnerabilities
How do clients experience the counselling relationship with reference to power and sexual orientation?	• Levels of comfort in the counselling relationship • Silencing effect of power • Therapist behaviour and attributes that affirmed and promoted change

5.2   What are the relationship issues brought into couple counselling?

Participants were presented with 13 reasons for seeking counselling, with an optional response for 'other' which had been derived from the work of Cabaj and Klinger (1996), Doss (2004) and Modrcin and Wyers (1990). In many cases, participants selected more than one reason from this list. The graph in Figure 5-1 on page 152, presents the percentage of all participants who selected each reason with the number at the top of each bar representing the corresponding frequency of selection.

Figure 5-1: Reasons for seeking counselling
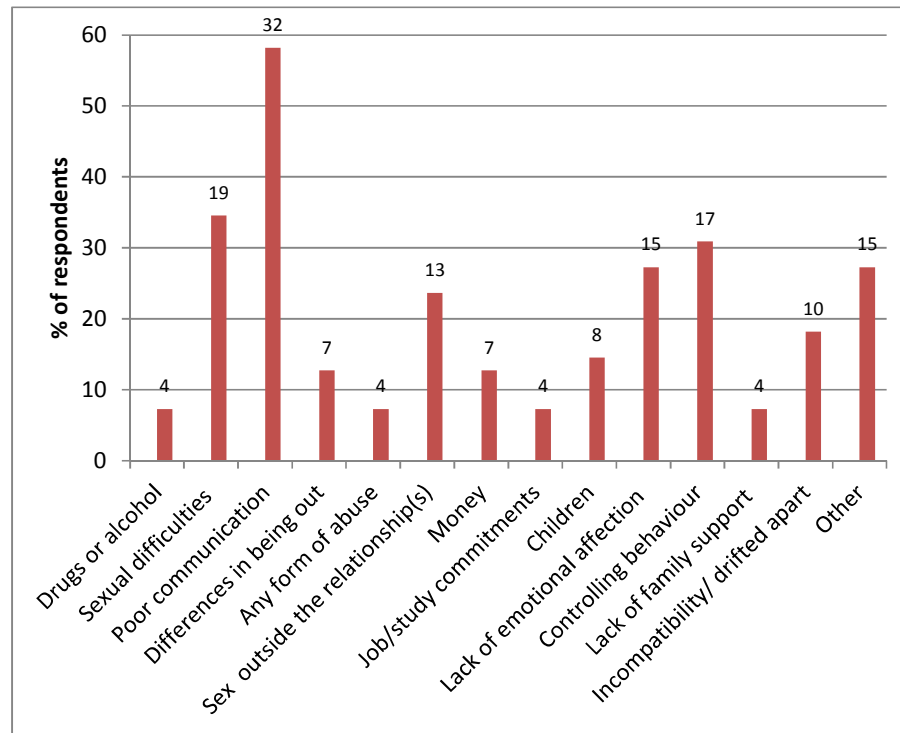
The graph shows that poor communication was by far the most frequent reason for seeking therapeutic help for the relationship. This is followed by three similarly rated reasons: sexual difficulties (n=19), controlling behaviour (n=17), and lack of emotional affection (n=15). This concurs with Modrcin and Wyers (1990) whose same-sex couples reported communication and sexual issues as the two main reasons for seeking therapeutic help. For different-sex couples seeking counselling, the most common difficulties are reported to be poor communication and lack of emotional affection, followed by divorce or separation concerns and lack of physical affection (Boisvert, Wright, Tremblay, & McDuff, 2011; Doss et al., 2004). The present data suggest that communication problems and lack of emotional affection are common presenting issues for both same and different-sex couples.

These findings, broken down by gender in Figure 5-2 show the percentage of females and males[7] who selected each reason (the data of one person who self-identified as queer has been omitted).

Figure 5-2: Reasons for seeking counselling broken down by gender
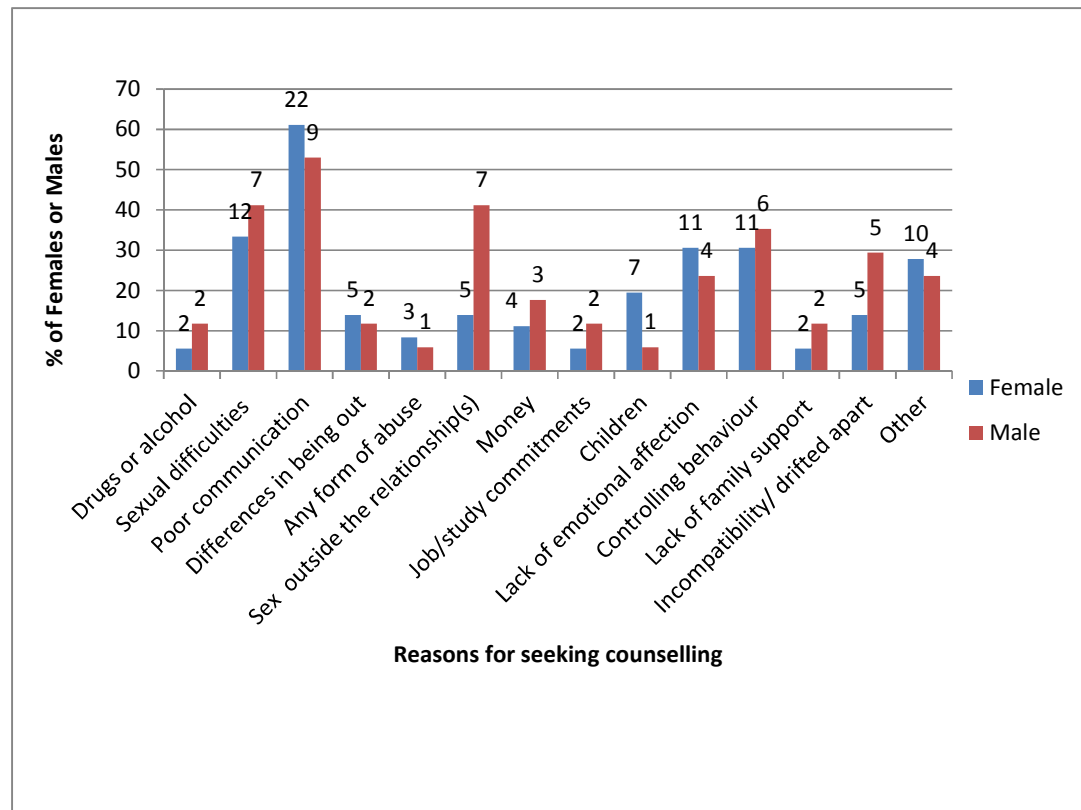
Figure 5-2 shows a high frequency of selection of 'poor communication' by both men and women. However, there are gender differences in the scores for 'sex or intimacy outside of the relationship', with men identifying this reason over three times more frequently than women. Parsons, Starks, Gamarel and Grov (2012) observe that, compared to lesbians and heterosexuals, men in same-sex couples engage in more extra-dyadic sexual relationships. However, within Western therapeutic models, non-

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[7] I utilise 'female' and 'male' here as this was the language used in the survey.

monogamy is often seen as pathological, demonstrating lack of trust and reliability (Klusacek & Keefler, 2006). This discourse could impact on the higher frequency of this presenting issue among men, despite other research demonstrating that men can experience close and fulfilling open relationships, provided the rules are negotiated (Adam, 2006; LaSala, 2004). Similarly, King et al. (2003) have argued that a reason for more LGB people seeking counselling than heterosexuals, reflects not a higher level of intrapsychic difficulties per se, but their response to society's negative and discriminating attitudes.

These descriptive statistics indicate that same and different-sex couples can enter counselling for similar reasons, but that among same-sex couples, there is a heightened focus for men on sex outside the relationship. I will now turn to elaborate on the results from Chapter 4 by focusing in more detail on couples' search criteria when seeking relationship counselling.

5.3   What specific criteria do same-sex couples use to find therapeutic help?

As we saw in Chapter 4, LGB people are exposed to society's negative constructions about intimate same-sex relationships (Rostosky et al., 2007). Greenan & Tunnell (2003) suggest even where these negative constructions are not internalised, gay men will search for signs of homophobia in therapists when seeking couple therapy. This is a sensible precaution in what Greenan and Tunnell (2003, p. 80) call 'an unsafe world'. In this section, the quantitative data derived from the online survey will be examined in order to obtain, more specific information about the signs when searching for a couple therapist. In addition, I investigate the impact of sexual orientation and couples' levels of outness in relation to the search criteria.

5.3.1   Seeking professionalism and LGBT awareness

The survey participants were asked to rank each of the listed criteria for selecting a counselling service as very or quite important, as not important or as something they did not consider (see question 21, Appendix G). The graph in Figure 5-3 shows the percentage of all participants who considered each criterion as very or quite important.

Figure 5-3: Selection criteria used when seeking a counsellor
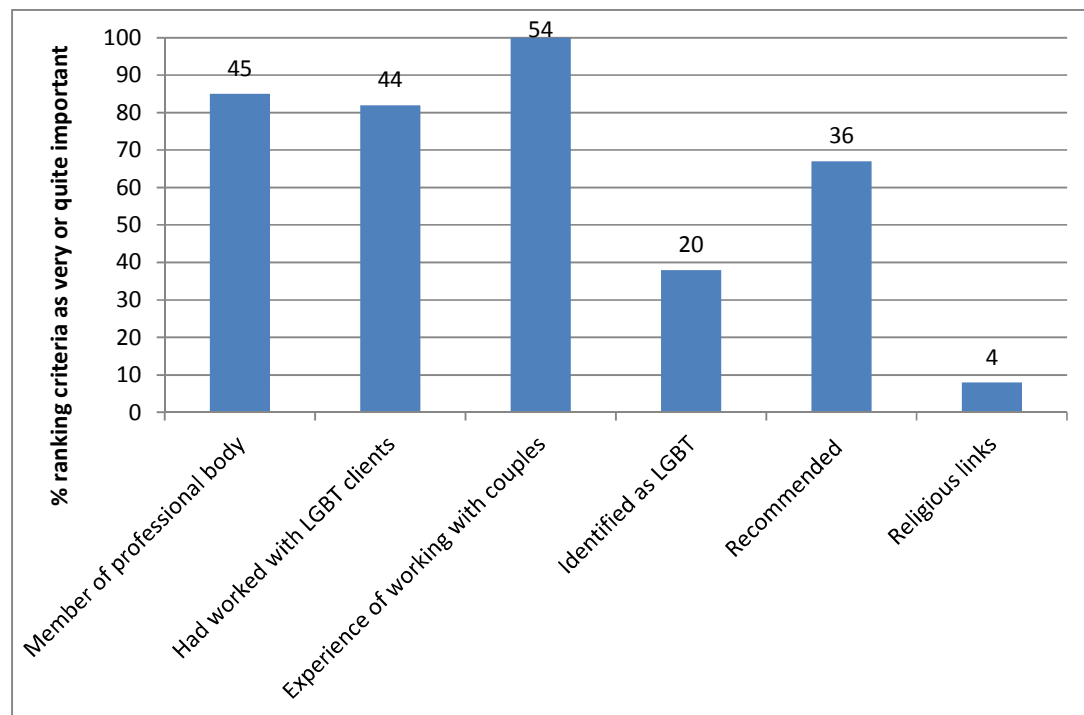
Finding a counsellor with couple-counselling experience was considered most important by participants (98% identified this as very or quite important). In effect, they appear to have been positioning the relationship as that of 'just another couple' requiring a competent service. Similarly, the high priority accorded to being a member of a professional counselling organisations (82%), also suggests that participants were constructing their same-sex relationships as mainstream. I showed in Chapter 4 that some participants valued counsellors who did not overly focus on difference, for example, Ellie felt some affirmation in being able to attend a mainstream counselling service. Of course, the present survey findings may also reflect the demographic

characteristics of the participants, who were predominately professionals, and would therefore have been very aware of the importance of professional bodies. Having experience of working with LGBT clients was another high scoring search criterion, corroborating the desire of participants in the exploratory study for evidence that same-sex relationships were acknowledged by the counselling service. A total of 81% of the participants considered this as very or quite important, indicating awareness of the potential for lack of understanding and perhaps stigmatisation on the counsellors' part. This is particularly significant given that the participants were relatively well educated and also relatively out (mean 2.6 with maximum of 3) yet still sought reassurance that their same-sex relationship would be affirmed and understood.

Participants were also asked if they were aware that their counsellor had prior experience of working with LGBT clients. As can be seen in Figure 5-4, despite 81% who rated this experience as very or quite important, only 61% were aware that their counsellor or agency actually specialised in working with LGBT clients. This left over 1 in 3 receiving couple counselling from a counsellor or agency who they thought had no experience of LGBT clients, despite this being an important or very important initial requirement when looking for a service.

Figure 5-4: Participant awareness of Counsellor's experience of working with LGBT clients, for those who considered this very or quite important
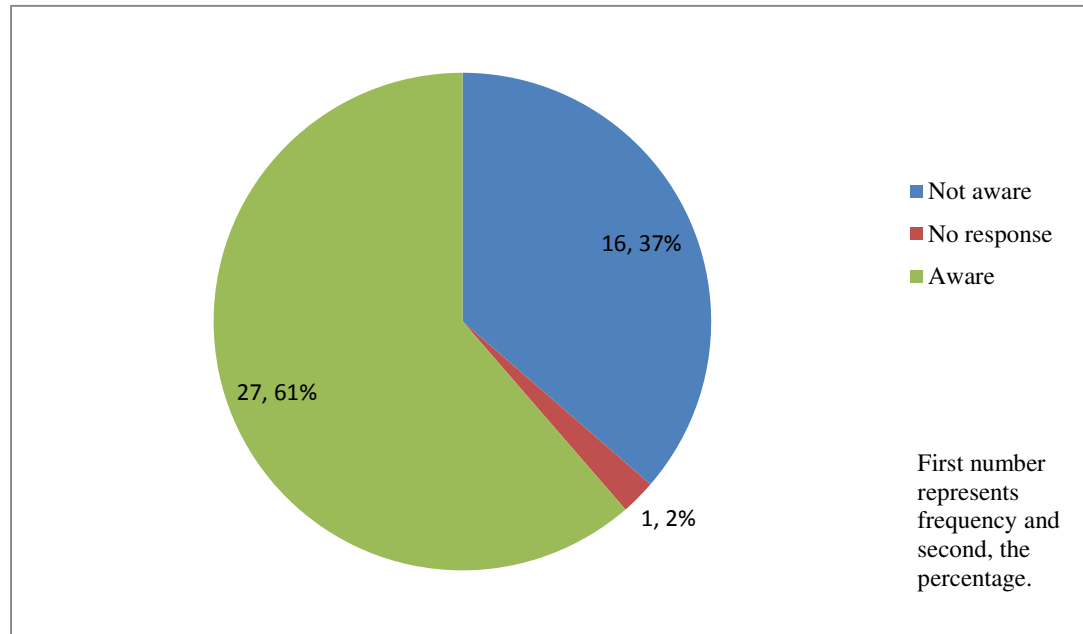
Participants were also asked if they definitely knew or guessed the sexual orientation of their counsellor. The distribution was: 52% definitely knew, 13% definitely did not, 28% guessed and 7% did not answer the question. There were, then, 80% who knew or guessed the sexual orientation of their counsellors. Of those who knew or guessed, the distribution of counsellor orientation was: lesbian 25%, gay 14%, bisexual 8%, queer 8% and heterosexual 43%. Finding a counsellor who identified as LGBT was not highly rated by participants, with only 38% rating this as very or quite important. These data are comparable with the Modrcin and Wyers (1990) study where the percentage quoted was 40%. As mentioned earlier, research on the importance of matching has had mixed results with some studies promoting this (Galgut, 2005), others finding no evidence of importance (Malley & Tasker, 2007), and some supporting matching only when the presenting problem relates to sexual orientation or a sexual issue (Burckell & Goldfried, 2006). However, in the present study, 56% of counsellors, where sexual orientation was

known or guessed, were thought to be LGBQ[8]. This is a surprising figure given the probable low number of LGBQ practicing therapists. It may be that, in the search for a counsellor, being LGBQ was seen as shorthand for someone who was experienced in working with LGBT clients. It would perhaps also act as a proxy sign for therapists who would not be judgemental and would affirm the same-sex relationship. This finding may imply that counsellors and agencies did not indicate clearly that they had experience of LGBT clients, obliging clients to find an LGBT therapist instead. The following section will continue to consider the selection of a counsellor by considering the impact of the participant sexual orientation and their outness.

5.3.2   Protecting additional potential vulnerabilities

In Figure 5-5, the percentage of individuals who identified as lesbian, gay, bisexual, queer or other is plotted against those who considered the different choices of counsellor as very or quite important. Since the number of participants who identified as queer, bisexual or other was small, (n=11, n=4 and n=4 respectively), these groups have been combined to form one group representing those who did not identify as either lesbian or gay. This group of participants rated finding a counsellor who was LGBT, or who was recommended to them, as more important than did the lesbian or gay participants. Those identifying as bisexual will have been accustomed to a lack of understanding of their sexual orientation, experiencing both heterosexual, lesbian and gay judgement and prejudice (Richards & Barker, 2013; Ritter & Terndrup, 2002). Moreover, Page's (2004) research with 217 self-identified bisexual clients found that they were more reluctant to seek therapy compared to lesbian or gay clients. Therefore, when seeking therapy, they are more likely to anticipate rejection and be particularly highly motivated to identify a LGB-friendly therapist. Similarly, identifying as queer challenges normative and binary definitions of gender and sexual orientation (Jagose,

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[8] Respondents were asked the importance of a counsellor who stated that they worked with LGBT clients (question 21) and later in the online survey were asked if they knew or guessed the sexual orientation of the counsellor to be Lesbian, Gay Bisexual, Queer (LGBQ) or Heterosexual (question 32).

1996). Therefore, those who identify as queer might also prefer counsellors who are either LGBQ or recommended by others. These two groups of participants might anticipate even greater levels of stigma and seek additional reassurance where sexual orientation or sexual problems are presenting issues (Burckell & Goldfried, 2006; Kaufman et al., 1997). They appear to resemble Greenan and Tunnell's (2003) gay couples who had their 'antennae tuned' (p. 80) towards locating a non-judgemental service.

Figure 5-5: Selection criteria of counsellor and sexual orientation of the participant
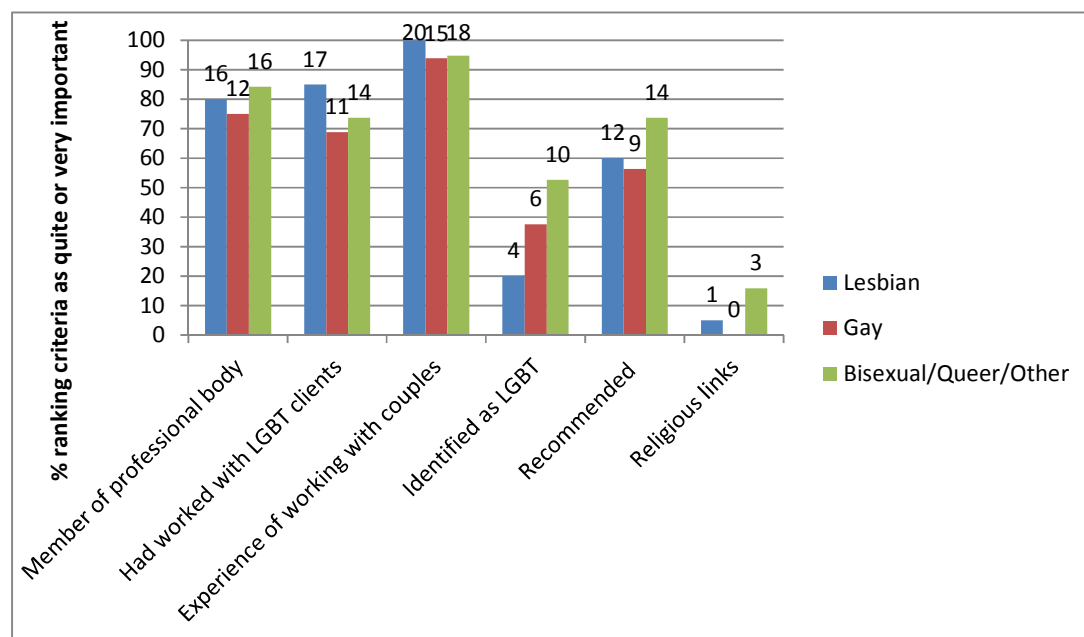
Turning to the 'level of outness' of the participant (explained in section 3.3.2), the participants have been divided into three roughly equal groups, with levels of outness 1.7–2.2, 2.3–2.7 and 2.8–3. The graph in Figure 5-6 plots the percentage of participants in each of these outness groups who thought that the criterion in selecting a counsellor was very or quite important. Overall, participants tended to be fairly out on the scale devised by Mohr and Fassinger (2000), with a mean of 2.6. According to Mohr and Fassinger, sexual orientation is known and discussed with others among those who are most out, and more hidden among those who are least out, while among the middle

group there is a silence, where sexual orientation is often known but not discussed. Figure 5-6 shows that the most and least out groups of participants rated the six search criteria as very or quite important consistently more frequently than did the middle group. In the case of the most out group, sexual orientation is likely to be known and discussed, which may provide confidence to be particular in choosing a therapist. For the least out group, their sexual orientation is more likely to be unknown by others, potentially resulting in a fear of stigmatisation, hence the need to scrutinise potential therapists extremely carefully to protect both themselves and their relationships. In the case of the middle group, their sexual orientation is likely to be known to others but rarely or never discussed. As a consequence, they may be accustomed to being overlooked and as a result may make fewer demands of their potential counsellors, thereby adopting Goffman's 'disattention' (1963, p. 57) strategy where issues of difference are ignored.

Figure 5-6: Selection criteria of counsellor and outness of participant
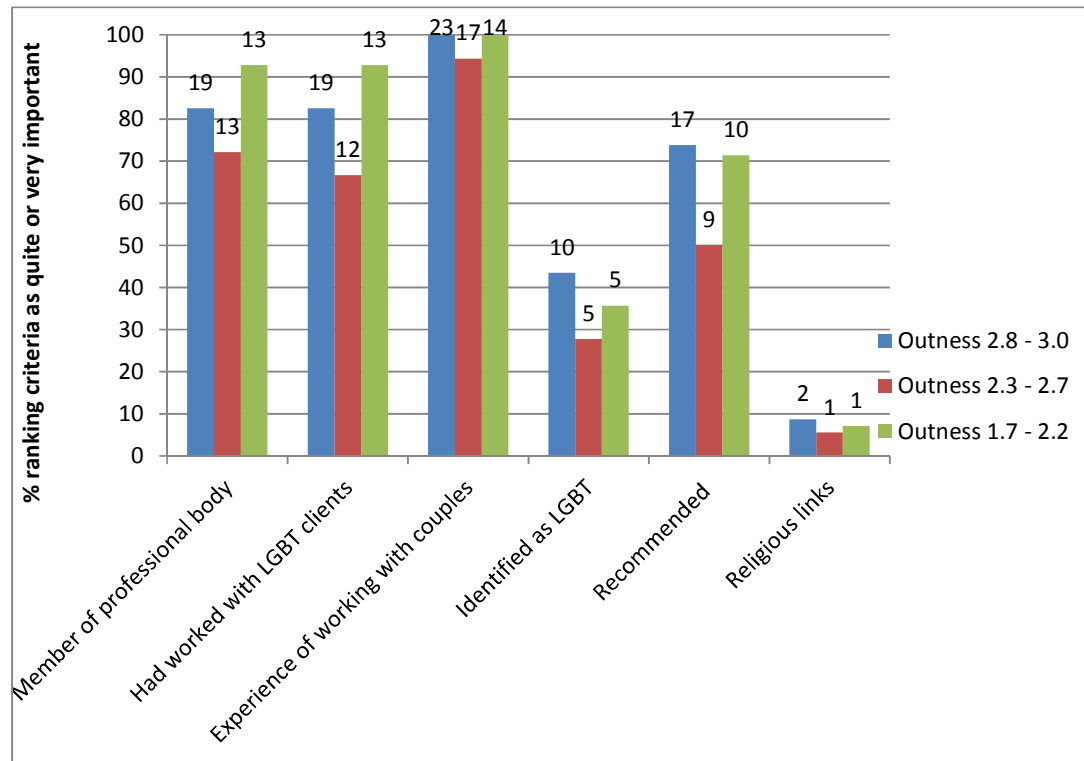
In brief, whilst the participants sought professionalism, they also wanted a reassurance that same-sex couples were recognised. In addition, certain groups such as bisexual or queer-identified participants, more often sought reassurance through the identification of LGBQ counsellors, or counsellors who were recommended by others. I now turn to examine the ways in which the counsellor's power was manifested in the counselling relationship.

5.4   How do clients experience the counselling relationship?

Chapter 4 (section 4.4.2) describes how the participant, Fay, noted that her assessment counsellor was comfortable talking about same-sex relationships, and discussed the way in which this impacted on her sense of ease in the counselling relationship. In this

section, I develop the concept of 'comfort' further, exploring this both in relation to the client and their perceived levels of counsellor comfort. I also present the ways in which participants experienced the silencing effect of counsellors' power and identify key moments in the therapy that appeared to promote affirmation and potentially facilitate change. Firstly, I explore the reported levels of comfort among participants and their therapists.

5.4.1   Levels of comfort in the counselling relationship

I begin with some descriptive statistics from the internet survey where participants were asked to rate their own level of comfort with the counsellor, and their perception of the counsellor's level of comfort, on a four-point scale. Two participants did not answer these questions in full and their data is not included. Table 5-2 shows how the participants rated their own and their counsellor's level of comfort. The rows represent the perceived level of comfort of the counsellor, and the columns the reported level of comfort of the participant.

Table 5-2: Frequency data for perceived levels of comfort

Counsellor \ Participant	Completely comfortable	Mostly comfortable	Mostly uncomfortable	Very uncomfortable	Totals
Completely comfortable	29	11	1	0	41
Mostly comfortable	0	4	3	1	8
Mostly uncomfortable	0	1	2	0	3
Very uncomfortable	0	0	0	1	1
Totals	29	16	6	2	53

The shaded diagonal represents the numbers of participants who assessed the same level of comfort or discomfort for both themselves and their counsellors. The area above this diagonal represents the 16 participants who rated the level of comfort of the counsellor higher than their own. There is a single entry below the diagonal, for the sole person who rated the counsellor as less comfortable than themselves. This frequency distribution may in part reflect McLeod's (2009) observation, that the counsellor, unlike

the client, is in a familiar environment, and the client is likely to be feeling the more vulnerable of the two.

I will now examine this data in more detail, in relation to differences in sexual orientation between counsellors and participants (Figure 5-7 and Figure 5-8). Where there was missing data either in relation to level of comfort, or sexual orientation, the responses have been omitted (this applies to six in each of Figure 5-7 and Figure 5-8). Firstly, I look at the perceived level of comfort of the counsellor in Figure 5-7, where 57% (n=12) of heterosexual counsellors were perceived to be completely comfortable, compared to 89% (n=25) of LGBQ counsellors. Although, overall, 73% of all counsellors (n=41) were seen to be completely comfortable, this is not evenly distributed across the groups of heterosexual and LGBQ therapists. Given the stigma experienced by same-sex couples in society, Tunnell and Greenan (2004) suggest that they will be scrutinising the therapist for any negative views. In addition, Crocker et al. (1998) note that for a stigmatised group, any sign of discomfort or anxiety in another person may be taken as a form of prejudice or negativity. It may be that participants were picking up non-verbal signs in their counsellors that were more convincing than any direct verbal communication (Goffman, 1963).

Figure 5-7: Perceived levels of comfort of the counsellor
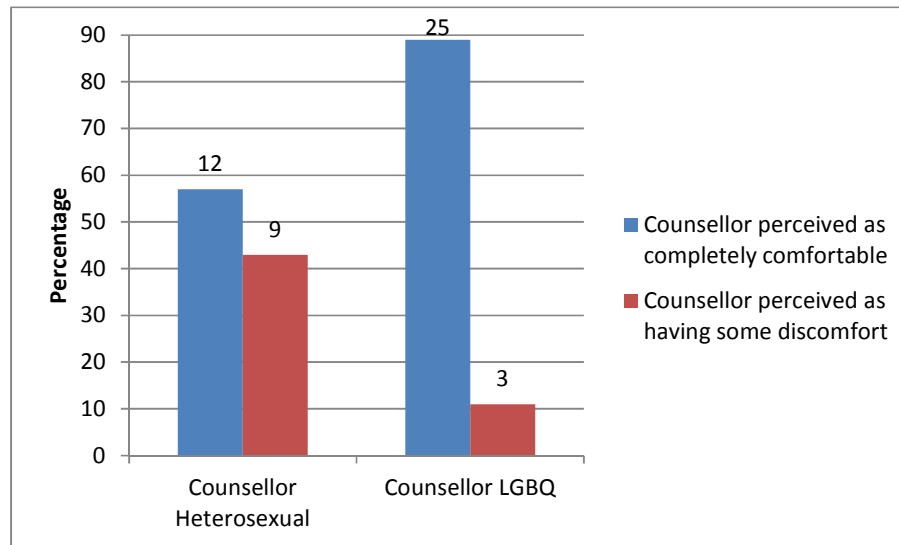
Turning to the participants' level of comfort, Figure 5-8 indicates that participants were more often completely comfortable with a counsellor perceived as heterosexual (64%) than one thought to be LGBQ (52%). It is not clear from the qualitative data why this was the case; however, from the survey data, where the participants felt completely comfortable with either a heterosexual or LGBQ counsellor, they referred to the counsellor as knowledgeable, warm, open and non-judgemental. It is important not to assume that LGBTQ people form a homogeneous group, or that they experience heterosexism in a similar way (Clarke & Peel, 2007); consequently, these reported levels of (dis)comfort may relate to more than sexuality alone. It is beyond the scope of this thesis, and the diversity of data collected, to explore issues of intersectionality, although this is an important aspect of delivering effective therapy (Riggs & das Nair, 2012).

Figure 5-8: Levels of comfort for participants
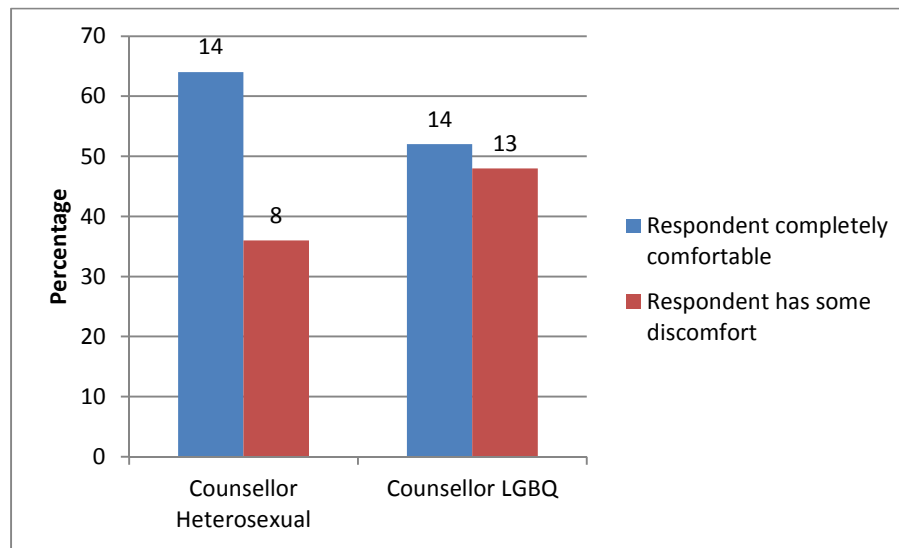
However, overall, the reported levels of comfort were high, with 85% (n=45) of participants and 92% (n=49) of counsellors reported as completely or mostly comfortable. One possible explanation for this may be that 90% of the counselling reported was completed in the last decade when diversity issues have been given more prominence within counselling organisations and in society in general. It is also possible that these high levels of comfort are a consequence of the checking undertaken by many of the participants when seeking a suitable counsellor. This is despite more than one in three not receiving counselling from someone who was experienced in working with LGBT clients when this had been a very or quite important selection criterion. There were, however, 45% (n=24) of participants who expressed some level of discomfort, ranging from being mostly comfortable to very uncomfortable. The qualitative analysis that follows offers an opportunity to explore their experiences in more detail. As in Chapter 4, I utilise French and Raven's (1968) bases of power to examine facilitative and silencing experiences. I thematically analysed participants' qualitative responses to open survey questions, identifying themes relating to facilitating and hindering interactions, and discuss these in relation to, firstly reward

and coercive power, and subsequently the functional power bases of expert and referent power[9].

5.4.2   The silencing effect of power

In Chapter 4, I showed that some participants in the exploratory study felt coerced into withholding elements of their relationships that might disturb their counsellors. This theme of withholding was also found in the internet survey, and here it was extended to incorporate the silencing of participants. I will show firstly, how the participants reported their avoidance of important couple issues in response to the perceived negative views of their counsellor, and secondly, the ways in which the lack of counsellor proactivity had a silencing effect on their clients.

I begin with three participants who anticipated negative judgements from their counsellors that silenced exploration. Brief demographics of participants are stated after each quotation as code, age range, gender, sexual orientation, ethnicity and country where the counselling took place.

I found her judgemental, and I felt she would not understand so chose not to share at times. (R17, 40 – 49, Female, Lesbian, White British, UK).

Other dimensions of our relationship (BDSM) than sexuality. [Because of] uncertainty as to legality (ref Operation Spanner) (R58, 40–49, Male, Gay. White British, UK).

BEING JUDGED FOR GOING OUTSIDE THE RELATIONSHIP (R60, 30-39, Male, Gay, Other White, Canada).

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[9] Legitimate power was not identified in the participant responses.

These examples demonstrate the experience of participants who felt coerced and silenced into not divulging relevant information within counselling. The withholding of personal information for fear of some retribution, negative judgement or loss of the counsellor diminishes the capacity for therapeutic work. Both BACP (2010b) and UKCP (2011) stress the importance of a focus on client(s) and their issues which can be explored in a safe and non-judgemental environment, objectives that will be difficult to meet if clients feel coerced into not raising pertinent issues. Moreover, according to Paulson et al. (1999), one of the most important client-reported features of successful counselling is client self-disclosure, and this requires a 'facilitative interpersonal relationship' with the therapist (p. 322). In the examples above, all of the counsellors were known or assumed to be heterosexual and, being members of the non-stigmatised group, perhaps were assumed by the participants, not only to privilege binary heterosexual relationships, but also to hold negative constructs about any non-normative couples. For example, participant R58 was silenced by the uncertainty of the therapist response relating to the legality or not of sado masochism (S/M), even though this was relevant to his problem. He cites the Spanner trials as an example of a case of legal prosecution and punishment of men engaged in consensual S/M acts (White, 2006). Barker, Iantaffi and Gupta (2008) note that BDSM continues to be pathologised, so that couples may not disclose this aspect of their relationship to a therapist they believe to hold dominant negative views.

Reward or coercive power can manifest itself in the actual or presumed negativity of the counsellor, leading to the withholding of information by the client. Of importance here is the ability of the therapist to communicate a non-judgemental attitude. O'Neill (2002) found that in the absence of any further information, the client may assume that the counsellor, as a member of the majority non-stigmatised group, would hold negative views about their sexual orientation, inhibiting open reflection on important personal issues. As Page (2004) notes in her research with bisexual clients 'a silent clinician can be assumed to be in agreement with societal bias' (p.152).

Turning now to expert power, as with Hank's experience (described in Chapter 4 section 4.4.2), the survey participants identified ways in which they detected the negative impact of a lack of expertise on the counselling process. In the next two

qualitative responses, participants expected, but did not receive a level of expertise that would facilitate the discussion of difficult issues. This resulted in silencing discussion of important elements of the couples' relationships.

> We did not discuss the 'white elephants' e.g. the impact of parenting on our relationship (we had 3 children between us). This was a major source of difficulty but was never discussed. I didn't like to raise it as it felt disloyal to my partner. The counsellor never asked about this aspect of our lives, which I felt she would have done if we'd been heterosexual (R25, 40–49, Lesbian, White British, UK).

> Stumbled over language e.g. gay. Didn't ever ask us about sexual life (R6, 40–49, Female, Lesbian, White British, UK).

These participants, who both thought that their counsellor was heterosexual, highlight their counsellors' lack of expertise in raising issues around sex and family with same-sex partners. Participant R25 mentions 'the white elephants,' referring to the idiom of 'the elephant in the room' which is often used when something difficult or taboo is clearly known to all participants but not spoken about (Mind, no date). This may be a way of managing the stigma in the room through 'disattention' (Goffman, 1963, p. 57), where any differences are ignored; nonetheless it can result in discomfort for all participants. The contrast is stark for R25, as she believed that these topics would have been raised with a different-sex couple. R6 seems to have been waiting for the counsellor to raise the topic of sex, giving the couple permission to talk about this. Whatever the sexual orientation of the clients, the counsellor needs to take responsibility for raising the issue of sex in a confident and matter-of-fact manner. This level of explicitness was highlighted by Galgut's (2005) interviewees who talked about hinting at sexual issues and yet finding these were not picked up by their therapists. Particularly when the counsellor is from a non-stigmatised group, it seems that it is the responsibility of the therapist to signal an openness to talk about any topic, thereby reducing clients' uncertainty and fear of disapproval. This would not only avoid any perception among clients of being coerced into not raising issues, but also signal the counsellors' expertise to hear and work with any elements of a same-sex relationship. In relation to generic couple counselling, Crawley and Grant (2008) highlight two reasons

for undertaking this responsibility. Firstly, clients often feel ill at ease in discussing sexuality and need the counsellor to establish that this is a topic that can be discussed. Secondly, the sexual relationship often mirrors the couple relationship and is therefore a helpful metaphor in the assessment process. When working with same-sex clients, it is even more important for heterosexual counsellors, representing the stigmatising majority, to draw on their expert power to facilitate discussions of families and sex.

5.4.3   *Therapist behaviour and attributes that affirmed and promoted change*

In Chapter 4 it was suggested that counsellors' use of legitimate and referent power could promote confidence and trust. In this section I extend the range of counsellor attributes and behaviours that potentially lead to a strong therapeutic relationship and therefore to the greater possibility of a positive outcome (Lambert & Barley, 2001). Firstly, counsellors can demonstrate their expert power in ways that facilitate effective communication with the couple, as can be seen in the next four quotations. In all of these cases, the participants note specific communication that enabled them to feel completely comfortable in the therapeutic interaction.

> Using correct terms and appropriate affirmations. I had been in counselling before where the therapist used words like 'normal' or 'homosexual' which are incorrect terms (R4, 40–49, Female,Lesbian, Other White, USA).

> He was obviously very knowledgeable about BDSM and D/s, his comments and questions demonstrated that - he clearly understood what we were talking about (R48, 60-69, Female, Other, Mixed, USA).

> Clear awareness and experience with non-monogamous, kinky and non-conventional sexuality (R13, 40–49, Female, Queer, White Other, USA).

> Evidence of experience and awareness relevant to LGBT communities (R31, 40-49, Male, Gay, White British, UK).

The counsellors' fluency and comfort in the use of appropriate, non-stigmatising language facilitated greater exploration in these participants. Here, the counsellors' expertise in selecting terms that are not associated with potentially offensive negative stereotypes (Spitalnick & McNair, 2005) contributed to a level of client comfort, as did their expressed knowledge of LGBT issues. It is this fluency with issues relating to sexuality that contributed to a gay-affirmative experience for Pixton's (2003) participants. In addition, participants benefited from their counsellors' awareness of specific issues relating to same-sex relationships and their ability to make this known. Similarly, Page (2004) found that, among bisexual clients in therapy, the ability of the therapist to be proactive in their interventions was highly valued.

In this section we can see how language can be used by counsellors to demonstrate expert power in the form of knowledge about different forms of intimate relationships. Fluency and comfort in the use of appropriate, non-stigmatising language facilitated greater exploration among some participants. This not only opened up potentially embarrassing aspects of the couple relationship but also signalled the counsellor's robustness to discuss difficult and often painful issues. Given the sensitivity of their presenting issues, together with their past experience of stigma and discrimination, many couples felt relief in having permission to discuss their relationships in detail. Conversely, where therapists stumbled over language or avoided topics such as sex and children, participants felt silenced and unable to talk about important relationship issues.

Turning to referent power, I now highlight the positive impact of counsellors who identify as LGBQ, before moving on to show an exception to this case. I begin with four of a number of participants who acknowledged the positive impact of having an LGBQ therapist.

> His being a partnered gay man made us feel like we all spoke the same language (R47, 40-49, Male, Gay, Other White, USA).

> The fact that we knew her sexual orientation meant that there could be a shorthand between us, in certain ways (R41, 50-59, Female, Bisexual, White British, UK).

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> Made me more at ease, allowed me to trust her interpretations more. She understood
> us more easily (R19, 40–49, Masculine/Butch, Queer, Other White, Canada).

> We both felt comfortable, I felt heard and understood. His orientation(s) helped both
> of us (R48, 60-69, Female, Other, Mixed, USA).

These participants identified ways in which a personal quality of the counsellor, in a shared sexual orientation, gave them assurance of being understood, and increased their level of confidence. One way to view this is through the participants' management of stigma by the selection of someone who is similarly stigmatised (Goffman, 1963), that is, the 'comfort of feeling at home' (p. 32). In addition, Gelso and Mohr, (2001) suggest that, when clients and counsellor are matched in race/ethnicity or sexual orientation, there is a more immediate expectation of understanding from both sides.

However, a counter-example of referent power in relation to sexual orientation can be seen with participant R43 who felt that her therapist's assimilationist approach was inappropriate. This participant also noted, in answer to questions 33 and 34 that she felt very uncomfortable with the therapist, and thought that they were very uncomfortable in the therapeutic encounter.

> We learned that 'orientation' was not necessarily the reason to choose a particular
> counselor. The psychotherapist we chose was far too invested in lesbians living in
> the suburbs and having babies -- in other words replicating some bourgeois fantasy
> heteronormative family life. I have never ever in my life wanted to have children,
> live in (go back to living in) the suburbs, or be monogamous. We clashed on
> lifestyle issues, not on 'orientation' issues (R43, 50-59, Female, Queer, Other
> White, USA).

Here, the therapist appears to be drawing on a dominant heteronormative discourse of families, and the potential for the beneficial use of referent power was lost when she imposed an idealised form of heterosexual family life on her clients. In this case, a shared sexual orientation detracted from the therapeutic experience and impeded open exploration, as the counsellor held assimilationist views, perhaps because she was

aspiring to be politically correct (Mair, 2003). Same-sex couples who have been exposed to negative stories about same-sex relationships and who continue to experience some forms of heterosexism, heteronormativity, and possibly homophobia and biphobia, will have a tendency not to feel accepted (Goffman, 1963) making a genuine connection and beneficial referent power even more essential.

5.5   Summary

In this chapter, I initially discussed participants' reasons for seeking counselling, linking this to gender, and suggesting that the possibility of stigmatisation, based on heteronormativity, impacted on their presenting issues. The search for a counsellor involved a search for an indicator of general counselling quality as well as reassurance that same-sex relationships had been considered, highlighting issues of sameness and difference in relation to different-sex relationships. In addition, those seeking counselling with a presenting issue that was very likely to be stigmatised (such as BDSM), or whose identification attracted increased negative attitudes (such as bisexual or queer), were especially selective in choosing their counsellor. Couples, unlike LGB individuals in therapy, cannot protect themselves from negative judgement through 'passing' as heterosexuals (Ritter & Terndrup, 2002). Therefore the opportunity to assess others' opinions and their likely reactions to the stigmatised person (Crocker et al., 1998), that is to say, the difference between being discreditable and discredited (Goffman, 1963), is denied.

Whilst in therapy, couples at times experienced the coercive power of their therapist in the form of potential criticism and disapproval, and chose not to share pertinent information about their intimate relationship. In addition, participants were at times expecting and waiting for their counsellors to use their professional expertise to raise issues, and felt unable to do this for themselves. In this way, some participants felt silenced, not knowing if they could raise issues or how the counsellor might respond to them. In contrast, counsellors demonstrating expert power in the form of knowledge and ease about their clients' same-sex relationships were perceived as facilitating and

empowering. Participants suggested that it was the counsellors' responsibility to facilitate an atmosphere where personal sharing could be undertaken (Page, 2004).

Neither legislation, nor the guidelines of professional counselling organisations can eradicate homophobia and biphobia and, more particularly heteronormativity and heterosexism (Dick, 2008; Guasp, 2012a). Indeed, Herek (2007) noted that, in a national telephone survey, people who were highly discriminatory could still support equality legislation if this conformed to their own 'norms of tolerance' (p. 915). My survey participants relied on signs to access the internal attitudes of their counsellors. As Herek (2004) suggests, challenges to homophobia, whilst important and of historic value, have mostly given way to more subtle exploration of language and normative processes that continue to disadvantage LGB people.

To date, this research has adopted a broadly realist approach based on an assumption that the participants held relatively fixed and enduring beliefs and thoughts (Dallos & Vetere, 2005). However, it was not possible in the first two stages of my research to explore the ways in which participants constructed and positioned themselves in relation to their same-sex relationships and to couple counselling. In the next chapter, the social construction of same-sex relationships will be explored through a discourse analysis of interview data.

Chapter 6   Follow-Up Interviews: Navigating Sameness and Difference, a Discursive Approach

6.1   Introduction and research questions

Chapters 4 and 5 offered an emerging picture of the ways in which same-sex couples access and experience same-sex couple counselling, using data obtained from the exploratory interview and the internet survey. However, I now move on, adopting a social constructionist position, to consider the 'meaning-making between people and the contexts in which meaning arises' (Simon & Whitfield, 2000, p. 144). On doing so, I am taking the view that 'language constructs rather than reflects the social world' (Peel, 2005, p. 1). This chapter aims to gain insight into the ways in which the participants constructed their realities through an examination of their talk, using data collected in the follow-up interviews.

I now use the interviews with eight individuals and four couples (see Appendix J for demographic details) to explore constructions of reality that help to answer key questions posed in this research. In particular, I am interested in the ways in which participants constructed their relationships, and positioned themselves in their search for, and experience of, couple counselling with particular reference to the form and expressions of power relations. I apply discourse analysis to the interview transcripts (for details of the notation used in the transcript extracts, see Appendix L).

Nine patterns and themes that appear to offer at least partial answers to several of the research questions posed in Chapter 3 are tabulated below.

Table 6-1: Follow-up interviews research questions, patterns and themes

Research Question	Patterns and Themes
How are the myths and stereotypes relating to same-sex relationships managed and constructed?	• Uncertainty in learning about same-sex relationships ➢ Parental role models ➢ Learning through experience • Ending relationships • Longevity • Constructions of others
How do couples construct their relationships in their search for therapeutic help? and What strategies do same-sex couples use to find therapeutic help?	• Adopting an ambivalent position in seeking help • Adopting a more binary position in seeking help
How do clients experience the counselling relationship with reference to power and sexual orientation? and What are the key moments that enhance or detract from the counselling process?	• Reward and coercive power • Expert power • Referent power

6.2   How are the myths and stereotypes relating to same-sex relationships experienced, managed and constructed?

In this section, I focus on how the participants managed negative stories and accounted for their learning about same-sex relationships. Their transcripts appear to reveal dilemmas in how to position themselves as individuals who potentially engage in same-sex partnerships in the face of negative social discourses of such relationships. The themes addressed here are **:** **'**uncertainty in learning about same-sex relationships', 'ending relationships', 'longevity' and the 'constructions of others'.

6.2.1 Uncertainty in learning about same-sex relationships

In this section, I will explore participants' discourse on the available information about same-sex relationships and how this has impacted historically on their constructions of such partnerships. Despite their observations of other couple relationships, including those of their parents, and even their own life experiences, participants were left with uncertainty about same-sex relationships, which some attempted to resolve through experimentation. I also explore how participants positioned themselves as separate from the negatively-constructed same-sex relationships observed in others.

6.2.1.1   Parental role models

People who form same-sex relationships will usually have learnt about them through negative or non-existent images in the media or from observing others' close intimate relationships, that are usually heterosexual. In the next two extracts, two participants, George and Olive, draw on their experience of their parents' intimate relationships in order to construct and position their own.

Extract 1 – George

1   Jan   OK. So this next kind of question is kind of thinking about I guess

2   where you learnt about relationships between two men, same-sex relationships.

3   Where did you learn about how they work? Because people grow up with media

4   which shows you different sex relationships, and I've asked this question in the

5   internet survey I'm aware but this is trying to get a better take on that.

6

7   George   (1.0) Well you don't really know (.) before. It's not like, if you're

8   growing up in a straight family you learn it from your parents. I suppose there's

9   an element to that, you're just substituting one gender for another. And I certainly

10   refer- (.) I think my parents had a very big influence on the way I wanted to have

11   a relationship because of the way their relationship was. There was so much good

12   in what they had, you know, and they were married for 47 years until my father

13   died, and that's kind of the ideal for me. It's kind of romantic, it's, it's right, they

14   were happy and that's you know, I don't want anything more complex than that in

15   a sense. But obviously, so they can still be a role model but obviously it's slightly

16   different.

In reflecting on how he learnt about same-sex relationships, George begins with conflicting statements, initially saying that 'you don't really know' (line 7) and that, in a family of straight people and children 'you learn it from your parents' (line 8), presumably implying that for LGB children this is not possible. However, he follows this by setting out his parent's marriage as a role model, with the self-repair (lines 9-11) introducing an element of caution as he replaces 'I certainly refer (.)' with 'I think my parents had a very big influence on the way I wanted to have a relationship,' so that the certainty is replaced with a more reflective 'I think'. The self-repair reflects a process of 'managing various trouble sources in conversation' (Milroy & Perkins, 1992, p. 187). In

particular, George highlights one of the positive aspects of his parents' relationship, that they were 'married for 47 years' (line 12). In this way George is navigating the tricky positioning of same and different-sex relationships as being similar or different, as he says, 'I suppose there's an element to that, you're just substituting one gender for another' (lines 8–9).

Having stated that he wants nothing more complicated than a relationship like his parents in 'I don't want anything more complex than that in a sense' (lines 14-15), George goes on to say 'but obviously, so they can still be a role model but obviously it's slightly different' (lines 15–16). The use of 'but' as a discourse marker can signal a denial or contrast (Norrick, 2001) and, in this case, the position of parents as role models is substantially negated, reinforced by the repeated use of 'but obviously'. However, the use of the term, 'slightly different', retains a possibility for some overlap.

In this extract, George considers his parents as role models, drawing on the heterosexual relationship model that values longevity, but does not quite apply this to himself. In his talk, he draws on the discourse of similarity to, and difference from, different-sex relationships, with some uncertainty as to where he positions himself. As with Rostosky et al.'s (2006) research, George selected positive aspects to emulate from a parental relationship, whilst also identifying differences. By contrast, in the next extract, Olive observed a same-sex relationship at close quarters, yet still drew on negative discourses of such relationships.

Extract 2– Olive

1   Jan   And I'm wondering if you are aware of how you learnt about
2   relationships between women?

3

4   Olive   How I learnt originally or,

5

6   Jan   Yes, and throughout your development.

7

8   Olive   Yes OK. Erm, well my perspective was (.) I had a bit of an unusual
9   start in that my mother fell in love with another woman and actually wrote about
10   it, so I used to discuss that with her, I came from a bit of an (.) ultra-left family so
11   it was different. So I had that in my mind, I did actually think I was attracted to
12   women when I was young, and I went to the GP who said 'don't be so silly'. But
13   then I was also attracted to men, and I mean it wasn't rocket science, you can lead
14   a very deviant life or lead a mainstream life, I led a mainstream life. So I, so that
15   as being interes- understandable and interesting and quite (.) seductive, but sort of
16   too deviant I guess, that was how I- my learning on that at that time, 50s, 60s.
17   And the marriage ended and then I'd always kept that as a possibility. I was quite
18   interested in the bisexual group but they seemed to be pretty sort of- there seemed
19   an air of sadness around bisexuality, the groups where they appeared, it just
20   seemed all a bit sad. So I thought 'don't think that's a fun group to belong to
21   really'. And so I then kept, I sort of kept an eye out and fell in love with a woman
22   when I was getting on for 50. So I then started thinking 'OK'. I learn about it but I
23   also think 'well am I likely to have a better relationship with a man or a woman at
24   this age', oh well it's pretty obvious really isn't it, you know. So I went through
25   that sort of process. For Virginia it was way outside her- her remit until- but then
26   she had friends who were quite gay friendly and so she was also open to that
27   possibility, though she was married. So it sort of had something a bit off-side I

28   guess but of interest, certainly with a lot of energy attached. And then at a certain

29   point thinking 'why not'. I don't know if that answers your question.

Olive prefaces her learning about same-sex relationships by describing her 'unusual start' (line 8-9) as her mother had been in love with another woman, adding that she came from 'a bit of an (.) ultra-left family' (line 10). In stating this, Olive perhaps offers an explanation for her attraction to women, which she describes as 'a very deviant life' (line 14). Even though Olive had a role model of same-sex relationships in her mother's experience of falling in love with another woman, she seeks out the GP to discuss her own attraction to women. This authority figure is reported to have said, '"don't be so silly"' (line 12), and Olive uses active voicing (Wooffit, 1992) to add weight to the GP's response. Olive is drawing here on the medical model of homosexuality that was prevalent at the time, that pathologised attraction to someone of the same gender (Wilton, 2000). In addition, drawing on the authority of the GP, who was a man, perhaps justifies Olive's simultaneous attraction to men as well as women. In her talk, Olive wanted to retain the possibility of relationships with both sexes, but presents a binary choice, 'you can lead a very deviant life or lead a mainstream life' (lines 13-14), positioning 'deviance' as a relationship with women, and 'mainstream' as partnering a man. Bisexuality has been marginalised, as illustrated in psychology textbooks (Barker, 2007), and identifying as bisexual has also received negative responses from some lesbian and gay communities (Davies, 1996a). In her talk, Olive draws on the available discourses of binary and essentialist sexualities of lesbian/gay or heterosexual, but also draws on discourses of bisexuality as negative when she talks of the 'air of sadness' (line 19).

Whilst Olive has had the opportunity to see her mother in love with another woman, and continued to find the idea of a woman partner intriguing, she goes on to say she found the idea as 'being interes- understandable and interesting and quite (.) seductive, but sort of too deviant I guess, that was how I- my learning on that at that time' (lines

15–16). Her choice of the word 'deviant' (line 14), and the idea of a same-sex woman partner as 'too deviant' (line 16), draws on negative constructions of same-sex relationships as being abnormal. This reflects the social world of the 1960s when Olive was a teenager and homosexuality was seen as a mental disorder, with an absence of positive media images of same-sex couples, particularly in child-oriented films (Towbin et al., 2003). Therefore, despite Olive's mother providing a potentially positive blueprint of a relationship with another woman, Olive falls back on negative discourses of same-sex relationships, despite also retaining the possibility of embarking on one herself.

As Rostosky et al. (2006) suggest, same-sex couples draw on observed models of close relationships and select aspects of parental models that they either want to emulate or avoid. Both George and Olive, despite recognising strong and relevant role-models in their parents, (of commitment and longevity for George and an example of same-sex love for Olive), construct accounts of growing up without wholly convincing familial role models. Notwithstanding the lack of family role models, young people growing up gay, lesbian or bisexual, are unlikely to have experienced satisfactory sex and relationship education at school (Formby, 2011) or to have been exposed to a variety of constructive same-sex relationship models (Donovan & Hester, 2008).

6.2.1.2   Learning through experience

In the absence of more formal and/or socially accessible information, some participants used reading, and their personal experiences of same-sex relationships, to construct individualised models of how these worked. However, at times these constructions drew on negative models of same-sex relationships, and created challenges in not knowing, as will be seen in the extract below.

Extract 3 - Jack and Kevin

1   Jan   So could you say a little bit about how you found out how same

2   sex relationships work?

3

4   Jack   Very interesting question, a difficult one to answer.

5

6   Kevin   I don't know the answer, you tell, go on, go on.

7

8   Jack   Monkey see, monkey do I think is erm, kind of how I discovered

9   it. I mean I read a lot. In kind of my early 20s I read a lot of kind of gay novels of

10   various qualities erm, which I guess made me erm, always kind of like research.

11   Like I thought 'oh right OK this is what's going on'. And then through kind of

12   developing kind of relationships, friendships with other gay men and then seeing

13   the relationships that they were in and then having [inaudible due to telephone]

14

15   Jan   So the reading you were doing, was that reading about

16   relationships that people have, or was that reading about people's identity and

17   coming out and?

18

19   Jack   It's all about, it was gay fiction really, but I mean kind of a lot of it

20   being autobiographical, a lot of it's kind of American, American slanted so

21   people are talking about their relationships, coming out's a big theme er, HIV

22   Aids is a big (.) theme you know, all those kind of, you know, what it was like to

23   be a [unclear] in the 70s, you know all that kind of, there was like a whole sense

24   of kind of history if you like that was coming from that literature – of variable

25   quality [laughs].

26

27   Jan   But I'm wondering about how much of that helped you to think

28   about how men had relationships together, as opposed to narratives about coming

29   out and so on.

30

31   Jack   Well it made it, erm, erm it made it real and I thought men can

32   have relationships together, because I don't really-, erm, erm, you know though I

33   had kind of relationships at university and made me go 'oh right OK', there's

34   descriptions of long-term kind of relationships, things which I didn't know from

35   the people I was, you know, people I was around. So I suppose I got it kind of

36   modelled to them.

37

38   Jan   But up until that point there'd been some kind of model that said

39   'relationships don't last'?

40

41   Jack   I- I'm not sure it said that but I didn't know what they were like

42   because I didn't know anybody, really. I knew some- some gay men and lesbians

43   at university but everyone was in some sort of process of coming out really so you

44   were sort of dipping your toe erm, and there wasn't- (.) and those sort of- (.) the

45   lecturers and teachers were gay, that wasn't so much a social, you know a social

46   thing.

47

48   Jan   And then it was observing other people's relationships?

49

50   Jack   Yeah observing other people's relationships, friendships, seeing

51   you know, what their kind of relationships were like and seeing what the kind of

52   (.) dynamic is and you know, the kind of pitfalls are, and then, and then having a

53   go yourself.

Jack uses a popular phrase 'Monkey see, monkey do' (line 8) to begin to describe his learning about same-sex relationships, implying a process that mimicks with no real understanding. He then modifies this position with the discourse marker, 'I mean' (Schiffrin, 1987) (line 9), and talks about his learning through reading as a form of research. Jack is engaged in a quasi-academic process in trying to secure new knowledge or facts through investigation and study. When asked about the impact of this reading, Jack responds with 'well' and a hesitation, perhaps indicating that his explanation is unsatisfactory or insufficient (Norrick, 2001), saying 'Well it made it, erm, erm it made it real and I thought men can have relationships together' (lines 31-32). His laugh, after stating that this material was of 'variable quality' (lines 24-25), adds to a construction of the limitations of this form of learning, and may be disguising his discomfort that he is reiterating potentially homophobic statements about same-sex relationships. Here, Jack is basing the reality of two men in a relationship together on his reading, and presumably, prior to this reading, he had constructed relationships

solely between opposite gendered partners. Moreover, this is followed, (lines 31-35) by a reflection that the reading from America was more influential than his personal experiences at University, which are constructed as not bona fide when he says they were 'kind of relationships' (line 33). Jack continues to be tentative about his knowledge about how same-sex relationships work. In addition, despite being in contact with other gay people, including those having relationships, he says, 'I didn't know what they were like because I didn't know anybody, really' (lines 41-42) positioning those experiences as lacking in substance and validity.

Throughout his talk, there is a sense of lack of visibility, and lack of validity, regarding committed same-sex relationships and, for himself, a lack of personal knowledge. Despite the value of reading about same-sex relationships, the key route to understanding is to cautiously experiment by 'sort of dipping your toe' (line 44) and then 'having a go yourself' (lines 52-53). Heterosexual young people may also learn through experience. However, they are exposed to more different-sex relationships through family, friends, and also the media, which rarely portray same-sex relationships (Cowan & Valentine, 2006; Stonewall, 2010). Indeed, Savin-Williams (1995) argues that it is the social disapprobation of intimate same-sex relationships that makes it difficult for LGB youth to experiment with intimacy and romance, potentially hindering the development of a confident self-image and identity.

Irma too lacks childhood knowledge of same-sex relationships and turns to personal and practical experience to develop this.

Extract 4 – Irma

1   Jan   How did you learn about how people of the same gender formed
2   their relationships, sustained their relationships, organised their relationships?

3

4   Irma   Oh I don't think I did. I mean I think you sort of jump in at some

5   point and then you kind of (.) sink or swim or (.) you know, struggle or whatever.

6   I think, erm (.) my first relationship was a woman who was out a lot older than I

7   was and who had definite ideas about (.) what a relationship was supposed to look

8   like. And, erm, my sense was I didn't really even have- (.) I kind of looked at it

9   more from a generic point of, point of view which was, you know, you're two

10   people (.) meeting sort of and so you get to define what it is that you want to call

11   this relationship. And, erm (1.0) so I think erm, (1.0) you know, it really was a

12   kind of sink or swim kind of thing, sort of learning on the job (laughs) as it were.

Irma begins her response by disclaiming any learning about same-sex relationships, in 'Oh I don't think I did' (line 4), but then modifies this with a discourse marker, 'I mean' (Schiffrin, 1987), saying, 'I mean I think you sort of jump in at some point' (lines 4-5). She is perhaps indicating that it is possible to learn by doing rather than having prior knowledge. This sense of not knowing is also alluded to when Irma reflects on her first relationship with a woman, where she starts with 'and erm, my sense was I didn't really even have- (.) (line 8) then self-repairs and continues to present a concept of same-sex couples as having the freedom to construct a unique relationship; the self-repair perhaps indicates difficulty with not knowing. The process of learning is characterised by an underlying uncertainty and the absence of the frame of reference available to those in different-sex relationships. Irma describes 'a kind of sink or swim kind of thing' (lines 11-12), so that having to 'jump in at some point' (lines 4-5), or 'learning on the job' (line 12), presents an opportunity to self-define a relationship, but perhaps with some risks, recognising the lack of a specific relationship model.

In conclusion, these data suggest that learning about same-sex relationships is a complicated and, at times, troublesome process, subject to considerable uncertainty.

The participants in this research talked about learning through informal routes, with parental relationships and same-sex relationships providing potential, though largely discounted models. Where same-sex relationships were apparent, they were constructed as possibly deviant and lacking longevity. Even where, as with Jack's reading and Olive's observation of her mother, there was evidence of same-sex relationships, there continued to be a construction of not knowing. However, in the absence of role models, learning about couple relationships could be achieved through experimentation, with the possibility of creating something new that contested heterosexual norms (Clarke, 2002; Weeks et al., 2001).

In the next two extracts, Edward and Barbara also provide accounts that signal their unfamiliarity with same-sex relationships. They create distance between themselves and the behaviour of other LGB people, particularly in relation to the fluid relationship boundaries they observed between people. Both these participants later constructed same-sex relationships in a less disapproving form.

Extract 5– Edward

1   Jan   What did you learn about how two men have relationships
2   together?

3

4   Edward   Erm, I suppose at university I was aware of er friends who were in
5   gay relationships, erm, but I wasn't particularly comfortable with the kind of-
6   (1.0) even at university there kind of felt something quite (.) ghettoised about the
7   gays- (.) the- the gay people within that society, it all felt a bit incestuous. And
8   certainly in the North in the 70s there was one gay pub which was full of the same

9   people every time you went in there. I think my expectation was that they would

10   be rather like heterosexual relationships. I think I was quite shocked, sort of in the

11   first 4 or 5 years when I was identifying my sexuality as gay or bisexual, if friends

12   who were in relationships made a pass at me. My Catholic indignation would

13   come out 'how dare you' or 'you are with so-and-so, we are friends, we're good

14   friends with you as a couple'. So I found that quite shocking, quite surprising.

15

16   [six lines omitted]

17

18   Jan   And what you learnt or what you brought as a model of how men

19   have relationships together was much more based on society's norm of

20   heterosexual relationships, which is it's a monogamous, two people together, you

21   make that commitment and then that's it.

22

23   Edward   Yeah. And I think that's probably stayed with me. I have at times

24   been promiscuous but it's never really sat comfortably with me.

In response to the question about how two men have relationships together, Edward
draws on his experiences of gay friends at University. He uses a self-repair (lines 5-7)
that moves his discourse about lack of comfort with friends to an upgraded more
generalised and powerful statement about gay people, saying, 'I wasn't particularly
comfortable with the kind of- (1.0) even at university there kind of felt something quite
(.) ghettoised about the gays'. He says 'even at university', indicating that he might
have expected a different and perhaps more libertarian and inclusive context at

University. He constructs a position of distancing himself from gay people at that time, using the term, 'the gays' (lines 6-7). This not only describes people solely by their sexual identity, but also assumes a homogeneity (Marshall, 2004). This assumption of homogeneity is reinforced when Edward describes a gay pub as being 'full of the same people every time you went in there' (lines 8-9). He reinforces this statement through the use of the phrase, 'every time', perhaps reflecting the smallness and insular nature of the gay scene. In addition, the selection of the term, 'ghettoised' (line 6), has negative connotations of an unwholesome place such as a slum area. Edward also selects pejorative terms in describing the gay scene at University as 'incestuous' (line 7), with connotations of inappropriate relationships, and describes his own behaviour as 'promiscuous' (line 24), constructing non-monogamy as somewhat indiscriminate and negative. In describing gay men and their behaviour (including his own), Edward draws on a normative and predominantly negative construct of gay men's relationships, namely, 'predatory promiscuity' (Weeks et al., 2001, p. 104). He appears to be positioned in an uncomfortable place where he wants to identify with gay men and learn about relationships, seeking out gay friends and bars, yet is disturbed by the experience. Some LGB people can be alienated from a heterosexual world, yet are loath to associate with an alternative that is constructed by society as tawdry and negative (Flowers & Buston, 2001).

In constructing a uniform group of gay people at University, Edward also reflects on boundaries in relationships. In lines 11-12, he talks about his indignation 'if friends who were in relationships made a pass at me', drawing on a phrase used in heterosexual relationships, as for example, the quote by Dorothy Parker in 1937 'men seldom make passes at girls who wear glasses' (Partington, 1996, p. 506). In describing this, Edward appears to draw on an earlier socialisation of Catholic values that he presents using active voicing (Wooffit, 1992), as though he were articulating the views of Catholicism in '"how dare you"' or '"you are with so-and-so, we are friends, we're good friends with you as a couple"' (lines 13-14). As with Valentine and Skelton's (2003) participants, Edward accessed gay venues but experienced this as uncomfortable and found it difficult to reject sexual advances. However, Edward is reflecting on

constructions of sexual orientation and same-sex relationships retrospectively, and his use of language reflects a moderating of the views he held as an undergraduate. In the above example, he describes how his 'Catholic indignation would come out' (lines 12-13) as though this is not entirely in keeping with his current preferred views and values. In addition, (lines 6-7), he talks about 'the gays- (.) the, the gay people within that society', using a self-repair that changes a more pejorative phrase to one that is more neutral and acceptable in current talk. In a similar vein, Edward reduces the negative construction of some of his statements in using the phrases 'a bit incestuous' (line 7), 'quite shocked' (line 10) and 'quite shocking, quite surprising' (line14).

In his talk, Edward demonstrates uncertainties about same-sex relationships, shifting from descriptions that incorporated negative norms to more nuanced and accepting constructions. Similarly, in the next extract, Barbara positions herself apart from other lesbians she has encountered, presenting their behaviour as inappropriate and unhelpful, but like Edward, provides an account that departs from an absolute condemnation.

Extract 6– Barbara

1   Jan   And one of the things that I'm interested in looking at, and I think I
2   asked this in the survey although it's difficult to communicate in writing about
3   what you really want to find out about. But kind of each of your learnings about
4   same sex relationships and how they worked and how they operated, I mean can
5   each of you say a little bit about how you learnt about same sex relationships?

6

7   [omit 4 lines]

8

9   Barbara   Yeah I was going to say. You know, say when we met, a lot about,

10   we were very similar. However our history with when we met our husbands, all

11   that, right the way through, very similar. However, when I came out this is where

12   we change, because when I came out which was only (.) probably about, (.)

13   probably about nine years ago, only about nine years ago, about four years before

14   we met, I went out on [town] scene really involved big time, run a network for

15   women, organised lots of groups, you name it I was there, I'd do it. Erm however,

16   what that did was, that give me an opportunity to see lesbian couples day in, day

17   out, what's happened, how in my opinion, and I was training as a counsellor then

18   but very early on and I sort of went through. But even in the early stages I could

19   see how unhealthy most of these relationships were because they didn't- erm

20   because it's such a small knit community they don't finish relationships in a- I

21   would say in my opinion, an appropriate way, so they can bereave it and then sort

22   it out before they move on. You would go one week and you'd have four and they

23   were going out with a [inaudible])(.) person but then the following week they

24   swapped over. And this is how it goes on and everybody knows everybody. So it

25   becomes almost- very incestuous and I found it a very, very strange arena,

26   completely different to what I'd encountered before. However, because that was

27   the first lesbian scene I had seen, that actually was the norm, erm, and it was only

28   when I met Anna and she had a different viewpoint and showed me a different

29   side of the life, the lesbian life, that I saw your world didn't I? [spoken to Anna].

Barbara is describing her own coming out and her encounters for the first time with
same-sex relationships, which she constructs negatively as moving fluidly from
intimate relationship to friendship. The behaviour of the women she sees is presented as
overt when Barbara says, 'even in the early stages' (line18), indicating how easy it was
to observe the behaviour. She distances herself from this group of women, using the

word 'they' in 'they don't finish relationships' (line 20). She follows this statement with a self-repair to upgrade the description of same-sex relationships 'so it becomes almost-very incestuous' (lines 24-25), selecting a word that has connotations of negative or excessively insularity. The use of the word 'so' links her phrase 'everybody knows everybody' to the term 'incestuous', implying that people knowing each other leads to incestuous behaviour, and the upgrade consolidates this as she replaces 'almost' with 'very.'

Barbara also demonstrates some difficulties with these absolute constructs using two self-repairs (lines 19-21) when she says 'because they didn't- erm because it's such a small knit community they don't finish relationships in a- I would say my opinion, an appropriate way'. The first repair qualifies, and in some way explains or possibly excuses, the way in which women manage the ending of an intimate relationship by allowing for the smallness of the community; the second, by owning this statement as a personal opinion, reduces a generalised condemnation.

Edward and Barbara draw on common 'myths' about same-sex relationships, for example that gay men are predatory and promiscuous (Weeks et al., 2001) and that women form intense relationships at the first meeting (Gordon, 2006). Moreover, these stories are problematised rather than perceived as just different (Weinstock, 2004).

6.2.2   Ending relationships

In the next extract, Christine constructs the outcome of ending a relationship as automatically staying in touch, in a similar way to Alex in Chapter 4 (section 4.2.1).

Extract 7 – Christine

1   Jan   How did you make that decision about where to go, where to find a couple

2   counsellor? I think you said on the internet survey you went to the nearest place

3   or.....

4

5   Christine   I think she [partner at the time] made, we'd heard about Relate and

6   I guess we didn't have any alternative at that point. I wasn't aware of any other

7   people that offered couple counselling, I knew some counsellors but they didn't

8   do couple work. And I think she'd had mediation from Relate when she separated

9   from her husband so she was aware of them as an agency as well. And she sort of

10   suggested it. So I think at the time I think I was (.) because I'd got to a point

11   where I was thinking 'is this relationship ever going to work' and I was kind of

12   questioning whether it had a future. And I remember in our first session when

13   they said 'what are your goals', mine was to kind of like answer the question

14   about whether we should stick at it or whether we should say, you know, just have

15   a friendship and give up on it really. And her thing was about kind of wanting to

16   keep it going, as I recollect.

Christine constructs two alternative types of association between herself and her partner as an outcome of the counselling. Firstly, the intimate relationship for which they sought couple counselling and, secondly, a friendship that would continue after the dissolution of the couple relationship. These are presented as alternatives when Christine responds to the question of therapeutic goals saying, 'whether we should stick at it or whether we should say, you know, just have a friendship and give up on it really' (lines 14-15). In this construction, continuing as friends after the break down of an intimate relationship is expressed as an alternative to staying in the relationship,

discounting the possibility of ending with no further contact. In seeking to describe the alternative to staying together, Christine has no language to draw on to describe the continuation of the relationship as friends who are ex-lovers, so that the 'just' in line 14 positions this possible outcome as less than an intimate relationship, and not an ordinary friendship. Thus, the lack of language highlights a focus on deficit rather than strength, based on heteronormative behaviour following separation (Weinstock, 2004).

6.2.3   Longevity

In the next three extracts, the participants strive to account for, and challenge, the often held 'myth' that same-sex relationship do not last (Kort, 2008). In the first extract, Christine positions her relationship in as positive light as possible within the constraint of this 'myth'.

Extract 8 – Christine

1   Jan   The first one is a sort of introductory one really just to ask you a
2   little bit about the relationship you were in when you went for counselling, you
3   know, what was good about it, what was not so good about it?

4

5   Christine   Well, it's erm (.) was together about nine years, altogether, so it's
6   qu- a relatively longer term relationship. Erm, we both had erm, children when we
7   came to the relationship. I'd had children through a previous lesbian relationship,
8   erm, and erm, one of whom lives with my ex, not my last ex the one before, and
9   one of them lives with me, and they've got a gay father and the three of us co-

10   parent, and that's a very successful arrangement and we're all very supportive of

11   one another as friends and as co-parents, so that's very positive.

Christine responds to the question about what was good or not so good about the relationship by commenting on the length of time the couple had been together, perhaps seeing the longevity as a positive attribute. Their nine-year relationship is described as 'qu- a relatively longer term relationship' (line 6). In the self-repair of 'qu- a relatively longer term' Christine initially begins with a general description, using 'quite', but then changes this to a comparison with some presumed normative length for same-sex relationships. For Christine then, nine years represents a positive length of time and significant compared to same-sex relationships in general. She is perhaps defending her relationship against the 'myth' that same-sex relationships don't last (Kort, 2008), and also setting this length of time as a substantial period for a couple to be together. In emphasising the longevity of her relationship, Christine may be seeking acceptance through demonstrating that she does not belong to the group of LGB couples who cannot sustain their relationship. In doing this, she lays claim to being part of the heterosexual majority for whom the goal is a lifetime relationship. Therefore, Christine positions herself as someone who can be accepted and assimilated into heterosexual norms (Richardson, 2004).

In the next extract, George has already drawn on his heterosexual parents' behaviour as an exemplar for a committed relationship (see Extract 1), yet still constructs a same-sex relationship as different and potentially short-term.

Extract 9 – George

1   Jan   OK. So this next kind of question is kind of thinking about I guess

2   where you learnt about relationships between two men, same sex relationships.

3   Where did you learn about how they work? Because people grow up with media

4   which shows you different sex relationships, and I've asked this question in the

5   internet survey I'm aware but this is trying to get a better take on that.

6

7   [9 lines omitted]

8

9   George[10]   Erm, I always remember the first time I met (.) do you remember

10   A and B, [spoken to partner Frank] and I was chatting with C and they were

11   together four years, before we'd met in fact. And it was like 'oh four years, how

12   fabulous' and it was that kind of 'oh it's like an eternity'. I was only young then

13   though. And you think 'oh it is do-able, people do actually get together as a

14   couple in a stable relationship' but you don't see it anywhere else unless you're

15   introduced to them through a friend or at a party or (.) you know, you don't see it

16   at all, we didn't in those days see it on the TV, you know, there were no civil

17   partnerships, there was (.) you know, it was probably pre Section-28 even,

18   everything [inaudible]. So it was a very different environment.

---

[10] This is the second part of the answer to the question – see Extract 1

George recounts an experience when he was younger, where a same-sex couple being together for four years seemed 'like an eternity' (line 12). He uses active voicing (Wooffit, 1992) to add weight to this statement in lines 13–14 '"oh it is do-able, people do actually get together as a couple in a stable relationship"', perhaps distancing himself from, and defending, his position of not knowing at the time. It seems that the consistent modelling of long-term relationships by his parents (see Extract 1), was not sufficient to overcome external messages that same-sex couples could not engage in long-term partnerships. By stating that 'I was only young then though' (line 12-13) George seeks to excuse his then view, that same-sex relationships cannot be long-term, perhaps indicating that a different view is currently held. He is therefore able to position himself as now more enlightened, justifying his earlier view by citing the lack of visibility of same-sex couples both socially and in the media (lines 16-18).

Finally, in Extract 10, Irma firstly defends the construct that same-sex relationships cannot be long-term by positioning all relationships as limited and somewhat unsatisfactory. Her negative construction that same-sex partnerships do not last is somewhat ameliorated in her talk about exposure to same-sex relationships.

Extract 10 – Irma

1	Jan	Is that concept of a relationship between women of strife and hard
2		work who've done a kind of something which is globally held, or is it something
3		that, I mean you had a difficult time in your first relationship, is it something you
4		held or is it something that you kind of feel that, against the backdrop of people
5		perhaps who don't expect much.

6

7   Irma   I think, I think it's just a question of not really knowing (.) sort of

8   what to expect. I mean I don't think I had a huge, (.) hugely positive view of (.)

9   how relationships worked anyway, whether they're heterosexual or not. So, erm

10   (.) I'm not sure that I consciously thought that lesbian relationships were strife

11   but I do think, you know, they, most seem to have like a shelf-life of five years

12   and then there's this kind of serial monogamy thing. So I think erm, there is a

13   sense that you can't really go (.) you know, you can't really do a whole, whole

14   thing of two women together, two guys together, that kind of thing.

15

16   Jan   Do you know where you've learnt that?

17

18   Irma   I think really just with er, my friends, with just being around the

19   people I knew again, because the average shelf-life is one to five years and after

20   that, you know I didn't know that many people, I know more now, but I didn't

21   know that many people then. This was you know, the late 90s, this is 10 or 12

22   years ago really, so even then I mean, people weren't really hanging out that long

23   together (.) even though they were getting (.) you know, having commitments

24   ceremonies and crap like that.

Irma couches her retrospective views on same-sex relationships as part of her rather
negative views on all relationships, 'I mean I don't think I had a huge, (.) hugely
positive view of (.) how relationships worked anyway, whether they're heterosexual or
not' (lines 8 – 9). This minimises the negativity of the following statements as she has
already established that she held few positive views on any relationship, whether same

or different-sex. She then goes on to describe women's same-sex relationships as 'they, most seem to have like a shelf-life of 5 years' (line 11), beginning to say 'they', then using a self-repair, 'most', to allow for exceptions. The term 'shelf-life' implies that, after 5 years, the relationships are no longer fit for use. This term is generally used with perishable food so that after the period allotted, there is something unhealthy or dangerous about it. Applied to same-sex relationships, this constructs a view that they can only really be healthy for up to five years.

These constructs of short-term relationships were held some ten years previously and accounted for by Irma in terms of the few people she knew at the time, 'I didn't know that many people' repeated twice (lines 20-21). Rostosky et al.'s (2007) participants lamented the lack of visible role models of same-sex relationships attributing this to social stigma. In addition, the phrase, 'hanging out [ ] together'(lines 22-23) itself denotes an informal relationship rather than a committed partnership. Irma then goes on to discount commitment ceremonies as holding couples together when she says, 'even though they were getting (.) you know, having commitments ceremonies and crap like that' (lines 23-24). The self-repair (line 23) when she almost says that people were getting married perhaps reflects the lack of a legal status of marriage at the time.

It is not clear where Irma stands now in terms of the longevity of same-sex relationships. However, she based her construction of relationships on personal observation and she states that she now knows more people (line 20) perhaps signalling a different position from her initial uncertainty about same-sex relationships.

6.2.4   Constructions of others

In the following extract, Denise recounts the negative constructs of friends towards open relationships, including lesbian friends who might have been expected to be more open-minded.

Extract 11 - Denise

1   Jan   Did you seek support from family or friends or your long-term

2   partner?

3

4   Denise   Family, no (said very quickly). Family and friends. Yeah, a long-

5   term partner. That was, that was a tricky time in that although we'd said that we

6   would have this open relationship it was still, it had, there were difficult elements

7   between my long-term partner and me over it. And also it was complicated by the

8   fact that the three of us worked together, (.) we worked in the same [place]. Erm

9   but I did get some support from her, erm, and from (.) several other friends. But,

10   but the problem was, as I remember, (2.0) not many people in my experience are

11   open about having open relationships if they do, and it's, I was obviously, you

12   know, getting quite a lot of judgement from people about having this, you know,

13   relationship on top of this other relationship, and, it was, the, even amongst my

14   lesbian friends it was considered to be, you know, a really (2.0) a really bad thing

15   to do. And so it was difficult to get support. And then interestingly, I mean I'm

16   not sure that the therapists I saw felt any differently.

Although Denise and her long-term partner are in an agreed open relationship, they still experience 'difficult elements' (line 6) about this form of relationship. The source of these problems is externalised, situating it as lack of visibility of other open relationships, 'the problem was, as I remember, (2.0) not many people in my experience are open about having open relationships' (lines 10-11). In her next statement, 'I was

obviously, you know, getting quite a lot of judgement from people' (lines 11-12), Denise places some of the responsibility for negativity onto others, the word 'obviously' adding weight to this being a taken-for-granted statement. She might have hoped for a more accepting response from lesbian friends, but 'even amongst' (line 13) this group, there was a negative response.

Denise continues to present her lesbian friends' negative attitudes to open relationships, hesitating in reporting their view that this was 'a really (2.0) a really bad thing to do' (lines 14-15). The depth of negativity is highlighted by repeating the word 'really', and the pause may serve to emphasise and strengthen the use of the word 'bad'. As Ringer (2001) points out, norms of same-sex relationships are based on research that privileges heterosexual assumptions of dyadic permanent relationships. It would not be surprising if LGB people, as well as heterosexuals, were exposed to these heteronormative constructs. Developing the discourse of non-accepting attitudes, Denise is more circumspect and unsure of her therapists saying 'I mean I'm not sure that the therapists I saw felt any differently' (lines 15-16). This uncertainty about the underlying beliefs of the therapists with respect to same-sex relationships highlights the difficulty of determining the true attitudes of other people (Goffman, 1959), who themselves have been exposed to heteronormative values and assumptions.

In this section of the chapter, transcript extracts have been used to demonstrate the difficulties participants face in learning about same-sex relationships, even when they are able to observe examples of such relationship. Negative stories and a perceived lack of validity resulted in some distancing of themselves from other same-sex couples or perceiving them pejoratively. Moreover, support from within the LGB community was experienced negatively when a relationship did not conform to the dyadic norms of that group. Overall, the participants drew on constructs of same-sex relationships that privileged the desirability of monogamous, cohabiting, long-term unions (Jowett & Peel, 2010). In addition, they experienced considerable uncertainty about how same-sex relationships worked, and if they could be meaningful and fulfilling in comparison to

different-sex models. I will now address the ways in which participants constructed their relationships in their search for therapeutic help.

6.3 How do couples construct their relationships in their search for therapeutic help?

The way in which the participants positioned themselves, as either belonging to a minority group, or belonging to a generic group of couples struggling with relationship issues, impacted on the ways in which they discussed seeking help for their relationships. As I will now show, for some couples, there was a level of ambivalence about positioning their relationship as either mainstream or as part of the LGB minority, whilst others readily identified themselves in more binary terms.

6.3.1 Adopting an ambivalent position in seeking help

Challenges to concepts of sameness to, and difference from, heterosexuals in couple relationships are explored in Extracts 12 and 13, in which interviewees talk of their search for a counsellor. In Extract 12, Anna and Barbara struggle with sameness and difference and the way in which this influenced their process of finding a counsellor. They consider issues of validity and acceptance and the ways in which validity of same-sex couples can only be claimed relative to different-sex relationships.

Extract 12- Anna and Barbara

1   Jan   OK, so this is kind of a little bit about what was asked in the

2   internet research, but what factors influenced your choice of counsellor? What

3   were you looking for and how did you go about finding a couple counsellor?

4

5   Anna   I think I did most of that didn't I? I think because I went on the

6   BACP website and I found out anybody in our sort of area, we weren't in this area

7   at the time, we were living sort of over at the other side of [name of town], erm,

8   and I'd moved up there to be with Barbara and I'm from this area so I didn't

9   know very many people. So I went on looking for a couples counsellor erm, but

10 then I also went on the Pink Therapy site and I cross-referenced to find out

11 something that was gay-affirmative because we felt that was qu- quite important.

12 Erm within our own training we'd both come across the fact that people are not

13 aware erm, of the differences in same sex relationships- erm, I mean there are lots

14 of similarities but there are some bits that are different. Erm and also we've had

15 (.) a few experiences (.) where people have not necessarily been as accepting as

16 you'd expect, so I think that was very important wasn't it?

17

18 Barbara   Mmm.

19

20 Jan   So you were looking for somebody who was accepting and

21 knowledgeable.

22

23 Anna   Yes. And I think it had to be both because I don't think- I think we

24 both agreed just accepting isn't enough.

25

26   Barbara   I think that we felt we had to find somebody who had an

27   understanding of gay life, because it is different to heterosexual life. And I think,

28   (inaudible) our experiences with counsellors that, they think they understand gay

29   life because they're very accepting of it, which is what you are saying, however

30   there are differences that they don't understand. So we thought we would find

31   somebody who did.

32

33   Anna   And I mean often there is a 'oh yes I'm quite OK with that, but

34   isn't it a shame really', so 'yes I can accept it' rather than 'actually this is a valid

35   way of - as, as valid a way of life as a heterosexual relationship is' rather than

36   'this is (.) different'

Anna and Barbara discuss whether same-sex relationships are the same as, or different from, different-sex relationships, with Anna initially positioning them as different when she says that people they have encountered in their training 'are not aware erm, of the differences in same sex relationships' (lines 12-13). This is immediately followed by a self-repair. The original statement about differences is countered with 'erm, I mean there are lots of similarities' (lines 13-14), presenting more of an overlap between same and different-sex relationships. The use of a discourse marker, 'but' (Fraser, 1999) (line 14) 'but there are some bits that are different', signals a contrast to similarities, but in a far more circumspect way, with only 'some bits' different. Within a single sentence, Anna has constructed same-sex relationships as different from different-sex ones, highlighted the large number of similarities and then reiterated differences in a more downgraded form. This illustrates a tricky navigation of same-sex relationships and their position in relation to different-sex relationships, where similarity has the capacity

to confer majority privilege (Conley et al., 2009; Kurdek, 2006), but at the expense of assimilation. This then fails to recognise the unique features of same-sex relationships (Gottman et al., 2003; Solomon et al., 2005). Barbara agrees (line 18), expanding and widening the account of differences in contrasting gay life and heterosexual life as different (lines 26 - 27). Here Barbara moves from the more tentative language used by Anna, to more concrete depictions of gay life and heterosexual life as binary opposites that are monolithic and static when she says, 'because it is different to heterosexual life' (line 27).

The couple then go on to discuss the issue of acceptance and understanding of same-sex relationships, presumably by heterosexual counsellors. Barbara differentiates between acceptance and understanding, saying that counsellors 'think they understand gay life because they're very accepting of it, [......], however there are differences that they don't understand' (lines 28-30). She is making the point that counsellors who are accepting of LGB people may still lack the knowledge necessary to understand the specific elements of same-sex relationships. Indeed, this is particularly problematic as the counsellors extrapolate acceptance to incorporate understanding (lines 28-29), and lack the necessary insider knowledge and insight into LGB lives. Anna goes further to claim that acceptance is actually a veneer covering underlying heteronormativity, '"oh yes I'm quite OK with that, but isn't it a shame really"' (lines 33–34). These comments confirm Goffman's view (1963) that members of a stigmatised group perceive the non-stigmatised as non-accepting and reluctant to let go of dominant norms and power, whatever is said. Moreover, Clarke (2005) and Peel (2001b) found a form of 'liberal humanism' in their research that mirrors Anna's concern that surface tolerance merely obscures underlying non-acceptance.

Finally, Anna contrasts acceptance with validity, with '"yes I can accept it" rather than "actually this is a valid way of, as, as valid a way of life as a heterosexual relationship is" rather than "this is (.) different"' (line 34-36). Initially, Anna places validity over acceptance, however this then presents a difficulty, as there is no graded comparator for validity, the only option being invalidity. Anna uses a self-repair, 'as, as valid a way of

life' to make an explicit comparison with different-sex relationships which avoids the counter-claim that same-sex relationships are invalid. However, it does leave her in the position of only being able to defend the validity of LGB life in relation to heterosexual life, namely to the non-stigmatised community.

Throughout Extract 12, Anna and Barbara use pronouns or phrases that position all counsellors as separate from themselves as a couple. Anna talks about 'people' who have not been aware or not as accepting (lines 12 and 15) and Barbara refers to counsellors as 'they' (lines 28 and 30). This language positions all the counsellors known to Anna and Barbara as lacking the necessary acceptance and knowledge to work with same-sex couples. Indeed, Barbara engages in generalising language in characterising all counsellors, saying that 'they don't understand' (line 30).

Anna and Barbara appear to have constructed a world where they differentiate themselves from all of the counsellors of their acquaintance, who fall short of the necessary qualities of acceptance and understanding of same-sex relationships. At the same time, the couple are navigating their own way through constructs of sameness, difference and the relative validity of same-sex relationships. This can be seen in the way in which Anna responds when questioned about the factors influencing their journey into counselling, first describing an initial search for a counsellor through the generic counselling organisation BACP, (lines 5 – 6), and then following this up by cross-referencing with the specialist LGBT service, Pink Therapy (line 10). This may be the chronological order for her search; however, it may also represent the working out of issues of sameness in seeking a generic service, and difference in cross-referencing with an LGBT agency. As with Liddle's (1997) participants, Anna and Barbara undertook some screening of potential therapists, presumably to protect their relationship from misunderstanding or hostility and to manage the potential stigma (Goffman, 1963). Anna engages in the discursive device of 'footing shifts' (Wiggins & Riley, 2010, p. 147), changing the 'I' to 'we' (lines 10-11) 'I cross-referenced to find out something that was gay-affirmative because we felt that was qu- quite important', thus sharing the accountability for this decision with her partner, Barbara. The footing

shift may be a means of supporting her ambivalent position. In her hesitation (line 11), the importance of finding a counsellor who is gay-affirmative is downplayed as 'qu-quite important', retaining a claim for the identity of the relationship to be situated within the frame of all other couple partnerships. Here, Anna and Barbara are sensitive to the identity of same or different-sex relationships when seeking a counsellor. However, in terms of theorising of stigma, (Goffman, 1963) their search for a counsellor who was gay-affirmative had two functions. Firstly, it minimises the chance of them being stigmatised and experiencing the lack of acceptance they had encountered elsewhere, for example, on their counselling training courses. Secondly, it helped to manage the potential anxiety and tension arising from an encounter where their stigma is known (Berger, 1990).

Anna and Barbara therefore present an account that constructs ambivalence around belonging to 'mainstream' or LGB 'minority' couples. They lay claim to the discourse of equality and perhaps the privilege and status of being the same as the majority, whilst also being aware of the risk of stigma and ignorance in relation to same-sex relationships. In this extract, Anna and Barbara described their search for a generic counsellor who, nevertheless, had demonstrated some understanding and acceptance of same-sex relationships, thereby confirming findings in Chapters 4 and 5. Going further and drawing on their personal experience, they position all counsellors of their acquaintance as lacking the necessary acceptance and understanding to work with same-sex couples.

In Extract 13, Christine positions her relationship in terms of a generic couple issue of the blending of two families, expecting an agency that specialises in couples to provide expertise and support. In addition, she hoped to find a counsellor with understanding of the specific issues that same-sex couples encounter in a predominantly heterosexual world.

Extract 13 – Christine

1   Jan   So what were your expectations when you were....you know, you

2   were thinking about going into counselling, what for you were the expectations of

3   that agency?

4

5   Christine   I suppose that they would help us as a couple explore (.) er, the

6   issues in the relationship. I, I think I expected that because we had children, that I

7   am aware, you know, sort of, reconstituted families, often are some of the biggest

8   challenges that you face is, is about forming a new family (.) dynamic that every

9   couple in that situation have to negotiate [inaudible] children as well. So, I

10   thought there would be some focus on that. Er, I suppose I thought that they

11   would, as we were a same-sex couple, they would provide us with a therapist who

12   had an understanding of particular issues that might impact on lesbian and gay

13   couples in terms of some of the societal aspects, family issues etc. you know, that

14   I wouldn't have to educate the therapist as a patient, a client.

Christine aligns herself, her partner and their families as part of a larger, generic group

of people with reconstituted families, in her talk about 'every couple in that situation'

(lines 8-9). This positions her relationship in terms of the presenting issue rather than

seeing same and different-sex couples as essentially different. Christine uses the

discourse marker, 'you know' (Schiffrin, 1987, p. 267) (line 7), to justify this statement

further, as if this was common knowledge. For Christine, families are defined by the presence of children, whether with their birth parents or in blended families, and she claims equal acceptance for these (Goffman, 1963). The choice of a generic couple counselling agency reflects this positioning of the couple, not as a minority, but as part of any family struggling with reconstituted family relationships. Like many of the participants in Chapter 5 (section 5.3.1), she sought an agency with specific expertise around couple issues, irrespective of sexual orientation.

She is more tentative in saying (line 10) 'Er, I suppose I thought' when articulating the hope that the agency would provide a therapist who was aware of issues of difference. Here, she is producing an account that recognises the unique impact of being part of a minority on same-sex couples. She positions these relationships as different from different-sex couples, being part of a 'discredited' group (Goffman, 1963, p. 14) and potentially subject to stigmatisation. In addition, Christine describes the agency as selecting a therapist (lines 11-13), the assumption being that not all therapists in the agency would be able to work with issues of difference.

In this extract, Christine positions herself as the same as different-sex couples, in that she shares a similar couple issue of reconstituted families, and also different from them as she is also part of a minority group with unique issues. Couple counselling agencies are constructed as places with expertise in working with the issues that arise when two families combine. However, she makes no automatic assumption that all counsellors within these agencies will be aware of LGB issues.

In Extract 14, Phyllis is clear that she and her partner could only talk about sex with a lesbian counsellor. She constructs all lesbian counsellors as confident to listen to, and work with, sexual issues, and all heterosexual counsellors as lacking in experience. However, there is an acknowledgement of some ambivalence when she proceeds to challenge this, drawing on a discourse of sex as a universal activity.

Extract 14 – Phyllis

1   Jan   And how did you go about finding a counsellor? What kind of
2   criteria were you thinking of?

3

4   Phyllis   We wanted a lesbian.

5

6   Jan   Because?

7

8   Phyllis   Erm, we certainly weren't prepared to talk about any of this stuff
9   with someone who wasn't, now she had as, we both had therapists, I think we
10   both did, yeah we did, we could have asked them for a recommendation, either of
11   them. Neither of them were lesbians either, but, yeah we felt we needed it to be a
12   therapist because it was about lesbian sex really and we couldn't be sure anyone
13   else would, (.) had enough experience. I mean nowadays I might not be so
14   stringent on that.

15

16   Jan   Yeah OK, but back, you know, that was what sort of,

17

18   Phyllis   Yeah, and it's less embarrassing. You're talking about details of- if

19   you, we didn't know what we were going to talk about and we might say 'well

20   two months ago when this happened' and go into some detail with it, it would be

21   more embarrassing with a non-lesbian counsellor, even though sex is sex [laughs]

22   and heterosexual people do it too, it somehow would be more embarrassing, that's

23   funny really isn't it?

Phyllis makes the case for the important choice of a lesbian counsellor in her reply in
line 4, 'we wanted a lesbian', utilising a footing shift (Wiggins & Riley, 2010) to 'we'
to emphasise the strength of the statement. She argues that, as their presenting issue was
about lesbian sex, it would be 'less embarrassing' (line 18) to talk to a lesbian, and
presumably embarrassing to disclose to a non-lesbian. Selecting a lesbian for couple
counselling that would be addressing sexual issues protects, not only the couple, but
also the therapist, from the anxiety of having to manage the stigma in the encounter
(Berger, 1990). In the self-repair (lines 12-13) 'we couldn't be sure anyone else would,
had enough experience', she substitutes 'experience' presumably for 'understanding.'
This more measureable term justifies the potential inconsistency of having sought a
heterosexual counsellor as an individual client, yet insisting that she must see a lesbian
when she and her partner may discuss sexual issues. Seeking an LGB counsellor when
the presenting issue relates to sexual orientation or a sexual issue echoes past research
findings (Burckell & Goldfried, 2006; Kaufman et al., 1997), as well as the survey
findings outlined in Chapter 5 (section 5.3.2). Phyllis constructs topics that exclusively
remain in the domain of either individual or couple counselling. In this construction,
individual counselling is potentially restricted to a setting in which aspects of sex and
sexual orientation cannot be discussed (Mair, 2003).

In lines 18-20, Phyllis begins to state the kind of sexual issues talked about, 'You're
talking about details of- if you, we didn't know what we were going to talk about and
we might say "well two months ago when this happened"', using a self-repair in line 18

to prevent talking about actual details. This is followed by a hypothetical example which serves to shift the emphasis from a real example of sexual practice and prevents any examination of the sexual issues the couple may have actually experienced. Although I had not formally stated my own sexual orientation, it is possible that Phyllis would have gleaned this (Johnson, Gill, et al., 2007). She may then have avoided talking about lesbian sex to someone who was assumed to be heterosexual and, perhaps like the straight counsellors, would not understand about sex between women. However, Phyllis then goes on to reflect on some aspects of similarity when she says, 'though sex is sex [laughs] and heterosexual people do it too' (lines 21-22), allowing for all sexual intimacy to have common features. Her laugh perhaps reflects her own awareness of the conflicting positions.

In addition to the previous three extracts that involved the construction of same and different-sex relationships, with overlapping and at times contradictory positioning, Helen, in Extract 15 below, draws on a contrasting experience of therapeutic help. Her talk illustrates a more cautious way of managing difference, by defining and disclosing same-sex relationships in a way that potentially protects her from negative responses. Moreover, Helen's choice of a generic counselling service may provide an environment that avoids discomfort through 'disattention' (Goffman, 1963, p. 57), that is, minimal focus on sexual orientation so that neither clients nor counsellor need address issues of difference.

Extract 15 – Helen

1   Jan   Yes. But what were you expecting from that particular agency, I
2   mean what did you know about it, how did you think the agency would work with
3   you as two women, or what did you imagine might happen?

4

5   Helen   Well they were relationship counselling, they already had a

6   reputation at that stage that, you know, other, or at least according to Tina

7   [Helen's partner], other female couples had been there.

8

9   Jan   Right OK.

10

11   Helen   And, you know, so that just gave us enough confidence simply to

12   go there. And they, you know, they were, whoever was there at Relate at that

13   point was, you know, had got it, you know, had sorted this out without further

14   ado, as it would seem, you know, there wasn't, they weren't, you know, in

15   contrast to 10 years earlier when I was trying to deal with my own issues in [the

16   70s] and I went to erm, a transactional analysis group in London and I said

17   apropos of (.) a discussion of relationships, that I was a lesbian, and was

18   immediately jumped on and told that I shouldn't (.) rub everybody's nose in it,

19   you know, and I didn't go back to that group.

Helen, in response to a question about her expectation of the chosen counselling agency, says that 'other female couples had been there' (line 7). It could be seen that her choice of the phrase, 'female couples', rather than for example, lesbian, gay or same-sex couples, in some way down-plays sexual orientation. This form of speech, described by Kitzinger (2000) as a way of disclosing sexual orientation so that it is 'not news' (p. 187), enables sexual orientation to be shared in a way that minimises the opportunity for a negative response. It is also a way of managing the situation through the process of 'good adjustment' (Goffman, 1963, p. 146), where members of a

stigmatised group consider themselves to be equal, but act so as to avoid any discomfort for others. It also possible that Helen was attempting to prevent 'bisexual invisibility' (Barker et al., 2012, p. 4) by avoiding limiting definitions such as lesbian, gay or heterosexual. However, Helen's downplaying of sexual orientation may have been for my benefit prompted by her negative past experiences in the therapy group, particularly if she, like Phyllis, had discerned that I was a member of the non-stigmatised group.

Helen's caution in being explicit is also perhaps explained by her comparison of her Relate experience with her earlier therapy group experience. In the latter situation, Helen told the group that she was a lesbian (line 17) and relates the way in which she was 'immediately jumped on and told that I shouldn't (.) rub everybody's nose in it' (line 18). When Helen is frank about her sexual orientation, she is accused of being too direct and of forcing others to engage with something that they find distasteful. According to Goffman's (1963), if she contests this response, the majority group can perceive this as defensive, and a manifestation of the stigma, adding to the perceived 'defect' and justifying a negative response. Conversely, if she had remained quiet, she would have minimised difference and displayed 'good adjustment', to prevent discomfort for the non-stigmatised (Goffman, 1963, p. 146). It is not surprising that her later reference to 'female couples' (line 7) is couched in less explicit terms as a low-key aside, as this protects her from the accusation of 'flaunting it' and enables sexual orientation to be slipped into the discussion indirectly (Kitzinger, 2000, p. 187). Helen's experience in the group was such that she did not return and, by selecting the term 'female couples' when talking about going to Relate, she arguably pre-empts having to deal with another potentially negative response regarding her sexuality, enabling all involved to engage in 'disattention' (Goffman, 1963, p. 57).

Helen provides an account in which she draws encouragement from being told that other female couples had been to Relate, and translates this as the agency and staff having 'sorted this out' (line 13). For Helen and her partner, knowing this 'just gave us enough confidence' (line 11) to use this agency. There is however, tentativeness in Helen's speech in her use of the term, 'just', perhaps indicating less than complete

confidence in being entirely open about her sexual orientation. Moreover, it is possible that Helen's confidence is based on an assumption that the agency will also downplay sexual orientation, perhaps in adopting an attitude that 'relationships are just relationships', underpinned by heterosexual norms. Her selection of the term 'female couples' (line 7), may signal an expectation that there will be no explicit talk of sexual orientation by either counsellor or clients, and therefore no possibility of being 'jumped on' (line 18). Goffman notes that, despite this 'disattention' (1963, p. 57), there will continue to be discomfort or anxiety for both parties, which will be particularly acute for the stigmatised. I assume this would be the same for same-sex couples, even where they do not necessarily hold negative views about being in a same-sex relationship.

The four extracts above illustrate ways in which the participants constructed same-sex relationships, effectively positioning themselves as both the same as, and different from, different-sex couples. These conflicting constructs underpinned their struggle with definitions, and their need to manage anxiety and discomfort in the counselling interaction, as well as determining their priorities in the search for a suitable counsellor. In contrast, the next three extracts illustrate binary ways of constructing same-sex relationships in which generic counselling services are viewed as distinct and clearly set within heterosexual social structures.

6.3.2   *Adopting a binary position in seeking help*

In the first of these three extracts, Frank and George construct their relationship, and the presenting issue, as too fragile to risk exposing to a generic service. They construct two different types of therapeutic service, one that is gay couple counselling and an alternative that does not provide the necessary safety and robustness to be effective.

Extract 16 – Frank and George

1   Jan   What were you looking for?

2

3   George   Well really I suppose I was looking for something which was gay

4   couples counselling

5

6   Frank   Yeah

7

8   George   Not straight couples counselling adapted, you know, it's not (.)

9   sort of mmm, friendly counselling, do you know what I mean. It was more

10   specific so you could be very much more up front.

11   [20 lines omitted]

12

13   Frank   People did say Relate, that came up quite a lot. And, erm, again I

14   think we just felt it was a bit for Mr and Mrs, erm, even although we'd been told

15   it hasn't and I think more so now having been through a (.) long journey I would

16   hap- more happily go to RELATE and, and probably it would be at the top of my

17   list as someone to go to. But at the time it just did seem a bit (.) Mr and Mrs rather

18   than =

19

20   George   I think it's also because everything, certainly from my point of

21   view, felt so very raw, and still very private (.) and (.) you don't really want to

22   start talk-(.) starting a succession of failed sessions of people telling complete

23   strangers a lot of intimate details (.) and then moving on because that doesn't

24   work, moving on to another one, there was a bit of that about it. I would rather try

25   and search for the right people to start up with in the first place and you could

26   stick with them if that's appropriate.

27

28   [4 lines omitted]

29

30   Jan   Somebody who would understand two men's relationship.

31

32   Frank   Mmm, somebody who had kind of been there, seen it hundreds of

33   times, knew what to say, knew what to do, knew what the, knew all the answers I

34   guess. We were, very- incredibly vulnerable at that stage and you're looking to

35   sort of place your life- your future, in the hands of somebody. I mean you've only

36   really got one, (.) especially at the intensity of the feelings at the time, you feel

37   you've only got one go at it. It's, it's a kind of (.) be-all or end-all. So, it, it's an

38   incredibly big role for somebody to take on [laughs] but it's something that you=

39   [Interviewer interrupts

In his talk about wanting 'gay couples counselling', (lines 3–4) and 'not straight

couples counselling adapted' (line 8), George positions same and different-sex

relationships in binary terms, as gay couples and straight couples. Not only are the

relationships different, but George does not want the counselling approach to be adapted, that is, by taking different-sex relationships as the norm and making adjustments for same-sex couples. In addition, he talks about gay couples therapy as 'friendly counselling' (line 9), somewhere that a couple could be 'much more up front' (line 10). The implication is that a non-gay couple's service may be somewhat hostile and that he, as a client, would have to be very circumspect about what he revealed. Given the importance of clients being able to talk about difficult and painful issues (BACP, 2010b; UKCP, 2011), these restrictions would seriously impede the progress of the counselling.

Frank agrees (line 6) and the binary division is further illustrated in his choice of the term, 'Mr & Mrs', for Relate (lines 14 and 17). Using this term, Frank presents the agency as exclusively for heterosexual married relationships, and representative of traditional heterosexual norms, further reinforcing this binary viewpoint. Frank and George hold these views despite the rebranding of Relate from Marriage Guidance in 1988, justified as, 'in recognition of our widened access to same sex couples, single people, children and young people' (Relate, no date).

George begins to talk about his and Frank's psychological state saying 'We were, very-incredibly vulnerable at that stage' (line 34), using a self-repair strategy to upgrade his account, perhaps to stress the significance of getting the right counsellor for the couple. The nature of their difficulties is captured by Frank when he says, 'it's an incredibly big role for somebody to take on' (lines 37-38), perhaps constructing their relationship problems as so difficult that the counsellor would not be sufficiently robust to contain them. This robustness is a crucial element in therapy; Crawley and Grant (2008) stress the importance of therapists providing space where partners can explore their experiences, 'however frightening, angry, destructive, or erotic' (p. 125).

George and Frank, in their search for a counsellor, reject any generic service, constructing traditional different-sex relationships as the norm and generic services as lacking the ability to manage the very specific and delicate issues presented by a same-

sex couple. In the next extract, Edward, in his description of seeking counselling describes two distinct therapeutic worlds, a heterosexual therapeutic community and a gay community that embraces a gay culture.

Extract 17 - Edward

1   Jan   I mean what were you looking for in a counsellor?

2

3   Edward   I don't think we were sure (.) at first. Erm, RELATE seemed the
4   obvious place at that stage. I think one thing I wanted to avoid was going into
5   kind of the realm that I was in at the time, people from my background and my
6   training, my professional organisation, because there are some couple therapists
7   there.

8

9   Jan   So you were already a therapist at that point?

10

11   Edward   Yeah.

12

13   Jan   OK, right so you wanted to avoid that group because?

14

15   Edward   Because it felt a bit incestuous and Graham [Edward's partner at

16   the time] was in personal therapy and even his journey to his personal therapy

17   later felt far too close for comfort in that the therapist who he went to was referred

18   (.) was suggested to me by my therapist who then retired. So it got a bit

19   complicated because I knew that he had been in therapy with my therapist, or

20   discovered that later on, I knew my therapist was gay, sort of assumed that

21   [partner's therapist] was, so that was a bit uncomfortable.

Edward talks of Relate as a place where he will be able to avoid the 'people from my background and my training, my professional organisation' (lines 5-6), describing two distinct therapeutic worlds with no overlapping boundaries. His own world is described as 'a bit incestuous' (line 15), the choice of word implying the possible inappropriateness of overlapping boundaries applied to both the professional world and gay therapists within that world. In this way, Edward's choice of term, 'a bit incestuous', echoes the way in which language is used by non-stigmatised groups to justify stigma and explain difference (Goffman, 1963). (See also Barbara's account in Extract 6).

Edward, by implication, sees Relate counsellors as straight with no danger of any shared training or professional membership, positioning Relate as a homogeneously heterosexually-orientated organisation. Constructing the two worlds as diametrically opposite and distinct does offer the opportunity to obtain same-sex couple counselling with a good chance of anonymity. However, it raises a question about the positioning of the organisation and staff who inhabit such a heteronormative world, and also restricts Edward's choice of therapist.

It is of note that, in the first four extracts (section 6.3.1), the women participants displayed a flexible construction of sexual orientation and talked about the search for a counsellor or agency in a way that that accommodated this ambivalence. In contrast, the men in Extracts 16 and 17 positioned their relationships and counselling needs in counselling in binary terms. It is possible that this reflects the gendered nature in the construction of sexuality and the formation of relationships. For example, women's same-sex relationships are more likely to arise out of friendships, with a fluid move to romantic relationships, whereas, for men, the first encounter is more likely to be sexual and marked by a specific event (Eldridge, 1987; Simons, 1991). In addition, men and their same-sex relationships have historically been the focus of society's disapproval, with legislation to control their behaviour being more prominent, compared to women whose relationships have been less visible, and considered more pathological than illegal (King & Bartlett, 1999). This may incline gay and bisexual men to seek the reassurance, acceptance and understanding offered by an LGB or LGB affirmative service.

However, the next extract illustrates an exception to this. Nicola, like Edward constructs distinct groups of those who inhabit a gay community and those who do not, and explains the ways in which this influenced her choice of counsellor.

Extract 18 – Nicola

1   Jan   Were you aware that they dealt with same sex couples, was that
2   something you.

3

4   Nicola   Yeah, because our RELATE here, they do offer a specific LGBT

5   service, but we didn't want that. I don't know why my partner didn't want that,

6   and I definitely didn't want that, I wanted just an ordinary counsellor. My reasons

7   being was that a lot of our issues was that my partner smoked a lot of weed and

8   that was a big issue in our relationship and, in [Name of town] the gay scene is

9   heavily drug based and I didn't want- I think I wanted someone that wasn't gay

10   because I knew that there was less chance, or I thought they'd be more empathetic

11   to me and where I was coming from in my reaction to my partner's weed

12   smoking.

13

14   Jan   So something about a known culture locally that you didn't really

15   want to be included in some aspects of that.

16

17   Nicola   I didn't want someone from that, you know, I wanted someone that

18   was removed from that. So there was no way I was going to have a gay

19   counsellor, even though we could request to have someone that identified as

20   lesbian or gay. And my partner said she didn't want to either but I don't know

21   why

Nicola is positive about going to Relate for couple counselling and aware that there was on offer a specific LGBT service, however, she chooses to go to 'just an ordinary counsellor' (line 6). In using this phrase, Nicola is positioning the generic Relate service and its counsellors as commonplace and perhaps the 'norm', and counsellors in the LGBT service as exceptional in being different. In saying that she definitely did not want a gay counsellor (line 9), Nicola constructs two different parts of the Relate

service, the 'normal' service that is staffed by straight counsellors and the minority LGBT service that is run by LGBT counsellors.

In considering the gay scene, Nicola says, 'I didn't want someone from that, you know, I wanted someone that was removed from that. So there was no way I was going to have a gay counsellor' (lines 17-19). The two sentences are linked with the discourse marker, 'so' (Schiffrin, 1987), creating a link positioning any gay counsellor as being part of that gay scene. Nicola, in creating these distinct groups, then positions herself in the general, 'ordinary' group who will not condone the behaviour she attributes to the gay scene. Like Edward, she sees generic services as completely separate from LGB provision.

All of the participants in the follow-up interviews, whether positioning their relationships as both the same and different, or solely different, to the majority, engaged in a process of searching for a counsellor to protect their couple relationship. For those displaying ambivalence, the search was for a generic service but one that had awareness of same-sex relationships. Other participants, who perceived a greater divide between same and different-sex relationships, divided the therapeutic world in binary constructs and sought their therapists accordingly. I will now turn to consider the accounts of interactions within counselling and how participants constructed issues of counsellor power and sexual orientation.

6.4   How is power constructed between the couple and the counsellor?

Chapters 4 and 5 explored the participants' experiences of their counsellors' power and the capacity to silence their clients or facilitate the therapeutic process. In this section, I adopt a social constructionist approach to explore the ways in which power is constructed between counsellor and couple. These constructions are discussed with reference to French and Raven's (1968) bases of social power, particularly reward or coercive power, expert and referent power.

6.4.1   Reward and coercive power

In the next two extracts, Edward reflects on his heterosexual counsellor, who is positioned as having the power to make the couple feel special if they conform to heterosexual norms.

Extract 19 – Edward

1	Jan	Do you think your expectations were met in what you expected of
2		the counsellor themselves, the sort of role they played or how they interacted with
3		you?

4

5	Edward	I think at that stage, yeah. Erm (3.0) I think quite early on we felt
6		that (2.0) she made us feel special as a couple, now whether that was good or bad
7		(.) I then wonder.

8

9   Jan   Special in what way?

10

11   Edward   Erm, well I suppose we were seeing her on a Saturday. Erm (3.0)
12   now were we always seeing her? It may have been that actually we might have
13   started off seeing her for evening sessions now I think of it erm, and then moved
14   to a Saturday. Erm (2.0) We knew she had children because they would
15   sometimes be quietly, but in the other room, you could hear them playing, and
16   that kind of felt reassuring.

17

18   Jan   Reassuring because?

19

20   Edward   (2.0) It kind of gave a warmth to, to the proceedings, and I suppose
21   in a way that there was a life outside the room with her.

22

23   Jan   And were there other ways in which you felt that she saw you as
24   special?

25

26   Edward   Erm. Probably it was only later on that we (.) realised that, that she
27   always made us coffee and usually produced biscuits and so it kind of gave it a
28   social framework, it was only later that we discovered that (.) well she said 'you

29   are the only people I do this with', which at the time felt great but with hindsight

30   I've, I've kind of questioned more.

31

32   [22 lines omitted]

33

34   Jan   Was there any other reason that she might have treated you as

35   special that you felt was coming across?

36

37   Edward   (2.0) Erm (.) she liked us. She let us know that she liked us and she

38   thought we were a good couple. Again that probably came on, because I think we

39   saw her for two years.

Edward begins by reflecting on his experience with the counsellor, adding weight to the judgement of the counsellor, and the couple feeling special, with the phrase 'quite early on' (line 5). He then goes on to reflect on whether this was good or bad, selecting opposing binary positions. In line 11, he begins with a hesitation when asked to clarify what was special, followed by the discourse marker, 'well', signalling that the following speech is 'undesirable or inadequate in some way' (Norrick, 2001, pp. 851 - 2). This may be a response to a developing awareness of the 'good and bad' elements of counselling, particularly as I am known to be a counsellor and Edward is also professionally involved in therapy. He says 'Erm, well I suppose we were seeing her on a Saturday' (line 11), so that being seen on a Saturday is perhaps an uncomfortable thought for Edward. Being seen for counselling on a Saturday is also played down when Edward explains that the appointments were originally for the evening (lines 12-

14) and only later moved. In this way, Edward defends against the Saturday sessions being seen as special, perhaps trying to position his counsellor in as good a light as possible in front of an interviewer who might question boundary elements of the therapeutic work.

Edward produces further accounts of being special, (lines 28-30) 'it was only later that we discovered that (.) well she said "you are the only people I do this with" which at the time felt great but with hindsight I've, I've kind of questioned more.' He again uses a hesitation and the discourse marker, 'well', to signal some disquiet that the counsellor offered refreshments only to him and his partner. This good feeling of being an exception is cancelled out with the discourse marker, 'but', (Norrick, 2001) (line 29) followed by further ruminating on the experience. Edward reflects that they might have been treated as special because the counsellor thought that they were a 'good couple' (line 38), although the meaning of being 'good' is not entirely clear here. The counsellor, as a member of the non-stigmatised group (she is known to be heterosexual), is positioned as having the power to offer the couple special treatment that is denied others, but in return for them being a 'good' couple.

In the next extract, the concept of being a 'good' couple is expanded as Edward positions the counsellor as utilising reward power, linked to conforming to heterosexual norms of marriage and longevity.

Extract 20 – Edward

1   Jan   What do you think she thought about your relationship, as two
2   men? You know, she may have had feelings about how issues of vulnerability
3   were distributed between you but in terms of....

4

5   Edward   Erm, she was thoroughly comfortable with it. She thought- (.)

6   throughout the process I think she thought we were a good couple.

7

8   Jan   Can you recall what she actually did or said or how you knew that,

9   how you received that message that you were a good couple? You've mentioned

10   that before as something you.....

11

12   Edward   Erm (3.0) I suppose [laughs] most basically is that she said she

13   wanted to be a bridesmaid at our wedding if we got married.

14

15   [3 lines omitted]

16

17   Jan   I wonder what that was like - I mean you probably can't remember

18   now, but when she said she wanted.....you know, if that was as part of the time

19   when you were in therapy with her, what it was like when she said she wanted to

20   be a bridesmaid if you two ever got married.

21

22   Edward   Well it was sort of jokey, it was done in a jokey way.

23

24   Jan   But how did that impact on you, what kind of impression did that

25   make on you?

26

27   Edward   (4.0) I think at the time we probably took it as a warm, er as a kind

28   of warm (.) and maybe accepting (.) gesture. (2.0) I would question the

29   boundaries of making a comment like that I think with hindsight.

30

31   Jan   Yeah, but at the time it was something affirming that this was, you

32   know, you said a good relationship but a relationship that was-

33

34   Edward   That had a future and would work.

Edward describes the counsellor as being 'thoroughly comfortable' (line 5) in working with two men in a relationship. However, he follows with the statement that 'she thought, (.) throughout the process I think she thought we were a good couple (lines 5 - 6), the change from 'she thought' to 'I think she thought' perhaps indicating some doubt about the counsellor's attitude. Being comfortable as a counsellor is also linked to viewing the couple as good, with the implication that if the couple were not good then the counsellor would be uncomfortable. Underneath this, there appear to be judgements about what is acceptable in a same-sex relationship that deny the basic quality of respect. Respect requires the same level of acceptance of the client's 'negative, "bad," painful, fearful, defensive, abnormal feelings as for his expression of "good," positive, mature, confident, social feelings' in a manner that is both caring and does not seek to satisfy the counsellor's needs (Kirchenbaum & Henderson, 1990, p. 225).

When asked how he knew that the counsellor thought that they were a good couple Edward responds with a hesitation, 'I suppose' (line 12) and a laugh, indicating possible embarrassment about what follows. He reported that the counsellor said 'she wanted to be a bridesmaid at our wedding if we got married (lines 12-13), using heteronormative terminology and phrases and an extreme example to illustrate being a good couple in the counsellor's eyes. Although Edward initially constructs this 'as a kind of warm (.) and maybe accepting (.) gesture (lines 27–28) the acceptance seems to be conditional on the clients behaving as a traditional heterosexual couple. Furthermore, Edward describes a good relationship as one 'that had a future and would work' (line 34), using terminology that would apply to a heterosexual marriage. It raises the question of the purpose of counselling and if this is to ensure long-term marriage-like relationships and a form of normalisation to which all should aspire (Carabine, 2001). The couple appear to be offered the counsellor's warmth and special treatment (an example of reward power), but only on condition that they assimilate to heterosexual norms of marriage and longevity.

Reward power can be based on the status of the counsellor and also, where relevant, the position of the counsellor as part of the majority non-stigmatised group. Edward positioned the heterosexual counsellor as being able to either affirm or condemn their same-sex relationship, with the possibility of rewarding them for conforming to heterosexual norms and demonstrating 'good adjustment' (Goffman, 1963, p. 146). Clarke, Burgoyne and Burns (2007) suggest that this form of assimilation, whilst bringing the reward of affirmation, separates the 'socially acceptable "good gays" and the "dangerous queers"' (p. 175) which, in turn, underlines the normative status of heterosexuality.

Whilst the importance of respect or positive regard in therapy is not questioned in counselling (Steering Committee, 2002), the way in which this is communicated to clients is more challenging. Kahn (2001) suggests this can be achieved directly by telling the client that they are, for example, good or achieving, or implied through the quality of the counsellors' non-verbal communications, for example how they listen or

their body language. The former, Kahn argues, is suspect in terms of sincerity, being nothing more than a form of words potentially used with all clients, whereas the latter promotes a more genuine interaction. Similarly, Goffman (1990) suggests that the true attitudes of other people can only be discovered indirectly, through their behaviour, and that, whatever is said by a non-stigmatised person, the stigmatised person does not perceive them as accepting, or willing to relinquish power and status in the encounter (Goffman, 1963; Weeks et al., 2001).

In order to manage both coercive and reward power there is evidence in Edward's account of what Goffman refers to as 'good adjustment' (1963, p. 146), that is, an assumed responsibility for protecting the non-stigmatised person. Counselling clients must 'maintain both [their] own face and [the] face of other participants' (Goffman, 2003, p. 7). For example, Edward and his partner demonstrate good adjustment by joining with their counsellor in adopting normative heterosexual terms and concepts for couples, thereby managing her reward power.

6.4.2   Expert power

In the next two extracts the counsellors express their expert view on the likely success of the couple relationships, leading in both cases to some discomfort in the participants. Firstly, Frank and George's counsellor is thought to be gay and offers them encouragement about the longevity of the relationship. The couple then construct a joint account of their difficulty with the counsellor's validation of them as a 'couple who will stay together'.

Extract 21 – Frank and George

1   Jan   So were your hopes fulfilled or did things turn out, I mean we'll
2   talk about the detail about that later but sort of generally, in terms of what you
3   were looking for, did you find that that was carried through?

4

5   George   No.

6

7   Frank   Sorry, I think- well no, I mean at the time it certainly seemed more
8   so than in hindsight I think.

9

10 George   I think the biggest issue was when we came out and the sort of,
11 well the sort of ending remark if you like which was about that he felt that we
12 didn't have anything to worry about in the longer term of our relationship, which
13 was, you know, edifying or (.) probably better, it made me feel better about 'oh
14 God there is hope for me' you know, and so I knew there was hope for recovery
15 etc etc in terms of the relationship (.). But it's a little bit too glib to be given that
16 because you still don't necessarily feel you're in that place at that time either,
17 erm, so it was elevating at the time but of course the more I thought about it later
18 the more facile I felt it was.

19

20   Jan   Was that a surprise that he responded like that?

21

22   Frank   Erm, Yeah.

23

24   George   I was a bit, (2.0) not because of what he said but because-

25

26   Frank   To me it was a bit kind of (.) 'oh where do we go from here'.

27

28   George   Yeah.

29

30   Frank   'You'll be alright'. And George said it was not going to be easy
31   and he did say 'nobody said it was going to be easy'

32

33   George   That's right

34

35   Frank   But 'you'll be alright'. Now (.) we are still together now so in
36   some ways you could argue- or he could certainly put a good argument up for
37   himself, however that's not because of-

38

39   George   We just felt it was too early to-

40

41   Frank   Well it was too early to know.

42

43   George   Or to be so sure of that answer.

Frank and George reflect on the ending of the single session with their counsellor and whether their expectations were met. The counsellor, who had already explained that he was experienced in working with same-sex couples, told them that, in the long-term, they had nothing to worry about their relationship. Frank then twice repeats the actual words of the therapist, "You'll be alright" (lines 30 and 35) adding authenticity (Wooffit, 1992). He draws on a religious or spiritual discourse where hope is related to faith (McGeer, 2004) and expresses this as a more fundamental hope for himself as well as the relationship when he says "oh God there is hope for me" (lines 13–14). The counsellor is positioned as having expert power, not just as a therapist, but with an added spiritual dimension.

However, on reflection, both Frank and George express disquiet about the counsellor's confidence, George using the discourse marker, 'but' (Norrick, 2001) to cancel out the positive aspects of being reassured by the counsellor (line 15) 'But it's a little bit too glib'. Moreover, Frank diminishes the value of being told that they would be alright and explores the authority and ability of the therapist to predict this. He begins to support the therapist's competence and skill with 'Now (.) we are still together now so in some ways you could argue- or he could certainly put a good argument up for himself,

however that's not because of' (lines 35-37). He initially draws on a more general statement about the outcome of the prediction since the couple are still together. This is however, altered by a self-repair (line 36) to position the therapist as someone who has to defend his comment. He begins to say that the couple are not now together because of the therapist's intervention when George interrupts and supports this with the comment 'We just felt it was too early to' (line 39), followed by two further alternate comments from either partner demonstrating by their dialogue that they are a couple.

In the extract above, Frank and George together construct their response to the counsellor. George begins with an emphatic 'No' (line 5), indicating that his hopes were not fulfilled, while Frank partly contradicts this with 'Sorry, I think- well no' (line 7), accounting for his change of mind and ensuring that he is not positioning himself in opposition to George. Later, they present themselves as a couple, with both adding affirmative comments to support the other, for example, 'Erm, Yeah', (Frank, line 22) and 'That's right', (George, line 33). Moreover, they support each other as they interrupt and finish each other's sentences, (for example in lines 33-43), in addition to supporting each other's statements. From an initial contradiction, the couple attain complete unity about the counsellor's lack of expertise to assure them that their relationship would last. In a review of the literature, Taylor and de Vocht (2011) suggest that couples are likely to respond in ways that concur with a preconceived idea of one another, and often present themselves as a system with its own shared meanings rather than two individual entities. Frank and George are also jointly constructing their account 'in the presence of an "outsider"' (Dallos & Vetere, 2005, p. 185) who is known to be a counsellor. In the light of their previous relationship difficulties, it may be important to present themselves as a couple who are not conflicted.

For Frank and George, the expert power of the counsellor was initially well received. However, there is a need to build up trust in a therapeutic relationship, and merely stating that the counsellor is experienced is not necessarily sufficient for clients to trust their authority. As Kadushin & Harkness (2002) stress, expert power is always under scrutiny and, in Frank and George's experience, was found to be lacking.

In a second example of unhelpful expert power, Anna and Barbara's heterosexual counsellor is positioned by the couple as claiming the expertise to state that there is no future for their relationship, triggering a united but defensive couple response.

Extract 22 - Anna and Barbara

1   Jan   But you were very clear once you'd met the counsellor what you

2   didn't want to talk about, or had you decided that before you went to counselling

3   'these are areas that we're just not going to go into'.

4

5   Anna   Yeah. I think the one was about the wedding, and we'd been

6   engaged since about February,(.) which was after we'd been together about 4

7   months? (.) Yeah it was sort of early. Erm, and then we'd- we'd decided suddenly

8   to get married. But it was something that she fixated on, the counsellor fixated on,

9   and I was saying 'this is not the issue, we are going to stay together, we are going

10   to get through this, forget about that, this isn't what we need to talk about=

11

12   Barbara   And that's not what we've come with because you were very clear

13   on that. You know, 'this is the topic we want to work on, erm, we want to focus

14   on that'. However she, I would say as well she had other ideas I think.

15

16   Anna   Yeah, and I think she decided we shouldn't have been together.

17   Well she actually said (.) on a number of occasions 'I don't think you should be

18   together'. [laughs]

19

20   Barbara   Which shocked you. [both Anna & Barbara laugh].

Anna is recalling the topics that they had agreed were not to be discussed in
counselling. One was the couple's engagement after four months, which she describes
as 'Yeah it was sort of early' (line 7). This unprompted description pre-empts any
negative response relating to the stories of lesbians forming intimate relationships very
quickly, by stating this potential criticism herself. Anna also draws on heterosexual
language of 'engagement' and 'marriage', although it is not clear if this is a claim for
mainstream affirmation and recognition of the relationship or assimilation to
heterosexual norms. The use of 'But' in line 8 is perhaps a denial of expectations
(Norrick, 2001). Anna might have expected the counsellor to be more accepting of the
couples' choice to make a formal commitment. However, the discourse between Anna
and the counsellor is presented as conflicted in lines 8 – 10, 'But it was something that
she fixated on, the counsellor fixated on, and I was saying "this is not the issue, we are
going to stay together, we are going to get through this, forget about that, this isn't what
we need to talk about"'. The repeated use of the word 'fixated' is an example of
extreme case formulation (Edwards, 2000), used to defend the decision to marry by
presenting the counsellor as extreme and obsessed, and shutting down any possible
discussion. Barbara then joins with Anna by carrying on her point (line 12) so that they
are presenting themselves as a couple (Taylor & DeVocht, 2011), not only showing a
shared understanding about their relationship at the time, but also precluding any
alternative challenges from the counsellor who is in the role of professional expert.
Barbara emphasises this through the use of the actual words spoken (lines 13-14).

Together, Anna and Barbara construct a situation where they jointly engage in a dispute with the counsellor. They then move on to co-create a further recounting of the counselling encounter. Barbara begins somewhat tentatively with (line 14) 'I would say as well she had other ideas I think', using 'I think' to temper what follows. Anna picks this up in a similarly tentative format when she says, 'Yeah, and I think she decided we shouldn't have been together' (line 16), followed by a much stronger statement reporting that the counsellor said, "I don't think you should be together" (lines 17-18). This is given substance by preceding this with the statement, 'Well she actually said (.) on a number of occasions' (line 17). The use of the word, 'Well', carries the story forward (Norrick, 2001) and the use of the phrase, 'on a number of occasions', softens the extreme case formulation, making it more difficult to challenge the couples' absolutism (Edwards, 2000). Anna's laughter after reporting this perhaps minimises the impact of the statement and Barbara extends the humour further when she says (line 20) 'which shocked you', allowing them both to laugh. In this way, the couple are increasingly united against the counsellor. This uniting of the couple against the counsellor polarises the issue of staying together, denying them the opportunity to voice any concerns or doubts.

In the last two extracts, the couples highlighted the inappropriate use of expert power, even where, in the case of Frank and George, this was initially received positively. Their counsellor's overly positive stance, was, on reflection difficult to accept and for Anna and Barbara their counsellor had the effect of uniting the couple, and precluding any discussion about the possibility of their relationship not continuing. In both of these cases, the therapist's expert power was evaluated against the clients' own knowledge (French & Raven, 1968), and found to be lacking in validity. The importance of the therapeutic alliance has been well-researched for individual clients (Horvath & Symonds, 1991) and has now been confirmed in relation to couple work (Garfield, 2004). Both of these examples constitute breaches in the therapeutic alliance, where the clients felt some alienation from their counsellors, thereby minimising the possibility of feeling safe enough to address difficult issues (Crawley & Grant, 2008).

6.4.3   Referent power

Leah and Merle, who were audio-interviewed via the internet, provide an example of referent power that is not solely dependent on a shared sexual orientation. Although the therapist is a lesbian, there are a number of additional ways in which the couple feel drawn to the therapist and experience her positive influence on the couple relationship.

Extract 23 – Leah and Merle

1   Jan   Thank you. Merle, did you have a kind of sense of what K [the
2   couple's counsellor] thought of you and of your relationship with Leah?

3

4   Merle   Erm, well I really had a sense that she respected us and that she
5   had erm respect for our experiences and our emotional awareness. Like she could
6   be pushing us but it didn't imply that we were ignorant. And I felt just, I, yeah I
7   felt that she had a lot of respect for both of us individually and that she, you
8   know, I think there were times when we were both thinking 'oh my God this isn't
9   going to work out' and it seemed like she was the one that was kind of carrying
10 the torch for our relationship, you know, and that she believed in where we could
11 get to and what we could have together. So I saw her see erm, the value in each of
12 us individually and then the value of potential in our relationship. And (1.0) yeah,
13 she wasn't investing in making sure the relationship remained together, I didn't
14 get that, but I really got the sense from her that she saw the value in us being
15 together.

16

17   Jan   And how did that impact on the counselling then, that kind of
18   sense, I mean she said at the beginning she wasn't there just to sort of glue you
19   together come what may, but that actually she could see this value and strength in
20   the relationship. How did that impact on you and on the counselling and on your
21   relationship?

22

23   Merle   Well I mean I think in some points it was the counselling that kept
24   us going [both laugh].

25

26   Leah   Yeah.

27

28   Merle   Like if we were feeling, both of us, you know sometimes it would
29   go back and forwards, sometimes Leah had more faith sometimes I did, and
30   things were rocky. If K was, was, like I say, holding the torch, that for me gave
31   me strength and that gave me courage to go on. And the respect that she had for
32   me, and for Leah I think also, (.) it was tough, like we went through a lot of stuff
33   and like I say, for me personally there were times when I was really exhausted
34   and so to have that helped lift me up, it did give me strength and, also yeah, the
35   courage to deal with stuff. And also it adds to the whole safety security thing
36   within the counselling set up.

In considering some of the difficult times for their couple relationship, Merle says 'I think there were times when we were both thinking "oh my God this isn't going to work out"' (lines 8-9). She uses a footing shift, replacing 'I' with 'we' to strengthen her statement, and employs the active voice, quoting exact words to add authenticity (Wooffit, 1992). Using the phrase, 'oh my God', adds a further dramatic emphasis to the statement that the relationship will not survive. Merle then positions the counsellor as the one person who has faith in their relationship, almost against the odds, when she says that she was 'kind of carrying the torch for our relationship' (lines 9-10). Merle had previously talked about the respect that the counsellor held for each of them, and for the relationship, and the choice of phrase 'carrying the torch' can also refer to continuing to love someone, knowing that this will be unrequited. In this way, the counsellor is positioned as, not just a worker adopting professional distance, but as someone who has invested in the couple relationship when, at times, the clients had given up hope. 'Carrying the torch', could also refer to the counselling shedding light on the relationship and showing the way forward. The counsellor is presented as a key person who remains steady in her belief that the relationship could succeed and who enables the two partners to continue to believe in a future together. In Merle's statement that 'If K was, was, like I say, holding the torch, that for me gave me strength and that gave me courage to go on'(lines 30-31), the terms 'strength' and 'courage' imply a determination against the odds, even where the situation is extremely challenging.

In this example, the counsellor provides hope for the couple, neither conforming to a 'myth' that same-sex relationships cannot last, nor applying heterosexual norms that relationships must be forever. This is done not just on a theoretical level, but communicated with warmth and strength, enabling the couple to be therapeutically 'held' during challenging and difficult periods whilst they worked out what was best for themselves and their relationship. This 'holding' is advocated for all couples in counselling, with the counsellor offering regularity with an 'accepting and non-reactive attitude' (Crawley & Grant, 2008, p. 18). These authors also suggest that the counsellor can hold the hope, though not the certainty, for the relationship, by facilitating the couple in exploring the relationship and its potential future. Counsellors who

communicate such referent power do not resort to explicitly telling the clients that they value them, but demonstrate this by their actions and attitude (Goffman, 1990; Kahn, 2001). This sense of holding and affirmation is very different from, for example, Edward's experience of his counsellor's positive attitude, that was dependent on the couple conforming to the counsellor's view of an ideal relationship. Moreover, Leah and Merle's counsellor does not resort to inappropriate expert power, by predicting whether the relationship will or will not survive, as with Frank and George's and Anna and Barbara's therapists. Rather, she holds this tension on behalf of her clients in the context of negative stories. There are similarities here to Lebolt's (1999) participant whose experience of his counsellor's affirming neutrality enabled him to experiment with casual sex.

6.5   Summary

In this chapter I have explored my participants' use of language and the ways in which this constructs their reality (Domenici & Lesser, 1995; Peel, 2005). In their talk, they recalled others' constructions of same-sex relationships, as being, for example, promiscuous or short-term. The availability of these discourses influenced how participants constructed their learning about same-sex relationships, and how they managed heterosexual stigma. Given that the dominant assumptions of different-sex relationships are a privileged norm, some participants struggled to construct their relationships as being either the same as, or different from, those of different-sex couples. The way in which they constructed their relationships then affected their search for a counsellor, including their preferred choice of a mainstream or specialist service, or a counsellor who identified as LGB. In their talk about their counselling experience, the counsellor was constructed by one couple as having the power to reward in ways that at first seemed positive, but on reflection seemed to require assimilation to heterosexual norms. Similar efforts on behalf of another counsellor to be positive about the future of the couple relationship, although initially constructed as hopeful, were later constructed as wanting. Conversely, the counsellor who affirmed her faith in the

clients to make the right decision for them, was constructed in positive, spiritual terms. The development of helpful therapeutic relationships depends on counsellors' fluency and comfort, their possession of knowledge that can be shared with their clients, and the capacity to draw appropriately on different forms of power to facilitate understanding and change. This discourse analysis has provided additional insight into the experiences of same-sex couples in counselling, over and above the results from the exploratory study and internet survey. For example, discourse analysis shows how participants constructed their counsellors' interventions (including the avoidance of topics) and how they positioned themselves in relation to societal relationship 'norms'.

 In the next and final chapter, I will summarise the findings of the three episodes of data collection and discuss their contribution to LGBT literature and to therapeutic services offering same-sex couple counselling. I will then consider the limitations of the research, the lessons learnt from it and implications of its findings for couple counselling practice and future research.

Chapter 7   Discussion and Conclusions

In this final chapter, I consider the thesis in its entirety. Firstly, I provide an overview of the findings, which are presented thematically. I then discuss the contributions of this research to LGBT literature in general and the literature on same-sex couple counselling in particular. Next, I review the chosen methods and the limitations of this work before considering its implications for counsellors' practice and training, and possible future research. I conclude with some personal reflections on my engagement with this research.

7.1   Summary of the findings

This summary addresses the questions identified at the end of Chapter 2, summarised as; firstly learning about, and managing the learning about, same-sex relationships; secondly, the process of seeking help for a troubled relationship; and finally, the client experience of same-sex couple counselling with particular reference to power inequalities in the relationship.

The first of these themes relates to the ways in which same-sex couples learn about, and manage relationships in a heteronormative society. Beginning with learning about same-sex relationships, participants across all three data-sets could identify negative or non-normative stories about same-sex couples, and demonstrated ways of managing such 'myths'. In Chapter 4, I showed how participants in same-sex relationships often found themselves faced with complex dilemmas when in the company of majority group members. Firstly, they could experience stereotype threat (Crocker et al., 1998, p. 518) through acting out a 'myth', for example, women getting together quickly. Whilst

they might be comfortable with that behaviour, they were also concerned that this could discredit the LGB community and that a defence of their position could be interpreted by the majority as another reason for discrimination. Secondly, they took responsibility for protecting others through the process of 'disattention' (Goffman, 1963, p. 57) and suppressed mentioning elements of their intimate relationships that might be troubling to others. This strategy could maintain the status quo, for example, with families, but it also left couples marginalised and, together with a general lack of affirmation, resulted in participants feeling that their relationships were valued less highly than, for example, the relationships of their heterosexual siblings. In Chapter 6, taking a constructionist view, I showed how the interview participants struggled in their original learning about same-sex relationships, constructing them negatively and becoming unclear and reliant on cultural stereotypes. Their direct observations of same-sex couples were sometimes discounted, with participants resorting to experimentation, a strategy that could result in pitfalls or the freedom to construct relationships free from heterosexual norms. There was some difficulty for participants in constructing same-sex partnerships as bona fide in their own right, rather than an imitation of different-sex relationships. Those seeking a same-sex relationship, particularly for the first time, could be in a double bind. This was illustrated by couples who, in reflecting on their early same-sex relationships, positioned themselves as separate from the LGB community and alienated from what they perceived as undesirable models of different-sex couples. This problematising of different ways of engaging in relationships (Weinstock, 2004) led to the interview participants positioning themselves, and their relationships, in defensive terms. For example, in her interview, Christine justified nine years as a substantial duration for a same-sex relationship. Whilst participants may not have owned the negative constructs of same-sex relationships, their talk indicated that they were well aware of them and of the stigma associated with being part of a minority group. Moreover, for Denise, lesbian and gay friends themselves held constructions of same-sex partnerships that did not allow for non-dyadic relationships, constructing her open relationship as 'bad.' Overall, participants' discourse illuminated the taken-for-granted heterosexism in everyday life (Peel, 2001b), which, as a stigmatised group, they took on the responsibility for managing.

Turning to the process of seeking help, the management of stigma extended to the couples 'search for a counsellor, and for a sign from the counsellor or counselling service that they had considered a range of different forms of relationships. This sign could be as small as just naming LGBT in publicity that encouraged participants to believe that they would not be entering an entirely ignorant or hostile environment. Through the internet survey, I was able to expand on this theme to show how participants placed importance on therapists having couple counselling experience and being members of professional organisations, potentially therefore locating their relationships among the majority of troubled couples. Nevertheless, counsellor experience of LGBT clients also featured highly as an important selection criterion. However, on investigation, it seemed that the further the couple positioned themselves from heterosexual norms, the greater the importance of counsellors possessing some LGBT specialism. For example, those seeking counselling with a presenting issue that was very likely to be stigmatised (such as BDSM), or whose identification attracted increased negative attitudes (such as bisexual or queer), were particularly selective in choosing their counsellor. Yet, information about the counsellor or service was not always available, and over a third of participants received counselling from a service that did not have experience of LGBT clients, despite this being an important criterion. Whilst for many, finding an LGBT counsellor was not a high prioirity, over 50% of the survey participants had worked with a counsellor who was either known or guessed to be a member of this minority group, therefore sharing their stigmatised position. This raises questions about the availability of information about services and the use of sexual orientation as a possible proxy measure for understanding same-sex relationships. In Chapter 6, utilising discourse analysis, I illustrated the ways in which interviewees positioned their relationships and the impact this had on seeking therapeutic help. For some, there was ambivalence about being 'just another couple', or different from the mainstream, whilst others constructed their relationship issues as needing specialist knowledge, which could not be met through a generic service. Finally, the issues that precipitated couples into counselling were both the same as, and different from, those of different-sex couples. Communication problems and issues related to emotional affection were most prevalent in my research, matching others'

research findings for different-sex couples. However, in the internet survey, presenting issues relating to sex outside of the relationship appeared more frequently for same-sex couples, compared to different-sex couples.

To explore the clients' experiences in counselling, I utilised the bases of power proposed by French and Raven (1968), and demonstrated how the counsellor's power can be both facilitative or silencing. Beginning with the silencing effects of power, participants in Chapters four and five recounted experiences of coercive power and withheld relevant information about their relationships, fearing upsetting, or being judged by, the counsellor. In doing so, they were responding to ways in which the counsellor had communicated a judgemental attitude or a lack of familiarity with same-sex relationships. Edward illustrated reward power in chapter 6, initially constructed his therapist's power positively, referring to it making the couple feel special, but he later constructed it as dependent on the adoption of heterosexual norms. In terms of expert power, counsellors might demonstrate a lack of expertise to raise difficult issues or be perceived as overly worried about saying the wrong thing, leaving them unable to challenge clients appropriately. This silenced the participants, who were waiting for a specific sign from the therapist that difficult topics could be discussed. Participants also experienced the misuse of expert power when counsellors predicted couples' future. For example, Frank and George initially constructed the therapist's prediction that the couple relationship would survive as constructive, but later challenged the therapist's ability to see into the future.

Turning to the facilitative enactment of expert power, participants in the internet survey reported helpful counsellor behaviour when therapists were able to use appropriate language comfortably and be proactive in raising sensitive issues regarding sexuality and relationships. Some participants were helped by their perception of counsellors' legitimate power; for example, Darren's confidence in the legitimate professional role of his therapist helped him to discuss delicate sexual issues. Legitimate power was also held by Shirley's counsellor even though she was a member of the majority in term of sexual orientation. However, such legitimate power could also be seen as yet another

manifestation of the power of the majority to affirm what they consider to be acceptable. Finally, referent power, which is not dependent on the counsellor's overt statements and actions but is experienced through the counselling process (Goffman, 1963), included the development of a positive therapeutic relationship that not only sustained couples through difficult times, but also inspired them to move towards change. Referent power was also achieved through the sharing of sexual orientation, providing shorthand in understanding. However, there was a counter example to this, where participant R43 in the internet survey reported that their lesbian counsellor replicated heterosexual norms and encouraged clients to pursue these.

To summarise, in this thesis, I contribute to the current literature on supporting troubled same-sex relationships by exploring their experiences in accessing and utilising therapy. Whilst homophobia and biphobia continue to be a threat, I have focussed primarily on the impact of heterosexism on same-sex couples, their families and the therapeutic process. Stigmatisation is a subtle process that affects how couples interact with others and does not require a belief in the negative stories. Indeed, it is the problematising of the 'myths' that proved particularly troublesome to the participants in this research. The stigmatisation of same-sex couples continues to be played out, illustrated by the care with which the participants in this research sought reassurance that therapists at least acknowledged same-sex relationships. The expression of power within the counselling encounter is complex and multi-faceted, and can be used to enhance or suppress the therapeutic work in ways that go beyond the impact of difference alone. I will now consider how my findings contribute to the LGB literature in general, and to the literature on counselling same-sex couples in particular.

7.2   Contributions to the LGBT literature

The 21st Century has seen a range of legislation in Britain that has afforded rights and responsibilities to same-sex couples, alongside increased prominence of LGB people in the media. It might be tempting to consider that there were no further challenges for

same-sex couples who, for example, can now marry, as well as enter civil partnerships, are protected in law in accessing public services, and can register as dual parents with assisted fertility treatment. However discrimination and prejudice continue, as described in Chapter 1, and, as Harding and Peel (2007a) point out, legislative protection, although welcome, is not wholly sufficient, and needs to be accompanied by more 'bottom-up' challenges to the dominant discourses in which the client's voice is heard more clearly.

Drawing on Goffman's (1963) theorising of stigma, I showed that, even within a somewhat enlightened social environment, same-sex couples can experience themselves as second-class citizens. Since forms of stigma reflect what the majority define as 'normal' and 'right' there is a universal responsibility to examine how language denies and disparages the rights of minority groups. I showed in my research how participants were easily able to access the negative language they had been exposed to when learning about same-sex relationships. It is this use of language that, according Goffman (1963), enables the non-stigmatised to explain the others' inferiority. Whether this language is internalised or not, it categorises same-sex relationships as stigmatised. In this way, I have adapted and expanded on the approach of LGBTQ psychology, that seeks to redress an exclusive focus on heterosexuals or assumed-to-be heterosexuals (Clarke et al., 2010) in this case by researching couples' intimate relationships.

Importantly, stigma is expressed in terms of relationships and context; it is not definable in absolute terms (Goffman, 1963). Consequently, the experiences of same-sex couples and others seeking to form intimate relationships will be impacted on by the society in which they live. I have added to the theoretical literature on stigma and sexual orientation (Crocker et al., 1998; Herek, 2004, 2007) in carrying out this empirical study that has explored the interface between same-sex couples and their social world. I have shown how same-sex couples develop a sensitivity to being excluded and devalued. This occurs particularly with heterosexual family and friends who can appear to be tolerant, yet engage in 'communications that subtly exclude or nullify the feelings, thoughts, or experiential reality' of the other person (Smith et al., 2012, p. 388). Whilst

some families will continue to reject their LGB relatives, it is the insidious discounting of same-sex couples, as not of equal value to heterosexuals that creates distress, and often shuts off avenues of potential support when couple relationships are in difficulties. When exploring same-sex couples' support networks, it is not enough to know that they are in contact with their families of origin, since questions must be asked about the levels of that support. Here, I build on the work of Peel (2001b, 2012) and Smith (2012) that explores the ways in which communication and language can create forms of minority stress and maintain stigma.

Past quantitative research has tended to compare same and different-sex relationships, or addresses relationship quality among same-sex couples, using psychometric testing (see for example Kurdek, 2004; Mohr, Fassinger, & Daly, 2006; Roisman et al., 2008). The couples' voice is generally missing in these studies and I sought to add to the limited research on this topic through offering some insight into how same-sex couples manage their relationships with others. The participants in my research articulated how they take the responsibility for managing stigma through disattention, aimed at reducing the discomfort of both themselves and others. Whilst other research has measured internalised oppression, linking it for example, with factors such as relationship satisfaction (see for example Frost & Meyer, 2009; Mohr & Daly, 2008), I have shown, using a qualitative approach, how some couples are affected by negative stereotypes which they do not necessarily apply to themselves. Faced with the negative stories told by the dominant group, some couples experienced stereotype threat, fearful that challenging these stereotypes would be seen as defensive. I linked these findings with the views of Clarke et al. (2010), who claim that differences should not be seen as a problem, but merely as differences. To achieve this, it is necessary to avoid problematising forms of relationship that do not fit with heterosexual norms (Weinstock, 2004).

7.3   Contributions to the LGBT literature on counselling same-sex couples

Historically, according to McLeod (2011), counselling and psychotherapy research has relied on a quantitative paradigm. More particularly in Britain, with the exception of the journal *Counselling and Psychotherapy Research*, less than 30% of published articles adopt a qualitative or mixed-methods approach (McLeod, 2011). My research adds to this limited pool of qualitative research and I argue that the nuanced evidence obtained through this means is particularly applicable to counsellors, as noted by McLeod (2011). Moreover, there has, to date, been only one published piece of qualitative research that gives voice to the experience of same-sex couples in counselling, namely, the study by Smetana and Bigner (2005). My research extends their findings, prioritising an exploration of same-sex couples' experiences of marginalisation, using a mixed-methods approach.

As with the social and legislative context, much has changed in professional counselling over the past 20 years. The three major British accrediting counselling and psychotherapy bodies (BACP, UKCP and BPS) now make specific statements about working in a non-discriminatory way with LGBT clients. This is now a prominent ethical concern and failure to show the appropriate respect to LGB clients can result in complaints, leading to some cases of counsellors being removed from the professional registers (see section 1.4). Equality of opportunity now has to be applied within counselling settings. However, this does not easily translate into changes of attitudes. Therapists are not necessarily overtly homophobic or biphobic but may exhibit heterosexist or heteronormative attitudes as a result of exposure to negative stories about same-sex relationships (Herek, 2004; Kitzinger, 2005a), resulting in automatic categorisation, even among those who would claim not to be judgemental (Fiske, 1989). My research is situated within this context, and makes use of the clients' voices, to assist therapists to fulfil the requirements of their professional bodies. As the participants in my research demonstrate, counsellors' adherence to equal opportunities needs to extend to the subtle and complex interactions within therapy. I will now

discuss these in relation to stigma and power, couples seeking help, the counselling encounter and the issue of liberalism.

7.3.1   Using power relations in counselling

Much of the literature on power relations, including stigmatisation, is drawn from the disciplines of sociology and psychology, but rarely applied to counselling. The strength of these approaches is that they situate the counselling encounter as one that incorporates the historical, political and social context, and the micro-interactions that occur in any session. A key feature of Goffman's theorising of stigma is that it can occur where neither party necessarily believes the negative stories yet both are conscious of the need to 'save face' through interactional processes such as disattention and good adjustment (Goffman, 1963). Therefore, counsellors may not hold negative views of LGB clients, yet still feel discomforted, perhaps by the need to comply with the now explicit requirements of their professional bodies to demonstrate equality of opportunity. Similarly, clients may not harbour negative thoughts about their sexual orientation and intimate partnership(s), yet may still minimise the interactional focus on difference through disattention, or adhere to heterosexual norms in order to be acceptable through good adjustment. The value of theorising stigma rests in its relevance for all counsellors and clients, whether or not they adhere to the negative stories about same-sex relationships.

In this thesis I have also applied French and Raven's (1968) model of power bases and discovered that counsellors need to be mindful of their functional and formal power. Using this theoretical lens provides an opportunity to explore the counselling encounter, acknowledging potential power due to difference, power due to position and personal power. This is relevant whatever the sexual orientation of the counsellor, since it acknowledges that power dynamics characterise all therapeutic encounters. My research participants demonstrated how they experienced various forms of power as both facilitative and silencing. Of particular note was the counsellor's power to reward or

coerce, that could result in positive affirmation only if the clients conformed to the views of the counsellor, leading to a risk of assimilation. The enactment of this form of power can encourage same-sex couples to adopt heterosexual norms. As British legislation increasingly affords same-sex couples equal rights to different-sex couples, there is a risk of same-sex relationships becoming acceptable only if they conform to heterosexual norms. The theorising of power in society enables a focus on the question of whose norms are adopted, and promotes a debate about liberalism with the risk of assimilation, or radicalism that could be seen as overly radical and unachievable (Clarke et al., 2010). As Kitzinger and Perkins (1993) suggest, relinquishing their power to define the norm may not be a comfortable move for a majority accustomed to defining what is right and acceptable. It requires a relinquishing of power, not just an acceptance of difference (Weeks et al., 2001).

7.3.2   Same-sex couples seeking help

For same-sex couples, seeking therapeutic help requires potential exposure to stigma unlike individual LGB clients who are able to 'pass' until they have assessed the safety of their situation. A key outcome of this study was the clients' stated need for a reassuring sign that same-sex relationships were acknowledged. However, this was coupled with a preference for a counsellor who was competent to work with couples, had professional credentials and who had experience of working with LGBT clients. This searching for LGB specialism and generic competence was highlighted through the discourses of some of the participants, who positioned their relationships as both a minority same-sex couple and also part of the mainstream of different-sex couples. In this thesis, as with previous research, the matching of therapist and client according to sexual orientation was not a significant requirement (see systematic review of research in King et al., 2007). However, searching for a counsellor can be hindered by difficulty in obtaining information about counsellors' personal characteristics, and experiences of working with LGBT clients. There is no requirement on the websites of BACP and UKCP for counsellors to make any statement about themselves or their experience in

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working with LGBT clients. This is in comparison to the Pink Therapy directory which states that all counsellors offer gay-affirmative therapy and where each entry contains detailed information about counsellor's experience, sexual orientation and gender. My research upholds the latter approach, so that couples can screen therapists before having to expose themselves and their relationships to potential stigma. However, there may be issues in terms of stating therapist sexual orientation, as there is an assumption that counsellors are heterosexual, leaving LGB therapists to 'out' themselves. As Davies (2012a) notes, for some members of black and minority ethnic religious communities, it may be dangerous to be known to be LGB. In terms of gay-affirmativeness, Izzard (2001) makes an argument for psychoanalytic neutrality within an implicit gay-affirmative stance that allows for transference. Mair's (2001) counter-argument suggests that more information, either personal or actively promoting a gay-affirmative approach, encourages confidence in the clients to engage with difficult and sensitive material. However, it remains the case that counsellors in mainstream organisations, unless they signal otherwise, will be assumed to belong to the norm in society, that is, white, able-bodied, middle-class and heterosexual.

7.3.3   The counselling encounter

My research builds on the small number of published work on LGB clients' experiences in therapy, and the sole previous publication on same-sex couples' experiences (Smetana & Bigner, 2005). The qualitative analysis in my research confirms that clients want their counsellors to be knowledgeable about LGB issues, and to be able to distinguish when to focus on sexual orientation and when to see them as just another couple (Liddle, 1996). I show how same-sex couples are aware of 'myths' relating to same-sex relationships and the ways in which they try to manage these. This is a complex and multi-faceted process to which therapists need to be alert. For example, clients may be aware of, but not adhere to 'myths', reject them, or distance themselves from the stories told. It is important for counsellors to be aware of the differences in these positions, to be non-judgemental and to create space for further discussion. This

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requires a high level of confidence, knowledge and skill, for example to ascertain when clients are defending against stereotype threat.

Using French and Raven's (1968) bases of power, I showed that some participants in my research either felt coerced into not mentioning relevant topics about their couple relationships or felt that the counsellor should use their expertise to open up particular discussions. In either case, they had felt silenced, and opportunities were missed to explore key issues in greater depth. This is not only an issue of power, but also a fear of stigma on behalf of the participants. For example, some were concerned about the response to their sexual relationship, including BDSM, and wanted the counsellor to make it safe enough for them to discuss this. One of the new QAA benchmarks (2013) for counselling and psychotherapy training states that counsellors and therapists must be able to 'recognise the implicit power imbalance in the counselling/psychotherapy relationship' (p.11). I show the need for counsellors to be proactive in this respect, conveying robustness and confidence in talking about a range of issues relating to same-sex relationships. Examples of good practice included clear communication of knowledge and a non-pathologising or judgemental stance, that contributed to a strong therapeutic alliance. Whilst these may be generic elements, this research highlights for the first time their importance for same-sex couples in counselling.

Discourse analysis was utilised to add to the limited published work using this approach within counselling, where the understanding of language is crucial (McLeod, 2011). Spong (2010) highlights the usefulness of discourse analysis to counselling in terms of the therapeutic interaction, the construction of clients' presenting issues and how these fit within 'broader discourses and power relations' (p. 72). I have demonstrated this with, for example, the talk of participants who constructed their relationships as both within and outside of mainstream couples, and positioned the counsellor as having the power to affirm their relationship if it conformed to heterosexual norms. Stigma relies on the social construction of some characteristic thereafter regarded as negative (Crocker et al., 1998) and from a social constructionist perspective, language is the basis for constructing reality (Peel, 2005). Therefore, language that perpetuates negative

stigma can not only disrupt the therapeutic alliance, but also serve to bolster and support existing stereotyping and discrimination. Spong (2010) argues that discourse analysis enables us to broaden our awareness and 'understand our profession as a set of social practices with implications beyond those of which we are immediately aware' (p. 72). The participants in this thesis clearly indicated that their experience of stigma and power affected the therapeutic alliance; therefore, I argue that attention to the construction of meaning is crucial.

I showed how couples can experience counsellors' attempts to use their legitimate and expert power as supportive and affirmative of same-sex relationships, but also the ways in which this can impede the counselling process. Reward power that offers affirmation if couples adopt heterosexual concepts of marriage and relationship longevity can be initially supportive, yet it brings with it the requirement to conform. Using expert power to state that relationships will last, again initially can be encouraging, yet in the absence of trust and belief in the counsellor, can in the end seem hollow. It may be tempting for counsellors to want to redress the long-standing negativity experienced by same-sex couples, both within and outside of counselling, by complying with the equal opportunity requirements of professional organisations. However, as Goffman (1990) noted, the true or real attitudes of the other person can only be discovered by indirect behaviour. I contrasted this with a participant's experience of referent power, where the therapist displayed genuine warmth for the clients, had an open mind about their couple relationship, and held the belief that relationship *could* work, but not that it *must* work.

7.3.4   Liberalism

One way of managing difference is to engage in liberalism, a form of discourse that is complicit 'in reinforcing heteronormativity' (Brickell, 2001, p. 213). Clarke (2005) describes liberalism as an emphasis on similarity between LGB people and heterosexuals and, in particular, a position that denies any power imbalance between groups. She argues that this kind of 'liberal tolerance' (p. 4) of marginalised sexuality is

in fact a form of intolerance. In this way heterosexuals merely put up with differences, whilst continuing to disapprove (Brickell, 2001). Edward, for example, positioned his therapist as offering conditional affirmation, provided he and his partner conformed to heterosexual relationship norms.

Whilst these ideas are commonly expressed in LGBT psychology, it is potentially more difficult for heterosexual counsellors to acknowledge their privilege, and it can be challenging to be thought of as discriminatory. As Evans and Barker (2007) found in their interviews with couple counsellors, there is talk of acceptance, but a discourse of intolerance. All of this is in the context of changing professional requirements to ensure equal opportunities. BACP (2013) and UKCP (2009), in their codes of ethics and practice, both mention the need to be aware of prejudice, but neither explicitly mention power in this context. There is a risk that liberalism becomes synonymous with assimilation. One way of addressing this is through the positive use of language to demonstrate expert power, including knowledge about different forms of intimate relationships. For example, participants in the internet survey were encouraged by counsellors who avoided negative terminology such as 'normal' and who demonstrated knowledge of specific issues in relation to BDSM. Where counsellor fluency with non-stigmatised language occurred, my participants felt sufficiently comfortable to explore their situations in more depth. Conversely, where therapists stumbled over language or avoided topics such as sex and children, participants felt silenced and unable to be proactive and talk about important issues. In addition, some participants reflected on their counsellor's lack of challenge, attributing this to a fear of not being sufficiently politically correct.

Being well meaning is not sufficient to provide quality counselling. Conley et al.'s (2002) participants considered 'mistakes' by well-meaning heterosexuals and listed similar forms of liberalism to those recorded here, for example, using subtle prejudiced language, ignoring LGB issues, and being overly cautious. Participants in my research were sensitive to these kinds of attitudes and noted the ways in which they diminished the effectiveness of the counselling.

7.4   Methodological review

Given that little is known about same-sex couples' journeys into, and experience of, counselling, a qualitative paradigm has offered valuable insights that would not have been achieved purely by asking specific testable questions. Due to this limited research, it was important to view couples lived experiences as unique and valuable, rather than adopt a comparative model of research that risked heteronormative assumptions and hid individual differences. This approach enabled participants to position themselves as both the same as, and different from, different-sex couples and offers an example of what can be achieved by basing research questions on the experiences of minority groups rather than making comparisons with the 'norm'. Starting with the open-ended questions in the exploratory interviews enabled the identification of themes, based on a phenomenological approach that is consistent with the aim of therapy as mutual understanding (Dallos & Vetere, 2005). I was then able to use these themes to consolidate and elaborate the research in the next two stages of data collection (Grove et al., 2013).

The three methods of analysis utilised in this research provided a different view of the client experience and represent different ways of knowing. The descriptive statistics provided a picture that was constrained by the specific questions asked, offering a more realist perspective on knowledge. Although the descriptive statistics did not have the rigour of inferential tests, they highlighted areas that can be pursued in future research (see section 7.7). Thematic analysis, according to Braun and Clarke (2006) can be used 'both to reflect reality and to unpick or unravel the surface "reality"' (p. 81) and therefore bridges the realist position of descriptive statistics and the constructionist paradigm of discourse analysis. It is based on the assumption that research participants hold relatively fixed and enduring beliefs and thoughts (Dallos & Vetere, 2005). However, by complementing it with discourse analysis I was able to explore multiple truths and the ways in which clients constructed their realities. Published studies relating to counselling have rarely used a discursive approach (McLeod, 2011) missing

the opportunity to highlight taken-for-granted structures. In particular, McLeod draws attention to issues of power and control that I have shown are present in the counselling room, noting that these are rarely considered or discussed.

Each individual method of analysis has its limitations. Thematic analysis, whilst a useful analytic tool for exploring participant's personal narratives, does not take account of the use of language nor illuminate the more extended account of one particular participant (Braun & Clarke, 2006). Conversely, discourse analysis gives access to knowledge that is socially constructed, yet this 'meaning is a joint production' (Wetherell, 2001b, p. 18), and is potentially influenced by the interviewer (Potter & Wetherell, 1995). Finally, descriptive statistics provide a snapshot of quantitative data, but not one that can be generalised or indicate causation. Nevertheless, I would argue that the three methods of analysis, used together as a form of triangulation, give a more rounded picture of the data. For example, the emphasis by participants on the need for a sign that the counsellor or agency had some knowledge or experience of same-sex relationships is consistent across all three stages of data collection. Moreover, one aim of this research was to inform good practice in couple counselling and a mixed-methods approach arguably makes a stronger case. As Dallos and Vetere (2005) point out, research based solely on quantitative evidence can be discounted by organisations claiming that this does not represent them. These authors suggest that a more powerful case can be made through the inclusion of qualitative evidence, and I argue that, for minority-stigmatised groups, this creates a more compelling case. Taking this pragmatic view, McLeod (2011) suggests that 'in the end, all therapy research comes back to practice and the aim of doing better for clients' (p. xiii).

7.5   Limitations

There are a number of limitations in this research that I will now address, including the homogeneous nature of the participant sample, the process of recruitment and my choice of terminology, that may have discouraged potential participants from taking

part. As with previous research, the participants who volunteered tended to be homogeneous in their successful academic background (Adam, 2006; Connolly, 2005; Smetana & Bigner, 2005) and openly out (Buhrke et al., 1992; Egin et al., 2003). In addition, as Peplau and Fingerhut (2007) found, most were white and held professional jobs, affording them power in terms of colour and class. Findings from privileged groups cannot necessarily be extrapolated to marginalised groups (Clarke & Peel, 2007); therefore, the results of this study raise interesting issues for consideration, yet cannot be extended to all same-sex couples. In addition, Ballinger and Wright (2007), in reviewing the limited literature on counselling and class, suggest working-class clients are underrepresented in counselling in general, therefore raising a question about working-class couples accessing therapeutic help. Moreover, my participant sample was too small to address the issues of multiple oppressions. For example, same-sex couples where class, ethnicity, or disability is also an issue of difference, may have different accounts of their relationships (Clarke & Peel, 2007; Gold, 2003), and may not even have accessed counselling in the current Western definition.

The limited diversity among my participants may have been due to the limitations of the advertising and/or the underrepresentation of certain groups in couple counselling. Several methods were utilised which brought varied levels of success. Using snowballing, that is, asking people to pass on details of the research, is often selected as a method of accessing a more diverse selection of participants belonging to hard-to-reach groups (Meyer & Wilson, 2009). However, asking people to pass on information about the research may result in over-representation, as the contacts made are likely to be between people with similar attributes and social networks (Meyer & Wilson, 2009; Warner, Wright, Blanchard, & King, 2003). I also contacted some LGB online groups and listservs, as a way of accessing larger and more diverse groups of people who may have had same-sex couple counselling. Whilst this is a common method of recruitment (Riggle, Rostosky, & Reedy, 2005), as a self-identified heterosexual I was unable ethically to access a number of sites specifically for LGB participants, potentially limiting access to a wider population. Using the internet can reach a wider population and provides anonymity (Harding & Peel, 2007b; Jowett & Peel, 2009); however,

access to the internet is dominated by younger people, and those in managerial jobs or with higher education qualifications (ONS, 2010).

Belonging to a marginalised group may also have contributed to the low number of participants in the three stages of data collection. As I showed in Chapter 3, the suggested reasons for non-participation include fear of disclosing identity, and anxiety about how the information provided would be used, even with an anonymous internet survey. In addition, participants suggested that for some, the relationship issues may have been too painful to revisit in a research project. This occurred with a couple who agreed to participate in a face-to-face interview, but subsequently withdrew as they felt that recalling a difficult period in their lives would destabilise their current situation.

Finally, I selected terminology that I hoped would be inclusive of as wide a population as possible. As I discuss in Chapter 1, the term 'same-sex' couple avoids the requirement to identify as LGB and, as Gabb (2004) notes, includes those who just want to get on with being a couple. In addition, avoiding labelling recognises that sexuality may change over a lifetime (King et al., 2008). However, when there are numerous requests for research participants, it may be that not specifically advertising for 'lesbian', 'gay' or 'bisexual' participants may have reduced the impact. Whilst the numbers of participants are comparatively low, my research is only the second to explore the perspectives of those who have experienced same-sex couple counselling, therefore, the findings offer a contribution to an under-researched area.

7.6   Implications for counselling practice and training

In a social context of increasing equal opportunities and access to legal rights, yet alongside homophobia and heterosexism, it is pertinent to consider the issue of same-sex couples being the same or different to different-sex couples. Couple counsellors need to hold two realities in mind, one that their clients are 'just another couple' and the other that they could at any time be subjected to homophobia, biphobia, heterosexism

and mundane heterosexism, potentially contributing to minority stress (Ariel &
McPherson, 2000). Adopting either one of these realities alone could lead to, either
unhelpful liberalism (Clarke, 2005; Evans & Barker, 2007; Peel, 2001a), or
discrimination and adherence to negative 'myths' and stories. Counsellors need to not
only manage their own ambivalence, but also be aware of their clients, who may be
struggling with issues of where to position themselves. Avoiding applying fixed, binary,
monolithic definitions, and in particular, adopting a social-constructionist approach,
gives access to the ways in which the clients' reality is constructed through language.
As the participants in this research demonstrate, there are times when being 'just a
couple' makes claims for being part of the powerful majority and others when
difference is a liberating feature. In addition, it is important to be aware of potential
stereotype threat, where clients may defend against a behaviour that has been
problematised. Therefore, counsellors will need to be aware of the 'myths' and stories
told about same-sex relationships and be prepared to address these in a non-judgmental
manner.

Participants in this research experienced the power of the counsellor to facilitate or
silence exploration of key issues through their ability to proactively raise topics of
potential importance or to ignore these. Therefore, it is necessary for counsellors to
communicate clearly and robustly to clients. This requires a high level of training
regarding gender, sexual and relationship diversity focusing on both differences and
similarities to different-sex couples. With better training, participants such as Christine
might have been able to talk about her children and Fay her kink relationship. However,
knowledge is not sufficient and needs to be accompanied by a sense of comfort and
fluency that is not hindered by over-concern about getting things 'right'. Knowledge
can be gained from a range of sources including books and websites; however, fluency
is more difficult to achieve, particularly where the counsellor has encountered few
same-sex couples. Smith et al. (2012) suggest that counselling training must help to
develop 'authentic, personal relationships with persons who live in opposition to binary
identity categories'. This chimes with Allport's requirements for contact theory

(Pettigrew, 1998), with a need for genuine non-hierarchical contact, so that counsellors make sincere not voyeuristic connections (Smith et al., 2012).

In terms of power relationships, heterosexual counsellors potentially hold the power of the majority, and positional and personal power in their therapy role. There is therefore an inherent power imbalance in a therapeutic encounter, and the possibility for this to be used constructively or destructively (McLeod, 2009). Counsellors need to be mindful of the power that they hold, acknowledge this and reflect on the way in which this might impact on clients (Riggs & das Nair, 2012). In this way, their confidence and authority in their counsellor role may enable clients to talk more openly about intimate partner issues. However, a lack of awareness may result in heterosexual counsellors reproducing the power of the dominant group when affirming their couple clients. As Smith et al. (2012) note, affirmation can only occur when one group holds sufficient power to decide what can be affirmed. Such a lack of awareness may also result in counsellors overcompensating, due to their subliminal discomfort with their more powerful status, perhaps in the way that Edward's well-meaning therapist offered a reward that seemed to be conditional on adopting heterosexual norms. Understanding the structure of their power over clients and learning to monitor this during the therapy process would enable counsellors to use it in ways that facilitate the counselling, by offering respect that genuinely appreciates a range of forms of intimate relationships, without constructing a hierarchy of value.

Same-sex couples seeking counselling are vulnerable to stigmatisation without the possibility of 'passing' to ascertain the views of others prior to coming out. To facilitate their search for a counsellor, agencies and practitioners need to provide sufficient information for potential clients to make informed choices. As same-sex couples are both in a minority stigmatised group, and also consumers seeking quality services, there is a need for services to provide details of counsellors' couple experience, professional standing and awareness of diverse sexual orientations and ways of forming intimate relationships. In the absence of concrete information, the clients' default position will assume prejudice and ignorance. From the results of this research, it would seem that

knowing the sexual orientation of the therapist is not a priority, although this is important for some clients. This is, however, a contentious issue and needs further investigations to examine the pros and cons of such a disclosure at the advertising stage. In addition, careful consideration of terminology in publicity would help to demonstrate a willingness to relinquish majority power and adopt a more fluid understanding of sexual orientation and gender. As one participant who self-defined as being in a polyamorous relationship commented '*thanks for mentioning us at all*'.

Many of the recommendations above can be addressed through training programmes, and personal development programmes. However, attention needs to be given to basic couple counselling training, given the lack of confidence of Doherty and Simmons' family therapists (1996). Training that incorporates knowledge of same-sex relationships is essential, however, this is not sufficient. Research evidence suggests that trainee counsellors need space to discuss their views and knowledge of different sexualities (Evans & Barker, 2007; Owen-Pugh & Baines, 2013) and that trainers need to facilitate this in a non-judgemental environment where such views can be extensively explored without resorting to politically correct positions (Mohr, 2002). Counsellors need to address stigma in a more personal way that enables them to challenge unhelpful couple behaviour, and not to be constrained by fears of being prejudiced; they also need to be able to communicate acceptance that relinquishes forms of majority power. Herek (2007) suggests that such changes are not achieved easily and has formulated a framework for tackling sexual prejudice in which heterosexuals need to address their own sexual prejudice, and non-heterosexuals to challenge self-stigmatisation. Space is needed in training programmes to address these personal development issues.

7.7   Future research

The participants in this research were a somewhat homogeneous group of white, educated, middle class, 'out' individuals. Although the research was not designed to be generalizable, the participants do represent a sub-group of all those in same-sex

relationships. Further research is needed to explore the experiences of same-sex couples who also belong to additional minority groups and who may therefore construct the process of help-seeking and their experiences in counselling in different ways. This would extend the present findings, bringing a more nuanced understanding to these complex issues (das Nair & Butler, 2012). Although individuals in polyamorous or open relationships were able to participate in this research, and five such individuals did so, because of its exploratory nature, the focus of my research was on the experience of couples in counselling. Further research is needed into the experiences of polyamorous groups attending counselling and of the methods of therapy utilised, for example, through adapting family or group counselling. In order to facilitate such research there is a need for extended language that recognises, for example, a partner's partner and the importance of both sexual and non-sexual relationships (Ritchie & Barker, 2006).

According to the participants in this research, there were limitations in the available help for troubled relationships. Examples of disattention, and fears of losing existing support were reported by the participants, potentially leaving them to struggle with their relationships against a backdrop of stigma and lack of affirmation. Whilst it has been the case that people could turn to the LGB community for support from families of choice, Heaphy et al.'s (2012) recent research suggests that this may be changing. This is an under-researched area, and important as the quality of support is positively associated with the quality of relationships (Kurdek, 1988). Further research is needed to map both the extent and the quality of support for same-sex couples since such data would be of great value in informing counselling assessments (Greenan & Tunnell, 2003). As I showed in this thesis, same-couples can be in regular contact with families of origin and may gain support for broader, issues but when it comes to personal problems may still seek to protect their intimate couple relationship, themselves, and their relatives, through omission and avoidance.

In this thesis, I also have made tentative links between my participant couples' criteria for counsellor selection and factors such as client 'outness', presenting problems and particular minority issues such as open relationships or identifying as queer or bisexual.

With the benefit of a larger sample, more specific research questions or hypotheses addressing these links could be explored, with inferential tests used to identify associations between factors. This would strengthen or refute the tentative quantitative findings from the descriptive statistics obtained in this study and, as in my thesis, could be complemented with qualitative data. Providing statistical confirmation of my findings may be more effective in promoting action in agencies to ensure that both their advertising and service is accessible to same-sex couples.

My data indicate some of the helpful and unhelpful moments in the counselling encounter. Exploring client experiences retrospectively can give valuable insight into the counselling process and outcome. However, Elliott (1999) has suggested that retrospective collection of data loses the richness of the 'moment by moment' experiencing of the therapy session (p.505). Interpersonal Process Recall (IPR) is a research method that allows access to the client's ongoing phenomenological experience linking this to particular events in the therapy. By accessing not just the client's immediate recall about an event or moment in therapy, but also the ongoing process of interaction between the therapist and client(s) it becomes possible to illuminate how each hears, and is affected by, the other (McLeod, 2001). Further research using IPR with clients undergoing counselling, would provide a richer understanding of key moments in therapy. This would also enable naturally-occurring data on the counselling process to be collected, reducing interviewer bias and the partial access to the clients' world inherent in retrospective interviewing (Langdridge & Hagger-Johnson, 2009).

7.8   Final reflections

In this final section, I take a reflective view of my own experiences of conducting this research. I chose to research same-sex couple counselling partly because I felt that my competence as a couple counsellor was somewhat deficient due to a lack of training and experience in relation to same-sex couples. What has become clear to me is that

commitment to equal opportunities is not sufficient unless translated into a meaningful way of interacting with clients. My journey through this research has enabled me to gain a more nuanced understanding of working with same-sex couples. In particular, drawing on Mohr's (2002) working models of sexual orientation, this research has enabled me to move away from a politicised heterosexuality where I experienced a sense of guilt due to my own 'sexual orientation privilege' (p. 546) and a tendency to be overly sensitive to being politically correct. I now identify with the working model of integrative heterosexuality, recognising the intersectionality of privilege and discrimination with a commitment to oppose all forms of oppression. Concomitant with this is a realisation of a life-long journey in identifying and addressing my own prejudices. In this respect, I am more aware of the fluidity of sexual orientation, and no longer consider myself to be discretely different to those in same-sex relationships, although I acknowledge the continued privileged status afforded to me. I can track my development through my experiences of, and responses to, same-sex couples in counselling. I started from a position of seeing same-sex couples as a novelty and, although committed to equal opportunities, I was unsure of what I could or could not say in counselling sessions. This gradually developed into a more educated understanding of same-sex relationships, but without the necessary confidence and ability to see the uniqueness of each couple. For example, I recall that I clumsily asked a men's same-sex couple if their relationship was non-monogamous, hoping to share my awareness of issues of difference. Finally, I believe that I have now reached a place of integration, where differences and similarities need to be opened up and explored on a case-by-case basis. In this way, for example, I was able to work effectively with a couple's difficulties when one partner came from a heterosexual married relationship and the other from a lifetime of being on the gay scene. I am now much more conscious of the intersection of issues of difference, and of the fact that sexual orientation is only one of many aspects of my and my clients' lives.

Whilst talk is the mainstay of therapeutic practice, using discourse analysis to understand how reality is constructed has been an enlightening process. As Kitzinger (2005a) suggests:

> In unravelling the social fabric of ordinary, everyday life, LGBT activists
> and researchers can make visible and challenge the mundane ways in which
> people—without deliberate intent—reproduce a world that socially excludes
> or marginalizes non-heterosexuals (p. 496).

Most counsellors, like me, are committed to antidiscrimination, and aspire to provide a quality service that values difference. Sadly, this does not always translate into a quality service for clients; as George noted about their couple therapy *'it wasn't what we needed at the time fully.'* Frank and George's experience of the therapist who at the first meeting stated that they would 'be alright' was perceived by them as well-meaning but also complacent given the enormous problems they presented with, and the lack of intimate knowledge of them as a couple. A study of the language used in therapy can highlight genuine affirmation and illuminate the ways in which stigma is maintained. My research findings will hopefully help future counselling providers to offer a better quality service to same-sex couples; it has certainly enhanced my awareness of a need for more holistic communication with clients, and offered me a better insight into the clients' world.

Over the past seven years since I started this research, there has been a range of enacted legislation to afford rights and responsibilities to same-sex couples, and a shift in the visibility of LGB people and same-sex couples. Paradoxically, there is a now a risk that same-sex relationships will be treated as if they were the same as different-sex ones. As an example of this, when explaining my research to a senior member of academic staff, I was asked what all the fuss was about, these were just relationships. My research participants clearly did not aspire to become pseudo-heterosexuals and there exists sufficient stigmatisation and homophobia in the Western world for them to be aware of issues of difference. Yet they also, at times, positioned themselves as just another couple. The risk and challenge is illustrated by Clarke et al. (2007) in relation to same-sex marriage, when they question whether this will confer advantages only on LGB people assimilated into straight norms and therefore divide the community into 'socially acceptable' people who are prepared to fit in and 'dangerous queers' who refuse to

conform (p. 175). Homosexuality is no longer in the closet, same-sex couples are increasingly in the media and legislation now affords rights and privileges to same-sex couples. However, 'social reform lags a long way behind laws intended to prevent discrimination' (Riggs & das Nair, 2012, p. 19) and counsellors must be alert to on-going heterosexism in the clients' world, and the potential micro-invalidations that can occur in the counselling room. Being well-meaning is not sufficient to provide quality counselling to troubled same-sex relationships and both LGB and straight therapists need to work on being effective (Fassinger, 1991). As Braun (2000) says:

> Because everyday heterosexism operates as the articulation of assumptions, the speaker (who is not *necessarily* heterosexual) marginalizes lesbians, gay men and bisexuals without (conscious) *intent*. (p. 137)

Finally, I have come to see the challenges of diversity as complex, recognising the need to avoid categorising, but also to be aware of differences, 'myths' and stories. Same-sex couples may value long-term monogamous relationships, but they may also enjoy open, short-lived encounters and be fearful of being judged for this. Although I have perforce designated categories of same-sex and different-sex I consider there to be a complex matrix of potential relationships and 'norms' that as a 'couple' counsellor I need to be open to and flexible about. This is the challenge that faces those offering therapy to clients in troubled intimate relationships, and it will become increasingly crucial for them to meet this challenge for the benefit of those who engage in same-sex marriage, those who choose not to do so and those who are excluded. Perhaps on a note of optimism, although the diver Tom Daley (Daley, 2013) recently acknowledged the risk he took in talking about his new partner, he did so with fluidity and openness, refraining from labelling himself and focusing on, not just the gender of his partner, but also the emotional experience of being in love with that person. The challenge for counsellors is to appreciate the impact of the social context for non-heterosexual relationships whilst keeping an open mind about how these might be conducted.

Appendix A: Advert for agency notice boards for exploratory interviews

Have you been in a same sex relationship?

Have you completed counselling with a same sex partner within the last 3 years?

Would you be interested in contributing your experiences to a research project?

We are looking for people to talk about their experiences in couple counselling or therapy as part of a research project that aims to improve services for same sex couples.

If you are willing to talk about your experiences in confidence (either partner welcome) then contact us for more information.

Please contact Jan on 0121 414 5602 or j.a.grove@bham.ac.uk

If you ring, you may hear a voice mail; this is confidential and will only be accessed by the researchers. Please leave a message stating the best time to return your call.

Appendix B: Information sheet for the exploratory interviews

EXPERIENCES OF SAME SEX RELATIONSHIP COUNSELLING

RESEARCH INFORMATION SHEET

This research will explore the experiences of people who have experienced same sex couple counselling. The aim of the research is to learn more about ways in which therapeutic help can be offered to same sex couples

Who are the research participants?

You have been invited to participate because you have experience of same sex couple counselling or therapy. We are asking for people who have completed their counselling or therapy within the last three years. If you have not yet finished this project would not be for you at the moment.

Who is doing this Research?

The research is being undertaken by the University of Birmingham. The project staff are Jan Grove (Lecturer in Counselling) and Simon Blasby (Research Assistant). Simon will be conducting all the interviews. The project is supported by a grant from the

British Association for Counselling and Psychotherapy, and by the University of Birmingham.

What is expected?

You will be asked to take part in an interview of about an hour in length which will be tape-recorded.

Where will I be interviewed?

You can choose the venue, somewhere that is local and convenient for you, and where you can expect confidentiality. The interviewer will carry a letter of identity from the University of Birmingham.

What will happen to the things said on the tape?

The tape-recorded interview will be transcribed. Apart from the transcriber, and the researchers mentioned above, no one else will hear the tape. The transcription will have the names changed and any parts of the tape which are quoted in the research will be edited to preserve the anonymity of the speaker.

Tapes will be stored in a secure place and all tapes will be erased at the end of the research.

What about confidentiality?

Your name and contact details will be held as confidential and will not be linked with any personal information or tape recordings.

The dissemination of the research outcomes (verbal or written) will be done in such a way as to protect the identity of you and anyone discussed in the interview.

The only exceptions to confidentiality would occur if the researchers became aware of a situation where someone was at serious risk of harm. Every effort would be made to consult with you before any action was taken to protect those at risk.

What if I change my mind?

You will be asked to sign a form giving your consent to participate in this research, however, you can change your mind at any time and all material relating to your involvement would be destroyed without being used.

What if participating in this research affects me personally?

It is possible that talking about relationship issues may cause some disquiet. You will be able to talk to one of the researchers (Jan Grove 0121 414 5602 j.a.grove@bham.ac.uk) or an independent person (David Mair www.davidmair.co.uk) about any issues arising from your participation in this research.

What if I am unhappy about the way in which the research is being conducted?

We would invite you initially to talk to the researchers; you will also be given the name of an independent person (Pat Jones, 0121 414 8060 p.a.jones@bham.ac.uk) with whom you can discuss any complaint. This research will be conducted according to the Ethical Guidelines for Researching Counselling and Psychotherapy[11]

What is the point of doing it?

We cannot make absolute predictions about the outcome of the research, but we are aware that relatively little research has been undertaken in this area. We hope that by making the results of this research available it may promote a better understanding of same sex relationships and inform the quality of future provision of services.

How do I find out the outcome of the research?

If you wish a copy of the final report can be sent to you.

What if I want more information?

You can telephone Jan at the project office directly for an informal discussion.

---

[11] Tim Bond British Association for Counselling and Psychotherapy 2004

Jan Grove   0121 414 5602 or j.a.grove@bham.ac.uk

You may hear a voice mail; this is confidential and will only be accessed by the researchers. Please leave a message stating the best time to return your call.

Thank you.

Appendix C: Safe working policy

This policy was written with reference to the BACP Information Sheet on personal safety for practitioners (Jackson & Chaytor, 2003).

Research Assistant (RA) to contact potential participants by telephone.

• Check that they meet the criteria for the project.

• If the RA does not consider it safe to meet with a contact they would make an excuse and discontinue the process.

• Arrange the interview (time, date & location).

On the interview day

• RA to leave details of the meeting with the Lead Researcher (LR).

• Carry a mobile phone and attack alarm.

• Check out the location.

• Park in such a manner as to be able to make a swift exit.

Emergency Measures

• RA to check in with the LR at the end of the interview.

• If no contact has been made within one hour of the end of the interview and the RA cannot be contacted then the LR to contact the Police.

• To be aware of techniques to employ when in a potentially hostile situation.[1]

• If the RA feels unsafe at any point before or during the interview, then they will make an excuse and leave.

Appendix D: Demographic details of participants in the exploratory interviews

All participants were interviewed separately including Geoffrey and Hank who were partners. All participants were allocated a pseudonym

	Gender	Age	Ethnicity	Occupation	Seen in private practice (PP) or agency (A)	Counsellor advertised work with LGBT Clients	Number of sessions	Weeks since last session
Alex	F	20 - 29	WB	Researcher	PP	no	8	14
Bernice	F	30 - 39	WB	Lecturer	PP	no	12	7
Chloe	F	30 - 39	WB	Academic	PP	no	8	14
Ellie	F	30 - 39	WB	Consultant	A	yes	8	30
Darren	M	40 - 49	WB	Student	A	no	4	48
Fay	F	30 - 39	WB	Academic	A	no	10	2
Geoffrey	M	30 - 39	WB	Journalist	A	yes	12	26
Hank	M	30 - 39	SA	Psychologist	A	yes	12	26
Ingrid	F	50 - 59	WB	Psychologist	PP	no	9	120

WB   White British

SA   South African

Appendix E – Sample consent form for interviews

Same-sex couple counselling research

➢ The purpose and details of this study have been explained to me. I understand that this study is designed to further scientific knowledge and that all procedures have been approved by the Research Ethics Committees at the University of Leicester and Newman University College.

➢ I have read and understood the information provided.

➢ I have had an opportunity to ask questions about my participation.

➢ I understand that I am under no obligation to take part in the study.

➢ I understand that I have the right to withdraw from this study as stated above for any reason, and that I will not be required to explain my reasons for withdrawing. Any data collected from an interview will not be used in the research and will be destroyed.

➢ I understand that all the information I provide will be treated in strict confidence.

➢   I agree to participate in this study.

Your name:

Your signature:

Date:

Appendix F: Interview schedule for exploratory interviews

Research issue:	Interview question:
Opener/introduction:	When did you meet your partner?
	What brought you together?
	What made the relationship work (initially)?
How did couple identify they were in crisis?	How did you first come to realise that there were problems in your relationship?
	When was this?
What other support was available?	What had you done to try and resolve these difficulties?
	What support do you feel you had at that time from family members for your relationship?
	What support do you feel that you had from your friends for your relationship?
	What had you found therapeutic when you have had relationship difficulties in the past?
How did the couple decide they needed counselling?	What led you to think about counselling?
How did couple select a counsellor?	What process did you go through to select your counsellor?

	(Pr: was being L/G friendly an issue?)
	Who chose the counsellor?
	How did you feel about this choice of counsellor?
	Who made the first appointment?
	How did you chose who made the first appointment?
What were the issues?	How did you see the issues at the outset?
	How do you think your partner saw the issues at the outset?
	Do you felt they changed over time?
How did the therapeutic relationship develop?	What was your relationship with your counsellor like at the beginning?
	How did you perceive your partner's relationship with the counsellor?
	How did your relationship progress over time?
	What was it like talking with the counsellor about your relationship?
	Were there any aspects of your relationship that you felt reluctant to discuss with the counsellor?
Identifying the impact of interventions by the counsellor	How did the counsellor's interventions change the way you related together?

	Was there anything particularly helpful/ unhelpful that the counsellor did?
Identifying the immediate impact of the counselling process	How did the process of going to counselling change the way you related together?

How had your relationship changed by the end of the counselling? |
| Longer term impact: | How has your relationship changed since then?

To what extent do you feel you have achieved the change you set out to achieve?

How have you changed since then?

How has your partner changed? |
| Reflection: | Looking back is there anything about this process that you would do differently?

What parts of the process made the most impact? How/ why?

What advice would you give counsellors training to work with gay or lesbian counsellors?

Is there anything you would like to see included in the training for such counsellors? |

Appendix G: Copy of the instructions and questions used in the internet survey

Same Sex Couple Counselling

Welcome

An Exploration of Client Experiences of Same Sex Couple Counselling

Have you had counselling or therapy with a same sex partner (or partners) and are you willing to share your experiences in an on line questionnaire?

The purpose of this study is to learn more about the experiences of same sex couple counselling with the intention of enhancing the services on offer to couples.

Who is doing the research
It is being conducted by Jan Grove who is a PhD student at the University of Leicester, UK, a Senior Lecturer in Counselling at Newman University College, an experienced couple counsellor and accredited counsellor with the British Association for Counselling & Psychotherapy.

The research comprises two parts: an on line questionnaire and further interviews with couples in order to explore the experiences of counselling in more depth. You do not have to participate in both parts.

Am I eligible?
This survey is ONLY for people who have been to couple counselling with a same sex partner.

What is expected?
You will be asked to complete an online questionnaire based on your experiences of same sex couple counselling. You do not need to involve your partner(s) (although this is an option) and if the relationship has ended, your own views on the counselling are very relevant.

The survey is divided into three sections: details about you, information about your relationship at the time you went for couple counselling and your experiences of the sessions. Please feel free to skip any questions and to write as much or as little as you choose. All the data will be valuable in helping to learn about the client's perspective of counselling, but the quality of the research will be helped by answering as many questions as you can.

The questionnaire will take you approximately 20 minutes. By completing and sending the

questionnaire, you are agreeing to participate in this research. You can withdraw at any time before submitting the questionnaire.

At the end of the questionnaire you will be asked if you and your partner (or ex partner) are willing to be interviewed together for the second stage of the research project. If you agree to this, you will be asked for contact information. These details will be removed from the questionnaire and will be stored separately from the results.

What if my partner also wants to complete the questionnaire?
Your partner is very welcome to complete the questionnaire if they have had same sex couple counselling. If you had counselling together for the relationship then you will be invited to give a code word to be used for both questionnaires so that the responses can be linked.

What about confidentiality?
All information given will be treated as confidential. Information gathered in this questionnaire will be used in the research thesis, publications and for presentations. Where data from the interviews are used, every effort will be made to protect the identity of you and anyone mentioned in your responses by changing any potentially identifiable information.

It is not possible to identify you through the website used. However, because this questionnaire is being conducted through the web, there is a small possibility that your answers could be intercepted by a third party. To ensure your own privacy, you may want to clear your browser history after completing the questionnaire.

What if participating in this research affects me personally?
It is possible that talking about relationship issues may cause some disquiet. Further support or help can be found at Pink Therapy, www.pinktherapy.com and PACE, www.pacehealth.org.uk.

If you have a complaint about participating in this survey, you can contact the research supervisor Dr Val Owen-Pugh at Val.Owen.Pugh@leicester.ac.uk

What if I want more information?
You can contact Jan Grove:
e-mail: j.grove@newman.ac.uk or
tel: 0121 476 1181 ext 2391
for an informal discussion.

Continue >

Data Protection Statement

Acknowledgement

The purpose and details of this research have been explained to me. I understand that this study is designed to further scientific knowledge and that all procedures have been approved by the Research Ethics Committees at the University of Leicester and Newman University College.

I have read and understood the information provided.

I have had an opportunity to ask questions about my participation.

I understand that I am under no obligation to take part in the study.

I understand that I have the right to withdraw from this questionnaire at any stage for any reason, up to the final 'CONTINUE' button.

I understand that all the information I provide will be treated in strict confidence.

I agree to participate in this study.

Finally, by clicking the final 'CONTINUE' button, I acknowledge that I am over the age of 18 and that I have read this consent form.

The questionnaire is completed anonymously, can be saved part way through and takes around 20 minutes to complete.

Note that once you have clicked on the CONTINUE button at the bottom of each page you can not return to review or amend that page

Continue >

This section contains details about you.

This is helpful to find out the range of people who complete the questionnaire

1. How old are you? *(Optional)*

☐ 18 - 19 ☐ 20 - 29 ☐ 30 - 39 ☐ 40 - 49 ☐ 50 - 59 ☐ 60 - 69 ☐ 70 - 79
☐ Other *(please specify)*:

2. How do you identify in terms of gender? *(Optional)*

◌ Female
◌ Male
◌ Trans male-to-female
◌ Trans female-to-male
◌ Prefer not to answer
◌ Other *(please specify)*:

3. How do you identify in terms of sexual orientation? *(Optional)*

◌ Lesbian
◌ Gay
◌ Bisexual
◌ Queer
◌ Prefer not to answer
◌ Other *(please specify)*:

4. What is your current relationship status? *(Optional)*

◌ Single
◌ Partnered
◌ In a Civil Partnership
◌ In a Civil Union

☐ Married to same sex partner

☐ Married to different sex partner

☐ Polyamorous Partnership (trios etc)

☐ Separated

☐ Divorced

☐ Other *(please specify)*:

---

5. How would you describe your national identity? *(Optional)*

☐ White British

☐ White Irish

☐ Other White

☐ Mixed

☐ Indian

☐ Pakistani

☐ Bangladeshi

☐ Other Asian

☐ Black Carribean

☐ Black African

☐ Other Black

☐ Chinese

☐ Other *(please specify)*:

6. Do you have a disability? *(Optional)*

☐ Yes

☐ No

7. Do you have a Religious affiliation? *(Optional)*

☐ Yes

☐ No

If you answered 'yes' please specify your religion. *(Optional)*

8. What is your highest academic qualification? *(Optional)*

☐ Post Graduate qualification

☐ Degree or equivalent

☐ Other Higher Education qualification

☐ School Certificates

☐ No qualifications

☐ Other *(please specify)*:

9. What is your occupation? *(Optional)*

10. What is your current annual household income (before deductions) *(Optional)*

◯ less than £15,000

◯ £15,000 - £24,000

◯ £25,000 - £34,000

◯ £35,000 - £44,000

◯ Over £45,000

◯ Other *(please specify)*:

11. Using the following rating scale indicate in general how open you are about your sexual orientation to the people listed

	Know about your sexual orientation and this is discussed openly.	Know about your sexual orientation but this is rarely or never discussed.	Do not know of your sexual orientation.	Not applicable to your situation.
a. Parents/primary carers	◯	◯	◯	◯

b. Siblings (sisters, brothers)	☐	☐	☐	☐
c. Extended family/relatives	☐	☐	☐	☐
d. Friends	☐	☐	☐	☐
e. Work colleagues	☐	☐	☐	☐
f. Strangers, new acquaintances	☐	☐	☐	☐

12. How long would you say that you have been out to yourself? *(Optional)*

☐ 0 - 9 years

☐ 10 - 19 years

☐ 20 - 29 years

☐ 30 - 39 years

☐ 40 - 49 years
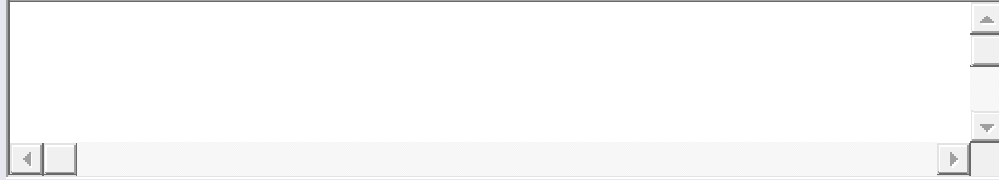
☐ 50 - 59 years

☐ Other *(please specify)*:

[   ]
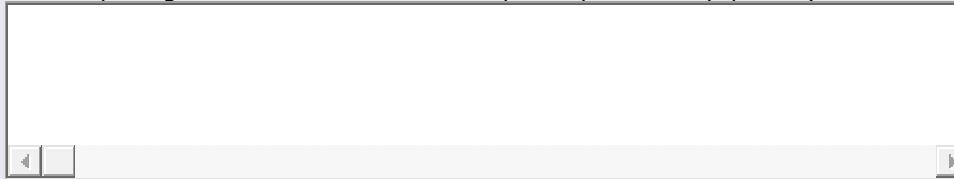
13. How would you describe a committed same sex relationship? *(Optional)*

[   ]

14. How did you learn about same sex relationships? For example this might have been

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through the media, school, clubs, friends, LGBT leaflets/magazines. *(Optional)*

What key things about same sex relationships did you learn? *(Optional)*

This section covers information about your relationship at the time of the counselling/therapy

For these questions please think about the relationship(s) at the time of the counselling.

15. At the time of the counselling what was your relationship status? *(Optional)*

- Partnered
- In a Civil Partnership
- In a Civil Union
- Married to same sex partner
- Married to different sex partner
- Polyamorous Partnership (trios etc)
- Other *(please specify)*:

[text area]

16. At the time of the counselling/therapy how long had you and your partner(s) been together *(Optional)*

☐ Less than one year

☐ 1 - 5 years

☐ 6 - 10 years

☐ 11 - 15 years

☐ Over 15 years

☐ Other *(please specify)*:

[text area]

17. Using the following rating scale indicate in general how open **your partner** was about their sexual orientation to the people listed

	Knew about their sexual orientation and this was discussed openly	Knew about their sexual orientation but this was rarely or never discussed	Did not know of their sexual orientation	Not applicable to their situaiton
a. Parents/primary carers	☐	☐	☐	☐

b. Siblings (sisters, brothers)	☐	☐	☐	☐
c. Extended family/relatives	☐	☐	☐	☐
d. Friends	☐	☐	☐	☐
e. Work colleagues	☐	☐	☐	☐
f. Strangers, new acquaintances	☐	☐	☐	☐

18. Is your partner who went to counselling with you also going to complete this questionnaire? *(Optional)*

☐ Yes

☐ No

If yes, then to help me to match couple responses please choose a shared code word, and write it in the box below in each of your questionnaires. *(Optional)*
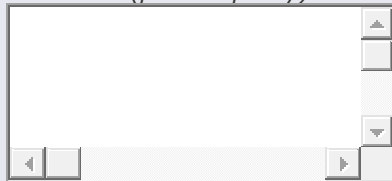
This section covers information about your same sex couple counselling

For these questions please think about the most recent same sex couple counselling/therapy.

19. In which country did you have your couple counselling? *(Optional)*

297

20. What were the relationship issues that caused you to seek counselling *(Optional)* *(select all that apply)*

☐ Drugs or alcohol

☐ Sexual difficulties or different sexual expectations

☐ Poor communication

☐ Differences in being out

☐ Any of the following: physical/mental/sexual abuse

☐ Sex or intimacy with someone outside of the relationship(s) or outside an agreement for non-monogomy

☐ Money

☐ Job/study commitments

☐ Children

☐ Lack of emotional affection - feeling alone

☐ Excessive demands or controlling behaviour

☐ Lack of support for the relationship from family/friends etc

☐ Incompatibility/ drifted apart

☐ Other *(please specify)*:

21. What was important to you when looking for a couple counsellor.

	Please choose one response per question.			
	Very important	**Quite important**	**Not important**	**Didn't consider this**

a. The counsellor/therapist was a member of a professional body	☐	☐	☐	☐
b. The counsellor/therapist or organisation stated that they worked with LGBT clients.(Lesbian, Gay, Bisexual or Transgendered)	☐	☐	☐	☐
c. The counsellor/therapist or organisation had experience of working with couples	☐	☐	☐	☐
d. The counsellor/therapist identified as LGBT.	☐	☐	☐	☐
e. The counsellor/therapist was recommended to you	☐	☐	☐	☐
f. The counsellor/organisation had religious links	☐	☐	☐	☐
g. Other	☐	☐	☐	☐

22. Please state any other reasons for selecting a particular counsellor or agency *(Optional)*

23. In what setting was the counsellor/therapist working? *(Optional)*

☐ National Health Service (including GP)

☐ Relate

☐ Other Voluntary Organisation

☐ Educational Establishment

☐ Private Practice

☐ Other *(please specify)*:

☐ As far as you were aware did the agency or counsellor specialise in working with lesbians, gay men, bisexual or trans clients? *(Optional)*

24. As far as you were aware did the agency or counsellor specialise in working with lesbians, gay men, bisexual or trans clients? *(Optional)*

☐ Yes

☐ No

☐ Other *(please specify)*:

25. What was the gender of your counsellor? *(Optional)*

☐ Female

☐ Male

☐ Trans

☐ Other *(please specify)*:

26. How long ago did the couple counselling/therapy end? *(Optional)*

- ☐ 0 - 1 year ago
- ☐ 2 - 5 years ago
- ☐ 6 - 9 years ago
- ☐ more than 10 years ago

27. How many couple counselling sessions did you have with the counsellor/therapist? *(Optional)*

- ☐ 1 - 5 sessions
- ☐ 6 - 10 sessions
- ☐ 11 - 15 sessions
- ☐ 16 - 20 sessions
- ☐ more than 20 sessions

28. How did the counselling end? *(Optional)*

- ☐ Planned ending at a time agreed in advance
- ☐ Ending by agreement at the final session
- ☐ Unplanned ending due to a crisis
- ☐ Unplanned ending because you did not wish to continue
- ☐ Other *(please specify)*:

Did you and your partner agree about ending counselling? *(Optional)*

☐ Yes

☐ No
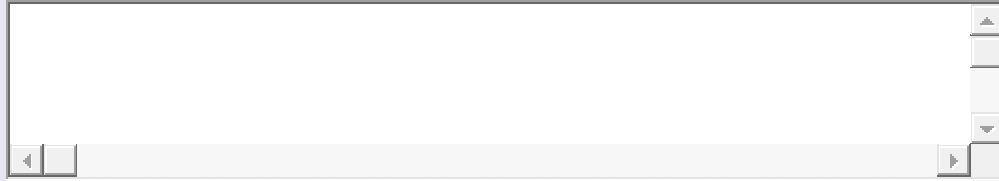
☐ Other *(please specify)*:

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29. Looking back on your couple counselling please comment on the usefulness of the experience.
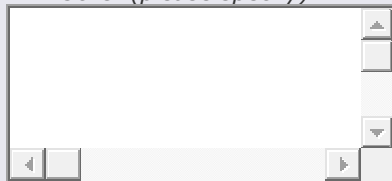
	Strongly agree	Agree	Disagree	Strongly disagree
a. The counselling helped me to understand myself better	☐	☐	☐	☐
b. The counselling helped me to understand my partner better	☐	☐	☐	☐
c. The counselling helped my partner and I to resolve specific issues	☐	☐	☐	☐
d. The counselling helped my partner and I to stay together	☐	☐	☐	☐
e. The counselling helped my partner and I to separate	☐	☐	☐	☐
f. Overall I found the counselling helpful	☐	☐	☐	☐

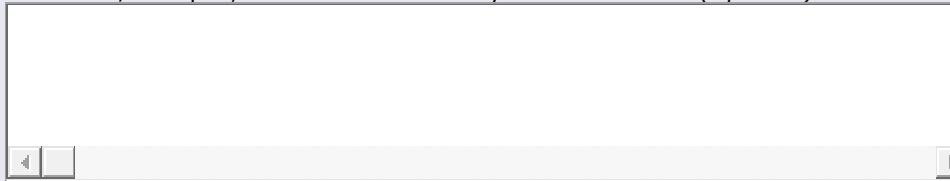**30.** Please state any areas of your relationship that were not resolved at the end of the counselling. *(Optional)*

31. Were you aware of the counsellor/therapist's sexual orientation? *(Optional)*

- Definitely yes
- Definitely no
- Guessed
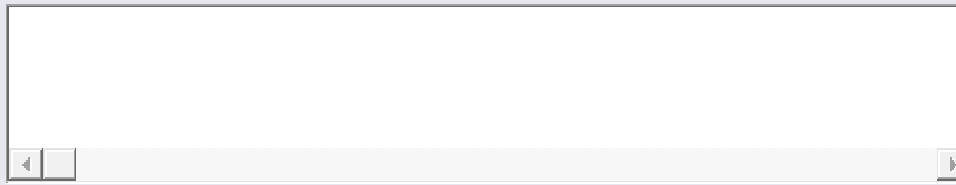- Other *(please specify)*:

a. If you were aware or guessed the sexual orientation of your counsellor/therapist, what information led you to this belief? *(Optional)*
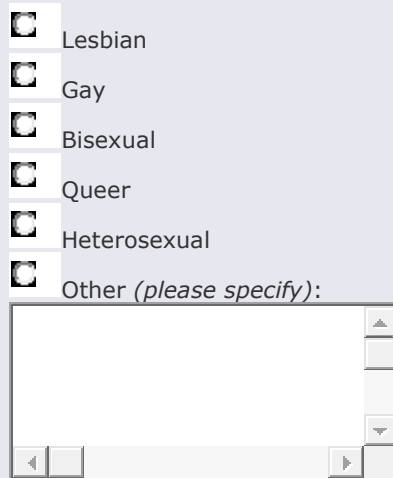
b. In what way did the counsellor/therapist's sexual orientation impact on the counselling/therapy? *(Optional)*
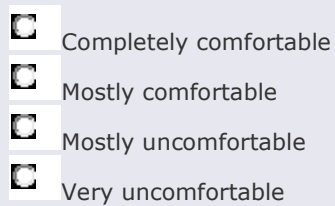
[text box]

32. What did you think was the sexual orientation of the counsellor/therapist *(Optional)*

○ Lesbian

○ Gay

○ Bisexual

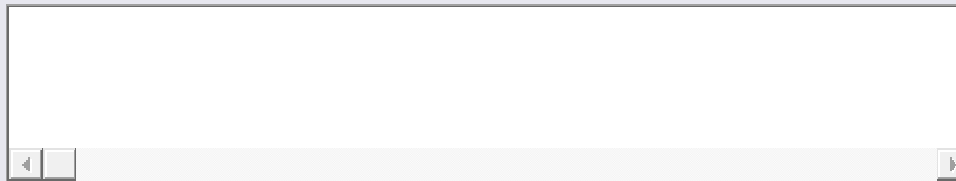○ Queer

○ Heterosexual

○ Other *(please specify)*:

[text box]

33. How comfortable did you think **your counsellor/therapist felt** talking with you about your couple relationship(s)? *(Optional)*

○ Completely comfortable

○ Mostly comfortable

○ Mostly uncomfortable

○ Very uncomfortable
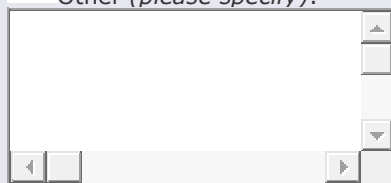
What did the counsellor/therapist do or say to make you think this? *(Optional)*
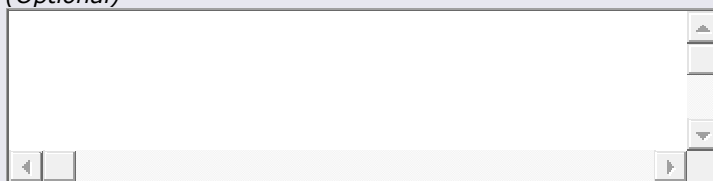
[text box]

34. How comfortable did **you feel** in talking to your counsellor/therapist about your couple relationship(s)? *(Optional)*

- ⟳ Completely comfortable
- ⟳ Mostly comfortable
- ⟳ Mostly uncomfortable
- ⟳ Very uncomfortable
- ⟳ Other *(please specify)*:

[text box]

What did the counsellor do or say that contributed to this? *(Optional)*

[text box]

35. When you were with the counsellor/therapist, were there things you didn't raise/tell the counsellor/therapist that might have been relevant to the couple problems. *(Optional)*

- ⟳ Yes
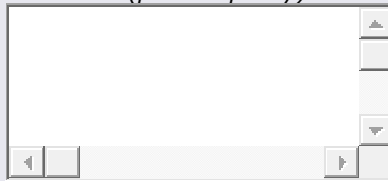
☐ No

a. Did you and your partner agree about what to withhold from the counsellor/therapist? *(Optional)*

☐ Yes
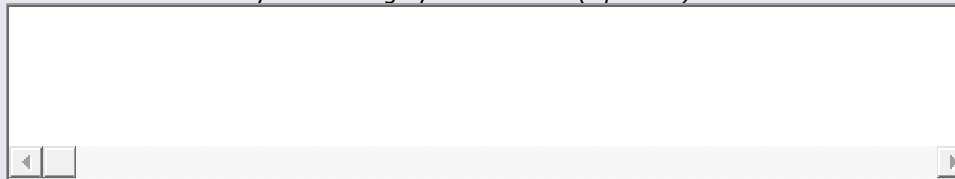
☐ No

☐ Other *(please specify)*:
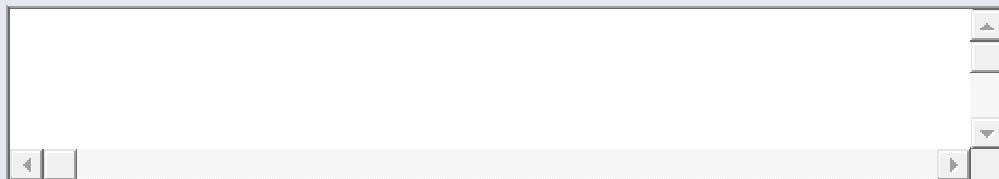
b. Please describe the reasons why you would not share these things with the counsellor/therapist.

You do not need to say what things you withheld. *(Optional)*
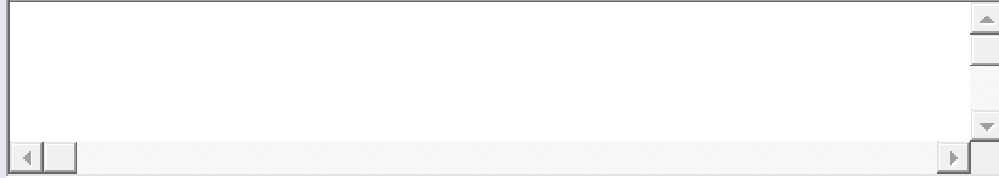
These are the last few questions

36. What did the counsellor/therapist do or say that was **most helpful** to you and your couple relationship(s)? *(Optional)*
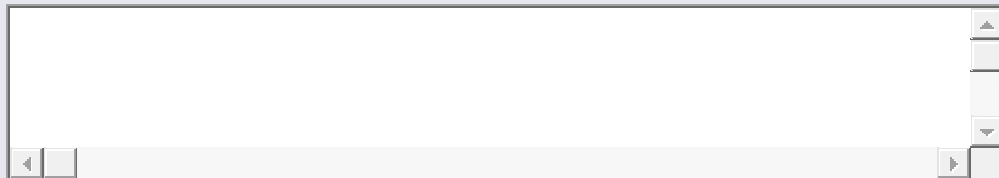
37. What did the counsellor/therapist do or say that was **least** helpful to you and your

couple relationship(s)? *(Optional)*

38. Please add anything else that you think would help us to improve same sex couple counselling *(Optional)*

39. Are you willing to talk in more detail about your experiences of same-sex couple counselling? *(Optional)*

☐ Yes ☐ No

If you answered 'yes' please leave a contact e-mail or telephone number.

Or alternatively you can contact Jan Grove directly:

e-mail: j.grove@newman.ac.uk

or tel: 0121 476 1181 ext 2391. *(Optional)*

This is the end of the questionnaire

Thank you very much for your time and input.

If you have been affected by participating in the survey Pink Therapy (www.pinktherapy.com) or PACE (www.pacehealth.org.uk) can offer further support.

If you require further information about the research or your participation, please contact Jan Grove:

e-mail j.grove@newman.ac.uk or

tel: 0121 476 1181 ext 2391

By clicking on 'CONTINUE' you will have completed and submitted the questionnaire.

Appendix H: Demographic details of participants in the internet survey

	How old are you?	How do you identify in terms of gender?	How do you identify in terms of sexual orientation?	How would you describe your national identity?	Do you have a disability?	What is your highest academic qualification?	Current annual household income	Your outness score
R1	30 - 39	Female	Lesbian	Other White	No	Post Graduate qualification	£35,000 - £44,000	2.6
R3	30 - 39	Female	Lesbian	White British	No	Other Higher Education qualification	£35,000 - £44,000	2.8
R4	40 - 49	Female	Lesbian	Other White	No	Post Graduate qualification	0ver £45,000	2.8
R5	30 - 39	Male	Gay	Latin American	No	Post Graduate qualification	£25,000 - £34,000	2.0
R6	40 - 49	Female	Lesbian	White British	No	Degree or equivalent	£35,000 - £44,000	2.5
R7	40 - 49	Male	Gay	Other White	No	Post Graduate qualification	0ver £45,000	2.5
R8	30 - 39	Female	Lesbian	White British	No	Degree or equivalent	£25,000 - £34,000	2.2
R9	50 - 59	Female	Lesbian	Other White	No	Post Graduate qualification	0ver £45,000	3.0
R10	50 - 59	Female	Lesbian	Other White	No	Post Graduate qualification	0ver £45,000	3.0

	How old are you?	How do you identify in terms of gender?	How do you identify in terms of sexual orientation?	How would you describe your national identity?	Do you have a disability?	What is your highest academic qualification?	Current annual household income	Your outness score
R11	30 - 39	Female	Lesbian	Other White	No	Post Graduate qualification	£25,000 - £34,000	2.3
R12	30 - 39	Female	Queer	Other White	No	Post Graduate qualification	$46,000	2.5
R13	40 - 49	Female	Queer	Other White	No	Post Graduate qualification	£35,000 - £44,000	3.0
R15	50 - 59	Male	Gay	Other White	No	Post Graduate qualification	; canadian over $100,000.	3.0
R16	50 - 59	Female	Prefer not to answer	White Irish	No	Post Graduate qualification	0ver £45,000	2.2
R17	40 - 49	Female	Lesbian	White British	No	Post Graduate qualification	£25,000 - £34,000	3.0
R18	50 - 59	Female	Lesbian	White British	No	Degree or equivalent	£25,000 - £34,000	2.5
R19	40 - 49	Masculine /butch	Queer	Other White	Yes	Other Higher Education qualification	£15,000 - £24,000	3.0
R20	30 - 39	Female	Lesbian	White British	No	Post Graduate qualification	0ver £45,000	2.5
R21	40 - 49	Female	Lesbian	Other White	No	Post Graduate qualification	0ver £45,000	2.3

R22	30 - 39	Female	Queer	Other White	No	Degree or equivalent	£25,000 - £34,000	2.0
R23	40 - 49	Male	Gay	White British	No	Degree or equivalent	less than £15,000	3.0
R24	50 - 59	Male	Gay	White Irish	No	Degree or equivalent	0ver £45,000	2.8
R25	40 - 49	Female	Lesbian	White British	No	Post Graduate qualification		2.5
R26	30 - 39	Female	Gay	White British	No	Post Graduate qualification	less than £15,000	2.3
R27	30 - 39	Male	Gay	Other White	No	Degree or equivalent	0ver £45,000	3.0
R28	30 - 39	Male	Gay	Other White	No	Degree or equivalent	£25,000 - £34,000	2.7
R29	40 - 49	Female	Queer	Other White	No	Post Graduate qualification	$60,500.00	3.0
R30	40 - 49	Female	Gay	White British	No	Degree or equivalent		2.6
R31	40 - 49	Male	Gay	White British	Yes	Degree or equivalent	£35,000 - £44,000	2.7
R34	60 - 69	Female	not described by the above	Other White	Yes	Post Graduate qualification	less than £15,000	2.0
R36	30 - 39	Male	Gay	Other White	No	Post Graduate qualification	£35,000 - £44,000	3.0
R37	50 - 59	Male	Gay	White	No	School	£35,000 -	3.0

				British		Certificates	£44,000	
R38	60 - 69	Female	Lesbian	White British	No	Post Graduate qualification	£35,000 - £44,000	2.3
R39	30 - 39	Male	Queer	White British	No	Post Graduate qualification	0ver £45,000	3.0
	How old are you?	How do you identify in terms of gender?	How do you identify in terms of sexual orientation?	How would you describe your national identity?	Do you have a disability?	What is your highest academic qualification?	Current annual household income	Your outness score
R40	40 - 49	Female	Queer and dyke	White British	Yes	Post Graduate qualification	£15,000 - £24,000	2.0
R41	50 - 59	Female	Bisexual	White British	Yes	Post Graduate qualification	0ver £45,000	2.0
R42	70 - 79	Male	Bisexual	Other White	No	Degree or equivalent	£25,000 - £34,000	2.2
R43	50 - 59	Female	Queer	Other White	No	Post Graduate qualification	0ver £45,000	2.8
R44	40 - 49	Female	Queer	Other White	No	Post Graduate qualification	£35,000 - £44,000	3.0
R45	40 - 49	Male	Bisexual	Other White	No	Post Graduate qualification	£25,000 - £34,000	1.7
R46	20 - 29	Female	Queer	Other White	No	Degree or equivalent	~$50,000	3.0
R47	40 - 49	Male	Gay	Other White	No	Post Graduate qualification		2.5

	How old are you?	How do you identify in terms of gender?	How do you identify in terms of sexual orientation?	How would you describe your national identity?	Do you have a disability?	What is your highest academic qualification?	Current annual household income	Your outness score
R48	60 - 69	Female	I'm pan or omni sexual	Mixed	Yes	Degree or equivalent	less than £15,000	2.8
R49	30 - 39	queer	Queer	Other White	No	Post Graduate qualification	$85,000 (US)	2.8
R50	50 - 59	Female	Lesbian	white American	No	Post Graduate qualification	£15,000 - £24,000	2.2
R51	18 - 19	Female	Lesbian	Other Asian	No	Other Higher Education qualification	less than £15,000	2.2
R53	30 - 39	Female	Lesbian	White British	No	Degree or equivalent	£15,000 - £24,000	
R54	40 - 49	Female	Bisexual	Other White	Yes	Post Graduate qualification	less than £15,000	2.7
R55	60 - 69	Female	Queer	White British	Yes	Post Graduate qualification	less than £15,000	1.8
R56	40 - 49	Female	Lesbian	White British	Yes	Post Graduate qualification	less than £15,000	2.8
R57	50 - 59	Male	Gay	White British		Post Graduate qualification	£35,000 - £44,000	2.0
R58	40 - 49	Male	Gay	White British	No	Degree or equivalent	£15,000 - £24,000	2.7

R59	50 - 59	Female	Lesbian	White Irish	No	Post Graduate qualification	0ver £45,000	2.8
R60	30 - 39	Male	Gay	Other White	No	Other Higher Education qualification	0ver £45,000	2.2
R61	30 - 39	Female	Lesbian	Black African	No	Degree or equivalent	£15,000 - £24,000	2.5

Appendix I: Information sheet for follow-up interviews

"An Exploration of Client Experiences of Same-Sex Couple Counselling – the couple experience".

The purpose of this study is to learn more about the experiences of same-sex couple counselling with the intention of enhancing the services on offer to couples. It has received ethical approval from the University of Leicester UK.

Who are the research participants?

People who have had an experience of same-sex couple counselling to be interviewed (if possible) with the partner with whom they attended counselling.

Who is doing the research

It is being conducted by Jan Grove who is a PhD student at the University of Leicester, UK, a Senior Lecturer in Counselling at Newman University College and an experienced couple counsellor accredited with the British Association for Counselling & Psychotherapy.

What is expected?

You and the partner who attended counselling with you (if possible) will be invited to take part in an interview of about an hour in length. This will be recorded, and could be by telephone, in person or via the internet. The choice of interview (in person or electronically) will be negotiated with you.

What will happen to the things said?

The recorded interviews will be transcribed. Recordings will be stored in a secure place and will be erased at the end of the research.

The transcription will have the names and any identifying details changed and any parts used in the research will be edited to preserve the anonymity of the speaker.

What about confidentiality?

Your name and contact details will be held as confidential and separated from any interview data. Transcripts of recordings will be allocated a code and any names, places or identifiable details changed.

All information given will be treated as confidential. Information gathered will be used in the research thesis, publications and for presentations. Where data from the interviews are used, every effort will be made to protect the identity of you and anyone mentioned in your responses by changing any potentially identifiable information.

The only exceptions to confidentiality would occur if the researcher became aware of a situation where someone was at serious risk of harm. Every effort would be made to consult with you before any action was taken to protect those at risk.

What if I change my mind?

You will be asked to give your consent to participate in this research, however, you can change your mind at any time up to 8 weeks after the interview and all material relating to your involvement would be destroyed without being used.

What if participating in this research affects me personally?

It is possible that talking about relationship issues may cause some disquiet. Further support or help can be found at Pink Therapy, www.pinktherapy.com and PACE, www.pacehealth.org.uk.

If you have a complaint about participating in this research, you can contact the research supervisor Dr Val Owen-Pugh at vap4@leicester.ac.uk.

What is the point of doing it?

There is relatively little research undertaken in this area and the intention is that by making the results of this research available it will promote a better understanding of

same sex relationships and inform the quality of future provision of services offering therapeutic support.

How do I find out the outcome of the research?

If you wish a summary of the results can be sent to you.

What if I want more information?

You can contact Jan Grove:

e-mail: j.grove@newman.ac.uk

or Tel: 0121 476 1181 ext 2391   for an informal discussion.

You may hear a voice mail. Please leave a message with your name and contact details and the best time to return your call. The answer phone is only accessed by the researcher.

Thank you.

Appendix J: Demographic details of participants in the follow-up interviews

Four couples were interviewed together and seven participants separately. Barbara and Jack did not complete the internet survey and therefore completed a separate demographics form.

Pseudonym	1. How old are you?	2. How do you identify in terms of gender?	3. How do you identify in terms of sexual orientation?	5. How would you describe your national identity?
Anna	40 - 49	Female	Lesbian	White British
Barbara	50 - 59	Female	Lesbian	White British
Christine	40 - 49	Female	Lesbian	White British
Denise	50 - 59	Female	Bisexual	White British
Edward	50 - 59	Male	Gay	White British
Frank	50 - 59	Male	Gay	White Irish
George	50 - 59	Male	Gay	White British
Helen	60 - 69	Female	Not described by the above	Other White
Irma	40 - 49	Female	Lesbian	Other White
Jack	30 - 39	Male	Gay	White British

Pseudonym	1. How old are you?	2. How do you identify in terms of gender?	3. How do you identify in terms of sexual orientation?	5. How would you describe your national identity?
Kevin	30 - 39	Male	Gay	Other White
Leah	40 -49	Female	Lesbian	Other White
Merle	40 - 49	Masculine/butch	Queer	Other White
Nicola	30 - 39	Female	Gay	White British
Olive	60 - 69	Female	Lesbian	White British
Phyllis	60 - 69	Female	Queer	White British

Pseudonym	6. Do you have a disability?	7. Religion	8. What is your highest academic qualification?	10. What is your current annual household income (before deductions)	Your outness score
Anna	No	No	Post Graduate qualification	£25,000 - £34,000	3.0
Barbara	No		Other Higher Education qualification	£25,000 - £34,000	2.7
Christine	No	No	Post Graduate qualification		2.5

Pseudonym	6. Do you have a disability?	7. Religion	8. What is your highest academic qualification?	10. What is your current annual household income (before deductions)	Your outness score
Denise	Yes	No	Post Graduate qualification	0ver £45,000	2.0
Edward		Yes	Post Graduate qualification	£35,000 - £44,000	2.0
Frank	No	Yes	Degree or equivalent	0ver £45,000	2.8
George	No	Yes	School Certificates	£35,000 - £44,000	
Helen	Yes	Yes	Post Graduate qualification	less than £15,000	2.0
Irma	No	No	Post Graduate qualification	0ver £45,000	2.3
Jack	No			0ver £45,000	3
Kevin	No	No	Post Graduate qualification	£35,000 - £44,000	3.0
Leah	No		Post Graduate qualification	£15,000 - £24,000	2.8
Merle	Yes	No	Other Higher Education qualification	£15,000 - £24,000	3.0

Appendices

Pseudonym	6. Do you have a disability?	7. Religion	8. What is your highest academic qualification?	10. What is your current annual household income (before deductions)	Your outness score
Nicola	No	No	Post Graduate qualification	less than £15,000	2.3
Olive	No	Yes	Post Graduate qualification	£35,000 - £44,000	2.3
Phyllis	Yes	Yes	Post Graduate qualification	less than £15,000	1.8

Appendix K: Interview schedule for follow-up interviews

Can you tell me a little bit about the relationship you were in when you went for couple counselling?

What was/is good about it?

What was/is not good?

What prompted you to think about counselling for this relationship?

This question is about finding your way into counselling.

Did you seek or receive any support for your couple issues? Friends/family/colleagues etc.

How did you decide to go for couple counselling?

What factors influenced your choice of counsellor/agency?

At this stage what were you expecting from your counsellor/agency you considered?

Were these expectations fulfilled?

Were there any elements of the counselling/agency that were different or surprising?

Were you aware that the counsellor had worked with same sex couples before?

If so how did you know?

Did this make a difference to you?

Were you aware of the sexual orientation of the counsellor?

How did you know or guess?

What did you think/know was their sexual orientation

Did this impact on the counselling?

What was positive?

What was negative?

This question relates to your learning about same sex relationships and how these relationships are organised.

What have you learnt about same sex relationships and how they work? (Ask each partner separately)

What were these?

Have they been helpful/unhelpful?

Have there been other influences on how you have constructed your relationship(s)?

Have these changed for you?

How have these impacted on the way in which you formed and sustained the couple relationship you were in at the time of the counselling?

On any other couple relationship?

Were you aware that the counsellor held ideas (or models) of how same sex relationships worked?

Were these discussed in the counselling?

How did this impact on the counselling?

What do you think were the reactions of the counsellor to working with non heterosexuals (or use LBG or …?

What made you aware of this?

What did the counsellor do or say?

Were issues relating to sexual orientation/ you being two men/women in a relationship discussed in the counselling?

What happened specifically

What was this like for you?

For your partner?

How did this impact on your relationship with the counsellor?

How did this impact on your couple relationship?

Would you or your partner consider that you belong to any other minority group that can experience discrimination? (Ethnicity, class, disability, religion)

Was this discussed in the counselling?

What was your experience of this?

How would you have liked this to have been?

This question is about how you felt about the relationship with your counsellor? Ask each partner separately.

Can you recall a time when you felt closest to your counsellor or most understood by them?

What was happening/ what were they doing?

Can you recall a time when you felt least close to your counsellor/ or least understood by

them?

What was happening/ what were they doing?

What did you imagine the counsellor thought of you and your relationship?

How did this impact on the counselling?

Overall how would you rate your counselling/therapy

In what ways did you and/or your relationship benefit from counselling?

In what ways was this unhelpful or harmful?

Would you recommend the counsellor/agency to other same sex couples?

Why?

Why not?

How did you hear about the internet survey?

Listserv, personal e-mail, organisation, flyer, advert …..

What prompted you to get involved in this research?

The response to the internet survey was slow and produced a lower than hoped for number of responses.

Can you think of any reasons why this might be so?

Is there anything else you want to add about your experience of couple counselling or anything you feel we haven't covered?

Is there any feedback you would like to offer me about this interview?

Thank you very much for participating.

If you find that you have been affected by participating in this research you can contact me for further signposting to other organisations or there are 2 organisations mentioned on the information sheet.

Any final questions?

Would you like to be kept informed about the outcomes?

Appendix L: Notation used for Discourse Analysis

The interviews are transcribed using an adapted form of Potter and Wetherell's (1987) notation:

-    A self-repair

-

=   No gap between speakers

(.)   A pause that is too short to measure

(2)   A pause with the number giving the length of pause in seconds

[ ]   An explanation or added further information

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