CHAPTER FOUR

Joining with Male Couples

In the preceding chapter we outlined the generic model of structural couple therapy. We demonstrated the model using a heterosexual couple to illustrate the three stages of treatment. In this chapter we will elaborate in greater detail our way of working with male couples so that the reader will have a clearer sense of what is different in working with this group, as compared to straight couples. Whatever the couple's sexual orientation and presenting problems, what remains constant is the three-stage structural model. In this and the succeeding two chapters, we will introduce male couples that we've worked with, whom we will use to illustrate the model as we track their progress through treatment.

TASKS OF JOINING

Joining is a critical initial stage of the therapeutic encounter. Unless a couple trusts a therapist and has some degree of confidence that they can benefit from intervention, they will either drop out of treatment prematurely or resist any challenge by the therapist to change their behavior. A couple's pull toward homeostasis is powerful, and their resistance can defeat the most experienced therapist. Structural family therapy is a short-term treatment, and the therapy moves along quickly. The therapist must take charge of each session, which during the joining phase helps to inspire trust from the couple.

The axiom of having to earn the clients' trust and respect, which is essential during the first phase of treatment, is even truer when working

with stigmatized populations such as male couples. Just as with the straight couple, a gay couple entering treatment is in crisis and seeking relief. But for a gay couple entering treatment there are two major differences. One is that they often come in defensively, fearing the therapist will judge them, uncertain whether their relationship is valued and worth saving. Second, few gay men we see in our practices have had the experience of working through differences with significant male others. Many gay men have the impulse to flee at the first sign of conflict, and there are few social or legal structures in place to support men working to repair their relationship.

As we noted in Chapter 2, gay men prior to entering treatment have internalized a message from early developmental experiences that they are less than or inferior to the heterosexual majority. Shame-inducing experiences become internalized as low self-esteem, and many gay men have developed a "false self" in childhood that is integrated into their personality by adulthood. These traumatic experiences can be expressed in adulthood in one of two preferred styles of relating:

1. The gay adult may avoid intimate relationships with other men for fear of repeating earlier negative experiences. The attitude of "I refuse to be mocked again" creates obstacles in building an intimate relationship with another man.
2. The gay man may experience and express his need for affection and intimacy with another man as being so precious that he has a desire to merge with his beloved. In this scenario, the partners risk losing their individuality.

Either dynamic, disengagement or enmeshment, is problematic in long-term relationships.

Gay bars, parks, and clubs where it is safe to approach another gay man have frequently been the key gathering places in a gay man's initial socialization and sexual experiences. Same-sex relationships are often kept secret from family, straight friends, and work colleagues. Little societal support exists for a male couple, and relationships are easily dissolved in this milieu. The socialization process for men, regardless of sexual orientation, traditionally rewards independent, stoic behavior. "Boys don't cry" is axiomatic in U.S. culture. Additionally, men in general are socialized to either dominate the other or avoid conflict, often being acculturated to believe that compromising is the same as "los-

ing"—and losers are sissies. Given the secretiveness of many gay relationships and a society that privileges male stoicism and independence, many gay couples choose to go their separate ways when confronted with seemingly irreconcilable differences.

It's interesting to note that many of these "irreconcilable differences" are not dissimilar to the boundary-making and accommodation issues of heterosexual couples. However, gay couples, bereft of role models, often lack the experience to contextualize their struggles for creating relationships. This atmosphere of instability and dearth of positive socialization experiences are two significant respects in which a male couple's experience differs from that of their straight counterpart.

Although heterosexual couples can come to therapy for help in separating, the majority of such couples are committed to resolving their differences. Separation and divorce are the last, not first, options. In the face of conflict, gay couples often feel that separation is the first option of choice. Creating a therapy that honors and values gay relationships is an essential first step in helping the male couple solidify their relationship.

FORMING THE THERAPEUTIC ALLIANCE

How is the foregoing knowledge helpful to the therapist, either gay or straight, who is working with same-sex couples? When a gay couple presents themselves for treatment, their antennae will be tuned for any suggestion of homophobia. Nancy Boyd-Franklin (1989) refers to this guardedness on the part of Black clients as "a healthy paranoia," the clients' adaptation to an unsafe world. It is essential for the therapist to be prepared for this dynamic and communicate to the couple that they are in a safe environment.

Creating a nonhomophobic environment begins with the initial telephone call. In contrast to the initial contact with a heterosexual couple, the gay man calling to make an appointment will commonly ask if the therapist is gay. We advise that the therapist answer this question directly. In family therapy the therapist is not interested in encouraging the client's transference, so she becomes a neutral object on which a client can project his psychological process. Structural family therapists are more interested in creating interactions between the couple so that the therapist can explore the ways that each partner has contributed to

creating the dynamics of their relationship. If a therapist is gay, there is usually no further discussion once that information is disclosed. If she isn't, she can say just that. During a couple's initial session, she will have the opportunity to demonstrate her respect for gay couples, and the couple can then make the decision whether they want to work with a straight therapist. In our experience, many gay couples initially are more accepting of straight female therapists and more guarded with straight or gay male therapists. Exploration of the meaning of the therapist's sexual orientation or other questions can usually be deferred to the initial session.

Often a couple will also ask about the therapist's fee, participation in managed-care programs, and theoretical orientation. The first two questions can be easily answered, with discussion of the appropriateness of a sliding-scale fee normally deferred to the first session. The last question, regarding the therapist's theoretical orientation, usually reflects the couple's anxiety about the therapeutic encounter. The therapist should answer the question as succinctly as possible: "I'm a social worker (psychologist, psychiatrist) and I have advanced training in family therapy." We usually recommend that a therapist inform a couple that she would like to meet with them for a one- or two-session consultation, so she can ascertain if she can help them, and so a couple can decide if they feel comfortable working with the therapist. The time length of each consultation should also be stated. Again, we recommend that each session be a minimum of 1 hour and, if possible for the initial consultation, 1½ hours. The extra half-hour gives the therapist time to take an initial history and to begin to experience how the couple interact with each other.

Therapists often overlook the importance of having a welcoming waiting room and office that communicates openness to working with gay couples. The therapist can have gay-affirmative literature in the waiting room such as *In the Family*, a magazine that focuses on alternative families. For instance, one straight therapist who is an amateur photographer has pictures of the local Gay Pride Day parade on his office wall. Literature in the waiting room that is supportive of gay relationships or that promotes gay-affirmative community activities and organizations makes a positive statement to gay clients. If the therapist uses an intake form, the marital status portion of the form should have language that reflects gay inclusiveness (see Figure 4.1).

Initially a therapist can help put a couple at ease by asking a few

Name_____ Telephone number _____
Address_____ City_____ State _____ ZIP _____
Date of birth_____
Status: Single _____ Domestic partner ____ Married _____
Separated _____ Widowed _____ Divorced _____
If partnered or married, person's name _____
How long together?_____
Partnered or married previously?_____ If yes, how long?_____
Do you have children?____ No. of girls _____ Ages _____
No. of boys_____ Ages _____
Education: Highest grade or degree _____
Mother: Living _____ If deceased, when? _____
Father: Living _____ If deceased, when? _____
Siblings? _____ No. of sisters _____ No. of brothers _____
Any deceased? _____

Type of work you are doing now _____
Name and address of employer _____
Telephone no. _____ Length of time in position _____
Have you had any illnesses? _____
Hospitalizations?_____ If yes, why and how long? _____
Medications_____
Reasons for meds _____
Previous counseling? _____ If yes, how long? _____
If yes, what type and with whom? _____
When did you discontinue? _____ Why? _____

FIGURE 4.1. Intake form.

simple questions as they make the transition into the office. "Was it difficult getting here? Did you encounter a lot of traffic? The elevators are archaic in this building. Did you think you'd have to walk up?" Humor can often help to create a bridge. These questions may sound like idle chatter, but they help ease a couple from one world into the therapeutic environ of a couple's session.

If a couple has filled out an intake form, a therapist will need a few

minutes to look at their responses. Alternatively, many clinicians gather this information as part of the joining process. We find it most helpful to have the couple write down certain basic information on the form (i.e., telephone numbers, addresses, relevant medical history) so that we do not need to be writing during the session. We find that a lot of writing during the session can be distracting, and during the early sessions it may act to distance the therapist from the clients. The therapist will also want to orient the couple to her office. If she will be recording the sessions and has not discussed that with them, this is a good time to explain why the therapist records sessions and to obtain the couple's signed permission (see Figure 3.1). "I like to record my sessions because it gives me an opportunity to further explore our sessions and understand how I might be more helpful to you." Or if a therapist is in supervision, " I record my sessions because I consult with a senior colleague when I feel stuck in a session or when I need a neutral informed opinion. And unless we agree otherwise, I erase the tapes as soon as I have had an opportunity to look at them." A therapist can also say that the videotapes can be used for playback in a session with the couple so that they can help the therapist understand what dynamic is being created between them. Usually a new family therapist is more anxious about asking for permission to tape than the couple is about being taped. If the therapist is clear and matter-of-fact about the reasons for taping, most couples will readily give permission. Those who don't give permission initially may be persuaded of the utility of taping during later sessions.

THE PRESENTING PROBLEM

Once the therapist has oriented the couple to the office, the next task is to ask each partner to state why he is seeking treatment. A therapist needs to be in charge in this stage of treatment and create safety in the initial encounter by structuring and leading the session. She might ask a couple, "What brings you in *as a couple*?" or "How can I be helpful to you *as a couple*?" The language is simple but the message is complex. The therapist is communicating both that she recognizes the partners *as a couple* and that she wants initially to get to know them *as a couple*. In asking the question, she has not addressed a specific person but rather she has asked them as a system why they have come into treatment.

Questions about each man's individual history of gay identity development are also important, as those experiences will impact on the men's relationship. We advise though that questions focusing on an individual's development be deferred initially until the therapist has a better appreciation of the couple's presenting problem.

This initial encounter is important for all couples but especially so for gay couples, as the therapist's office may be one of the few places in the gay couple's lives where they are seen and acknowledged as a family. This acknowledgment alone can be therapeutic for a couple. A therapist is also beginning to educate a couple to the unique culture of systemic therapy by focusing on their collective history. The therapist wants to communicate to the couple that she wants to hear each partner's voice and not let one person speak for the system.

When a couple comes into treatment, they are in crisis, and each partner should have the space to express his frustration and anger. Similar to the heterosexual couple, Trudy and Jed, presented in the preceding chapter, gay couples usually present with overly simplistic explanations of their problem that identify one partner as "the patient," such as: "My partner is always working and when he is home he watches television. He's not interested in me anymore." Or, "I'd like to have an open relationship. Tom doesn't want one. He's so inhibited." "Jim stopped going to NA [Narcotics Anonymous] meetings and I'm anxious that he's using drugs again. He's so secretive." Such straightforward statements—what we call linear explanations—communicate to the therapist, "Fix him and our problems as a couple will be solved."

The therapist's task is to begin to formulate hypotheses as he joins with the couple. As the therapist listens to the men discuss their problems and their origins, he is beginning to identify what mutual behaviors maintain them. The therapist remains in control of these early sessions by directing questions to each partner. For a couple to open up raw emotions too quickly can be countertherapeutic and create an unsafe atmosphere. The task during this early stage of treatment is for the couple to know that each partner will have an opportunity to express his concerns. By remaining close to the couple and central during this phase, the therapist can structure the session to help ensure that each person is adequately heard.

Spontaneous interactions between the partners will often occur during this stage of treatment, and experienced therapists can use these enactments to create frames (i.e., images or insights) of how the couple

have constructed their relationship that maintains this homeostasis. For instance, in a relationship where the couple dynamic is underfunctioning–overfunctioning complementary behaviors, if one partner continues to complete the sentences of the other, the therapist might wonder aloud whether that behavior might account in part for the silent partner's underfunctioning. The experienced therapist might say, "I notice that, whenever I ask you a question, your partner answers. Let's hear from *him*. Perhaps that's why you spend so much time at the office. Do you ever feel unemployed at home?" The couple is already being educated to one of the basic tenets of structural family therapy, namely, that complementary behaviors create predictable patterns of interactions with predictable outcomes. However, for a therapist new to family therapy, we suggest that she make a mental note of the dynamic or even reflect her observation of the behavior to the couple and continue to focus on the history of the presenting problem. "When did you first notice his lack of interest in you?" or "Your partner says you work all the time. Is that how you view it?" are questions that will help to focus the session.

All couples struggle to create a relationship that meets the needs of each of the partners and identifies them as an entity separate from other systems. The reconfiguration of roles to accommodate each other's needs and the boundary making required to create a new family identity are challenging and stressful to both partners. What may be a surprise for a family therapist new to working with gay couples are both the similarities and differences of the presenting problems. Because there are few laws and so few institutionalized rituals that acknowledge and affirm the union between same-sex couples, gay couples have to make up the rules as they go along. Furthermore, most male couples have few role models to use when constructing their relationship. Gay men will often reject heterosexual couple norms for reasons related to politics because they believe those norms aren't relevant to their relationships. For instance, it is not uncommon for a gay couple to present in treatment with a disagreement over whether they should have a monogamous or an open relationship. Or a couple may be struggling with how to create complementary roles as a family, a presenting problem common to all couples but exacerbated for gay couples due to their isolation and lack of common norms.

The task of boundary making is a challenge for gay couples because frequently families of origin do not recognize the men as being a couple even when each of them is out to their families. Not being recognized as

a couple creates split loyalties, as each man is often automatically drawn to remain loyal to his biological family. It is not uncommon for a therapist to discover that, even in a long-established gay couple, each man continues to separate and return to his family of origin for important holidays. This dynamic is destabilizing for a couple as they struggle to create a family identity with their own traditions and rituals. Just as a therapist would be surprised to discover this dynamic with a heterosexual couple, she should be curious as she questions the effect of the behavior on the integrity of a gay couple. If the clients have partnered siblings, the therapist might ask, "Do your siblings also leave their spouses during holidays?"

HISTORY OF THE RELATIONSHIP

Once each partner has identified why he has come to therapy, the therapist will want to take a history of the couple's relationship. Areas of interest for a systemic therapist include how did the couple meet; what attracted them to each other; what was their courtship like; do they have an anniversary date; have they had or do they plan to have a commitment ceremony; do they have an open or closed relationship; and do they have, or do they intend to adopt, children? If the therapist was working with a heterosexual couple, none of these questions (with the possible exception of that relating to monogamy) would appear novel. For a gay couple, the questions introduce therapeutic novelty as the therapist focuses on identifying the strengths of their relationship and simultaneously honors them as a couple. Furthermore, the therapist is gathering important information to make tentative hypotheses regarding what mutual behaviors maintain the couple's presenting problem. It is equally important for the therapist to know where a couple is developmentally in their life cycle. For instance, the tasks for a couple early in the stages of identity formation and boundary making differ markedly from those of a couple struggling to incorporate adolescents into a blended family.

Additionally and unique to working with same-sex couples, as the therapist takes the history of the gay couple's relationship, she begins to weave in questions that will provide her with information about each man's stage of gay identity development and his process of coming out. For example, if one or both of the men are closeted and not out to fam-

ily or colleagues, a therapist will want to explore how that dynamic impacts them as a couple. Couples, straight and gay, benefit from community support, and isolation creates stress on the relationship. Clandestine relationships can initially be exciting because of their secretiveness, but eventually those relationships are at high risk due to their lack of supportive resources.

A CLINICAL EXAMPLE OF JOINING

A clinical example of an intake with a male couple will illustrate the initial joining phase. Don and Gerry have been in a relationship for the past 5 years. Don is a designer from a close-knit Italian Jewish family. Gerry is a successful realtor from an Irish Catholic family. Both men are in their early forties and recently began living together in Don's apartment. When the therapist asks why they have come to see him, they both complain about a lack of closeness in their relationship. When the therapist pushes each man to be more specific, Don says he is angry at what he describes as Gerry's dullness. Gerry (who initially called to make the appointment) then speaks at length about his concern over Don's recent abuse of the drug Ecstasy and his going to clubs on weekends with friends. Gerry is bewildered by Don's new behavior and fears for his health. Gerry also says he often feels excluded from Don's social life. What was apparent to the therapist as he joined with the couple was the parental quality of Gerry's complaints. Don initially said little—only that he was tired of leading a dull life with Gerry and that he intended to enjoy his life now that he was in his forties.

The therapist could take one of several paths at this stage. If he were to focus solely on the destabilizing and potentially deleterious effects of Don's drug usage and club attendance, he would have bought Gerry's explanation of the couple's problem: "Don's misbehaving." Making a mental note that Gerry's style appeared highly parental, the therapist chose to further explore the history of Don and Gerry's relationship. He wanted to know more about the men. How did they meet? The therapist knew he needed to gather more information about their dynamics as a couple if he was to understand what mutual behaviors had instigated and were maintaining Don's recent forays into the party circuit.

The men reported that they began dating when Gerry was in a het-

erosexual marriage. Initially their dating was secretive and consisted of romantic afternoon trysts and weekend dates. Eventually Gerry disclosed his bisexuality to his wife and revealed the affair that he and Don had been having for 2 years. Gerry said that his wife was not surprised with his revelation and had always suspected that he was bisexual. Gerry and his wife had married when they were both in college and had raised one son together, who was now a junior in high school. Gerry's main concern when he separated from his wife was how he could continue to be a father to his son. Gerry's wife agreed that they should separate so that they would both be free to pursue more fulfilling relationships. As the therapist continued to take Don and Gerry's history, he was thinking, "What is Don's new behavior intended to communicate to Gerry—and why *now*?"

Don continued to remain silent, and the therapist knew it was important to join with him. Using Don's words, the therapist said, "When did you begin to feel that Gerry was so dull?" Though still early in the first session, the therapist wanted to challenge the explicit message that Don was the problem to be fixed. The therapist began to challenge that frame by refocusing on Gerry's behavior. He expanded the problem to include how Gerry contributed to Don's going out on the party circuit.

Since moving in together 2 years ago, Don said that Gerry was emotionally less available and distracted with work. The therapist asked if Gerry's distancing was new behavior, and Don replied "No" but that, prior to his moving in, he had been very busy building his own career. Recently Don's reputation as a designer had become better established. Now that Gerry was living with him, Don was more aware of how distracted Gerry seemed. The therapist encouraged Don to tell Gerry specifically what bothered him. Don told Gerry that he was ready to break up the relationship. He was tired of feeling "like a mistress." When the therapist asked Gerry if he knew what Don meant, Gerry looked bewildered. He said that he thought Don was going through a mid-life crisis. Remaining central to control the session, the therapist asked Don if that was true. Don responded to Gerry, "If you're not going to be available, I'm going to enjoy my life and my friends. You can go back to your wife." The therapist said, "You mean his ex-wife?" Don said, "No, I mean his wife. They still vacation together. I'm the third wheel."

The probable meaning of Don's behavior had become clearer to the therapist as the nature of their problem unfolded. The therapist hypothesized that, though they had been together for several years, Don and

Gerry had never become a couple. While they had lived separately and while Don had been busy building his career, their parallel lives had not been a threat to Don. Now that they were living together and struggling to create an identity as a couple, they were doing the work of creating a home that they had previously postponed. Gerry, possibly reflecting his desire to parent his son, appeared to never have fully committed to a relationship with Don. Don, previously preoccupied in building his own career, was now ready to be closer to Gerry. The therapist also thought about where Gerry might be in his struggle to integrate his gay identity and what impact the disclosure of his sexual orientation might have had on his relationship with his son. The therapist chose to pursue a line of questioning that focused on the basic task of creating a couple identity.

LISTENING TO THE COUPLE'S SUBTEXT

In Chapter 3 we noted that the two tasks in becoming a couple are boundary making, or creating an identity, and accommodation. Though the couple's problem, as presented by Gerry, was Don's nightclubbing, the therapist's hypothesis was that this couple was struggling with issues common to blended families. The task for them was how to create a boundary and an identity separate from Gerry's former marriage. While Gerry needed to continue to communicate with his wife in order to parent his son, the task was for him to emotionally disconnect from her so that he was available to make a home with Don. Similarly, Don had needs for intimacy and affiliation in his relationship with Gerry that were not being met. The therapist wondered if Don's behavior was having the reverse effect of what he had actually wanted, that is, driving Gerry closer to his wife rather than pulling him into their partnership.

The therapist knew it was important to support Gerry's desire to parent his teenaged son and to maintain open channels of communication with his son's mother. He decided to highlight Gerry's strengths in his relationship with Don before he challenged him. "Don, you obviously fell in love with a very caring, responsible man who wants to be a good father to his son." Then he challenged Gerry's failure to disengage emotionally with his wife. "Gerry, is it possible, though, that Don is right? Do you still have one foot in your marriage with your wife? I wonder if you've unpacked your bags in your new home."

Gerry responded in a businesslike manner, "Oh, yes, I'm fully com-

mitted to being with Don." The therapist did not accept Gerry's reassurance. He continued with his inquiry as he wondered aloud why Don might be challenging Gerry. Gerry had difficulty understanding his partner's angst over his continued involvement with his wife.

At this point in the session the therapist, though aware that he was still in the joining phase with this couple and educating them to the interdependency of their behaviors, felt a pull to focus the session on Don's drug abuse. He was activated to intervene by the crisis that he feared could potentially destroy their relationship.[1] The therapist made a decision to intervene, aware that he felt pulled in two directions by Don's behavior. While wanting to support Don's voice and not take up the role of his parent, he knew that Don was using self-destructive tactics to capture his partner's attention. The therapist said, "I understand your wanting Gerry's attention, but why play Russian roulette to get it?" Don looked stunned. The therapist simply repeated his question. Don began by saying he had started going to circuit parties with some of his single friends because he was bored in his relationship with Gerry. At these all-night parties, hundreds of gay men gathered at a designated club in a highly sexualized environment. Drugs were everywhere at these parties, and Don regularly began to use Ecstasy, a drug that induced euphoria but more importantly, he said, gave him a feeling of "oneness" with his community.

The therapist hypothesized that Don was expressing his emotional loneliness by attending these parties—but, equally significant, he was endangering his health. His behavior was threatening to destabilize his relationship with Gerry as well. The therapist felt the need to challenge this destructive behavior. "Your drug usage can alter your brain's chemistry and result in long-term depression. You should find some less dangerous way to get Gerry's attention."

We take a firm position against the use of illicit drugs. Party drugs such as Ecstasy, Special K, and Crystal not only are self-destructive but also destabilize meaningful relationships. Although we believe the high

[1] This is a good example of when the therapist's theoretical knowledge could have interfered with his work as a clinician. Normally the structural therapist activates one partner to challenge the other instead of taking on the task himself. A therapist's decision to remain central and active in any given session may diminish the couple's ability to resolve their differences. Additionally, overly active therapists tend to burn out rapidly in clinical practice. As a rule, the therapist's red light should go on when he finds himself doing the work of the couple.

incidence of illicit drug abuse among a certain subset of gay men may be related to larger issues of loss from the AIDS epidemic and misconstrued self-medication in response to feelings of shame due to discrimination, the undeniable long-term deleterious effects of drug abuse may create a crisis for a family therapist. The drug abuse must be addressed immediately for treatment to be effective. In this case, the therapist had been "organized" by his expertise with substance abuse. He could not pursue his role as a structural family therapist and his usual stance of initially supporting a partner in challenging problematic behaviors of his significant other until he addressed Don's substance abuse.

Time was up and the session was over for that day. The therapist ended the session by summarizing his observations. The therapist said, "You're a couple struggling like many new couples to create a family. Gerry's love and commitment to his son is admirable, but I wonder if you have created a space for yourselves as a couple. Gerry, your wife has been the primary caretaker of your son, but you want to participate in your son's life. However, you appear to be struggling as to how you can do this and still stay connected with Don. Don, you had previously been focused on building your career and now want to change the rules of the relationship. Though focused on a desire to increase intimacy in your relationship, you seem to be caught in one dramatic, potentially self-destructive style of registering your loneliness. Rather than focusing on coming together as a couple, your behavior, Don, seems to have had the paradoxical effect of pushing Gerry further away."

The therapist then told the couple he thought they could benefit from couple treatment and he would work to help them find solutions to their problems. Both men agreed to come back. Before the session ended, the therapist made a verbal contract with the couple. The therapist said he would help Don to discover ways other than drug use for him to feel connected. Both men also agreed to set aside any talk of separation while in treatment. The therapist said that at the end of 12 sessions they would then pause and assess whether the treatment had been helpful. Both partners concurred.

Making a verbal contract with a couple new to treatment is a technique that we have found helpful with gay couples. When there are no civil or legal documents that bind a couple, separation can often be a knee-jerk response to conflict for men. For reasons stated earlier, we find that men often have an initial response to disconnect when confronted with conflict. Gay men are especially vulnerable to disengage-

ment as a result of prior trauma. A therapist cannot work effectively if he feels that a couple may exercise the option to separate any time the treatment gets challenging. The threat of dissolution of a relationship effectively ties a therapist's hands. He cannot feel free to challenge a couple, knowing that a period of discomfort is normal in structural treatment as a couple struggles to discover new ways to relate. We use this contract most often with male couples, but it also can be effective when working with heterosexual couples who are tenuously connected.

A week later, Don and Gerry came into the therapist's office looking upset. The therapist asked how the couple were doing and if they had any thoughts about the prior session. Without a pause, Don blasted into Gerry, accusing him of still being married to his wife. Gerry's response was to become silent as his face turned red. Using this spontaneous interaction, the therapist reflected the dynamic that he had just observed. The therapist chose the image of a baseball bat. He asked Don if it was necessary to use a baseball bat to get Gerry's attention. The image that the therapist used was intended to convey a mixed message to Don. The therapist was supporting both Don's masculinity and his assertiveness as he simultaneously challenged his harshness. The therapist was conveying the message "Stand up for what you believe in, but can't you be more soft?"

The therapist asked if Don could speak to Gerry "without using a baseball bat." This time, Don was able to speak about his loneliness while using less confrontational language. He did not attack his partner as the therapist coached him to use language that revealed his vulnerability. Gerry was able to hear his partner's pain and appeared less threatened. However, Gerry still responded defensively and concretely by saying that the real estate market was down and that it was not a good time to sell the property that he and his wife jointly owned. The therapist told Don that he thought Gerry could hear him now and that he might want to continue to use more of this softer language. Don said jokingly, "If I don't hit him with a baseball bat, he won't hear me. He falls asleep instantly." Both men laughed at the imagery.

Although Don and Gerry were just beginning couple treatment, the therapist had used a spontaneous enactment to unbalance the couple. His challenge had helped the men to understand where they might be stuck in the relationship that they had constructed. Yet, the therapist still needed to learn more about them as a couple, to understand what their early courtship was like, what initially attracted them to each

other, and what they enjoyed doing together as a couple. At this juncture the therapist wanted to convey to them that he had heard their problem, he would return to it, but he also needed to know more about them as a couple.

The therapist said, "I hear you struggling to become a family separate and unique from your former relationships. Don, you feel that Gerry's emotional loyalties are still with his wife and son. I think that you're expressing your anger by attending circuit parties. But that's only half the story. Gerry, you're alarmed and confused by Don's recent desire to go out on the singles party circuit and feel that your relationship is threatened. However, you haven't been able to convince him that, along with your son, he is your top priority." They nodded in agreement that the therapist had gotten it right.

Wanting to discover more of their strengths, the therapist continued: "We'll return to this, but first I would like to get to know you as a couple. Tell me how you met. Do you remember your first date?" They both smiled and nodded their heads in agreement. Each man told a story of seeing the other at a tennis club that they belonged to. Every day at the club, they would exchange glances. Gradually Gerry got up the courage to talk with Don, and they began to have lunch together. Lunch developed into a romantic and sexual relationship that continued for a couple of years.

Both men talked about coming from large families. Don said he was close to his family, and Gerry reported that he saw his family only occasionally. Don's family had accepted his homosexuality since late adolescence, and he had always introduced his dates or partners to his family. Gerry's family was not aware of his bisexuality, and he had few gay friends prior to meeting Don. As they began to date, they remained isolated, due both to the secretiveness of their relationship and the limited time they had with each other. The therapist also learned that, due to the irregularity of their dating, from the beginning both men agreed that they would have an open relationship. Gerry was still with his wife, and Don spent most of the week by himself.

After Gerry came out to his wife, the couple agreed to an amicable separation and Gerry was free to openly live with Don. What previously was a clandestine relationship, electrified by the secretiveness of their meetings, now became more mundane. Additionally, although Gerry was now free to move in with Don, it appeared to the therapist that his primary emotional ties remained with his former wife and son. The

men's social life revolved around Gerry's wife and son. Both concurred that the 16-year-old son, who visited them regularly at their apartment, had been surprisingly accepting of their relationship. However, the two men had yet to develop interests of their own, and they lacked a supportive community of mutual friends.

Furthermore, although Don loved to travel, he had largely discontinued optional travel since meeting Gerry. Gerry, busy raising a family and building a career, had few recreational interests. As a couple they had not found a common bond other than their physical attraction to each other. The honeymoon was over, and the work of building a long-term relationship had just begun.

This first example of joining helps to exemplify the nonlinear nature of structural family therapy. Although we describe the model in terms of three distinct phases (joining, enactments, and unbalancing), rarely do cases unfold so neatly. As this case demonstrates, enactments may erupt spontaneously as the therapist takes the history. The therapist instantly became inducted into the system and momentarily was activated to become a savior. The model is important to keep in mind, though, as it helps a therapist organize a map to maneuver through the maze of issues that families and couples present with.

After two sessions, we could now draw a structural map that reflects the therapist's hypotheses about the couple's system and that he could use to help guide him in his work with the couple (see Figure 4.2). Gerry's primary affiliation appears to be with his wife and son. Don turns to outside activities to occupy himself in Gerry's absence in

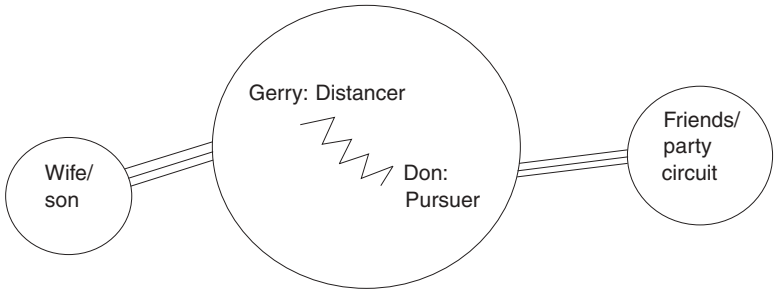

FIGURE 4.2. Map of Don and Gerry's mutual problem and complementary roles. Parallel lines represent overinvolvement of the men with nonpartners, and the jagged line indicates conflict between the two men.

lieu of confronting Gerry with his loneliness. Gerry, not feeling that he has a home with Don, stays close to his ex-wife. The problem can be reframed as not a linear one of Don's acting out but one that is maintained by the couple's complementary behaviors. Gerry maintains his emotional ties to his wife to obtain an intimacy that he has not yet gotten from Don. Don goes to friends and clubs to avoid confrontation and to get his affiliative needs met. The map reflects the complexity of their dynamics and suggests possible interventions that could challenge the couple's status quo. If Gerry were to dissolve his marital ties with his wife entirely, he would be more available to Don. If Don could speak to his partner in a less combative manner, Gerry might move closer to him. And, if Don were not going outside the relationship to fulfill his needs for affiliation and moved closer to Gerry, he would be less lonely and resentful.

Their behavior illustrates the nature of circular causality. Notice that the therapist did not choose to enter the couple's system by challenging their open relationship policy. The couple had agreed to this arrangement since the early days of their relationship, and both men appeared to be comfortable with the agreement. Neither was it necessary for the therapist to enter into the realm of Gerry's possible foreclosure of his gay identity development. Nor did it appear necessary to include Gerry's son or wife in the treatment, as both men were in agreement about the father's continued involvement with his son and the son appeared accepting of the men's relationship.

THE CARETAKER AND HIS PATIENT

Another couple will further help illustrate the joining process. This couple's presenting problem was that one of the men wanted to open up the relationship to multiple sexual partners, while his partner refused to engage in any conversation about the possibility of being nonmonogamous. The couple consisted of Ernie and James, two men in their late 20s who had been together for 2 years. They arrived for their first session on bicycles, each of them wearing distinctly different outfits. Ernie was in athletic biking clothes and James wore loose-fitting attire. Both men were out of breath from peddling from the Williamsburg section of Brooklyn. They stumbled into the therapist's office and plopped themselves down on the sofa.

Before the therapist had an opportunity to ask even a single question, Ernie disclosed the impasse that had been reached over whether they should open up their relationship to multiple sexual partners. Ernie said that he wanted a nonmonogamous relationship and that James refused to even discuss the possibility.

If taken at face value, the dilemma for them as a couple seemed to be a simple one, though one having profound implications for the relationship. The problem was that James unilaterally opposed Ernie's idea and refused to engage in any discussion of the topic. As Ernie had scheduled the session and led the argument to open their relationship, the implicit message to the therapist was clear: "Help me change James's mind and all will be well in our relationship."

During this early stage of treatment the therapist wanted to convey to Ernie and James that he had heard their problem as he continued to speculate how the issue of monogamy might be symptomatic of some larger systemic issue in the couple's relationship. This is a very delicate stage of treatment. The couple and therapist are just getting to know one another and to build an alliance through the joining process. James and Ernie had come for treatment because they had a concrete problem that they wanted the therapist to resolve for them. The therapist needed to communicate to Ernie and James that, while he respected their dilemma, he still needed to remain open to discovering what the inability to resolve this conflict meant for them as a couple.

The structural family therapist saw their problem as a possible metaphor for how they made decisions throughout their relationship. He speculated to himself that he could enter their relationship at any of many junctures and he would most likely discover a similar dynamic at work. If he got caught up in concrete problem-solving tasks, he would risk the danger of being inducted into their system. And if he became part of their system, his hands would be tied to effectively challenge their currently limited way of relating to each other. The temptation might also exist for the therapist to get caught up in a discussion of the political ideology of an open versus a closed relationship. While remaining mindful of all these possibilities, the therapist needed to discover the meaning of the presenting problem for this couple.

The task for the structural therapist at this early stage of joining is not only to identify the area of conflict but also to explore it as a symptom of what mutual behaviors maintain and preclude a resolution. The

therapist simply said, "I hear you're stuck negotiating an issue that many gay couples struggle with. Tell me, how long have you had this conflict?" After ascertaining that this was a relatively new problem in their relationship, the therapist then questioned the couple to find out if either man was currently involved with someone else. There are several ways that a therapist could gather this information. Some family therapists meet with each person alone to ascertain if there is any information such as an extramarital affair that the therapist should know about. We advise against using this strategy during the early stages of treatment, as the therapist is then caught in the dilemma of what to do with this secret. (Cases of domestic violence can be the exception to this policy not to meet separately with the partners during this phase, as the therapist may need to create a safe place for the abused person to disclose the violence.)

In this case both men denied any extramarital affairs. The therapist then said that he would return to this important issue but he first wanted to know more about them as a couple. Here again, the therapist is gathering more information to ascertain the complementary roles that preclude resolution of their presenting problem and maintain homeostasis in the system. In some ways Ernie and James's problem can be seen as learning to listen and to accommodate each other's needs. They could have just as easily have been caught, as Trudy and Jed were, in a disagreement about whether they should live in the suburbs or the city.

The therapist proceeded to take a history of Ernie and James's relationship. Most couples like to tell the story of their relationship. It often brings them back to an earlier time in their relationship when they were happy. Often, as the honeymoon period ends, a couple experiences conflict as they struggle to learn to accommodate each other's needs. They experience stress as they acknowledge their differences and learn to become a "we," in which individual differences are considered secondary to the well-being of the relationship. Male couples often interpret this stressful transition as symptomatic of unresolvable differences that demonstrate that they are not meant to be a couple. Male couples often break up during these inevitable transitional periods. The task for the couple is to learn how to mediate their differences. It can be a reality test when two men newly in love realize they need to be able to tolerate that their needs are not identical. For gay men who lack dating experience, this realization can prove to be a particularly threatening experi-

ence. The therapist needs to normalize the process as he helps a couple to discover their strengths to maneuver through this new phase of their relationship.

In exploring how Ernie and James courted each other and ascertaining how quickly they became a committed couple, the therapist hoped he would get an idea of how solid a foundation they had to build their relationship on. Couples who have experienced a period of bliss during the early stages of their relationship have memories that can give them strength and hope. If they are able to resolve their differences, they may be able to recapture the early loving experiences. Conversely, couples that committed to each other *without* any period of courtship may have to go back in their life cycle together to build a stronger foundation for a long-term relationship.

The therapist realized that Ernie and James' complementary traits had been suggested in their behavior during the first few minutes of the session. Ernie was the smaller of the two men, gregarious and emotionally expressive. Casually dressed in form-fitting biking clothes, he was quite handsome. His partner, James, much taller than Ernie, sat in the therapist's office in baggy draw-string pants and a fisherman's tunic, one leg underneath him in a half-lotus position. He was poised as he revealed that he was a yoga practitioner and vegetarian.

While Ernie expressed his intense desire to open the relationship, James remained quiet and serene throughout this part of the session. His tranquil facial expression suggested sympathy for Ernie's plight, but it was clear James was unwilling to consider that Ernie's desire for an open relationship might somehow be related to larger issues in their relationship. Ernie appeared to be most perturbed by James's unwillingness to even engage in dialogue on the subject.

The therapist took a history of their courtship. Ernie and James told the therapist how they had met on a blind date. Both reported being immediately attracted to the other. Ernie next told of a significant event that happened in their lives 6 months after they started dating. Ernie was in a life-threatening bicycle accident, and James immediately took up the role of Ernie's caretaker. Ernie was grateful for James's ability to nurse him back to good health. Ernie spoke tearfully of the vulnerability and love that he had experienced for James, being cared for by another man for the first time in his adult life. Both men agreed that the time when Ernie was recovering from his injuries was when they had felt the happiest. James had moved into Ernie's apartment during

that period, and each man felt as though he had found a soul mate in the other. Despite periods of pain for Ernie, both described this period as idyllic. For the first time, the therapist experienced their tenderness for each other, and he thought that this might be a good omen for the couple's ability to survive their current crisis.

When the therapist asked what each man did for a living, James became the spokesman for the couple as he responded that they were going through a difficult financial period. James was a designer who supplemented his income by tending bar a couple of nights a week. Ernie said that he was currently on disability. Prior to his bicycle accident, he had trained as a drummer and had just started playing in local clubs. He had supplemented his earnings as a musician by waiting on tables. Since his accident, however, Ernie had not gone back to either playing the drums or waiting on tables. The therapist asked Ernie how his disability contributed to their financial difficulties. James responded for Ernie and reassured the therapist that they were coping. Despite a large credit card debt, James did not expect Ernie to work. Ernie seemed less worried than James about finances. He reported that his family contributed to his support.

As Ernie was approaching his thirtieth birthday and appeared in good health, the therapist wondered about his financial dependence upon his biological family. The therapist asked Ernie whether he was currently unable to work or whether had he been advised by his doctor to stay off his feet. Ernie said that he was free to physically do anything at this point but that inertia had set in and he felt depressed. When the therapist asked for more details, Ernie reported feeling depressed for the past few months. The therapist then commented, "Depression is often anger that gets turned in on the self. Who are you angry at?" Both men stared at the therapist as if he had just sprouted another head. When the therapist repeated his question, Ernie was at a loss for an answer and just laughed. The therapist looked inquiringly at James, who simply shrugged his shoulders. "Ernie," the therapist said, "maybe your desire to open up the relationship is an attempt to communicate something to James?"

The therapist was moving quickly for this early stage of treatment. We often work at several levels simultaneously. A couple gains insight in how they have co-constructed their relationship as they begin to experiment with new behaviors. The therapist's role is to introduce to a couple the reality that their behavior does not exist in isolation but is

organized in many ways. At this moment, the therapist was focusing on Ernie and James's dyadic system and the mutual behaviors that might explain their crisis. The therapist chose not to enter into their experience with larger systems for now, to explore how the couple's behavior might be affected by these systems—their families, the presence or absence of social support systems, and their experiences with the majority culture. The initial role for a structural family therapist is to identify the complementary behaviors observed in the session and to unbalance the partners' dance by encouraging the couple to begin experimenting with new ways of relating. It is neither necessary nor even desirable for the therapist to explore each individual's experience of the world. During this early stage of treatment both the therapist and the couple might be overwhelmed by such details.

Although only 30 minutes into the session, the therapist was beginning to have sufficient information to draw a map of how this couple might have constructed their relationship. They had met and fallen in love quickly, not an unusual phenomenon for many couples, irrespective of sexual orientation. But the process of courtship for gay couples is often attenuated, at best. Without social rituals and civil ceremonies common to heterosexual couples, gay couples are freer to both form and dissolve relationships spontaneously. Often gay men find themselves in intimate relationships without having gone through the process of courting, wherein couples often create a culture of how to negotiate decision making. These common experiences in heterosexual dating rituals help a couple to build the confidence that they have the resources to endure moments of conflict in their relationship.

James and Ernie had been catapulted into their relationship by an unusual emergency that had occurred early in the life cycle of their relationship—Ernie's life was threatened and James responded by becoming his caretaker. James told the therapist how, as a practitioner of meditation and yoga, he had taught Ernie to use these practices to speed his recovery. The therapist thought to himself that, in the process of being cared for, Ernie had become James's patient. This is not an uncommon complementary construction for a couple and one that worked—that is, so long as Ernie still needed a caretaker. The therapist hypothesized that the relationship had become rigidified around this limited definition of who these men were to each other. James was overfunctioning in the relationship and Ernie was underfunctioning. James's caretaker and teacher roles appeared to give him an elevated position in their relationship, while Ernie's dependent role kept him in a one-down status.

Extreme differences between partners are not uncommon in gay relationships and can often be sources of strength and richness for a couple. Older–younger, wealthy–poor, mixed ethnicity or race, and teacher–student are just some of the possible complementary roles. Couples thrive on differences and yet simultaneously they need to have sufficient flexibility and a shared set of values that overlap and allow them to develop a common language. The therapist drew an initial map (Figure 4.3) for himself where he thought James and Ernie were stuck and could create a possible reframe of their problem.

Some family therapists might undertake to request of the partners a *genogram* (McGoldrick & Gerson, 1985) at this stage of the treatment to ascertain how James's and Ernie's families of origin prepared them for these roles of caretaker and patient. Among other things, genograms provide a therapist with valuable information that is helpful in ascertaining and assessing each partner's values. Usually one partner listens and takes in the information while the other talks about his family of origin. This task maintains a therapist's centrality in the session and generally minimizes affect.

In contrast, the structural family therapist intervenes more directly and helps the couple unbalance the behavior enacted in the therapeutic session. Ernie and James's therapist wanted to maintain intensity at this juncture in treatment, and he continued to focus on the system that the couple had mutually constructed. He was organized by his belief that getting "unstuck" and expanding their currently limited roles would potentially have a trickle-down healing effect in their individual lives. The therapist decided he would not explore each partner's individual

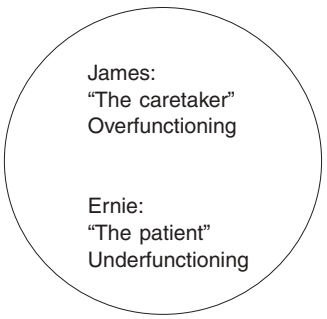

FIGURE 4.3. Structural map with rigid boundaries and the absence of a social support network.

history until the middle stage of treatment and only then if he was unable to unbalance the "here and now" dynamics of the interactions he was observing.

The therapist created a frame that tested his hypothesis that James and Ernie were caught in caretaker–patient complementary roles by the language that he used. "You have constructed a very special relationship of a loving caretaker and a grateful patient. Do you ever want to break out of the role of patient, Ernie? Is it difficult to have sex with your guru?"

Both men looked startled at first. While James looked totally confused, Ernie slowly nodded his head in agreement and said, "Yes! He always talks to me like I'm 12 years old! " As the session was about to end, the therapist made a mental note of James's confusion over his challenge. The therapist had created an initial frame that expanded Ernie and James's linear problem. He still needed to join with them further, knowing he would return to this limited definition they had constructed of each other in the next session. He wanted to gather more information about them as a couple, but the time was up for the first session. He asked the couple if they had any questions about this first session.

Ernie wondered if the therapist was opposed to open relationships. The therapist said he had worked with couples who have successfully negotiated an open relationship but they had first come up with a specific set of rules governing sexual encounters. The negotiations required each partner to listen to the other and be willing to accommodate himself to the other's needs for safety and security. He also said that many gay couples intellectually approve of the concept but have difficulty in implementing the rules. He added: "Sometimes, opening a relationship can be an avoidance of conflict in the relationship related to feelings of 'deadness' between the partners."

Ernie and James seemed to be mulling over this information as the therapist said he would like to schedule another session before they made a therapeutic contract. We often take two sessions to make an assessment of a couple, particularly if we are limited to a one-hour intake. In this case, the therapist wasn't sure that Ernie and James were willing to give up their limiting but well-established roles. James seemed to be committed to his hierarchical role as "keeper of the truth," and Ernie's lifelong financial dependence on his family, and now James, did not bode well for freeing himself from his subordinate position as patient.

Complementary roles and worry over the rigidity of these roles are common phenomena among couples in Western culture. However, roles also create order and efficiency in systems. Complementary roles become problematic when one or both partners feel limited and the system is insufficiently flexible to allow for new growth. Recently many heterosexual relationships have undergone a redefinition of roles as women increasingly experience more equitable earning power. The high divorce rate in the United States reflects, among other things, stresses related to renegotiated roles in family systems. However, for male couples there are no traditional role models to emulate as a starting point. They are creating and negotiating their roles as they construct their relationships.

Historically, some gay couples in an effort to avoid conflict mimicked traditional heterosexual role models, one partner taking up the "male" tasks and the other assuming the "woman's" role. This generally is as disastrous for long-term gay couples as it is for heterosexual ones. Few of us want to exclusively define ourselves as homemaker, laundry doer, or housecleaner. Sometimes we want to be the driver and at other times the passenger. Healthy relationships often have this flexibility.

SECOND SESSION: JOINING CONTINUES

During the next session the therapist chose not to return immediately to the rigid roles James and Ernie had constructed. Instead, he began to focus on what kind of support systems the couple had. Finding out what type of a support system a couple has, who honors them as a couple, is extremely important for any new couple but critical for the well-being of gay couples. Many gay men are not out to their biological families or, if out, may have been ostracized from participating in family activities. It's important for a therapist to ascertain who supports them as a couple. Do they have either gay-affirmative straight allies or other gay couples they socialize with and who can normalize the difficult transition from being single to becoming a "we"?

In Ernie and James's second session, they reported having only a few gay and straight friends, but they had no other couples in their support network. Moreover, their primary social relationships were with friends each of them had prior to becoming a couple. Essentially, they were trying to negotiate this new territory on their own. Therapy, as is

often true for gay couples, could potentially be a healing experience that both mediated their differences and supported their togetherness. The treatment becomes a safe haven as the couple explores ways to obtain more social support.

James was estranged from his family. He had come out to his conservative Christian mother when he was in college, and her response was, "Don't tell your grandmother; it would kill her." She refused to talk about his sexual orientation and discouraged him from bringing any of his gay friends home. His father was deceased, and his only sibling, a sister, left home after high school and lived on the West Coast. Although he was not estranged from her, they had little contact, as her husband didn't like "fags."

Ernie, in turn, presented a totally different family story. He had been out to his parents and siblings since high school. They knew James and accepted him into their home as Ernie's friend. Ernie brought James home for major holidays, and the men shared the same bedroom. Perhaps an indication of a lack of acceptance of Ernie's sexual orientation, both men laughed as they reported that Ernie's mother was so comfortable with their friendship that she didn't even bother to knock on their bedroom door before coming in to see what they wanted for breakfast.

The therapist began to get a feeling of a large, warm, loving family—but one with no boundaries. "Do they recognize you as a couple?" the therapist asked Ernie. "Maybe they just think of you as friends. Why otherwise would she walk unannounced into your bedroom? Unless she's voyeuristic . . . is she a voyeur?" Both men laughed at the absurdity of the therapist's questions but seemed perplexed. The therapist then asked, "How does she refer to you as a couple?" Ernie responded, "She doesn't refer to us." James added, "She simply calls us 'the boys'." The therapist remarked that he thought that was strange, and he wondered if she referred to Ernie's sister and brother-in-law as children too.

With this additional information, the therapist confirmed his hypothesis that this couple was struggling both to expand the relationship and accommodate each other's needs and to create an identity as a couple—two of the primary tasks during the early stages of creating a family. He wondered aloud about the meaning of Ernie's parents never accepting the fact that he was in the process of creating his own family. The transition from biological family of origin to adult family of choice can be problematic for many couples. The lack of any ritual to honor

Ernie and James's relationship and the isolation that they were experiencing was destabilizing the couple. The therapist wondered if Ernie's family's desexualizing his relationship with James was homophobia or a desire to maintain Ernie's status as their son.

As the therapist continued taking a history of this couple's relationship, he then returned to the topic of how they were managing to cope with their financial difficulties. Finances are a hot topic for most couples. Prenuptial agreements represent one way that couples express their fears around commitment and dependency. Male couples are often reticent to merge their resources. The obvious reason is the lack of legal protection due to the absence of laws providing protection for same-sex couples. However, the merging of one's financial resources with another person's also represents a permanent commitment to the relationship and an explicit dependency on each other.

Ernie and James were struggling to create an identity and to devise an equitable division of labor in their relationship. Not surprisingly, it turned out that the inequitable arrangement of their finances closely mirrored their struggles as a couple. James reiterated that they were having financial difficulties since Ernie's accident and had accumulated several thousand dollars in credit card debt. Ernie continued to appear less concerned about the status of their finances. When the therapist asked how they dealt with expenses, Ernie said that they each had separate checking accounts and contributed monthly to a common household account. The therapist asked again how their financial difficulties had been exacerbated by Ernie's accident. James repeated that he was the sole wage earner in the family, working two jobs.

Ernie gave a different response to the therapist's question, "I don't worry. My parents give me money." The therapist was surprised and questioned him further. He asked if they were wealthy or if they had given him a trust fund? He said, "No, they're middle-class, but they've supported me ever since I had the accident." The therapist was curious about this arrangement, as Ernie appeared healthy and reported that, other than feeling occasional fatigue, he had recovered from his accident. James added an interesting anecdote. Prior to his accident, Ernie's father had told James that he felt his son should be subsidized. He didn't want Ernie to work too hard, as he was struggling to be an artist.

The therapist felt caught here. He didn't wish to impose his own work ethics unduly on the couple, and yet he felt that Ernie was being held hostage by a conflictual message. Ernie, though depressed, was

physically healthy. He resented the infantalized role he had with James and perhaps with his parents. Both James and Ernie's father were telling Ernie not to be self-supporting. We believe Freud was right when he noted that work is one way that we build our self-esteem. Given this contradiction, the therapist decided to explore the issue further. Ernie readily agreed that, ever since he had left home, his family had insisted on contributing to his support. " They think that, as an artist, I shouldn't have to worry constantly about money."

The therapist thought that Ernie's relationship to his family was roughly identical to the dependent but complementary relationship that he and James had constructed. The therapist began to wonder if his family's money might not be a financial umbilical cord that kept Ernie tied to his family. This umbilical cord might partially explain the difficulty that the couple was having in creating their own identity.

The issue of finances differs from one family culture to another. Some families are very generous and believe that young couples shouldn't have to struggle as they establish a new household. Financial support can be given to ease the hardship for a young couple. However, as a systems therapist, one always wonders whether there aren't strings attached to the financial aid. Does a new couple intend to remain loyal to the clan providing the financial aid? With Ernie and James, the therapist had a hunch that the contract that Ernie had implicitly made with his family was to never leave home. If the parents had lived closer to New York or were conveniently able to visit, the therapist might have encouraged Ernie to invite them in for a session to explore this possibility.

As the hour was nearly up for the second session, the therapist wanted to leave time to discuss a treatment contract. He summarized the issues and attempted to describe the struggle that Ernie and James appeared to be having in creating an identity. "All couples struggle—as the two of you are doing—to create an identity that says you are a unit distinct from other families. In the very early stages of becoming a couple, you appeared to have created roles in response to Ernie's health crisis. Those roles of caretaker and patient served you then, but they may be too restrictive now. You both appear motivated to discover new ways of relating to each other. Ernie, your wish to open the relationship to multiple sexual partners after being together for 2 years comes at an interesting time in your relationship. As I said at the end of our last session, some couples negotiate that kind of an agreement and report not

feeling anxious. It doesn't appear that you're ready for that kind of a relationship." James interrupted and said he might be willing to discuss the possibilities, or at least listen to Ernie's point of view.

The therapist reinforced James' newfound flexibility. "I think it's important that Ernie knows you're willing to listen to him. But I would like to ask the two of you to shelve the monogamy issue for now. I think that you could benefit from couple treatment, and I think that we could work well together. Let's meet for a few sessions and see what meaning the monogamy issue has for the relationship. It seems too soon for us to know whether opening your relationship will destabilize it. I'd like to see you at this same time next week. Is that agreeable? Do you have any questions?" Neither Ernie nor James had questions, and they agreed to enter treatment, seemingly relieved by the therapist's summarization and support.

REVIEW OF THE JOINING PHASE OF TREATMENT

The therapist had met with each of the two couples for two sessions, and he now had some specific hypotheses that he would begin to test for each couple during the next stage of treatment. During the initial sessions, as he joined with each couple, he wanted to get a sense of who they were and what kind of a relationship they had established. As he joined with each couple and took their history, he began to create images, or mental maps, that expanded their presenting problem from a fairly simplistic (i.e., linear) one to one that was maintained primarily through *mutual* interaction. As the therapist began to educate each couple to the systemic concept that no problem exists in isolation, he simultaneously created an atmosphere of trust.

Tensions inevitably surfaced during the sessions as each couple came to confront their areas of conflict. The therapist did not discourage this tension; if sessions become too pleasant and too comfortable, a couple will experience insufficient anxiety to be motivated to risk experimentation with new behaviors, and the status quo will be maintained. If the couple doesn't drop out of treatment, the sessions will become flat and the therapist will begin to experience boredom, as might also the partners.

As the therapist took Ernie and James's history, it became clear that the couple had gotten stuck in their development by allowing the roles

they had constructed when Ernie had his life-threatening accident to become too rigid. Both men were possibly predisposed to those roles from earlier experiences in their families. Structural family therapy is especially healing for marginalized populations such as gay couples because of its focus on the activation of dormant (i.e., latent) resources (Minuchin & Nichols, 1993). Rather than focusing on pathology or a dysfunctional past, we initially focus on activating strengths within the system. Ernie was currently underfunctioning in his relationship with his partner, but he has the capacity to be more resourceful if the context that organizes his behavior demands it. James's overfunctioning minimizes the contributions that Ernie needs to make to their relationship. If James were to become less active, Ernie would have to take up the complementary role of becoming more active. For a structural family therapist, the task of treatment is now to create a supportive environ conducive to change in the "here and now" reality of the session. During the next stage of treatment, enactments are an opportunity for the therapist and the couple to experience the complementary roles that they have constructed.

Avoidance of conflict is a common dynamic for most male couples. Disagreement arouses the primitive instinct of "fight or flight," and gay male couples often disengage rather than risk conflict. The therapist's expansion of Ernie and James's problem to make it an interpersonal dynamic created tension, but the therapist encouraged the men to stay connected as they began to negotiate a resolution. Perhaps if Ernie could challenge James constructively, he would become less depressed and more powerful in the relationship. But his decision unilaterally to broach the subject of opening the relationship so that he could experience more equality promised potentially to threaten their relationship. Both men were not addressing core issues in their relationship, specifically, the rigidity of the roles that they had constructed and the absence of a distinct identity for the two as a couple. Additionally, they would need to construct a social support system that honored their commitment to each other.

In the case of Don and Gerry, by the second session the therapist had also created a mental map of their relationship that he could explore with the couple. Although the issue as presented by Gerry was Don's recent interest in illicit drugs and the party circuit, once again the therapist reinterpreted the symptom to include its relational aspects. Thus, Don's behavior was in response to Gerry's lack of attention to

him. Gerry was in many ways still married to his former wife. Don's acting out had not been effective if he wanted to pull Gerry closer to him. In fact, it was having the reverse effect. The work for the therapist would be to create a safe environment in treatment that would first magnify this dynamic and to then encourage the men to challenge it. The therapist needed to create an atmosphere conducive for Don to tell Gerry about his loneliness for him. The "baseball bat" was a metaphor created by the therapist as he introduced language to magnify and unbalance this dynamic. Don's bat that he was taking to the relationship to get his partner's attention was destructive. Essential to doing structural therapy is the therapist's belief that the couple have both the desire and the potential resources for a more satisfying relationship. How to create and maintain a therapeutic atmosphere that is conducive to change as the partners experiment with novelty is the focus of the next chapter.

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