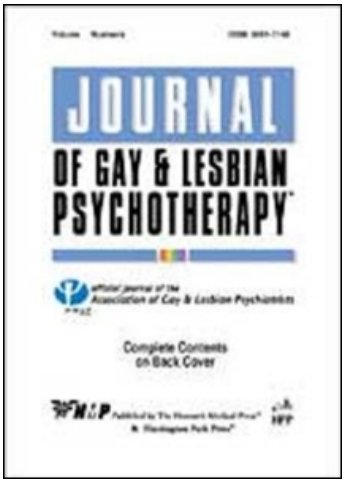

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Different Ways of Knowing: The Complexities of Therapist Disclosure

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Different Ways of Knowing: The Complexities of Therapist Disclosure

Glenda M. Russell, PhD

ABSTRACT. This article offers a discussion of complexities associated with the unintentional disclosure of a therapist's sexual orientation to a client in ongoing psychotherapy. A case involving a lesbian therapist and a heterosexually married woman with a female lover is described and discussed. The case highlights the distinction between overt and dialogic communications between a client and therapist. It also emphasizes how changes in the client's relationship with her therapist intersect with her therapeutic work, including both work specifically related and that only tangentially related to sexual orientation.

KEYWORDS. Bisexuality, dialogic communication, heterosexism, homophobia, homosexuality, lesbians, mutuality, political activism, psychotherapy, self-disclosure, sexual orientation

I rarely know how to respond to questions focused on the role of self-disclosure in psychotherapy. I take general stances on a variety of issues related to self-disclosure, and yet I have violated many of these stances–sometimes to good effect and occasionally to ill effect. In some

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cases, clients have not learned personal information directly from me but by virtue of our paths crossing, literally or figuratively, outside my office. Those experiences have been sometimes challenging and sometimes frustrating, and they have often resulted in productive work and therapeutic growth.

DIALOGIC COMMUNICATION

I wish to present a psychotherapy case that illustrates some of the complexities of disclosure, including the role of overt and more subtle, dialogic communications between therapists and clients. As complex as it is to address issues of therapist disclosures at an overt level, i.e., when a therapist makes the decision to reveal personal information to a client, it is even more complex to consider disclosures at a more dialogic level. I refer here to disclosures that are not specifically articulated by the therapist (though they may be) but rather that occur in the context of a shared, dynamic, mutually influential relationship (Shotter, 2000; Neimeyer, 2000; Riikonen, 1999; Cissna and Anderson, 1994). Dialogic disclosures sometimes occur wordlessly as an outgrowth of an ongoing interaction between two (or more) people that creates a "knowing-from-within" (Shotter, 2000, p. 124).

I believe many of my long-term clients could have easily and accurately guessed my position on many issues–and not because I told them directly. Rather, I think that clients–at least those who are able to stand enough outside the solipsism of their own pain–know a great deal about their therapists and their political and social beliefs. They often know this not because of direct disclosures but because they are quite able–and often more than willing–to extrapolate from how therapists are in the session to how they are in their larger worlds.

I have frequently thought that many of my clients know me in ways no one else does; that they have access to a place that is, in many respects, the exemplar of my political beliefs in action. I am also quite comfortable with this level of familiarity. It is the familiarity of the dialogic encounter rather than one born of overt disclosures. It is not my impression that this level of familiarity is shared more or less by virtue of clients' or my own sexual orientation. Instead, I think this familiarity is born of the kind of relationship essential for good psychotherapy, one that moves both participants toward shared engagement, curiosity and new possibilities. Shotter's description–not of psychotherapy per se but of a more general dialogically-structured context of life–seems apt here:

> Clearly, people who are in living, embodied, responsive contact with each other's activities in this way do not coordinate their activities cognitively and deliberately, continually having to stop and "work out" what to do next according to a theory-like structure, but are interrelating their activities in an immediate, precognitive and spontaneous, feelingful way: they feel resistances to their pulling in the pushes of the others, they look to where the others are looking to find "where the collective action is," and so on, in terms of a myriad of small and detailed events.
>
> In other words, joint or dialogically-structured activity occurs whenever a first-person *I* is responsively sensitive in his or her living bodily actions to how the second-person *yous* around him or her are bodily responding to what he or she does (or says) . . . It is this that makes the dialogically-structured activity between us so special. (Shotter, 2000, pp. 107-108)

Psychotherapy requires that the dialogically-structured activity between client and therapist be free of extraneous motives and intrusions–hence, the importance of clear boundaries. The two participants must also have at least some of the qualities that are characteristic of real dialogue–things like "immediacy of presence," an openness to unanticipated consequences, a willingness to be surprised by the other, a collaborative orientation, vulnerability, an interwoven and interdependent construction of self and other, a temporal flow, and genuineness and authenticity (Cissna and Anderson, 1994). When most or all of these qualities characterize the relationship between therapist and client, much is said outside of spoken language, much is communicated at non-cognitive levels.

Disclosure, at least in a non-specific sense, is an inevitable and desirable aspect of this form of interaction. It may be a given that, within good a therapeutic relationship, the therapist understands much about the client that neither has put into words. Within a dialogic framework, the reverse would be assumed to be true, as well. From this perspective, a specific disclosure event within the therapeutic relationship–while hardly insignificant–is embedded in an ongoing and dynamic give-and-take between the two participants that involves a complex disclosing process.

THE CONTEXT

The following case took place a number of years ago. At the time, I was a psychologist with a full-time, broad-based private practice. I also devoted considerable time to community and activist endeavors. Within my practice, I generally relied on psychodynamic understandings of client-therapist relationships. In keeping with such understandings, I engaged in limited self-disclosure. However, I understood that everything I did within the broad context of therapy–for example, my office décor, the model of car sat in my parking lot, and how I dressed–communicated some level of information about me to my clients.

Even as I conducted my practice within what might be considered relatively conservative guidelines regarding self-disclosure, I was also an out lesbian and an activist. I pursued both mainstream (e.g., membership on a city-based Community Relations Commission) and unconventional (e.g., guerilla theatre) endeavors. At the time of the events described here, I was very comfortable being both a therapist and activist. However, this had not always been the case.

In 1979, I had applied to graduate school as an out lesbian. However, I underwent a period of uncertainty as I made the transition from graduate school to post-doctoral practice. For a while, I was unclear about how to integrate my identity as a lesbian with that of therapist. I feared that being a lesbian would burden my clients, threaten my practice, and that I had to be vigilantly closeted in my professional life. However, I was challenged to work toward integration by a workshop trainer who questioned my fear that my sexual orientation would hurt my clients, my practice, and myself. After I reluctantly acknowledged the accuracy of her observation, I set about coming to terms with the internalized homophobia that shaped the image of myself as a psychotherapist. I received valuable assistance in these efforts from my post-doctoral supervisor and from my own experience in psychoanalysis.

With the integration of my lesbian and therapist identities, I was able to more freely participate as an out lesbian in community activities. However, when the therapist and activist dimensions of my life intersected from time to time, clients would raise the issue in therapy sessions. I cannot think of a time when this intersection proved more harmful than helpful in its impact on treatment. Although I occasionally worried that some clients got more than they bargained for in choosing me as a therapist, I also realized that these added complexities provided opportunities for clients to work through their own homophobic and heterosexist assumptions. In the process, many clients better under-

stood the psychological and social underpinnings of their views of others, and especially those who were different in some important way. This led them to develop interpersonal skills that were helpful in communicating across such differences. Indeed, many of my clients–of whatever sexual orientation–took full advantage of such opportunities.

THE CLIENT

In this context appeared a client whom I call "Alice." She was a white woman in her late thirties who was heterosexually married and the mother of three children. Alice had been referred by a mental health professional with whom she was personally acquainted. Alice had apparently made no mention of issues related to sexual orientation in requesting a referral. She just sought a good therapist and, as I later learned, came to the first session presuming I was heterosexual.

Alice initially identified some concerns about depression, but she moved quickly to say she felt very indecisive in a number of significant life arenas. She was uncertain where she wanted to go professionally, despite holding an advanced degree in a field in which she had worked. In addition, she was unclear about the future of her decade-long marriage, and uncertain about the future of a romantic and sexual relationship with her best friend–another heterosexually-identified woman with children. Alice seemed quite open in discussing these issues, despite never having revealed the sexual and romantic relationship with her best friend to anyone else. She seemed genuinely confused about what she wanted and without any sense of what stood in the way of her achieving some clarity about how she wanted to live her life.

THE QUANDRY

Alice had been in therapy for several months when she started a session with saying she had heard a rumor that I was a lesbian. While she had not heretofore considered this possibility, she was now wondering if it was true. We discussed her responses to this rumor and what it meant to her. If the rumor were untrue, Alice would be able to maintain her existing impression that our work together was helpful and to continue without concerns. However, if the rumor was true and she confirmed it, she felt her therapy would be disrupted. She feared she would no longer see me as a good therapist for her because if I was lesbian, she

could not expect me to be "objective" about her current predicament. Alice said she was unsure what she would do in the face of such disruption.

Our conversations about the rumor and about what Alice wanted to do about it were quite extensive and wide-ranging. Among other things, we began our most direct discussions of the meaning that non-heterosexual orientations held for her. She offered her first understandings of who lesbians and bisexual women were: drab people who dressed only in black, gray, and tan. They were joyless creatures who could not be trusted to allow others to have their own opinions or to make their own choices. Alice began directly exploring her previously inarticulated constructions of bisexuality and lesbianism. In exposing these affectively laden ideas–shaped in part by her (limited) experiences with lesbians and bisexual women–to the force of her own intellect and her own sense of who she wanted to be as a person, Alice began calling them into question.

Along with her initial encounter with her own homophobic and heterosexist assumptions, Alice also had a decision to make: did she want me to directly confirm or deny the rumor? This was the first significant decision that Alice–who had been so indecisive for much of her life–was called upon to make in the course of our work together. Alice decided she did not want to know, primarily to preserve a therapeutic relationship that felt safe and helpful and which risked being endangered if she were to find out I was a lesbian. Alice sensed no similar danger were she to discover that I was heterosexual.

COMMENTARY ON THE QUANDRY

This was an odd position for me: the out lesbian activist deciding it was in my patient's best interest to proceed with caution as she wondered about my sexual orientation. In no other arena, save an imminently dangerous one, would I be willing to conceal that I was lesbian. My personal comfort and my politics demanded that I be open. Nonetheless, I felt that the proper therapeutic position for Alice entailed exploring the meanings that sexual orientation in general, and my sexual orientation in particular, held for her. To do otherwise would have felt like an intrusion into Alice's therapy, putting my needs–in this case, my need to be out–before hers. My coming out would also have deprived Alice of the possibility of coming to her own decision about this matter and to find a comfortable ground from which to make a difficult deci-

sion about our relationship. For in deciding she did not want to know, Alice did something with me that she had trouble doing with others: she openly stated her needs rather than lose herself in the needs of others.

A number of factors helped me in maintaining my equanimity during our discussions of Alice's feelings about my sexual orientation. Having other places in my life where I could be openly gay certainly helped. Moreover, I benefited enormously from the prior attention I had given to my own homophobic assumptions–in anti-oppression workshops, in supervision, in conversations with friends, in activism, and in my own psychoanalysis. More specifically, the work I had done to integrate my views of myself as a psychologist-therapist and a lesbian was invaluable. I drew from my post-doctoral supervision with a supervisor who worked with me to articulate and reduce the homophobia that intruded in my earlier work with clients (Russell and Greenhouse, 1997). I had come to terms with my own homonegativity in a way that allowed me to maintain my equanimity when confronted with Alice's homophobic assumptions–and even in the face of her potential to reject me as a therapist because of my sexual orientation. I recall feeling little, if any, vulnerability in relation to Alice's explorations about how she might react if I were lesbian. In addition, I felt confident–based on how well she was dealing with the material thus far–that she would weather the disruption that almost certainly would occur were she to confirm the rumor of my being lesbian. That confidence helped me to relax and remain present with Alice as she encountered her own homophobia and heterosexism.

AN ANSWER

We continued to work together without resolving her question about my sexual orientation. As therapy proceeded, she experienced a diminution of the depression that she had identified at the beginning. This symptomatic relief allowed her to spend much productive time unlocking the mysteries of her own life and being. The strands of her indecisiveness led to many discussions of her family and childhood. Her upbringing had been so genuinely comfortable, materially and emotionally, that it had been difficult for Alice to feel what pain there was, to have her own pain validated within her family, or to find a path that offered her a way to stand outside her family, especially outside her mother's sphere of control. More than a year after Alice's initial question about my sexual orientation, the topic of *her* sexual orientation was

a regular focus of the work. The question of my sexual orientation had been set aside–compartmentalized in Alice's mind and in the therapy.

The compartmentalization was undone when Alice found out that I was, in fact, a lesbian. She was told by friends who had attended a training on "Homophobia in the Supervisory Relationship" that I co-led. Alice noted the information was not a surprise; the surprise was that it really did not matter a great deal to her. She had come to trust both our work and me, so my sexual orientation was not an issue. However, she was excited to learn that I was a parent and delighted to consider the possibility of being a mother and a lesbian who was not in the closet.

COMMENTARY: AN ANSWER

I told Alice she had changed some of her previous ideas about the meanings of being lesbian or bisexual, and that she had done so through her own explorations about herself, her sexuality, and her loves. Because of the work she had done, my being a lesbian was no longer the disruptive phenomenon she had feared. She was now able to find a perspective that allowed her to step outside the most insidiously toxic aspects of her own homonegativity.

I felt a measure of relief when Alice had her answer to the unanswered question that had been hovering between us. I am still uncertain how much of my relief had to do with her response to her newly-acquired knowledge about me and how much it had to do with the release of tension accompanying a long-unanswered question. More than anything, I was aware of the degree to which Alice was working to change her life and the degree to which her success in doing so was evident in her response to this news. I recall thinking how amazing it is to transform a fearsome phenomenon into simpler entities. My being lesbian had once seemed huge enough to threaten her therapy. Of course I understood that: there had been the period, just out of graduate school, when I had feared my being lesbian would burden my clients and threaten my practice. Both of us had experienced similar changes. I wonder how effective I could have been as Alice's therapist had I not come to understand my own homophobia years earlier. This, of course, is part of a larger psychotherapeutic question: can therapists help clients traverse a psychic barrier that they themselves have yet to cross? While I do not have an absolute answer, I am certain it is easier to help a client cross barriers that do not feel like insurmountable obstacles to me.

THE DREAM

Another year passed in Alice's therapy, and she continued to work hard and to make progress. One day, with apparent pleasure, she recounted a dream. Alice's dream takes place on a grey and rainy day in her hometown (a place where such days were not infrequent) and in a neighborhood that is dull in appearance. It has been raining for some time, and she is standing on the porch of her beige house, looking out at other houses that appear equally bland. Alice notices an unremarkable house across the street, and sees me emerge from it. I am wearing a bright yellow raincoat and hat, red boots, and carrying a red umbrella. I dance my way down the sidewalk, singing, "Singing in the Rain." I dance to my car, get in, and drive away. Alice watches me throughout and thinks to herself, "That's a nice patch of brightness in this gray day."

Alice's associations to the dream went in a variety of directions, however three of them particularly stand out.

The First Association

Alice's immediate association to the dream was its occurrence on the weekend after an announcement of a judicial decision to enjoin Colorado's antigay Amendment 2.[1] Alice had experienced the ballot referendum leading up to the Amendment's passage as a painful intrusion, but not entirely at a level of conscious awareness. Unlike many people involved in same-sex relationships, Alice was limited in her access to the gay community and the potential solace and support that this community might have offered her (Adam, 1992; Crocker and Major, 1989; Dworkin and Kaufer, 1995; Kurdek, 1998; Paul, Hays, and Coates, 1995; Russell, 2000). In exploring her reaction to the injunction, she realized that she had felt a mild degree of dysphoria since Amendment 2's passage two months earlier. The injunction against enforcing the amendment had brought her first release from that mood.

Like Alice, and like many of my other clients and many of my friends, I had been deeply affected by the passage of Amendment 2. So aware was I of the painfully disruptive qualities of the election that I had undertaken a large-scale research project to explore the election's psychological consequences for LGB people (Russell, 2000). In any setting other than psychotherapy, I might have joined Alice in her dysphoria. However, her therapy was the only setting where she was able to speak freely about her feelings about Amendment 2. Not only did it bring up a

sense of outrage as a woman involved with another woman in a fiercely guarded secret relationship, it outraged her as a humane and caring person as well.

As I listened to Alice, it was clear there was overlap in our reactions to the election. I recall being drawn to join with Alice in her outrage and sadness. It was a pull worth resisting. This was her therapy and it rightly focused on her response to the election, a response that included significant overlap with my own but significant difference as well. I was not altogether neutral in the strict sense; I did not deny Alice's assumption that I shared her distaste for the electoral outcome; neither did I invite her to examine this assumption. To do so would have felt disingenuous. No disclosure from me was required for Alice to know where I stood on the issue, and this was not just because she knew my sexual orientation.

In a similar vein, I suspect–though I am not certain–that at some level Alice knew that I was lesbian when she first broached the issue early in our work. I do not think this was due to "gay-dar." Instead, Alice was a very sensitive person in general, with a sensitivity that in part grew out of her desire to please others and in part from her empathy. In addition, Alice and I were able to achieve a dialogic connection that that sometimes allows for communication even in the absence of specific exchanges about particular topics.

My retrospective hunch is that Alice knew I was lesbian and she knew that she was not yet able to deal directly with that fact. She gave herself time to work through homonegative ideas and feelings, and had in fact managed to do a fair amount of that work before she was exposed to the specific information that verified my sexual orientation.[2]

The Second Association

Alice's second association to her dream focused directly on our relationship. She said she was increasingly realizing that therapy represented a bright spot in her life. She laughed as she remarked on how this bright spot had suggested itself in her dream.

When client and therapist come together to create a context in which new understandings can occur (Gergen and Kaye, 1992), it is common for therapy to become a bright spot for the client.[3] I was one of the few non-heterosexuals among Alice's acquaintances. She was considerably more familiar (again in the dialogic sense) with me than she was with any other bisexual, gay, or lesbian person. As is wont to happen in good therapies (and sometimes in not-so-good therapies, of course), I had grown to be a very significant person in her life. This significance,

though rooted primarily in the nature of our work together, was enhanced by the combination of my sexual orientation and her awareness of it.

That shared information facilitated our working relationship at times. It also presented some challenges. One was not to assume I knew more about Alice than I actually did. At this point, while Alice did not identify as bisexual, we had in common same-sex relationships (although under radically different circumstances) and were both parents (a role that Alice took very seriously and which she implicitly and correctly assumed that I did as well). These commonalities would have been significant under any circumstances. However, they were made all the more salient by prominent and pervasive antigay sentiments surrounding us in the aftermath of the passage of the Amendment 2 referendum (Douglass, 1997; Eastland, 1996; Russell, 2000).

Yet a trap often awaits therapists who identify in important ways with their clients. Adverse social circumstances often influence people to band together and perhaps to ignore the many things they do not have in common. One is more likely to fall into this trap when the identification is rooted in a personal characteristic or experience that is generally subject to social disapprobation (Russell and Bohan, 1999b). In such cases, commonality can become problematic if a therapist fails to take into account differences between herself and her clients. For example, I vividly recall a time when, in thinking about my work with Alice, I caught myself making certain assumptions about her eventual trajectory; I realized my assumptions were based on my own trajectory and had little to do with her life. After that, I worked more intentionally to question my assumptions about Alice and to stay open to her experience and not confuse it with my own.

A related challenge for me was to avoid colluding with Alice's tendency to view me as representative of all lesbians. That was not entirely unexpected, given that images of lesbians (along with gay men and bisexual people) were being painted in very broad strokes by both the pro-gay and the antigay sides of the Amendment 2 campaign (Smith and Windes, 2000). It is relatively easy during rhetorical battles to speak of all LGB people in homogeneous terms. Further, it is easy for people who are trying to understand their same-sex attractions in such contexts to adopt an externally driven, monolithic sense of themselves. Under such circumstances, it is important for therapists to ask patients, "Who do you want to be?" (Russell and Bohan, 1999a). It is also important to invite deconstruction of stereotypical assumptions about all LGB peo-

ple, regardless of whether these assumptions originate in the pro-gay or antigay political forces.

In a similar manner, it was important for me to offer Alice gentle invitations to get to know other LGB people. The best antidote to seeing one's lesbian therapist as representative of all LGB people is to have actual encounters with many others. Such broad-based encounters will help virtually anyone bring a more critical eye to examining critical constructions of LGB people (Herek and Glunt, 1993; Russell, 2000).

The Third Association

Alice's final association related to a memory from the immediately prior session, a memory she had been mulling over during the intervening week. In that session, Alice had been talking about her mother's being judgmental of her. Alice seemed to be caught in an inevitable loop of being the object of her mother's approval or disapproval. Despite being a bright and, in many ways, insightful woman, it had never occurred to Alice to question either her mother's right to issue such judgments or her own right and responsibility to refuse them. So I suggested another option: that Alice's mother did not get an opinion. This idea had represented a new and exciting possibility for her, and she had been playing with this notion ever since the session. I could almost hear the shift in Alice's relationship with her mother as she discussed the possibility and the joy that it generated–another bright spot, indeed.

This theme was central to Alice's overall work in therapy, and sexual orientation was only situationally relevant to this question. In fact, her sexual orientation was but one of the multitude of issues that were problematic to her due (wholly or partly) to her inability to live her own life rather than the life that those who loved her wanted her to live. To be sure, the issue of sexual orientation carried an additional charge. However, it was no more pressing than many other decisions that Alice needed to make for herself, rather than in response to the preferences of her mother, husband, and best friend/lover.

This association is as an important reminder that even when sexual orientation is a large part of a client's therapy, it is not necessarily the most important part. It is sometimes tempting to make sexual orientation more central than it actually is in a given individual's life (e.g., Bernstein, 2000). However, in Alice's case, the question of sexual orientation was part of a larger issue of being comfortable with her own independent decision making.

MY ASSOCIATION TO ALICE'S DREAM

Alice and I examined these three associational lines, as well as a number of others, at considerable length. As the explorations of her associations winded down, I asked if she would like to hear my association to her dream. She was eager to hear my association (which, of course, also represents a disclosure of sorts).

I began, "Well, I can't help but notice my rather colorful attire . . . " Alice interrupted me with a laugh: "I think I know where you're headed with this." Before she finished her sentence, I was laughing as well, knowing that she had, in fact, guessed exactly where I was headed. It was interesting to me that, in Alice's dream, I was clad in bright yellow and red, carrying a bright umbrella, and singing and dancing my way to my car. This was, of course, in stark contrast to Alice's earlier assumption that lesbians dressed exclusively in black, gray, or tan and were drab and joyless individuals. Of course, Alice immediately grasped the significance of the contrast. We went on to discuss her changing images of me, of lesbian and bisexual women, and of her sense of herself in relation to other women. Many things had changed.

Early in our work together, Alice had carried the notion of lesbians as drab, joyless creatures even as she juggled her two relationships, one with her husband and the other with a woman. During the course of the therapy, her understanding of lesbians–or, at least, of me as a lesbian–had moved in a very different and even idealizing direction.

In addition, Alice initially felt that she could not trust me to be neutral; if I were a lesbian, she assumed, I would not be able to respect her decision-making process. I would try to influence her in my favored direction. If, on the other hand, I were heterosexual, I would be more likely to grant her the right and the room to make her own decisions.

Clinically, there were some parallels between how Alice saw her mother and how she imagined experiencing me if I were a lesbian. The possibility of my being a lesbian made me into a rather fearsome and overbearing person, one who had her own agenda for Alice's life rather than one who was able to embrace Alice's decisions for her own life. Interestingly, Alice's view of me–were I heterosexual, like her mother–was of someone less overpowering and more accepting. Alice's understanding of me as a lesbian captured the most problematic aspects of her relationship with her mother. Those aspects were considerably diluted–though not entirely absent–when Alice regarded me as heterosexual. I wondered about the intersection between the roles that stigmatized people–in this case, lesbians–play in the larger world and the roles they

play in the rarified world of the therapeutic relationship. In both instances, the person who is stigmatized can serve as a repository for all manner of unsavory qualities. Of course, the stigmatized individual can be an especially appealing repository for feelings that others hold about themselves but that they reject.

If Alice saw me as representative of her mother in some ways, I was also a stand-in for her best friend/lover. Initially, Alice could not trust that she would be able to make her own decisions without being overpowered by my wants and preferences–an experience that closely paralleled how she felt in relation to her best friend/lover. Earlier in the course of her sexual relationship with this woman, Alice had tried to reinstate a close but non-sexual basis to the relationship. Alice's experience was that her best friend/lover would not allow that to happen. As we talked together about this interaction in retrospect, it seemed clear that Alice could not maintain her wishes and judgment in the face of her best friend's pain and disapproval. Alice was unable to act on her own judgment about what was best for her, opting instead to please her friend. This mirrored similar situation Alice had experienced in relation to her mother. It was not surprising that the same dilemma would characterize some aspects of her relationship with me. What differed, in this last case, was her willingness to stay with her own experience, to articulate her concerns, to make decisions that did serve her interests rather than (her perception of) my own.

FOLLOW-UP

Alice remained in therapy for several years beyond the time of the work described here. Over time, she made significant changes in herself and her life. She changed career directions quite sharply and moved into another area that felt more consistent with the kind of person she wanted to be. Her relationships with members of her family of origin, her mother included, changed over time. In general, she grew more comfortable in her own skin and she was able to make important decisions and live with them. By the final phase of our work together, Alice had ended her sexual and romantic relationship with her best friend and recommitted herself to her relationship with her husband. She had also come to identify herself as bisexual. The paradox of this ending–Alice assumes a bisexual identity and recommits to her heterosexual marriage–bespeaks the complexity of her courage, as well as her sense of commitment.

Some years after Alice and I ended our work together, I come upon a greeting card while browsing in a store. It pictures a child dressed in a yellow slicker and red boots, carrying a red umbrella and splashing through puddles. I can almost hear her singing–well, you know the song. I bought and framed the card, and keep it in my office. It reminds me of the places that we touch in our clients, regardless of their sexual orientation or ours. It also reminds me of the parts that clients touch in us, their therapists.

NOTES

1. In 1992, a referendum was passed in the state of Colorado that amended the state constitution to deny municipalities the right to offer civil rights protections to lesbians and gay men. This effectively nullified existing gay rights laws passed in some Colorado cities. The referendum was eventually judged unconstitutional by the US Supreme Court in 1996 in the case of Romer v. Evans (Greenhouse, 1996).

2. I have also entertained an alternative hypothesis that Alice knew that I was lesbian and she waited until (she thought) I could deal better with having her know. Even as I acknowledge this possibility, I am reasonably certain that the first alternative is more accurate. My confidence in this interpretation is largely rooted in my experience at the time: I was comfortable being an out lesbian and also a therapist–and I had certainly known the experience of not being comfortable with that combination of identities earlier in my professional life–and therefore do not imagine that I communicated any other message to her.

3. I must add that this sort of co-creation is typically a bright spot for therapists as well, though usually for somewhat different reasons.

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