

SEX THERAPY WITH LESBIAN AND GAY MALE COUPLES

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Introduction

It is undeniable that lesbian and gay people – at least in progressive western cultures – have made unprecedented social, political, and legal strides in the past few decades. Prior to that, same sex sexual desire was viewed as a perversion, and acting on these desires could make one a social pariah. Clandestine sexual experiences (the only ones really possible) could mean imprisonment, familial shame, unemployment, and community ostracism. Political and cultural upheaval has swept through civil life, and gay and lesbian couples have become increasingly mainstreamed, forming families sanctioned and supported by state governments.

Despite these massive social and political changes, however, there remains a lack of substantive research on same sex couples, much less on their sexuality. The Census Bureau only started collecting data on ‘unmarried partners’ in 1990 and did not begin to analyze this data on same sex couples until 2000. According to this data there are an estimated 650,000 same sex couples in the United States (Gates, 2013), nearly evenly distributed between female and male couples. It can be assumed that many same sex couples did not reveal their status honestly in the census, and there are, of course, many more self-identified gay and lesbian persons who are not in defined coupled relationships, but likely having sexual relationships. About a quarter of these couples were legally married as of 2011 when the data was collected. It is likely that increasing numbers of same-sex couples will marry over the ensuing decades. The annual divorce rate for same sex couples currently appears to be about half that of different sex marriages, although this may change over time as gay and lesbian couples are in longer-term legal partnerships.

Beyond demographic data, there is a small but growing body of research on how people in same-sex couples actually behave and function within their relationships. Blumstein and Schwartz broke ground in 1983 with their ‘American Couples’ study comparing straight and gay married and unmarried couples and much of the research that has followed has validated the strengths and resiliencies of lesbian and gay couples (Bryant & Demian, 1994; Connolly, 2005; Gotta, et. al., 2011; Gottman, et. al., 2003; Kurdek, 2005; Peplau & Fingerhut, 2007; Solomon et al, 2005). Below we will examine some of this data in greater depth; however, decades of research have shown that lesbian and gay couples tend to have egalitarian relationships where power differentials are minimized. They express high levels of satisfaction, value intimacy, communication, and relational attunement, and have skills to resolve conflict constructively (see Ashton, 2011; Lev, 2014).

There is, however, very little data on the sex lives of lesbian and gay people (Allen & Demo, 1995; Hunter, 2012) and the erotic lives of sexual minorities in general. Perhaps this shouldn’t be surprising given the silence on all aspects of human sexuality. As Lev and Sennott have said, “Despite the commercial exploitation of sex in advertising and the popular media and the wide-spread proliferation of pornography, especially on the Internet, sexuality and eroticism remain inadequately explored areas in virtually all aspects of the social sciences and clinical research” (2012, p. 113). Although research is currently flourishing on issues related to marriage equality, same-sex parenting, and LGBTQ health disparities, the intimate lives of lesbians and

gay men remains almost as secretive as it was when sodomy was illegal, and homosexuality was still a “dirty little secret.”

Research on all aspects of human sexuality is complicated by funding and access to a representative sample of participants. When research involves the sexual lives of sexual minorities, the challenges are complicated by researcher bias, including the very ideological frameworks in which the studies are conducted (Riggs, 2011). Due to the pervasiveness of homophobia in mainstream culture and how it is internalized in LGBTQ sub-communities, studies of homosexual experience become falsely equated with constructs of homosexual persons. Risman & Schwartz (1988) say, “There is no felicitous way to talk about men or women with homosexual preferences and/or identities without labeling them and thus reifying homosexual desire into a type of human being” (p. 143). They suggest instead the use of the word homosexual as an adjective, rather than a noun, and nearly 25 years ago they advocated for research on the “sociology of sexual desire.”

In this chapter we will focus explicitly on same sex sexuality, i.e., lesbian women and gay men. We will also be referring to the larger LGBTQ community, which includes lesbians, gay men, bisexual men and women, gender nonconforming, transgender, transsexual and queer identified people. The phrase LGBTQ has become ubiquitous, a term used to describe multiple overlapping communities of minority sexual orientations and gender identities. This can sometimes be useful and inclusive, for example when one is referring to public policy or community affiliation, but it can also overly conflate complex identities and become nearly meaningless, for example when someone refers to an “LGBTQ person,” or an “LGBTQ relationship,” or – for the purpose of this paper – “LGBTQ sexuality.” We will attempt use terminology carefully and purposely in this paper, recognizing the limitations of language, the quick pace and shifting of post-modern identities, and the rapid expanse of linguistic narratives to describe human sexual and gender identities.

Historically the term homosexual has been used interchangeably with gay/lesbian identity. However, many people in same-sex relationships are not “homosexuals” (as a noun), and identify as bisexual (being attracted to partners of both sexes) or pansexual (someone who is not limited in sexual attraction with regard to biological sex, gender identity or gender expression). Bisexuals have been misunderstood in both mainstream and within LGBTQ cultures. A study rating attitudes of heterosexuals towards a multitude of stigmatized minorities and subgroups revealed that bisexual men and women were rated lower than all other groups besides injecting drug users (Herek, 2002). Within the LGBTQ community, bisexuals have historically been feared, mistrusted, and despised when they aren’t completely invisible (Nichols, 1994; Nichols, 2014).

This is especially salient, since the bulk of research on homosexuality has conflated bisexual people and their experiences into the data, masking important information about the fluidity of sexuality, and complexities of community affiliation and identity. Too often researchers have defined the term “gay couple” in a way that has rendered invisible the fact that one partner is “homosexual” and the other partner is “bisexual,” as if these differences are meaningless in terms of community, identity, sexual proclivities, or inter-relational dynamics. People who are bisexual have unique issues partnering in same-sex relationships due to the “mixed orientation” within the couple, including issues of identity management and community affiliation, with notable differences between men and woman (Brown, 2002). This is, of course, also true for heterosexual people in opposite-sex relationships, who are the focus of other chapters in this book.

Although specific focus on transgender people in relationships is outside the parameters of this article, it is important to understand that transgender and transsexual people can identify as heterosexual, gay/lesbian, or bisexual in identity, and some lesbian and gay couples (like some heterosexual couples) may have one or more transgender member/s. Whether or not the relationship is seen as “same-sex” can depend on multiple factors. The very concept of sexual orientation assumes the existence of two opposite sexes, a binary based in biological dimorphism which assumes that the biological similarity of the partners’ bodies is the salient feature of the relationship. Male and female bodies are not, however, simply dichotomous. People with intersex conditions and those with “genderqueer” identities defy the binary; the very existence of transsexualism challenges the very stability of the sexed body (see Lev, 1998; Lev & Sennott, 2012; Lev, 2014; Malpas, 2012). “Same sex” sexuality might or might not be an attraction of two people born into the same bodies, and the words “same” and “sex,” like the word homosexual, can often conflate and confuse, more than clarify. Although our focus is on lesbian and gay sexuality, identity, sexuality, and eroticism can be fluid because embodiment and gender identity itself can shift, and therefore influence sexual orientation.

In the past decade, as increasing options for sexual orientation and gender identity have emerged, the term “queer” has been reclaimed as a broad umbrella term to include LGBTQ peoples and community. Tilsten (2012) says that “to queer something is an emergent process of disrupting expected norms in such a way that new possibilities emerge and standard, unquestioned practices become open for interrogation”(p. 6). Iasenza (2010) says that the word queer speaks to “the potential fluidity and multidimensionality of same and other sex/gender experience in all people” (p. 292). In this chapter we will often use the term queer, when the terms gay or lesbian couple are too restrictive to describe the sexuality of the “same sex” couples we are describing.

We also look at sex therapy with same sex couples through the lens of the principles of systematic family and couples therapy. A systemic approach is the only appropriate theoretical stance when working with clients from marginalized groups. When the client’s life experience and background is different from that of the ‘mainstream,’ it is important for the clinician to incorporate knowledge of that difference into their work. The therapist must have an understanding of how mainstream attitudes impact individuals, couples, and extended family and friend networks, and some knowledge of the communities where they live and among their various social groups.

Hertlein and Weeks (2009) describe an ‘intersystems’ approach to sex therapy that assesses client problems along five dimensions: individual/biological/medical; individual/ psychological; dyadic; family of origin; and social/historical/religious/cultural. It is this approach we use in our chapter. We focus on social, historical, and cultural influences, looking at both the mainstream culture in which LGBTQ people must function as well as at the minority subculture that supports and validates queer people and sets its own norms for behavior and identity. We will consider the impact of ‘minority stress’ – the macro and micro aggressions LGBTQ people are likely to face on a regular basis- but also the effect of peer standards and values (Meyer, 2003). Moreover, we consider how these forces filter down to the family of origin, ‘created family,’ the dyad, and the individual. The impact and interaction of cultural forces from two sources culture, make same sex oriented individuals and same sex dyads different from their mixed sex counterparts. In fact, same sex couples behave differently as dyads from their mixed sex counterparts.

Historical Context of Same Sex Couples

Historically, the social oppression and vilification of those who expressed same-sex desire was reflected in the new fields of psychiatry and sexology that emerged in the 1800's. In the mid 19th century, Western society began classifying people into distinct categories based on sexual orientation ("homosexual" and "heterosexual"); not surprisingly, this was also the same time period when the invention and codification of racial divisions began (Sommerville, 2000). Sexual minorities became the target of medical, psychiatric, and legal interventions throughout the nineteenth century, resulting in criminalization, and abusive reparative therapies like shock treatment and chemical castration. Homosexuality as a pathology was not removed from the diagnostic manuals until 1973, with residual sub-categories remaining until the printing of the *DSM-5* (American Psychiatric Association, 2013).

The birth of the field of sexology is marked by the 1886 publication of Kraft-Ebbing's *Psychopathologia Sexualis*, a compendium of 'sexual deviance' that included behaviors ranging from same sex attraction to transgenderism to sado-masochism, as well as violent and nonconsensual activities like rape and pedophilia (Nichols, 2014). The history of the field of sex science, and then later that of sex therapy, is marked by ongoing tension between two opposing views of these aspects of human sexuality. The first, the view of Kraft-Ebbing, and later Freud, is that all sex and gender expressions that varied from heterosexual procreative sex were pathological. The second, exemplified by Hirschfeld and Kinsey, is that unconventional, non-standard sex acts and attractions are normal variations – statistically unusual but not inherently 'diseased' or maladaptive.

The pathology paradigm has dominated both psychiatry and sexology until recently, but the activism that resulted in the removal of homosexuality in 1973 seems to have been just the beginning of a movement to de-pathologize sex and gender variance (Nichols, 2014; Silverstein, 2009). Many sex and gender diverse people, especially transgender people and those who practice BDSM (bondage/discipline/dominance/submission/sadism/masochism) are still diagnosed as mentally disturbed under certain conditions, even in the most recent edition of the *DSM*. Many of the categories of the original Kraft-Ebbings schema remain to this day, and many practitioners still subscribe to this model. This chapter is written from the perspective that sex and gender variation is 'normal' unless it is nonconsensual, and that good, ethical, sex therapy requires practicing from a non-pathologizing model of mental health.

The pathological perspective has dominated not only psychiatry and psychiatric diagnosis, but also contemporary sexological research. The deviance model became incorporated into the clinical application of sexology and sex therapy. The early leaders of the field, Masters and Johnson and Helen Singer Kaplan, thought of homosexuality as less desirable than heterosexuality; Masters and Johnson purported to be able to 'cure' it in some cases (1979) and Kaplan considered it a 'disorder of desire' (1979). Both researchers played shameful roles in the AIDS epidemic of the 1980s, contributing to the stigmatization of gay men and societal paranoia about HIV transmission (Irvine, 2005). The deviance model still contributes to the social stigmatization of sex and gender minorities, and still dominates mainstream sexology research using ideological frameworks and static binary categories of gender and sexual orientation to describe phenomena that are in actuality complex, fluid and interactional. For example, Bailey, a well-known modern researcher on sexual orientation and gender identity, has written that sex and gender presentations that do not lead directly to reproduction are a 'developmental error' (Bailey, 1999, p. 884)

But more progressive researchers, who are frequently themselves sexual minorities, incorporate the ‘normal variation’ model into their research. As a result, their studies – and conclusions – are richer, more nuanced, and more interesting. Instead of looking for the ‘etiology’ of same sex attraction and nonconforming gender expression, these social scientists use the study of sex and gender variant people as an opportunity to re-examine and deconstruct the binaries of sex and gender (Riggs, 2011). For example, Diamond’s (2008) research examined the ways in which sexual orientation can shift or change during the life course, and Beemyn and Rankin’s (2011) studied the multiple expressions of gender-variant and transgender expression. Iasenza (2010) re-imagines how queer theory can influence sex therapy with opposite sex partners.

Within this historical context of oppression, it was inconceivable until recently for therapists to even formulate questions about same sex sexual satisfaction or potential sexual problems within a model that assumed same sex love was healthy. It is not surprising that the research is scant and that information about treating sexual dysfunction rarely includes special considerations of the issues of same sex couples.

The Impact of The Subcultural System On Same Sex Couples

A systemic approach necessitates understanding the impact of culture on couples: not only the dominant culture, but also the LGBTQ or queer subculture. For queer people, the LGBTQ community is not only a place of support and validation; it is also, for many, their only family (Weston, 1991). LGBTQ people occupy a distinct place among stigmatized minorities, for other people generally can depend on family of origin for support. Queer people have historically been rejected – or at least misunderstood – by their birth families. Thus many have chosen to live in neighborhoods and communities with other LGBTQ people, where they feel accepted. Others form networks of queer and queer affirming friends, partners, ex-partners, and children that assume new and creative forms of family and tribe. The queer community is an amorphous entity that includes organizations, openly queer businesses and professionals, and virtual (Internet) spaces and groups as well as physical neighborhoods filled with LGBTQ people and their allies. For a couple, this community often plays the same role of validation and support for the relationship that the mainstream culture plays for non-queer people.

Sometimes the need for affiliation is very strong and can serve to conflate complex differences between the various sub-cultural groups. For example, the terms “lesbian” and “gay” are often used interchangeably, and linked together -- as in “the lesbian and gay community” – the reality is the lesbians and gay men are sharply distinct subjects, forming vastly different communities, what Joan Nestle once referred to as “a fragile union” (Nestle, 1998). Some might argue the only thing that gay and lesbian people had in common was an oppressed minority status. And the alliance between those who are same sex oriented and bisexuals, transgender people, and other sex and gender variant people is even more tenuous and conflicted.

The LGBTQ subculture has changed rapidly and dramatically since the birth of the modern gay activist movement, widely considered to have begun in 1969. Behavior and values continue to evolve. For example, younger generations of lesbians and gay men have started what is referred to as the ‘Gayby Boom,’ whereas older people assumed being gay meant being childless. One of the most interesting aspects of change is the proliferation of new and ever-evolving identities in the queer subculture.

Among other things, the LGBTQ community (like all minority subcultures) determines how its members describe themselves, what labels they use, and what characteristics, behaviors, and traits are expected to accompany one’s self-definition. Those who do not fit neatly into a

category face subtle pressure to hide or suppress characteristics that do not conform. For example, people who we now called LGBTQ or queer called themselves ‘invert’ in the 19th and early 20th century, ‘homosexuals’ in the mid 20th, ‘gays’ and ‘lesbians’ from the 1970s on. In pre-1969 lesbian culture, women were supposed to identify as either ‘butch’ or ‘femme.’ Those who insisted on presenting as androgynous or did not want to play a particular relationship role – were labeled ‘kiki’ and viewed with suspicion. During the lesbian-feminist years that followed in the 1970’s, the ethic reversed: lesbians who still called themselves butch or femme were denigrated by lesbian-feminists and androgyny was the expected norm. And in more contemporary queer subculture, there is still some pressure for bisexual people to label themselves gay or lesbian and suppress opposite sex attraction.

This concept is quite important, and it has gone virtually overlooked in the scientific literature until recently (Diamond, 2013; Savin-Williams, 2013). Social science and sexology research on ‘gay’ and ‘lesbian’ people – with some notable exceptions, like HIV research – selects subjects based on self-identification but interprets findings as though they were measuring some essential quality of human nature, something ultimately grounded in genes and brain structures. In fact, self-labeled sexual orientation is only loosely correlated with same sex behavior, fantasy, and attractions (Diamond, 2013). We are accustomed to assuming that there is a one to one correspondence between identity and some underlying biological reality – neuronal pathways, genes and chromosomes. But the categories with which we identify ourselves and others are social constructs, even if it is those constructs ultimately derive from elements like erotic and romantic attractions, maybe even gender identity and expression, that are based in our bodies and brains. Identity labels are a clumsy attempt to take confusing, complex phenomenon and distill them into discrete categories.

A number of factors influence which identity labels queer people use and have used over time, but one of them is the pressure exerted by the dominant norms of the LGBTQ subculture (Tilsten, 2013). And the labels queer people use are the identities that are currently available and acceptable within the communities they live in and depend upon for support. When lesbians were ‘supposed to be’ butches or femmes, that is how women identified. As ‘bisexual’ becomes destigmatized among younger people, more people will self-label in that way. As the norms of LGBTQ culture change over time, the identity labels change, which means there is a strong generational cohort effect in the community. Clinicians working with same sex couples should be aware that the norms of behavior, expression, and even self-identification may be strikingly different for couples in their twenties than those in their forties or fifties (Iasenza, 2010).

The LGBTQ community is ever-expanding. This means there is tremendous intersectionality (Diamond, 2008) in queer culture. Intersectionality refers to the overlap of different minority groups- for example, a black bisexual transwoman represents the intersection of race, gender, gender identity, and sexual orientation. People who ‘live’ in places of great intersectionality often suffer minority stress from many sources. But the multi-layered experiences of their lives also gives them unique perspectives and life experiences. Hanne Blank (2012) writes about the ‘doxa,’ the cultural values that are so taken for granted that we consider them ‘truth’ rather than values and norms. Most people are unaware of the ‘doxa’ they have absorbed growing up and unaware that it has influenced them. But minorities – those with less power in society – are more likely to notice and question it, because the doxa of any given society usually includes negative assumptions about those with less power. People who are ‘intersectional’ are aware of multiple ‘doxas,’ and are aware that the ‘truths’ of different cultures clash. This can give them a unique objectivity and make them free to reject, accept, and blend or

modify the rules for their own lives. They can invent new lifestyles and create new identities and modes of self-expression. Where there is intersectionality in a community there is dynamic change where minority groups overlap.

Further, the 'queer' community is increasingly intersectional. The 21st century has seen the LGBTQ community truly become inclusive of sex and gender diverse minorities: asexuals, intersex people, members of the BDSM/fetish community, even polyamorous people talk of having an 'orientation.' The resulting community has become much more diverse than the sum of its parts. As Rothblum (2012) says, "it is important to view all dimensions of intersectionality as continuum. Sexuality itself is complex and multi-dimensional" (p. 265). The community is now 'queer' in a 21st century sense, as Iasenza explains: "The term 'queer' has carried various meanings throughout history – a mid-20th century epithet for gay people, a reappropriated anthem for 1980's gay/lesbian activism, and a rejection of sex/gender binaries in more recent times." (p. 291). Iasenza is referring not only to the narrowness of the two-category system of sexual orientation, but to the reductionism of the two-gender gender system. The new 'queer' community has done rejected both models.

The rejection of sex binaries' Iasenza cites has meant far more than an expansion to include those who self-label as bisexual. Savin-Williams (2005) and Tilsten (2013) found in their research that many young, queer people rejected labels entirely, identified as 'queer,' or used new identity labels like 'pansexual.' In addition, Lisa Diamond (2008) found that her subjects, young college women, changed identity labels frequently over a follow-up of more than a decade. They did not reject former labels nor rule out future change; they were using identity labels to describe their current attractions, behaviors, and most of all, their current partner arrangement, and not using them in the essentialist way we have come to take for granted. Diamond calls this attribute of her subjects' sexual orientation 'sexual fluidity,' and first believed that it and bisexuality were more characteristic of female sexuality. She has since come to reject that view, in a 2013 paper aptly titled, 'I was wrong; Men are pretty darn fluid too.' Savin-Williams' recent research on what he calls "mostly heterosexual men" (2013) demonstrates that men, when given the option of this non-heterosexual identity label, often readily adopt it. Savin-Williams' work is a further breakdown of traditional straight/gay sexual binary, showing that even three categories are not enough.

Diamond (2013) is also researching the relationship between sexual attractions, romantic attractions, behaviors, and identity labels and finding lower than expected correlations between these variables for both men and women. There is increasing acknowledgement of and comfort with the fact that different elements of individual sexuality do not always go together, that the range of individual variations includes "lesbians who have sex with men, a gay man who fantasizes about women when having sex, heterosexual men who desire anal penetration." (Iasenza, 2010, p 292). It is a mistake to assume that a self-identified lesbian or gay man has never had pleasurable sex with an opposite sex partner– or isn't doing so currently.

The 21st century rejection of gender categories that Iasenza notes has a complex and long historical background (Beemyn & Rankin, 2011). Throughout most of recorded history, same-sex sexual attraction and gender nonconformity have been considered to be related, if not identical. Kraft-Ebbing and other early sexologists called homosexual attraction 'sexual inversion' – same sex attracted people were considered to have an inborn 'inversion' of gender traits, accounting both for nonconventional sex role presentation – effeminate males and masculine females- as well as the sexual attractions themselves. This tendency to conflate same sex attraction and gender continued until the 1970's when the conventional wisdom became that

sexual orientation and gender identity and expression were totally unrelated. This belief is an oversimplification of what is a more complicated relationship (Lev, 2004); some lesbians and gay men are also quite gender nonconforming. Lesbians and gay men are well aware of the relationship between their orientation and gender nonconformity. Gay men recognize this in camp and drag, in calling each other 'she' and 'her,' and lesbians reflect this in the terms 'butch' and 'femme'(Nestle, 1992). Lesbians eroticize gender nonconformity- the butch-femme dynamic is an erotic and relational one – but gay men still tend to denigrate femininity and eroticize hyper-masculinity, the ultimate in gender role conformity.

For younger queer people, however, the gender binary has already broken down, and it has blended with sexual orientation in interesting ways. Among those who consider themselves transgender, for example, the most commonly endorsed label for those under 35 is 'genderqueer' and the most common labels for sexual orientation are 'queer' or 'pansexual' (Beemyn & Rankin, 2011; Kuper et al, 2012; Nestle et al, 2002). The well-documented increase in the proportion of FtM transmen in recent years started in the lesbian community, where an environment supportive of gender nonconformity provided a fertile ground for the exploration of gender identity. Beemyn and Rankin found that two-thirds of transmen identified as 'butch' lesbians before identifying as transgender, and Lisa Diamond found 5 of her sample of over 80 women transitioned to a gender identity other than female by the twelve year mark (Diamond & Butterworth, 2008). Intersectionality of orientation and gender seem to be most pronounced currently in same sex female couples or couples where one partner is a bisexual/pansexual woman. There are many female couples comprised of two transwomen or a transwoman and a cisgendered queer woman, and many others are comprised of transmen and bisexual partners; many other couples are experiencing the transition of one partner. The breakdown of the gender binary is occurring on the physical level as well: some transgender people are comfortable having a body that differs from their gender expression or presentation, and eschew hormones and/or surgery. Others retain both male and female body features: a transwoman with breasts and a penis, a transman with a penis and a vagina.

Couple Relationship and Family Patterns

In the past 40 years the gay and lesbian liberation movement has successfully challenged homophobic assumptions about sexual deviance, family relationships, love, marriage, and family-building. It has been a massive social upheaval, perhaps one that is historically unprecedented, to have a despised, pathologized minority group become increasingly socially accepted and granted civil and legal rights.

However, with all the massive social changes, we must not lose sight of the intensity of both macro and microaggressions that LGBTQ people experience on a daily basis living in a homophobic and heteronormative culture. Heteronormativity as an ideology that is often unconscious, and that assumes everyone is heterosexual, while promoting traditional gender conventionality. Because heterosexual values are presumed to be superior to alternative forms of sexual orientation, gender expression, and family formation LGBTQ people are the recipients of institutionalized and personalized microaggressions due to their sexual orientation and/or gender expression. These include outright discrimination and bias, denial of their families, marginalization, and vilification of their sexual desires which manifests in lifelong psychological and emotional challenges (Meyer, 2003; Nadal, et.al., 2011; Nuttbrock, 2010; Sue, 2010). There is still a long way to go before same sex love is viewed as equal to opposite sex love, and it is within this context of oppression that lesbian and gay desires must take root.

Sexual desire is so central to the experience of being a lesbian or gay man that ‘coming out’ to oneself is often triggered by the awareness of same sex attraction. It is the awaking of queer sexual desire that provokes lesbians and gay men to explore the ways they are different from those with more normative sexual feelings. In a world where difference was celebrated, same sex attraction would be no more problematic than having red hair or being very tall; in the world as it currently is manifest, same-sex desire requires one to make conscious choices about their behavior and identity. Unlike other minority issues --the color of one’s skin or having a visible disability -- there are choices involved: to act on one’s desires or not, to hide or come out, either choice resulting in complex relational and emotional consequences. Knowing that one has ‘deviant’ desires marks you, and even in these more progressive times, it is psychologically a process to make cognitive sense out of this difference, to embrace and move towards the subject of one’s desire.

For all the ways that sexuality is the central theme in coming out as lesbian or gay, it is also the most private parts of the experience. When lesbian and gay couples seek out counseling, like heterosexual couples, they often seek out general counseling for a variety of interpersonal and familial struggles (i.e., housework, parenting, communication); issues of intimacy and sexuality may be part of the challenges, but may not be the presenting problem. In the past, lesbian and gay people often sought out counseling to help them resist their homosexual desires, or cure them – this is becoming less common as same sex sexuality is increasingly sanctioned socially and legally. For lesbian and gay couples to seek out therapy to improve their sexual satisfaction, they have to first recognize and name that they are having sexual problems, be willing to reach out for help and trust they will not face discrimination from the therapist for being in a same sex relationship.

Historically, lesbian and couples have partnered within oppressive social circumstances, and outside of standard relational rules. Patterson, et. al. (1999) has said that “...gay and lesbian couple relationships are ... creative enterprises carried out under unconventional circumstances” (p. 339). In a world where dating and courtship patterns are carefully scripted along gender lines and heterosexual relationship patterns are carefully institutionalized (He makes the phone call and he makes the first sexual move; she makes herself available to him and she makes sure to sexually pleasure him), Steen and her colleagues (1995) referred to same-sex relationships as “unscripted,” and Blumstein & Schwartz (1983) describe same-sex relationships as “noninstitutionalized.” Being outside of normative social institutions has often been painful for couples, when their long term relationships have not been recognized or honored. As same-sex marriage and queer families become increasingly normalized with formal and legal marriage ceremonies, it is possible that the norms that guide and maintain coupling will become more conventionally scripted and institutionalized. Patterson et. al., (1999) suggested that “the act ... of coming out as a couple becomes a device for gays and lesbians to claim the status, and increasingly, the benefits of couplehood by forcing social recognition of the significance of their relationships” (p. 342).

Despite the different circumstances of same sex couples they are, in general, similar to “opposite” sex couples in many ways (Gotta, et. al., 2011; Gottman, et. al., 2003; Kurdek, 2005; Peplau & Fingerhut, 2007; Solomon et al, 2005). They move through similar stages of family life (dating, falling in love, partnering, living together, and planning for children) as heterosexuals do (Ashton, 2011). Lesbian and gay couples describe similarly high level of relationship quality as well as stability. They express equal satisfaction in their relationships and sex lives.

But the data reveal a few important differences between same and different sex couples. Since Blumstein and Schwartz's groundbreaking work comparing heterosexually married, heterosexually unmarried, gay male and lesbian couples in 1983, a body of research has grown documenting these differences. According to recent census data, compared to different-sex couples, same sex couples are less likely to be raising children (20% vs. 44%), more likely to have a college degree (46% vs. 32%), and more likely to be in the labor force (82% vs. 69%). Individuals in same sex couples are also about 5 years and younger and earn more money, perhaps because they are more likely to have college degrees (Gates, 2013). Because of the considerable overlap between the BDSM, polyamory, and gay communities (Richters et. al., 2008; Barker, 2013), same sex dyads in sex therapy are more likely than mixed sex dyads to incorporate alternative sexual practices into their repertoire. Perhaps because many gay men and lesbians have relatively broad sexual practices, same sex couples have been found to "...take more time for each other and each other's feelings of pleasure, place less emphasis on rushing towards orgasm, and focus less on simultaneous orgasms" (Sandfort, et. al., p.5).

The most striking difference between mixed and same sex couples found consistently in research, is that gay male and lesbian couples are more egalitarian in almost every way than male-female couples (Gotta et al, 2011; Solomon et al, 2005; Peplau, 2003). Same sex couples are more financially independent and more likely to contribute to the household equally. In mixed sex couples, women do more housework than men and the chores are more likely to be split along traditional gender lines, while same sex couples share housework equitably and do equal amounts of 'feminine' vs. 'masculine' chores. Same sex couples have more equal levels of communication with each, contribute equally to the maintenance of the relationship, and have equal power in decision making. In other words, same sex couples are free of the gender stereotyping and power imbalances inherent in the still-sexist culture in which we live. In addition, they are better at resolving conflict than mixed sex couples. This research clearly demonstrates the effects of both sexual orientation and gender.

Sex therapists more familiar with working with mixed sex couples may find that these differences affect some aspects of their work. When relationship strife contributes to sexual dysfunction, the issues may be the same: money, household chores, and children. But the inherent, culturally ingrained assumptions about roles and power imbalances are absent and the partners are more likely to communicate well with each other; many same-sex relationships seem inherently more 'fair.' - and this may make the therapist's job easier. To the extent that sex drive is gender based, one finds different sexual problems and a different 'spin' on them. Lesbians will most frequently present with absent or very low sexual frequency, but it will be common that both women are experiencing low desire in an otherwise well-functioning relationship. Gay male couples will frequently ask for help with issues around nonmonogamy. And you will rarely see couples where the desire is so discrepant that one partner never wants sex and the other wants it every day. And it is less common to see same-sex partners where one partner is 'stuck' in an emotionally and financially dependent position relative to the other, although of course gender roles are not the only thing that produces dependency.

In heterosexual relationships, gender is likely a mediating factor in nearly all relational tasks including housework, childcare, employment consideration, and certainly sexual expectations. For same-sex couples, gender is a "relational task that is negotiated," so that the partners can become active participants in deciding how to divide the chores and responsibilities within their relationship (Lev, 2013). For many, if not most, gay and lesbian couples gender may not be a salient factor in their lives; for others gender identity, gender expression, and/or gender

roles play an important part in their emotional and erotic expressions. It is important to remember that gender is different from sex, and that a couple can be a same-sex relationship, with opposite gender expressions and markers (Lev, 2004). Additionally, gender expressions may be opposite (i.e., butch/femme) but one should not assume that masculine and feminine gendered roles symbolized traditional power dynamics between the members of the couple (Lev, 2008). Apparent differences in gender presentation may not be reflected in relationship roles, for example a 'butch' woman with a feminine-looking partner cannot be assumed to be taking on a 'male' role, for example, even in clearly defined butch/femme lesbian couples femmes do not feel that they are solely responsible for the "wifely" housekeeping duties (Levitt, Gerrish & Hiestand, 2003).

Same sex couples do not have the inherent imbalance that comes when the two partners have been socialized differently and have unequal access to power in the world outside the marriage. But this is not to say that all same sex couples are equally balanced in power; one partner may have more relationship power than the other by virtue of money, youth or attractiveness, or psychological dominance. But gender does not determine power differential the way it so often does in opposite-sex couples.

There are also differences between female and male dyads. Most research finds that male couples have the highest frequency of sexual activity and female couples the least, with mixed sex couples in between. Female couples report a broader range of sexual activities, and spend more time on any given sexual encounter than do mixed sex couples (Holmberg & Blair, 2009; Blair & Pukall, 2013; Nichols, 2006, 1987). Research has long demonstrated that gay men are less likely to pursue monogamy in long term relationships (Blumstein & Schwartz, 1983; Bryant and Demian, 1994; Green & Mitchell, 2008; Peplau, 2004). Solomon et al. (2005) reported that nearly half of the gay men in his research reported sex outside of their primary relationship. Non-monogamy is however not associated with less couple satisfaction or commitment (LaSala, 2004). Gay male couples frequently have planned agreements about their outside sexual encounters, although research has also revealed that having an open relationship by agreement, does not necessarily mean that the partners will act upon it (Kurdek, 2004). Some gay male youth eschew non-monogamy and aspire to long-term monogamous relations (D'Augelli, Grossman, & Rendina, 2006); this may be one effect of the HIV epidemic (Gotta, et al., 2011).

Lesbian Sexuality and Sex therapy With Female Dyads

"In a culture free of male dominance, what kind of sexuality would women want, practice, or experience" (Nichols, 1987, p. 154)

Lesbian sexuality is born of female desire, which is impossible to completely separate from the foreground of patriarchy and woman-hating. Women's desire (heterosexual or homosexual) has rarely been the focus of research and lesbian desire has been viewed more as pornographic pleasure for the male gaze than as an act for the pleasure of the participants, i.e., images that are phallogentric and heterosexist (Teifer, 2001). Although lesbian sexuality has a long and passionate history, it cannot be separated from women's oppression; it has not been easy for women to come out of the closet and live openly as lesbians until the rise of the women's liberation movement. Certainly, butch-femme communities thrived (Kennedy & Davis, 1993) before this era, and the influence of the feminist movement has been mixed – fostering both greater freedom for women and sexual exploration, as well sexual conflicts within this movement – for example, between anti-pornography and pro-sex activists.

While sexual freedom has never had the importance to queer women that it has to gay men, there is still an ethos of sexual openness and experimentation not found in heterosexual culture, nonetheless the lesbian community has fostered a strong sex radical movement unparalleled among heterosexual women (Nichols, 1987). Additionally, lesbians have always explored sensuality, erotic expression, gender dynamics, and other aspects of sexual play. Moreover, in recent years the queer women's community has struggled with the inclusion – and in some cases welcomed -- transwomen and transmen and others on the gender spectrum, with the unique sexual concerns specific to trans* bodies. Thus lesbians in urban areas have usually been exposed to kinky sex, to polyamory, and to individuals transitioning between genders and exhibiting a wide range of gender expressions.

Blumstein and Schwartz's (1983) research, the first to really examine lesbian sex, revealed that lesbians had less frequent sex than other partnerships (gay men, and heterosexual couples). They coined the term "lesbian bed death" inferring this lack of passion reflected an inability to maintain ongoing sexual relationship within long term partnerships. Other researchers also found that lesbian couples had a lessening of sexual behavior and little or no genital contact (Hall, 1984; Loulan, 1984).

Nichols (2011) raises important questions about this phenomena. Do women have a biologically lower sex drive than men (i.e., if no men are present, pushing for more sex, will desire fade), or does this reflect female socialization, since women have learned to be sexually receptive and therefore do not know how to ask for or initiate sex? Or, she posits, is it possible that the problem is the actual questions we ask, i.e., the way we measure sexuality that is the problem, what Riggs (2011) referred to as "ideological frameworks." If sexual behavior is measured by penetration, or number of orgasms, or genital contact – perhaps researchers' phallogocentric, heteronormative perspective is missing the actual passion and sexuality between women.

As noted earlier, lesbian couples have been noted to have egalitarian relationships, with high degrees of intimacy and communication and are skilled at conflict resolution. How do we resolve this discrepancy between these happy, but sexless, partnerships? Iasenza (2002) notes that lesbian sex may be less frequent and less genitally focused, but it is more sensual. Research has shown that lesbians spend more time on the average sexual encounter than do heterosexuals; using the measure of time spent on sex rather than sexual frequency, lesbians might be just as sexually satisfied (or perhaps more so) than their straight counterparts (Iasenza, 2002). Iasenza (1991) also found lesbians to be more sexually arousable and more sexually assertive than heterosexual women.

Although lesbian couples are more likely to be monogamous than gay men, female couples often openly discuss non-monogamy. Open communication is important to lesbian, even if they appear to be no more likely than heterosexual couples to actually practice it (Gotta, et al 2011; Solomon et al 2005).

Gender has long been a salient area of exploration of lesbian couples (Laird, 1999). Butch/femme dynamics were the accepted norm before the beginning of lesbian-feminist communities in the 1970s (Nestle, 1992) and has remained a constant expression of sexual desire within postmodern communities (Loulan, 1990, Levitt, Gerrish & Hiestand, 2003). Butch and femme are not merely "roles" that are "played" by lesbians, and are most certainly not a mimicking of heterosexual gender roles, but rather erotic expressions of sexual and gender identities that exist within lesbian communities. Russo and Owens-Reid (2014) wrote a blog post challenging the heterosexist assumptions about how gender works in lesbian relationship.

They comment on the question often posited to lesbians, “If you like girls that look like boys, why don't you want to date boys?” with the retort, “If you like boys so much, why don't you want to date my girlfriend who “looks like a boy”?” Their point is that “looking like a boy” is a particular lesbian erotic presentation (Loulan, 1990; Nestle, 1992), and has little to do with heterosexual posturing, or traditional gender identities, but speaks to a specific lesbian eroticism.

There has, however, been limited contemporary scholarship that challenges the enduring salience on gender dynamics in lesbian relationships. This invisibility in the research is a missed opportunity to raise questions lesbian sexuality. What does the research reveal, as well as conceal, about female couples? Is it possible certain research tools privilege particular “kinds” of couples, i.e., those who are most out or educated, those who are white and privileged? Although there are broader options for relational dynamics available for lesbians today, butch/femme identities, female masculinity, femme expression, and the exploration of gender dynamics across sexual orientations, not only still exists in lesbian couples, but have continued to expand within the postmodern world.

Case Vignettes

Lisette and Rosa. Lisette casually mentioned that she and Rosa had a more active sex life in the summer than in the winter. When questioned, she shyly admitted that in the summer they tended to sleep in the enclosed porch, which felt more private than their bedroom which was above the landlady's bedroom. They often felt they she could hear them and this inhibited their already infrequent sex life. Upon exploration, Lisette shared that she once came up behind Rosa to hug her while she was doing the dishes, and Rosa froze and pushed her away. She was concerned that neighbors would see them embracing. Although this couple was legally married in the state in which they lived, and had been partners for years, they were still coping with layers of internalized homophobia that was particularly focused on behavior that could be interpreted sexually. This also manifested in the bedroom. Lisette admitted that she had a hard time telling Rosa what she liked. She said that sometimes she kept moving her body over, hoping that Rosa would understand where and how she wanted to be touched, but that Rosa just joked that they would fall off the bed if she kept moving. Lisette did not have the language to discuss her body parts, or her desires, in a way that felt empowering, and not “dirty.” Working together in sex therapy, they were able to talk about these concerns, learn a mutually acceptable language to discuss their sexual desire, and become more playful sexual. This involved meeting with each of the women separately and completing a thorough sexual history, which included the values of their families about sexuality, how they learned to talk about body parts, and the individual narratives of their own coming out stories. Then the couple met together and shared their stories. Slowly (and very shyly), with support and encouragement in the consulting room, they began to verbalize how they would like to be touched, and what their visions for their sexual pleasure would look like. Sessions focused on topics like “getting caught,” “being seen,” and being visible as lesbian women -- not just friends or even wives, but as erotic partners. Rosa shared began to explore and deconstruct messages received in her Catholic family about sexual desire, and Lisette shared how women's bodies were seen as “dirty” in her family. Ultimately, the women decided to buy their own home, so they didn't have to be so constrained by their landlady – a home with enough distance from the neighbors that Lisette joked, “We could even moan loudly and no one would hear.”

Jo. Jo presented in therapy wearing masculine clothing, and sporting a short hair cut. She was dating a woman she had met at work, and this was the woman's first sexual relationship with another woman. This had been a pattern for Jo. She enjoyed seducing straight woman, who

found the sexual attention she gave them incredibly hot, but often struggled with ambivalence about her gender presentation. They liked her masculinity, but also often chided her about it. They could rarely commit to being in a relationship with another woman, and Jo had been left many times when her lovers were ready to “settle down” with a man. Jo thought that all “real lesbians” were butches, and since she was attracted to very feminine women, she felt “doomed” to never find a woman who really understood her and desired her. Jo explored how her gender was viewed within her family growing up, and how she was able to break away develop her own sexual style. She saw being a lesbian as act of “aloneness,” and had been raised to believe in her religious and rejecting family, that is she continued to live “that way,” she would never find a partner. Despite Jo’s outward sexual presentation as a bold dyke, she lived with self-hatred and confusion about her gender, her sexuality, and her desire. In therapy, was encouraged to explore what it would mean for her to find a femme lover, another lesbian who had a more feminine presentation, but was clearly interested in lesbian sexuality, and who respected and honored her Jo’s masculine sexual stance. Jo resisted the idea that such women could even be found, but through Internet chat rooms, butch/femme dating sites, and even a lesbian cruise, she was able to realize that she did not need to continue dating rejecting heterosexual women. It was a powerful healing to find a lesbian lover, who had no desire to be with a man, adored and enjoyed her masculine sexuality and saw their relationship as whole, and hot, and queer.

Gay Male Sexuality and Sex Therapy with Male Dyads

“Across the sweep of modern history, men such as these have risked their careers and reputations in order to have erotic contact with other men....Is it surprising, then, that the erotic is so central to gay men’s identities and culture?” (Martin, 2006, p.219)

There is much less research on woman to woman sexuality than there is on male to male, often referred to in the sexology literature as “MSM” (men who have sex with men, a term more behaviorally precise than “gay”). However, this research is narrow in focus. As Sandfort and de Keizer (2001) write: “Because sexual behavior is a major route of HIV transmission, and gay men constitute a major risk group in industrialized countries, a vast number of studies have been conducted... the research has been focused almost exclusively on safe versus unsafe sexual practices.” (p. 3).

Sandfort and Keizer summarize the research investigating sexual dysfunction in gay men. Most studies find higher overall rates of self-reported sexual dysfunction among gay men: 74% of gay men report some kind of sexual dysfunction, as compared to 30-50% of heterosexual men (McDonough et al, 2014). Bancroft et al. (2006) also reports that gay men have higher rates of anxiety about sex, and that gay men report more ED (erectile dysfunction) while heterosexual men report higher rates of RE (rapid ejaculation). Several studies have found that the most common sexual problem reported by gay male couples is the same as for mixed sex couples- discrepancies in desire for sex between partners- and that gay men report problems with sexual compulsivity less frequently. However, male dyads also report sexual problems rarely encountered in mixed sex or lesbian couples (Sandfort & Keizer), such as aversion to anal sex and painful anal sex.

Clinicians working with male dyads must take into account the ways in which gay male sexual behavior is different from that of hetero men. Hart & Schwartz (2010) and Martin (2006) have outlined some of these differences. Although the percentage of gay male couples with non-monogamy agreements has declined from nearly 100% pre-AIDS epidemic to closer to 40-50% now (LaSala, 2001; Shernoff, 2006a; Parsons et al., 2012; Solomon et al, 2005), clinicians are

still quite likely to see this in the office, and to be called upon to help partners to negotiate such agreements or to help resolve conflicts over nonmonogamy. Overall, gay men are more sexual than women or heterosexual men, both in frequency of sex and number of different partners. Therefore, therapists may need to examine their own internal norms about this abundant sexual activity to avoid developing negative judgments of gay male clients.

While same sex couples are, overall, more egalitarian than mixed sex couples, that does not mean that roles are equal in the bedroom. Especially when anal sex is practiced, two men may assume 'active' or 'passive' roles, which correspond to 'top' and 'bottom', or 'insertor' and 'insertee.' Many men are flexible in their roles, but sometimes problems arise when both men prefer one role over the other. In addition, when erectile dysfunction is an issue, it is usually an issue for the anal sex 'top,' as the 'bottom' can participate fully with a flaccid or partially erect penis.

Anal sex, however, is not directly analogous to penile-vaginal intercourse. The most common sexual acts among gay men are oral sex and mutual masturbation. Most mixed sex dyad sexual encounters assume penile-vaginal penetration, with oral sex, if present, part of 'foreplay.' Male dyads do not assume that anal sex will be included in every, or even any, sexual encounter (Hart & Schwartz 2010).

HIV affects gay male sexuality tremendously, even though AIDS is no longer a death sentence. Prevention specialists have been frustrated by the fact that male to male sexual transmission has not only not been eradicated, it is on the rise, as condom use is by no means universal. In the United States, most new cases of HIV transmission occur among gay men, and the numbers are increasing (Centers for Disease Control, 2013). Unprotected anal intercourse (UAI), called 'barebacking', is the mode of transmission, and it is common among gay men (Shernoff, 2006b). It is difficult to understand this without considering the sub-cultural system that influences gay men and male dyads, and without knowing some of the history of Gay Liberation. Early Gay Liberationists celebrated joyous, abundant, frequent sexuality among men. Free of constraints, some men in urban gay communities could amass hundreds, even thousands of sex partners. Sex became a way of sharing and connecting with other men, and for some gay men it was and is a spiritual, transcendent personal and communal experience. Sex became synonymous with liberation and gay identity for many men. This was so true that even after AIDS began to devastate the community in the 1980s, many gay men resisted the idea that HIV was spread sexually, as documented in plays, movies, and books like 'The Normal Heart' and 'And the Band Played On.' For gay men, sex served and still continues to serve functions of intimacy and pleasure, but also of connection to community, gay pride, identity, ecstatic 'peak' experiences, and spirituality.

Once the reality of sexual transmission was accepted, by the mid-1980s prevention efforts began, primarily funded by government money and including rigorous research (Mustanski & Parsons, 2014). Efforts focused on getting tested for HIV, using condoms, on reducing the number of different partners – and on 'erotizing' safe sex (Shernoff, 1991). Rates of new infection dropped dramatically among gay men until the last decade, and now new infections are again on the rise. Prevention efforts have expanded beyond 'safe sex' messages to include harm-reduction techniques like 'serosorting,' the practice of barebacking only with men of your own serostatus. This approach has had some success in reducing sexual transmission (Phillip et al, 2010).

The latest prevention technique is called PrEP – Preexposure Prophylaxis, which involves taking small oral doses of antiretroviral drugs on a daily basis while still HIV negative. The

CDC published guidelines for use in the United States on May 19, 2014 (Centers for Disease Control, 2014). PrEP reduces the risk of HIV transmission about 50% in gay men, even among those who are having unprotected anal sex. It is controversial for reasons ranging from the practical to the sex negative (Crary, 2014:), and the debate currently divides the gay male community, as some AIDS activists and organizations advocate for its use as a harm-reduction technique, while others discourage its use. Mantell et al (2014) found that half of gay men said that it was 'very likely' that they themselves would use PrEP - but that many erroneously believe that PrEP works when taken only before sex. The same study found that nearly half of survey respondents believe PrEP will lead to a reduction in condom use, a major fear of those who deplore its use. Arguments against PrEP, marketed as 'Truvada,' include the fear that users who do not follow a consistent regiment will develop strains of HIV resistant to antiretroviral medications. Supporters of PrEP counter that rates of sexual transmission are rising among gay men because a significant number are already not using condoms, and that Truvada will protect those men currently engaging in 'barebacking.'

Recent research has shown that most seroconversions do not occur as a result of sex with multiple partners, but rather as a result of UAI between committed partners (Mustanski & Parsons, 2014). This is a finding of major importance, because most prevention efforts have been aimed towards men who are single or who are contracting HIV as a result of extra-dyadic sex. In fact, one study showed that like lesbians and heterosexuals, gay men value sex in the context of a committed relationship and sex with a sense of emotional and psychological connection over volume and variety of sex partners (Bourne et al, 2013). Therapists should be aware of this and, when appropriate, question male couples in sex therapy about their prevention efforts and knowledge of their own serostatus. Many couples have rules that require using condoms with extra-marital sex partners but not with each other, and are transmitting the virus between them when they believe themselves to be 'safe.'

Case Vignettes

Frank and Jarad. Frank and Jarad came to treatment for help restoring a sex life that had flagged after Frank discovered in a routine annual physical that he had seroconverted. Frank realized he had been deceived by an outside partner with whom he had an ongoing sexual relationship, who had claimed to be HIV negative. Frank had not transmitted the virus to Jarad, however, and Jarad was not angry at Frank for his mistake. Frank was diligent about taking the 'cocktail' of drugs aimed at preventing his HIV from becoming active. However, the men's sex life with each other ceased after Frank's diagnosis, and Frank avoided sex outside the dyad as well. The therapist, after investigating the possibility that Frank's decreased sex drive was a side effect of the medications, determined that Frank was avoiding with sex with Jarad for fear of 'contaminating' Jarad. He was averse to outside sexual partners as well, wary of being deceived again. In therapy, Frank revealed feelings of deep shame and humiliation for having contracted HIV, and thoughts that his body was 'toxic.' Frank needed some individual sessions to work through these feelings. He was old enough to remember people dying of AIDS in the 1980's and 1990's, and during those years he had internalized the feelings that male bodies, especially the penis and semen, were "contaminated," feelings that were extremely common at the time (Shernoff & Bloom, 1991). EMDR and cognitive-behavioral reframing of his thoughts helped diminish the intensity of these negative feelings considerably. Jarad, for his part, was extremely patient, consistently re-assuring, and willing to wait over a year for Frank to be able to be sexual. This was easier for Jarad because, like many gay male couples, the men had an open relationship and Jarad occasionally had sexual encounters with others. In addition, in therapy the men

learned the value of frequent, tender, cuddling and physical contact. Slowly they were able to resume a sex life with each, albeit more limited than it had been before. Moreover, Frank was never comfortable with having his own extra-marital sex again. He felt so deeply betrayed by the outside lover who had infected him that he could not feel open and free sexually with anyone but Jarad. Frank accepted this without bitterness, however. After his HIV infection, Frank never prioritized sex in his life quite as much as he had done before.

Alberto and James. Many gay men become connoisseurs of sex by virtue of experience and number of sex partners. This can sometimes work against them. Alberto and James had been in a monogamous marriage for eight years, and gradually over the years James' interest in sex had declined. At the point they entered treatment, they rarely had sex, something which frustrated both men. When they attempted, James often had erectile problems. The quality of the rest of their relationship was high. James was fifteen years older than Alberto and much more sexually experienced. His many casual sexual encounters had always followed a narrow and rigid sexual script; opportunities for sex had been so abundant for him that he simply rejected partners who did not match his criterion for sexual style. James sexual 'lovemap' involved being 'seduced' by his partner in a particular way that involved finesse and subtlety. Alberto's sexuality was more expansive and flexible, but his natural style involved being boisterous, enthusiastic, and a little rough. Over the years, James had found this mismatch between his internal erotic script and Alberto's sexuality became increasingly important, and he grew less and less interested in sex. Alberto was dissatisfied with the infrequency of sex, but he also complained that the narrowness of James' interests left him bored. The therapist learned these things during individual sessions with each partner. After diagnosing the script discrepancies, the sex counselor held a couples session explaining that these 'mismatches' existed and that therapy would consist of helping the men communicate their specific needs and learn how to fine-tune their sexual encounters. James and Alberto were also told that because of their different sexual desires, their sex together might never be as 'hot' as sex had been outside the relationship. This was particularly hard for James to hear; he had spent many years accustomed to having easy access to 'hot' sex through multiple partners, but he came to accept it. In general, however, the men understood the concept of a 'mismatch' much more easily than many mixed sex couples would; gay men tend to have a pragmatic approach to sex. Getting the men to communicate their needs was fairly easy as well. They were encouraged to watch a variety of pornography together and discuss it afterwards, pointing out what they each found particularly arousing. What was more difficult was teaching Alberto to be more subtle and nuanced in his approach. It did not come naturally to him, and the therapist needed to do some 'coaching' to help him develop finesse. But James ultimately responded to Alberto's attempts to seduce him in the way he desired. He was moved by Alberto's efforts, and that made it easier for him to 'stretch' to expand his sexual repertoire to accommodate his partner's desire for novelty and experimentation.

Summary and Conclusions

A systemic approach to sex therapy with same sex couples involves considering the historical context of Western society's treatment of those who exhibit these desires, the current social and political climate, and the influence of the LGBTQ community on behavior, beliefs, and even identities of its members. The clinician should be aware of the great degree of intersectionality within the 'queer' subculture and how this impacts the dyad, e.g., the couple may include one of more members who is transgender, practices BDSM, or is bisexual, and committed partners may have an agreement and rules about sexual and/or romantic relationships

outside the dyad. Since gay and lesbian people are more likely than heterosexuals to be rejected by their families of origin, the primary support system of same sex couples may be ‘created families.’ Same sex couples ‘operate’ differently from mixed sex couples in some ways, primarily in the more egalitarian nature of their relationships. Their sexuality is somewhat different, and the sexual practices of lesbian couples vary, in turn, from those of male dyads. While the problems of same sex couples are often similar to those of mixed sex, some specific sexual issues are different. By considering the systems context of same sex dyads, appreciating the particular stresses and pressures exerted by both the mainstream and the minority cultures, and understanding the ways lesbian and gay male relationships reflect those stresses and pressures, sex therapists increase their effectiveness working with same sex couples.

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