Joanne: Psychoanalytic Psychotherapy with a Homosexual Woman

Nathan A. Solomon

Private Practice, Brooklyn, NY

Address correspondence regarding this article to Nathan Solomon, Ph.D., at nas1@optonline.net. This paper is dedicated to the memory of Dr. Joseph Nicolosi, who encouraged its submission to this journal.

Abstract

A thirty-year-old, married, Orthodox Jewish woman complaining of same-sex attraction was treated with psychoanalytically oriented psychotherapy after trying several other therapies, including sex therapy. Among the primary determinants of her presenting problem were alienation from her unpredictable, narcissistic mother, gender identity confusion, and impounded anger. After about two years of treatment, the patient achieved connection with feelings of affection and desire, improved and loving relationships with her children, regular orgasmic sex with her husband, and remission of pre-existing colitis.

Initial Presentation

Dressed in jeans, a sweatshirt, and work boots, Joanne does not look like the usual Orthodox Jewish woman. When I ask her what brought her to my office, she states flatly, "I'm gay." At thirty years of age, married and the mother of two children, Joanne is very distressed and sad over the cloud that hangs over her otherwise very good marriage. She states she has no desire for intimacy with her husband, is attracted more to women than to men, and, in order to achieve arousal with her husband, has homosexual fantasies.

She was referred for treatment by her mother's therapist. At presentation, she is oriented to person, place, and time and well-related. Rapport with her was easily established. Joanne's intelligence is above average, her reality testing is intact, her thinking is logical, and her speech is clear and coherent. She reports her mood is depressed. She is taking Wellbutrin prescribed by a psychiatrist. Her affect is somewhat constricted.

History

Joanne has seen several therapists for this problem without success. A sex therapist thought her problem was hormonal. Joanne's mother is a chronically depressed and angry woman, who is difficult to tolerate, though Joanne insists she has been a positive influence in her life. Her father is a pleasant but passive and quiet man, who is not terribly accessible.

Joanne has a history of ulcerative colitis, possibly secondary to obsessive rumination. She has never had a crush on a male, though she says she is somewhat attracted to her husband. She has always been a tomboy, preferring sports and vigorous work to more feminine pursuits. She rates her marriage a 10 out of 10, except for physical intimacy, which is difficult and sporadic at best. She reports that her husband is her best friend.

Joanne rated herself an average student throughout her Orthodox Jewish religious schooling; she was not particularly academically oriented. She did have friends. Beginning at about age 13, she began masturbating once every 2 weeks or so. At around age 15, she began to

be attracted to and have sexual fantasies about females. Soon, she had 4 or 5 offers of sex from other girls, but she declined. Currently, she reports homosexual dreams, sometimes about trying to find a private place to have sex.

We agree to meet twice weekly.

Initial Phase of Therapy

Joanne prefers to use humor to avoid painful affect from the very beginning to almost the end of therapy. She spends a great deal of time extolling her mother and her husband. She wants to know how a perfectly normal childhood could yield a problem such as hers.

During our 11th session, Joanne goes blank. She has nothing to say. I say this sometimes means that something is trying to come out. She immediately responds, "Okay, I guess I have to say it," and reports a memory from age 6. She is at a children's concert, sees a 15-year-old girl on the stage, and is mesmerized by her, probably aroused. She imagines the girl without her clothes and focuses on her sex characteristics.

Memories like these embarrass Joanne terribly. Before the next session, she calls and reports that she has developed a tremor and agitation. She believes it has to do with her memory from the last session. At my suggestion, she calls the psychiatrist, who believes it is an abreaction to the Wellbutrin. She cuts back to start more slowly. In session, she reports three more memories of childhood sex play with other girls at ages 8 and 10. She insists she got nothing out of these interactions, which were initiated by the other girls. She also reflects upon her mother, who in her later life has become critical and bitter. No one wants to be in her company. In fact, Joanne is becoming angry with her.

The real (non-neurotic) relationship (Greenson, 1967) between Joanne and myself has developed smoothly. We are frank and easy with each other; our banter is frequent and often jovial. But she appears to fight a *transferential* (i.e., unconscious and neurotic) relationship by missing occasional sessions and often coming late. I see in this an *avoidant attachment*. This

expresses itself in her relationships with her mother and her husband. My own countertransference (i.e., my unconscious, neurotic emotional response) involves being seduced into avoidance of important material by her clever humor. I enjoy the banter at the beginning of our sessions. I feel somewhat paternalistic and am extremely frustrated by her lateness and missing sessions.

Middle Phase

Three months into the treatment, Joanne's true feelings about her mother begin to surface. Although she is closer to mother than father, she hates her mother's proclivity to manipulate. As she begins to speak of anger, she also states plainly that she fears losing control of it. This fear of her own anger—and therefore of therapy—will characterize the entire course of our work together. She fears she will abandon her mother, who never hugged or kissed her, was too preoccupied with her own desperate need for validation, and sought it in embarrassing ways. Joanne feared her mother's explosive rages and arrived home from school with apprehension, never knowing which kind of mother would be there.

Her parents' marriage is not a good one. Her mother dominates the household; her father is quiet and often depressed. She describes him as also lacking any affectional ties to her. He is a sweet but socially isolated man.

The transference is soon expressed in terms of dismissal—the primary defense in avoidant attachment (Wallin, 2007). Our work is sometimes pushed aside in favor of quips about myself (calling me "Doc," for example) and cracking jokes. I see this as a defense against fears of emotional abandonment. It is only through patient reliability, being present and dependable, that I am able to help her work through her transferential fears that I will abandon her (and thus provide a corrective emotional experience for her) (Alexander, 1963).

During this third month of work, Joanne shares that she always felt that boys had more fun. She was bored by dolls and playing house. She once wore a boy's suit and liked it. She tried urinating from a standing position and still has sexually charged dreams of doing this.

Discussing her sexuality lifts a tremendous burden from her. She confides that her homosexual dreams are more satisfying than intimacy with her husband. For the first time in her life, she declares to me that her life as an Orthodox Jew is a sham. She is really a hedonist and cannot trust herself. She is desperate to feel free. It is during this early middle phase of treatment that Joanne reports improved intimacy with her husband, frequent orgasm, and heterosexual dreams. This coincides with her realization that *she wants to be nothing like her mother*.

With this realization, the therapy descends into a desperate darkness. Joanne's anger rises, is turned against the self, and a deep depression overtakes her. Her libido disappears. She feels "used" by her mother and repulsed by her mother's new, awkward attempts at affection. This is accompanied by substantial feelings of guilt.

In our sixth month of work, during our 41st session, Joanne realizes for the first time that, for many years, she has patterned much of her life after a reverse image of her mother. *I wonder if that could include her sexual object choice*. Though she says she has been thinking this, she is still stunned by my suggestion.

She says she is attracted to women she admires. She recalls that an earlier therapist that she hated for his bluntness and arrogance told her she was seeking someone more feminine than her mother. He was right, she says; but *she* needed to say it and thus could not accept it from him. I have been more patient, she says; now, she feels liberated. A tremendous load has been lifted from her. She no longer feels "deviant." She begins to see her mother as "disturbed," which somewhat mitigates the anger.

Working-Through Phase

Joanne's family has begun to complain to her about her obvious apathy; yet she believes a breakthrough is coming. She is able to admit now that her mother also nurtured her. She is calling her mother more frequently and has fewer homosexual thoughts. She connects her colitis to her guilt over speaking about her mother to me but also ties it to her intense anger against her mother.

Her core relationship problem (Horner, 2005) is clearer now: Out of fear of abandonment, she tightly controls her rage against a narcissistic, neglecting mother. She also begins to allow herself to feel and express her long-repressed resentment of her husband's obsessive, demanding behavior. He faxes her to-do lists during the day, and presses her for intimacy at night. She is beginning to believe that this could be a contributing factor to her low libido. She begins to become more assertive with her husband.

Not coincidentally, she pays more attention to make-up and dress and feels more feminine, when she is dressed up and when she is intimate with her husband. In fact, she reports a tremendous orgasm while feeling very connected to him. He tells her she is passionate, and she likes this.

She speaks of her identification with her father, whom she views as kind but ineffectual (a dis-identification with mother, and identification with father). Repeated interpretation of her defenses of denial, avoidance, and repression begin to pay off. As she loosens her tight, unconscious grip on her painful emotions, Joanne is able to look at her impounded anger. I point out to her several times that it is this anger that drives her depression. She says she wishes the mother who never loved her were dead. Nevertheless, with a vote of confidence from me, she is able to have a civil conversation with her.

During the 16th month of therapy, Joanne begins to sleep excessively. She calls the psychiatrist, who ties this to her emotional issues. She is waiting for her mother to call to show

that her love for Joanne supersedes her own honor. She cannot believe she is doing this. As we discuss sleep as an escape from pain, she confesses that she is doing what her mother did; and she hates it. She is a coward. In the past, others came to her when they needed someone strong. I suggest to her that she feels sorry for others but not herself. Her mother was always weeping and feeling sorry for herself. She asks, "Would a *man* feel sorry for himself?" It becomes clear now that Joanne resolved her pain by assuming a masculine caricature of cold reason. She begins to contemplate the beginnings of her gender identity.

A week later, Joanne speaks of how she always likes to be the center of attention—except when it is *her* party, in which case, she would not feel she deserves it. In this, I say, she agrees with her mother. She seems stunned. She does not want to get into this. She will "fall apart" with self-pity. This would be like her mother. She startles herself with this revelation, even though the words are nothing new (timing is everything).

I ask about her father. He is the opposite. He smiles, is jovial, and engages in a great deal of denial. *I now posit to her that, upon distancing herself from her pitiable mother and adopting her father's style, she left her femininity behind*. She agrees and says she is leaving the session lighter than when she entered.

Eighteen months into the therapy, Joanne concludes that her depression (she did nothing but sleep for 3 days) is a result of anger at her mother turned inward. She is more terrified than ever of losing control. I offer that she has never been in control, and that is why she came to see me. She agrees completely. She says she avoids anger at all costs. Nevertheless, she is aware of growing anger against her husband for his neediness and control.

In between sessions before Passover, she leaves a voicemail thanking me for helping her and saying that she is looking forward to the holy day for the first time.

But she does not return for another seven months. She says she has run out of funds; and she declines an offer of a lower fee, saying she would not feel comfortable with such an arrangement.

When she does return, her libido has hit rock bottom. There is the beginning of a relationship with her mother now, but her husband makes her feel "worthless." She declares there is pain that she will not touch; sessions are exhausting. She acknowledges for the first time that her adolescence was not happy, building as it did upon an unhappy childhood of emotional neglect. She feels our sessions have become "important," helping her to see hidden parts of herself.

She describes herself as "tough" when sober, and tender and affectionate when she drinks. Thus, *her uninhibited self is feminine, while her false persona is masculine*. She has always isolated her true feelings. The only feeling she recognized as a child was anger.

Soon she reports that she is beginning to feel emotionally present with her family. Her own greater emotional accessibility has fostered burgeoning warmth among the children and between the children and the parents. When her son leaves for his first day of school, she experiences a new feeling—sadness—and she likes this.

Yet, she remains generally quite distant from her feelings. When she discovers that her cleaning lady has been stealing from her, she says she understands. She says she now feels "neutral" about her mother. When she describes how her own love does not lead to physical expression, I note that all her feelings have been submerged. *I tell her I believe her impounded anger is an indirect cause of her homosexual feelings.*

Nevertheless, her progress in reintegration of her frightening emotions continues. The marriage is better than ever, and Joanne feels greater affection for her children. There is more access to feelings, particularly caring and tenderness. The family is coming together.

Termination

Finally, after a little more than two years of therapy, Joanne declares herself "a different person." Her colitis is in remission, her libido is better than ever; she is quite active sexually with her husband. She is getting along (within limits) with her mother.

A month after we terminated, Joanne called to say she is enjoying life and has never had such mastery of it. Several months later, I happened to meet her at a resort and could not believe how attractive and feminine she looked.

Discussion

In this case, one sees the value of uncovering therapy in resolving issues underlying homosexuality. Impounded rage, fear of abandonment, ambivalent attachment set the stage for the dis-identification with the same-sex parent and identification with the opposite-sex parent. These and other undiscovered parts of the patient's psychological experience are unearthed so that even associated features, such as her depression and colitis, remit.

Psychoanalytic interpretation of sexual fantasy and object choice as they relate to unrealized parts of the ideal self relieve the burden a patient feels, especially when no one else will hear it. Harrowing urges are accepted and discussed. Early origins of sexual identity are analyzed. In this way, even a woman who was a tomboy in childhood can allow her femininity to blossom. The careful loosening of repression leaves the patient freer to experience and express feelings of tenderness and desire.

References

Alexander, F. (1963). *Fundamentals of Psychoanalysis*. New York: Norton.

Greenson, R. (1967). *The Technique and Practice of Psychoanalysis*. New York: International Universities Press.

Horner, A. J. (2005). *Dealing with Resistance in Psychotherapy*. New York: Jason Aronson.

Wallin, D. J. (2007). *Attachment in Psychotherapy*. New York: Guilford Press.