Recognizing a Different Other: A Neo-Kleinian Analysis of Lesbian Relationship Violence

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Recognizing a Different Other: A Neo-Kleinian Analysis
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Jacqueline A. Neilson
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Abstract

Lesbian relationship violence is an important public and private concern, yet it has been insufficiently researched, theorized, and treated. This dissertation explores and analyzes discourse on lesbian relationship violence from the perspective of therapists, researchers, lesbians who are victimized, and lesbians who perpetrate violence. The discourse on lesbian relationship violence includes empirical research, theories, treatments, personal stories, and other communications through conversations and writings. These texts are dialogued with neo-Kleinian and postmodern feminist theory in order to unfold the parameters of the discourse on lesbian relationship violence, analyze its limits and exclusions on lesbian experiences of relationship violence, and reframe understandings and treatments of lesbian relationship violence. This method of dialoguing neo-Kleinian and postmodern feminist theory with texts on lesbian relationship violence produces interpretations that reflect a reciprocal relationship between discourse and experience.

Experience is both a starting point for analysis and a kind of measure against which discourse can be assessed. Although experience has a formative role in establishing discourse on lesbian relationship violence, experience is not without problems. Experience can not be taken solely as a source of truth or an arbiter of discourse, because it is not outside social, political, historical, and cultural forces. Accordingly, this study discovered that lesbian experiences of relationship violence are often understood in a decontextualized and simplified manner; they are either taken at face-value or translated into therapeutic language that is essentialist, heterosexist, or both. Also, these dominant frameworks for interpreting lesbian experiences of relationship
violence tended to be adopted by therapist, researcher, victimized lesbian, and the lesbian who was violent. What these findings suggest is that lesbian experiences of relationship violence are often more complex and dynamic than their portrayals. It is concluded that together neo-Kleinian and postmodern feminist theory provide a framework in which lesbian experiences of relationship violence can be critically reflected upon, understood, and treated for their complexity.
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CHAPTER ONE: TROUBLING LESBIAN RELATIONSHIPS

Power and violence are opposites; where the one rules absolutely, the other is absent. Violence appears where power is in jeopardy, but left to its own course it ends in power’s disappearance. This implies that it is not correct to think of the opposite of violence as nonviolence; to speak of nonviolent power is actually redundant. Violence can destroy power; it is utterly incapable of creating it.

– Hannah Arendt, *On Violence*, p.56

I hold that anxiety arises from the operation of the death instinct within the organism, is felt as fear of annihilation (death) and takes the form of persecution.

– Melanie Klein, *Notes on Some Schizoid Mechanisms*, p.179

Strictly speaking, violence in its primary and originating state is, for Klein, a way of describing an excess of force which invades or devours.


Lesbian relationship violence is an important public and private concern with clinical and research attention increasing since the mid-1980s. However, there are still many gaps in research and therapeutic understanding that require further investigation, both from the perspective of those women who directly experience lesbian relationship violence, as well as from researchers and therapists. Lesbian relationship violence is complicated due to personal, social, and political forces, requiring in-depth analysis and understanding to ensure that the best possible treatment is offered. This project examines the writings of women who have directly experienced lesbian relationship violence, and the writings of researchers and therapists who have conceptualized models of understanding and treating this population. Discussed within neo-Kleinian and postmodern feminist frameworks, the analysis of these writings highlights how personal and theoretical accounts have excluded the complexities involved in lesbian relationship
violence. Together postmodern feminist and neo-Kleinian theory interpret these complexities by understanding lesbian relationship violence as a reciprocal relationship between discourse and experience. This investigation helps provide a foundation for more effective clinical intervention. Before a discussion of the efficacy of clinical practice can take place the tension between discourse and experience regarding lesbian relationship violence needs to be explored.

A Personal Introduction

I remember the tension between discourse and experience emerging during my first serious conversation about lesbian relationship violence over ten years ago. The subject arose during a late night card game at a local café. “Did you hear about what happened to…?” a friend asked us. The five of us shook our head as if to indicate, “Tell us the new gossip!” Our friend then told us a story about two women who we all knew were dating each other. In our tight-knit college community of lesbian and bisexual women everyone made a point to know each other’s personal business. However this time, I listened to my friend’s story with chilly disbelief; she wasn’t spreading the usual humorous dating gossip. This time she was serious as she spoke. Throughout her story my mind kept silently repeating exclamations, “Oh my god! That’s horrible! I can’t believe I know these women!” When my friend finished the story, it took the five of us a few minutes to collect our thoughts and compose a response. We all seemed to be thinking: “Did we just hear a story about lesbian date rape?” It was very difficult for us to wrap our feminist-lesbian heads around the reality of lesbian date rape. Attempting to mend the crumbling foundation of our identities, we tried to turn our friend’s gossip of the date rape into a productive dialogue. None of us seemed to know where to begin. “Is
it really possible for a woman to rape another woman?” we wondered, and struggled with how to make sense of the possibility of violence in our own community. We never really understood why we couldn’t grasp the reality of violence between women.

We couldn’t understand the rape incident even though our discussion of lesbian date rape forced us to struggle with, and try to make sense of the possibility of violence inside our own community, a lesbian-feminist community that took for granted safety in woman-to-woman relationships. Making sense of the lesbian date rape involved more than discussing the idea; believing that violence against women was always perpetrated by men was only part of our problem. The other problem was that we were emotionally invested in keeping silent about woman-to-woman violence. I didn’t understand this emotional prohibition until many years after that conversation at the café. We all felt prohibited from acknowledging the possibility of violence inside ourselves and inside our community. Reflecting back on that moment, it now seems more permissible to ask: “Why was it so easy to acknowledge the reality of violence out there, yet so difficult to acknowledge the reality of violence in here?” This was clearly an issue disruptive to my lesbian-feminist identity.

During that point in time of rupture in my lesbian-feminist identity and understanding of lesbian relationships, Kerry Lobel’s book Naming the Violence: Speaking Out About Lesbian Battering (Lobel, 1986) had already been sitting on bookstore and library shelves for six years. Lobel’s book was the only book published on lesbian domestic violence until the early 1990’s. At that time a number of researchers, most notably Claire Renzetti (1992) began to study lesbian relationship violence. I would not read Lobel’s book and Renzetti’s research until five years later. The survivor stories
in Lobel’s book, and Renzetti’s discussion of internalized homophobia, make clear that lesbians and feminists are not immune to internalizing the abusive structures that oppress us all. I had always intellectually grasped the idea of internalized oppression, but it wasn’t until I witnessed the backlash against the victim of the date rape during my undergraduate experience that I felt the emotional force of internalized oppression operating so blatantly among my fellow lesbians and feminists. I too was resistant to acknowledge the reality of violence in my own community, but as I allowed my eyes to open more widely I began to see abusive lesbian relationships everywhere. “Here’s the dirty secret again!” I thought but never dared say too loudly. I could not risk the possibility of being one of “them.” I needed to be one of “us.”

Being one of “us” meant saving my lesbian-feminist identity from being ostracized from the women in my community. I was more concerned with preserving a connection to the group of women who unconditionally loved and accepted me for my political and sexual difference. This alone encouraged most of us to keep violence between women in the closet. We were afraid that exposing our own potential for destructiveness would mean the loss of the liberatory ground we had gained. However, in the midst of all the political rhetoric surrounding the feminist and lesbian fight for civil rights, no one stopped to think about how the attack against human rights was happening in our own community. The law of identity politics was definitely operating in our lesbian community, persuading us to sacrifice heterogeneous experience for homogenous, ideological thought. What was the gain again?

I asked myself this question five years later when I read *Naming the Violence* (Lobel, 1986). I earnestly sought the book out when I realized that almost half of my
caseload consisted of lesbians who were victimized by or perpetrated relationship violence. Whether it was synchronicity or repetition compulsion, what became clear to me was the inability of escaping this suffering in my lesbian community. The book gave me a foundation on which to build an understanding of and therapeutic intervention for lesbian relationship violence. Attempting to unshackle my own perspective I felt moved this time to respond to lesbian relationship violence in a socially responsible manner. I was not even quite sure what such a movement should and would entail. But after reading the handful of articles and books on lesbian relationship violence, I initiated community education efforts and began pushing the administrative staff at the community mental health agency for lesbian, gay, bisexual and transgender persons where I worked to set-up a domestic violence program. A same-gender domestic violence program was finally launched in January 2001.

As a result of designing a same-gender domestic violence program and working in individual and group therapy with lesbians who perpetrated and were victimized, I have become increasingly aware of gaps in services for this population, including the limitations of short-term psychoeducational approaches and the lack of sophisticated therapeutic understanding of the particularities of lesbian relationship violence. The personal narrative I have offered above expresses certain unconscious mechanisms productive of such gaps in understanding, and represents an example of hegemonic thought that works against the exposure of and ethical response to the complexities involved in violent lesbian relationships. What I have presented, however, is only a portion of a story, a part of my story. There are still many more stories to be told by and
about myself, researchers, therapists and those women who directly experience lesbian relationship violence.

A primary objective of this project is to show how these stories reveal and conceal the complexities involved in lesbian relationship violence. Through an in-depth analysis and understanding of the complexities of lesbian relationship violence, a framework for effective treatment can be generated. The illumination, exploration, and articulation of these complexities requires using a method that involves critically reflecting on what is and is not talked about in lesbian relationship violence stories. This method is elaborated and concretized at the end of this chapter. Before the method can be discussed, it is important to understand how the problem of lesbian relationship has been conceptualized. By reviewing the conceptualizations contained in the literature on lesbian relationship violence, limits and exclusions in research, theory and treatments can be explored.

Literature Review on Lesbian Relationship Violence

Research Overview

Brand and Kidd’s (1986) study comparing relationship violence among heterosexual women and lesbians marked the emergence of “lesbian relationship violence” as a new category in the scientific and research world. In an effort to further legitimize this new category, much of the research following Brand and Kidd’s (1986) study focused on exploring the correlations of lesbian relationship violence (e.g., personality characteristics, history of abuse) and the rate of lesbian relationship violence by improving methodological flaws (e.g., trying to better characterize interpersonal violence). The quantitative research on lesbian relationship violence set the initial parameters by which lesbian relationship violence could be and should be understood;
however, this research has been limited by heterosexist and sexist understandings. For example, Brand and Kidd’s (1986) study operationalized violence as attempted or completed rape, physical abuse, and infliction of pain beyond that which was consensual in the practice of sadomasochism in dyadic relationships. The authors gathered their data from participants’ responses to survey questions such as “Has a male you were dating ever raped you?” and “Has a female you were dating ever raped you?” (Brand & Kidd, 1986, p. 1309). The authors hypothesized that these overt forms of sexual and physical violence would be significantly higher in heterosexual than in lesbian relationships. They believed that men would be more likely to perpetrate violence against women than would women against women.

As is the case in most published quantitative research (non-significant findings are not usually published) there were significant differences between heterosexual (72% of the women reported victimization) and lesbian (28% of the women reported victimization) relationship rates of violence, which supported the authors’ hypothesis that men are more violent than women. However, the sexist and heterosexist definitions of violence used in the study appear to overdetermine the significant findings of gender difference in violent relationships. The questions used to collect the data partially construct the results of the study by presuming that participants will import the same meanings to questions that are masquerading as gender-neutral, when they are actually gender-biased.

Contemporary research attempts to circumvent the methodological problems that limited Brand and Kidd’s (1986) research. For example, Waldner-Haugrud, Gratch, and Magruder (1997) attempted to address the sexist and heterosexist methodological
problems of previous research on lesbian relationship violence rates (Lockhart, White, Causby & Issac, 1994; Renzetti, 1992, 1989; Lie & Gentlewarrior, 1991; Lie, Schilit, Bush, Montagne & Reyes, 1991; Schilit & Lie, 1990; Brand & Kidd, 1986). Methodological limitations were addressed by using a random sample and a modified version of the Conflict Tactics Scale (a commonly used scale in quantitative interpersonal violence research) in which participants indicate whether certain types of violence (e.g., threats, pushing, slapping, punching, striking with an object, and using a weapon) had ever been used against them by a same-gender partner (Waldner-Haugrud, Gratch & Magruder, 1997). In like manner, the participant was asked if she had used any of the tactics against a same-gender partner. The authors proposed that their research would “represent true prevalence rates” (Waldner-Haugrud, Gratch & Magruder, 1997, p. 174) if they used a random sample, a modified Conflict Tactics Scale, and measured the participants’ lifetime of violence. Most studies had used non-random samples and measured violence only in the participants’ current relationship and with a regular Conflict Tactics Scale. A modified Conflict Tactics Scale involved asking the participants the same questions twice, but from the perspective of both recipient and implementer of violent tactics.

Results from their research indicated that 47.5% of lesbians and 29.7% of gay men had been victimized by a same-gendered partner, and 38% of lesbians and 21.8% of gay men had perpetrated a same-gendered partner (Waldner-Haugrud, Gratch & Magruder, 1997). Additionally, the authors found that lesbians were more likely to self-identify as victim or perpetrator, and that lesbians reported a different number of victimization and perpetration tactics than gay men even though there were no
differences found between lesbians and gay men for the severity of the tactics used. In their discussion, the authors claim that the differences found between gay men and lesbians have to do with their assumed gender roles in culture; women are more likely than men to report both victimization and perpetration experiences because women tend to be more attuned to violence and men tend to be in denial of or normalize violence.

Although understanding these differences in terms of gender is interesting and informative, it is also possible that gender is only one of many multifaceted reasons that lesbian participants were better able than gay men to name violence in same-gender relationships. The participants in this study were not just male and female they were gay men and lesbians. Gender is inextricably interwoven with sexuality, and these two categories of experience intersect with so many other variables that it seems not only impossible, but simplistic and nonsensical, to isolate one factor. Moreover, the Conflict Tactics Scale offers a decontextualized understanding of the relationship violence, which makes it impossible to categorize the meanings of the participants’ responses. In other words, there is no way to discern how pushing, for example, came to be violent in the relationship, and whether or not pushing would have the same kind of violent meaning across gender and sexual orientation.

These same methodological problems can be seen in the research on lesbian relationship violence that focuses on the role of sexual coercion in violent lesbian relationships. In particular, Waterman, Dawson and Bologna (1989) research sexual coercion in lesbian relationships by asking participants directly, “Have you ever forced a partner to have sex against his/her will?” and “Has your partner ever forced you to have sex against your will?” (Waterman, Dawson & Bologna, 1989, p. 120). The authors
found that 31% of lesbians and 12% of gay men reported being victims of forced sex by their current or most recent partner. In a follow-up study, Waldner-Haugrud and Gratch (1997) asked gay and lesbian participants to “indicate the most extreme unwanted sexual behavior” (p. 91) that resulted from a list of possible contexts in which sexual coercion might have occurred with a lesbian/gay partner. For example, participants were asked to respond to the statement “My partner physically held me down” (p. 91) by signifying the outcome of the situation as not applicable, kissing, breast fondling, genital fondling, or oral/anal/vaginal penetration. Although gay men reported a higher mean number of sexually coercive situations, the type and severity of sexual coercion outcome (i.e., kissing, fondling, or penetration) in same-gender relationships revealed no differences between gay men and lesbians. By better operationalizing sexual coercion in behavioral terms, rather than using gender-based and heterosexist definitions such as “penile penetration of the vagina,” (Waldner-Haugrud & Gratch, 1997, p. 87) the authors conclude that the differences in same-gender relationships become relatively negligible. However, the degree to which sexually coercive behaviors are similar in lesbian and gay male relationships is unclear. Additionally, the authors do not discuss the contexts in which sexual coercion arose, and thus it is difficult to make definitive conclusions about the meanings of sexually coercive behaviors between lesbian and gay male relationships.

The only study I’ve seen that does not seem to struggle with the methodological problems discussed so far is Girshick’s research on female sexual coercion. Girshick (2002) explored woman-to-woman sexual violence by going beyond rates, outcomes, and operationalized definitions of sexual coercion to reveal a contextualized and nuanced understanding of how lesbian and bisexual women experience being sexually victimized
by a woman. One of the major accomplishments of Girshick’s research is that she was able to gather data in the form of rich narratives from women victims, and she interpreted their stories in terms that stay close to the participants’ experiences. More specifically, Girshick’s research explored how victims identify sexual coercion, how the sexual violence impacted the women psychologically and emotionally, and how the women have experienced third-party (i.e., legal and mental health systems) responses. Girshick was then able to account for the variability in meanings among her participants way of conceptualizing these issues by allowing the participants to choose the terms by which their experience was understood. In so doing, Girshick was able to circumvent the previous problems of heterosexist and sexist definitions which have plagued quantitative research in this area of study since its inception. Girshick’s findings are accomplished by not superimposing terms or meanings on the experience of her research subjects. This is a very different way of interpreting the data.

As a result of different definitions of violence and dissimilar methodological designs, the research on the rates of lesbian relationship violence are too varied to make definitive claims about lesbian relationship violence, especially how it might compare to the rates of heterosexual relationship violence. What is known is that lesbian relationship violence appears to exist, and that the way it exists is connected with particular contexts and relational dynamics which condition the possibility of violence and/or exacerbate the severity of violence. For instance, a common trope for understanding current interpersonal violence involves examining the possibility of past violent relationships. For example, a survey study by Lie, Schilit, Bush, Montagne & Reyes (1991) found that women in current same-gender violent relationships reported past violent relationships
with female partners (25%), male partners (66%), and/or family members (75%). Another interesting finding was that a majority of the women who identified themselves as the victim characterized their use of violence towards a male partner as self-defense, whereas they described their use of violence towards a female partner as mutual. This suggests that victims interpret their use of violence differently in heterosexual versus lesbian relationships. Following this research, Renzetti (1992) also found a correlation between current relationship violence and past relationship violence. However, Renzetti described her finding in terms of intergenerational violence in order to signify how violent models of relating are unwittingly passed down from generation to generation as the prototypical way of relating. In addition to intergenerational violence, Renzetti (1992) found other correlations of lesbian relationship violence, which she named dependency, balance of power, jealousy, and substance abuse.

Renzetti’s (1992) research is probably the most cited research on lesbian relationship violence because it is one of the most comprehensive studies on the subject; she asked questions of 100 self-identified lesbians who were victimized and conducted 40 follow-up interviews. In dialoguing with the research on heterosexual domestic violence, Renzetti (1992) showed both how violent lesbian relationships contained forms of abuse and dynamics similar to those in violent heterosexual relationships, and how lesbian relationships are different from heterosexual relationships. For example, violent lesbian relationships are different than heterosexual relationships because lesbians have to deal with homophobia. Homophobia can affect lesbians by creating fear about accessing treatment or denial about violence between women existing at all.
Ristock’s (2002) research highlights and expands the issue of homophobia and other issues Renzetti discussed by describing contexts of violence, rather than correlations of violence, to show how the conditions of possibility for interpersonal violence are created in lesbian relationships. Ristock (2002) cited how past abuse by previous male or female partners, family members and/or peers is one among many overlapping and interacting contexts involved in lesbian relationship violence. In addition to past abuse, Ristock (2002) named seven other contexts in which lesbian relationship violence emerges: invisibility and isolation, homophobia, dislocation, alcohol and drugs, a lifetime of violence including racism and poverty, shifting power (e.g., change of economic status in the relationship) and fighting back. Ristock’s (2002) research does not stop at thematizing the contexts of lesbian relationship violence as she also explores different ways in which lesbians who were victimized and feminist service providers talk about experiences of lesbian relationship violence, and how their descriptions reproduce the essentialist categories of victim and perpetrator.

These contexts and correlations to lesbian relationship violence discussed thus far have mostly been drawn from the experiences of women who identify themselves as being victimized by a female partner. Victimization experiences only represent one side of the dynamically created truths of lesbian relationship violence, yet there are no empirical studies examining the experience of women who identify themselves as perpetrators or who are identified by service providers as perpetrators. Although the women experiencing victimization cite dependency, jealousy, substance abuse, fear of abandonment, poor communication skills, lack of empathy, shame, and homophobia as correlations of their partners use of violence, it is in the mind of the woman doing the
abusive acts that the meanings of these behaviors can be found (Ristock, 2002; Kaschak, 2001; Renzetti, 1992; Leeder, 1988).

Moreover, it is quite possible that the abuser’s behaviors described by the victim are projections, and therefore are representations of the victim’s experience. In other words, it is not completely clear whose experiences belong to whom in the empirical research on lesbian relationship violence. Are these experiences self-evidently connected with the woman who has been victimized or the woman who has been abusive? Moreover, would the meanings of these experiences be the same for both partners or would they have different meanings given that the women assume different positions of power in the relationship? These meanings are not self-evident, and therefore require a more complex way of studying lesbian relationship violence.

Coleman (1994, 2003) tries to use a more complex method to capture the deeper meanings of lesbians who are violent by focusing her analysis on the existence of personality disorders in lesbians who perpetrated. In a theoretical discussion based on her clinical experience of lesbian battering, Coleman claimed that there is a link between lesbians who use abusive behavior and borderline and narcissistic personality disorders. In other words, abusive behavior by lesbians can be understood as:

[A]n enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual’s culture. This pattern is manifested in two (or more) of the following areas: 1) cognition (i.e., ways of perceiving, and interpreting self, other, people, and events), 2) affectivity (i.e., the range, intensity, lability, and appropriateness of emotional response), 3) interpersonal functioning, 4) impulse control (APA, 1994, p. 633).
The DSM-IV diagnostic criteria for a personality disorder cited above suggests that an individual’s abusive behavior is not just in opposition to culture, but the the lesbian who perpetrated’s internal reality is vastly different from the external reality.

Side-stepping a whole host of problems with construing lesbian experience in pathological terms, especially the artificial division between inside and outside, let’s accept Coleman’s claim to see what it offers. If abusive lesbian experience is organized like a personality disorder, as Coleman suggests, then couldn’t it be claimed that the experience of the the lesbian who was victimized is also organized like a personality disorder? Lesbians who use abusive behavior would not have a monopoly on an internal reality that is discordant with external reality. Doesn’t it seem like there is a dissonance between a victim’s internal and external reality when she believes it is safer to stay in than leave an abusive relationship? Of course, to claim that both lesbians who perpetrated and victims have personality disorders is a bold proclamation, a position that is viewed as sacrilege within the domestic violence movement. The problem with ideologies, such as the feminist view associated with the domestic violence movement and Coleman’s personality disorder perspective, is the political reification of lumping internal reality into categorical terms. It is more therapeutically useful to understand the idiom of the the lesbian who perpetrated and victim’s interiority than to constrain their experience in an ideological box.

In sum, research on lesbian relationship violence is limited in its ability to articulate the multiple and varied meanings of actual lesbian relationship violence. A more nuanced and contextualized understanding of the experiences of lesbians is needed if we are to unpack the conundrum of meanings involved with lesbian relationship
violence. Additionally, the linguistic terms used to operationalize definitions and articulate correlations need to be critically evaluated in order to better examine how realities about violent lesbian relationships are constructed. This exploration of the limits and exclusions of research reveals a need for a methodological framework that can value the complexities and uniqueness of lesbian relationship violence. Let us now turn to a discussion of common perspectives of relationship violence in order to understand more about the theoretical underpinnings involved in the research on lesbian relationship violence.

Theoretical Conceptions

Domestic violence theory has historically been influenced by the view that relationship violence occurs within a context of male domination and hatred towards women. Within this view, men and women are seen to occupy different social positions in culture due to essential characteristics as men (e.g., dominant) and women (e.g., submissive). Interpolating this logic to domestic violence, men are seen to assert their power in abusive ways towards women because they are in a privileged position to do so and because maintaining their position as male depends on denigrating the position of female. This view of domestic violence is called the feminist sociopolitical theory (McClennen, 1999a; Merrill, 1996; Renzetti, 1996a; Island & Letellier, 1990). Feminist sociopolitical theory tends to view the location of the problem of domestic violence in conflicting ways. On one hand, the truth of relationship violence is seen as a social problem, not an individual problem, and therefore relationship violence is viewed as residing outside the heterosexual female victim as something she passively experiences and the heterosexual male perpetrator actively does to the victim. On the other hand,
there is something important about perpetrators being heterosexual and male, and victims being heterosexual and female, which provides the essential groundwork for the feminist sociopolitical theory of relationship violence.

Feminist sociopolitical theory attempts to articulate how external forces are internalized in order to describe how culture constructs our experiences and understandings. From this perspective relationship violence is a symptom of a sick culture, and individuals who live in a sick culture can not avoid being infected by it. This devaluation of culture is a common feminist projection. The purpose of the projection is to preserve an idealized image of oneself and a particular subculture such as a lesbian community or woman-only spaces. This feminist projection is both theoretical and real, and therefore can lead to a limited understanding of the experience of violence. For example, the feminist sociopolitical perspective reflects only the face-value experience of women victims who see their relationship violence solely as a problem outside of themselves, residing either inside culture or inside their partner who is a representation of the hateful and hated parts of culture, as well as the hated aggressive parts of the victim.

This view of relationship violence functions to limit and exclude experiences of lesbians and simplify the complexities of lesbian relationship violence in two ways. First, the theory suggests an essentialist relation between the categories of woman-heterosexual-victim, and man-heterosexual-perpetrator within the terms of a feminist sociopolitical analysis all heterosexual men are signified as abusers and all heterosexual women are signified as victims. This essentialist conceptualization makes it easy to speak of heterosexual men as perpetrators and heterosexual women as victims, but discursively impossible to speak of lesbians who perpetrated and lesbians who were
victimized without turning them into *heterosexual men* and *heterosexual women*. Second, the feminist sociopolitical perspective theorizes heterosexual women victims’ subjectivity, but does not consider intersubjectivity as a precondition of subjectivity. Therefore, when feminist sociopolitical terms are simply applied to abusive lesbian relationships, only the elements of lesbian experiences that are *heterosexual* get articulated and validated. Formulating lesbian relationship violence this way erases anything distinctly *lesbian* (e.g., woman-to-woman desire) about lesbian relationship violence. For example, a common complaint of lesbians who self-identify as victims and seek help from domestic violence shelters is that they feel as if the institutional and interpersonal pressures in the shelters do not create a space that allows them to speak about being abused by a woman. Female victims can speak as a *heterosexual* woman, but they can not speak as a *lesbian*. The tension between lesbian experiences and feminist sociopolitical language is, therefore, an issue of the erasure of lesbian desire, the romantic *relations* between women. Let’s now discuss a perspective that has tried to circumvent the problems of the feminist view.

According to Island and Letellier (1990), the psychological theory of relationship violence is able to evade the problems inherent in feminist sociopolitical theory by removing the troubling intersection between categories of gender and violence. As a corrective, psychological theory exchanges a cultural context for a familial context in which violence is originally learned and transmitted from outside to inside an individual through *essential personality traits*, rather than *essential gender traits* (Merrill, 1996; Island & Letellier, 1990). This slick substitution leaves the psychological theory of relationship violence with the same problem feminist sociopolitical theories have had to
contend with. Both theories claim that violence was first something external in either a familial context (psychological theory) or cultural context (feminist sociopolitical theory), and then became internalized where it solidified in terms of either gender traits (feminist sociopolitical theory) or personality traits (psychological theory).

It is erroneous to claim that personality traits are not already gender traits (Butler, 1990); Butler’s (1990) work on gender suggests that identity is always gender identity. There is no recognizing a person without also recognizing them as male or female. Persons per se do not exist. Only man and woman exist due to the binary structure of our language system. Additionally, there is nothing particularly stable about gender or personality traits across situations, as they are enacted and elicited (i.e., relationally performed) from context to context. The interaction between the external and internal psychological environment is complex as is human experience that we can never know for sure which one precedes the other. Such expositions of the origin of human experience seem to distort and misrepresent the complex reciprocal relationship between external and internal from the very beginning of life. Finally, the presumption of a universal subject, which stands in as the norm against which all human experience is to be evaluated, is erroneous as feminist criticism has shown that conceptions of the generic individual have mostly been generated from heterosexual male experiences (Butler, 1990). Thus, the psychological theory of relationship violence can be understood as both heterosexist and sexist. To circumvent these criticisms of the psychological theory, a third theoretical perspective called feminist social-psychological model is proposed.

The feminist social-psychological model brings together feminist sociopolitical theory and psychological theory (McClennen, 1999a). The aim of this third theoretical...
category is to better account for both individual and social factors that influence lesbian relationship violence by adding together the feminist sociopolitical and psychological theories. The problem with an additive approach is that there never has been and never will be an individual with a culture added on. Individuals are always within cultural and familial contexts. Postulating an additive theory does not solve the original problem of essentialism in each theory. The trajectory of human experience implied in all three perspectives (feminist-political, psychological, and feminist social-psychological) is too neat to account for the complexities of human experience, especially for lesbian relationship violence. All three theoretical camps postulate that experience proceeds in a linear fashion from outside to inside, and that gender and personality remain stable and coherent across time and contexts. There may be something like a linear force to experience, but there is also necessarily something non-linear, which progresses in a circular, unstable and incoherent fashion. If we are to understand the complexities of lesbian relationship violence and value the difference of lesbian desire, perhaps it is better to understand this non-linear force as generated moment-to-moment and existing somewhere between inside and outside.

The complexities involved in violent lesbian relationships can not be accounted for by any of the three domestic theories discussed. In fact, the three domestic violence theories (i.e., feminist-sociopolitical theory, psychological theory, and feminist social-psychological theory) outlined above show concretely how lesbians’ experiences of relationship violence are excluded through polemical practices. According to Foucault (1984) “Polemics defines alliances, recruits partisans, unites interests or opinions, represents a party; it establishes the other as an enemy, an upholder of opposed interests,
against which one must fight until the moment this enemy is defeated and either
surrenders or disappears” (p. 382-383). All three theories of relationship violence
organize around a particular identity politic in which a specific adversarial relationship
provides the essential foundation for theorizing relationship violence. Accordingly,
relationship violence theory relies either on the experience of heterosexual female victims
(feminist sociopolitical theory) or the experience of heterosexual men (psychological
theory) for its legitimacy. These relationship violence theories abolish any dialogue of
alternative experiences “not to come as close as possible to a difficult truth, but to bring
about the triumph of the just cause” (Foucault, 1984, p. 382). Lesbians’ experiences of
relationship violence are neither validated nor included in these conceptualizations of
relationship violence. They are only included in ways which continue to legitimize the
experience of heterosexual women and heterosexual men. Thus, there is a polemical
rather than an ethical relation between contemporary relationship violence theories and
lesbian experiences of relationship violence which legitimize heterosexual female and
male experiences and make invisible lesbian experiences.

In summary, theoretical discussions of lesbian domestic violence can be divided
into three conceptual categories. 1) Feminist-sociopolitical theories focus on the role of
patriarchal culture in the construction of domestic violence, often attributing violence to
masculinity in an essentialist manner; thus all men are labeled as abusers and all women
are labeled as victims. 2) Psychological theories focus on the role of family in modeling
the violent behavior that children and later adults learn to inflict on others. These
psychological theories are very simplistic, essentialist and leave many questions
unanswered. 3) Theories that combine feminist and psychological perspectives make up
the final category. However, the mere adding together of two perspectives has not
furthered the understanding of lesbian relationship violence, as this addition still fails to
address the problems of essentialism and simplicity inherent in the way each theory
individually understands lesbian relationship violence. In other words, an additive or
combined approach does not provide a framework in which the complexities of lesbian
relationship violence can be adequately understood. Not only have these theoretical
perspectives served as the primary frameworks for interpreting research data, they have
also been instrumental in shaping third-party responses and therapeutic intervention. Let
us now turn to a discussion of research on third-party responses and therapeutic practices
to discern the concrete operations of theories on lesbian relationship violence.

*Therapeutic Practices*

There are two strands of literature on the topic of third-party responses to lesbian
relationship violence. First, there are empirical studies examining self-identified lesbians
who were victimized’ assessment of third-party responses to the victim’s involvement
with a violent partner (Ristock, 2002; Wise & Bowman, 1997; Renzetti, 1989, 1992,
1996b). Second, there are discussions and comparisons of treatment models. An example
of the empirical research on lesbians who were victimized and third-party responses can
be seen in Wise & Bowman’s (1997) study. In that study, beginning therapists’ responses
to lesbian versus heterosexual relationship violence were examined. The authors found
that beginning therapists suggested different types of treatment interventions to lesbian
versus heterosexual couples and believed this to be evidence of homophobia. In other
words, the beginning therapist’s struggle to diagnose the lesbian couple’s problem and to
provide appropriate intervention suggests that the therapist is hindered by heterosexist 
myths about lesbians and their relationships.

Although the authors claim that beginning therapists’ responses are homophobic, 
the connection between beginning therapists’ responses and homophobia is unclear. 
Moreover, what is not surprising about the study’s findings is that it suggests an inverse 
relationship between a therapist’s clinical experience (e.g., beginning versus seasoned) 
and the influence of heterosexism on diagnosing a lesbian patient’s problem. Since 
seasoned therapists are generally better at diagnosing a patient’s problem, gay or straight, 
it is unclear whether the beginning therapists’ responses were due to heterosexism, lack 
of experience, some combination of both heterosexism and experience, or other 
unidentified factors.

The efficacy of clinical intervention to lesbian relationship violence is also 
evaluated in terms of the therapist’s treatment perspective. This composes the second 
area of literature, which examines treatment models including intrapsychic models, 
systems models, addiction models, advocacy models and cognitive-behavioral models. 
Although there has never been any research designed to specifically evaluate the efficacy 
of treatment models for lesbian relationship violence, discussions of what treatment 
model is most appropriate for responding to the needs of lesbians in violent relationships 
persist and tend to be based on narrow conceptions of what constitutes helpful therapeutic 
intervention (Sullivan & Laughlin, 1999; Fox, 1999; Morrow & Hawxhurst, 1989). For 
example, there has been no discussion of a treatment model that stays close to the 
experiences of both partners (i.e., a model that could be called supportive psychotherapy) 
while also critically challenging their experiences (i.e., a model that could be called
Psychoanalytically-informed psychotherapy). Walking this fine line between therapeutically challenging and valuing the experiences of lesbians in violent relationships speaks to the difficulty of considering how lesbian relationship violence is dynamically and relationally organized between both partners. Various therapeutic models used to treat lesbian relationship violence will be described in more detail in chapter 2, and evaluated in terms of their tendency to be too critical or too non-analytical of lesbian relationship violence experiences. Exploring the limits and exclusions of the research on third-party responses reveals a need for therapeutic practices that values the difference of lesbian relationship violence. In the next section the problems of current research, theory and practice on lesbian relationship are summarized. It is also argued that it is possible to go beyond these current heterosexist and essentialist models and generate alternative understandings and treatments of lesbian relationship violence.

Beyond Exposing Heterosexism in Research, Theory and Practice

A central problem which cuts across the research, theoretical conceptualizations, and treatments of lesbian relationship violence discussed in the previous sections involves the essentialist, heterosexist, and decontextualized ways in which the phenomenon has been understood. The degree to which these frameworks cover over the unique experiences of lesbians in violent relationships is sometimes discussed, but is rarely critically evaluated. This negative attitude towards lesbian experiences of relationship violence legitimizes the use of problematic frameworks for future research, theory and treatment. These problematic frameworks, however, make it impossible to draw conclusions about the meanings of the similarities and differences between violent heterosexual relationships and violent lesbian relationships. Perhaps it is the attempt to
make definitive conclusions without attending to the contexts in which relationship violence emerges that creates the problems for these frameworks?

Therefore, the problems of essentialism and heterosexism can be avoided by using a research method that is attuned to the relational contexts in which lesbian relationship violence emerges. With such a method we can begin to sort through the meanings involved in the violent moments of these relationships, and perhaps create a space for lesbian experience to be encountered on its own terms. Accordingly, the theories, empirical research, and treatments that circumscribe discourse on lesbian relationship violence do not just fail to adequately address the complexities of these destructive relationships; they erase any experiential meanings related to lesbian desire. This is why it’s so important to understand the way in which theory, research, and treatment influence each other.

In fact, separating theory, research, and treatment on lesbian relationship violence is somewhat of an artificial division, as each category necessarily interacts, influences, and shapes the others in terms of how, what, and to whom information regarding lesbian relationship violence is disseminated. It is important to understand how conventional beliefs about the relationship between gender, sexuality and violence in theory, research, and treatment on relationship violence work against understanding some complex truths about lesbian relationship violence. The critical view proposed here is not merely an exercise in showing the inevitable limitations of all perspectives on this subject, as all thought is fundamentally incomplete. Rather it is an attempt to show how the very language we are using shapes our experience, informs us about how we get to see others’ experiences, and participates in hegemonic practices.
I am specifically concerned about the hegemony of heterosexist and essentialist ideas; these ideas are used to limit and control knowledge and treatment about lesbian relationship violence. In light of the heterosexist and essentialist qualities of relationship violence language, or what feminist philosophers such as Irigaray (1985) call the *phallogocentric* character of language (i.e., meaning is organized around both the laws of logic and the phallus), how can lesbian relationship violence be studied on its own terms? This is a question I have struggled with throughout this project, and a question to which I constantly return in each chapter. I do not attempt to answer this question directly or definitively, but to unfold the meanings of the terms used to conceptualize lesbian relationship violence. Discovering the meanings of these terms will rely on my ability to read the *outside-in* and the *inside-out* of lesbian relationship violence. These ways of reading the meanings contained in the linkage between discourse and experience on lesbian relationship violence are informed by postmodern feminist and neo-Kleinian theory. These theories will now be discussed in the next two sections.

*Reading the Outside-In: Postmodern Feminism*

Postmodernism and feminism are two diverse strands of thought, originating from very different disciplines – postmodernism from philosophy and feminism from women’s studies – which appear to have a relatively ambiguous relationship to each other. However, postmodernism and feminism share the goal of using social criticism to subvert dominant models of understanding. During the late 1980’s and early 1990’s a surge of books and anthologies were published with the aim of creating some clarity on the relationship between postmodernism and feminism. One such anthology contains Fraser and Nicholson’s (1990) article *Social Criticism without Philosophy: An Encounter*
between Feminism and Postmodernism. In this article, the methodologies of feminism and postmodernism are read against each other to show what these perspectives have to offer each other (Fraser & Nicholson, 1990). The authors’ state that postmodernism has offered social critiques that challenge foundationalist and essentialist assumptions. Although feminism has also offered social critiques that challenge foundationalist and essentialist assumptions, feminist theory sometimes lapses into essentialism and foundationalism due to feminism’s tendency to use a unitary conception of woman.

Lyotard’s (1984) text The Postmodern Condition is the primary reference used by Fraser & Nicholson to explicate a postmodern perspective. Lyotard is the first philosopher to actually try to chart the parameters of postmodernism. Lyotard begins by defining the postmodern condition as an era of thought in which grand narratives of legitimation are no longer acceptable ways of understanding human experience. Briefly, grand narratives tell a story about human experience in a way that guarantees the rightness of the methodological practice being used to articulate a phenomenon. For example, scientific methodology is a pragmatic of righteousness in which the method ensures that there is a right and wrong hypothesis that fits all types of people (who are measured neutrally). By using this method, science is able to legitimate itself as a/the right/legitimate practice. Lyotard’s goal was to subvert the idea that there can only be one right path of understanding a phenomenon; rather he argues for multiple pathways of understanding. Fraser and Nicholson (1990) describe Lyotard’s theories of multiplicities in the following way:

What holds a society together is not a common consciousness or institutional substructure, but the social bond, which is a weave of crisscrossing threads of discursive practices; individuals are the nodes or posts
where such practices intersect and so they participate in many practices simultaneously (p. 24).

For Lyotard, social identities are too complex and heterogeneous to map onto essentialist theories such as the scientific method, and thus Lyotard calls for theories of multiplicities. Accordingly, Lyotard rules out any theory which employs the general categories of gender, race, and class. Lyotard claims that these categories are shot through with essentialist presuppositions, which level-down the multiplicity of the subject. Lyotard’s claim strikes at the heart of feminism, as without the category of woman there can be no feminism.

Fraser and Nicholson (1990) appear to agree with Lyotard’s claim about the general categories of gender in their conclusionary remarks, making it difficult to see the redeeming qualities feminism offers for social criticism. After their overview of feminist thinkers such as Firestone, Rosaldo, Gilligan, and Chodorow, the authors state, “…feminist scholarship has remained insufficiently attentive to the theoretical prerequisites of dealing with diversity, despite widespread commitment to accepting it politically…lingering essentialism needs to be critiqued in feminist theory” (Fraser & Nicholson, 1990, p. 33). The authors then briefly map the terrain of a postmodern feminism in terms that would be more genealogical than universalist and they claim that singular notions of gender would be replaced with plural and complex notions of subjectivity. Most importantly, the authors state that a postmodern feminism would recognize that the diversity of women’s needs and experiences can not be addressed by a single solution or method. Fraser and Nicholson’s (1990) article leaves us with a bare-bones sketch of a postmodern feminism. This outline of postmodern feminism is elaborated in several works by Judith Butler (Butler, 1990, 1993, 1997). Butler’s analysis
ultimately saves feminist practice from its own demise and from the demise of Lyotard’s claim (and postmodern practice); gender is a legitimate category for social criticism.

Although Butler would probably not agree with her work being labeled as *postmodern feminism*, it is her ruthless attention to the tensions between these two forms of thought that her work persistently addresses. For example, one of Butler’s central preoccupations in *Gender Trouble* is thinking about what feminism and feminist practice might look like if it did not determine itself in advance through the essentialist practice of identity politics (Butler, 1990). She argues that identity politics universalizes and unifies the concept of woman, thereby indexing whose experiences get to count as womanly (Butler, 1990). Butler’s focus on how the binary structures of language (i.e., sex/gender) constitute our gendered possibilities goes beyond Lyotard’s claim regarding the category of gender being unfit to understand identity generally. Butler avoids the slippery essentialist slope of the unified concept of subjecthood Lyotard criticizes by subverting universalist ideas of identity altogether. Butler claims that discussions of identity are impossible without also discussing gender identity, as “‘persons’ only become intelligible through becoming gendered in conformity with recognizable standards of gender intelligibility” (Butler, 1990, p. 16). For example, our first recognitions of strangers are as male or female not as persons. Butler argues that there is no getting outside of the current gender paradigm. Even the term *transgender* is somewhat misleading, as it implies that it is possible to transcend and get outside of rigid gender categories. However, the transformative potential of transgender quickly fades when one considers that a vast majority of transgender individuals are more concerned how they can *pass* as male or female, rather than with how they can transcend these gender categories.
Butler’s argument regarding the subversion of identity is accomplished through a linguistic turn towards human experience in which the possibilities of subjectivity are claimed to be regulated through the laws of language. These linguistic laws govern the conditions of possibility for our subjectivity, thereby both giving life and killing off certain meanings of our experiences. It is only through this dialectic of linguistic life and death that we appear to be able to become subjects at all. Continuing to unpack the linguistic domains of gender intelligibility, Butler tells us that regulatory practices govern the cultural matrix of gender intelligibility. For example, the linguistic relation between masculine and feminine terms is regulated through heterosexual desire. This leads Butler to conclude that gender identity is accomplished through gender acts, making the relations between gender identities or the performance of gender identity primary. In other words, gender identity follows gender expression, rather than the other way around. Gender performance is really all there is, and the better our performance the more real our gender appears to be. There is no real gender; we’re all passing all the time. Thus, Butler shows us how within the laws of language sex (i.e., what we believe to be real and inevitable characteristics of being male or female) is really gender (i.e., language constructs our experience of being male or female) all along.

The idea that identity is also gender identity is significant because the writings I will be analyzing in the following chapters consist of the stories of victimization and perpetration experiences as told by lesbians and their therapists. Postmodern feminism is most useful in its capacity to examine the way in which an individual’s “gendered” subjectivity is constituted in language every time a lesbian who is victimized, a lesbian who perpetrates, or researcher/therapist tells her story about lesbian relationship violence.
For example, a lesbian who is victimized is not just a neutral person telling a story about interpersonal violence, rather she is a lesbian who is telling a story about woman-to-woman violence, and these specifics contain meaningful differences. What the lesbian speaks is both rational and irrational (i.e., the lesbian’s speech falls both inside and outside the boundaries of the laws of phallogocentric language). By examining stories of lesbian relationship violence, the boundaries of lesbian relationship violence and what meanings of lesbian experiences are kept outside and allowed inside these boundaries can be explored. For example, a common misrecognition of lesbian experience and lesbian desire involves the way in which lesbian relationships, especially butch-femme relationships, are essentially construed as one woman *being the man* and the other woman *being the real woman*. Many lesbian relationships, including butch-femme relationships, might have something to do with performing male or female identities, but this performance is rarely in the service of heterosexuality. Rather lesbian desire goes beyond *being* male or female. That is, lesbian relations (particularly butch-femme relationships) have to do with a *doing* between women (Nestle, 1992). What is significant about conceptualizing lesbian desire as a *doing*, rather than a *being*, is that the legitimacy of heterosexuality can be questioned.

If lesbian relations are to be understood on their own terms, the framework of heterosexuality can not be the only measuring stick. Kristeva’s (2001) discussion of *pre-narrative envelopes*, which precondition the conditions of linguistic possibility for our subjectivity, addresses the issue of the weight of language on our experience. Unlike Lacan’s (1977) homogenizing theory of fantasy as expressed in the mirror stage, Kristeva (2001) shows how Melanie Klein’s (1986b) theory of phantasy is a heterogeneous
configuration, which includes meanings that emerge before representation or without it altogether. Kristeva cites recent studies in cognitive science that appear to confirm Klein’s hypothesis of the development of a proto-fantasy early in life. These studies serve as a kind of quasi-narrative of drive and desire in which this proto-fantasy in the form of a pre-narrative envelope is shaped into a full-fledged fantasy in the form of a narrative, and the subject’s speech is necessarily shaped interpersonally through the speech of the other. Following Kristeva’s exposition of Klein, the conditions of possibility for the recognition of the discourse of lesbian relationship violence, which lead to the misrecognition of lesbian subjectivity within the parameters of the phallogocentric discourse on lesbian relationship violence, will be discerned. For example, a common misrecognition regarding lesbian relationship violence involves heterosexist assumptions about the more feminine woman in the relationship being the victim and the more masculine or butch woman being the abuser. To better understand how these misrecognitions about lesbian relationship violence function intersubjectively, working to contain, constrain, and exclude lesbian experiences, it is necessary to consider the specific offerings of neo-Kleinian psychoanalytic thought.

Reading the Inside-Out: neo-Kleinianism

What does it mean to make Kleinian thought new and what does it mean to do a neo-Kleinian reading of writings on lesbian relationship violence (Wright, 1999; Phillips & Stonebridge, 1998)? It means that the terminology in Kleinian thought is helpful for understanding lesbian relationship violence, and for understanding how it is that one understands. From a neo-Kleinian perspective, this understanding of how one understands is called counter-transference (Hinshelwood, 1994, 1999; Money-Kyrle,
1988; Segal, 1981; Racker, 1968). When an interpretation is given to a patient about her experience or an interpretation of a text is made, the interpretation is a representation of the interplay between the experiences of patient and therapist or reader and writer. An interpretation by therapist or reader is a projection of her identification with the patient’s experience or the text. How the therapist relates to her identification with the patient’s experience or the text gives information about the quality of the projection as interpretation. Ideally this process of taking in the patient’s experience and projecting it back to her in the form of an interpretation would further understanding by relating to rather than as the patient. Likewise, when a reader interprets a text, the interpretation would contain the reader’s identifications with the text. If the reader gave an interpretation of the text in which she related as rather than to the text, the reader would literally be giving a summary of the text, rather than any new insights about the text. In neo-Kleinian terms this relating to versus relating as a patient or text is called the depressive position, which will be explained below in more detail.

There’s also the possibility that the reader relates to the text only as her own experience; the reader merely reprojects herself. This is partially why an understanding of the texts written about lesbian relationship violence will necessarily be colored and imbued with my own experiences, phantasies and perspectives, some of which I will be able to consciously articulate and some of which I will not; I necessarily can not write consciously about what I do not yet recognize. Accordingly, it can be presumed from the start that my analysis of lesbian relationship violence is fundamentally incomplete; it is neither right nor wrong, but merely a critical perspective on the subject matter, which will reveal some new and old truths about lesbian relationship violence. The goal of relating
to or of the depressive position is to struggle with acknowledging the complex and often contradictory truths that compose human experience. Regarding the texts I will be reading for this project, I assume that the writers will situate lesbian experience through their writing in particular ways and that the ways in which they do so are reflective of the writer’s unconscious phantasies about and identifications with lesbian relationship violence. This representation of the writer’s phantasies or identifications can be called the transference relationship (Hinshelwood, 1994, 1999; Joseph, 1988; Racker, 1968).

So far, the writer-reader relationship (a.k.a., the transference-counter-transference relationship) has been discussed, but the specific mechanisms of intersubjective movement, which condition the possibility of both the inevitable understanding and misunderstanding between writer and reader, have not yet been talked about. In neo-Kleinian thought, the possibility of understanding is conditioned intersubjectively by several interwoven mechanisms called projection, introjection, splitting and projective-identification (Boris, 1998; Hinshelwood, 1994; Spillius, 1988a, 1988b). In therapy, projection is the process by which the speaker tries to verbally and non-verbally communicate meanings of her experience to a listener. Introjection is the process by which the listener takes in, assimilates and metabolizes the meanings of the speaker’s projected experience. Splitting is a process by which the meanings of the speaker’s experience get divided such that certain meanings are spoken while other meanings are not spoken. Since meaning can never fully be known, there is a sense in which subjectivity is always fundamentally split, thus never fully or wholly spoken, creating the division between conscious and unconscious. Projective-identification is a combination of projection, introjection, and splitting, but with a twist. The twist involves the speaker
not just projecting meaning fragments in order to elicit the understanding of the listener, but to make the listener identify with those meanings. Thereby the listener becomes the meanings in the projected experience in order to make the listener carry that portion of speaker’s experience because it is too much (emotionally) for the speaker to contain within herself. For example, if the speaker is feeling scared, instead of stating to the listener that “I am scared,” the speaker will project her fear into the listener’s experience, thereby reading meaning into the listener’s interiority by stating to the listener, “You are trying to scare me.” Also, the speaker can identify with the projected meanings of their own experience making the listener into the one who is scared by stating “You are scared of me, aren’t you?” making the listener identify with the scared meanings of the speaker’s experience. In short, projective-identification is about the speaker trying to read meanings into the listener’s interiority, which may or may not reside inside the listener, in an effort to not see the ways in which the projected meanings are within the interiority of the speaker. Since projective-identification works unconsciously on speaker and listener, the pressure for the listener to comport herself in accordance with the speaker’s projection can sometimes lead to confirmation of the speaker’s projection in reality. However, when the listener is relating as the speaker there is little chance of furthering understanding, as in this paranoid-schizoid position there can be confusion about whose experience is whose.

Klein was not just interested in intersubjectivity and the projective and introjective mechanisms which made it work to elicit understanding, she was also interested in the quality of intersubjectivity (Kristeva, 2001; Hinshelwood, 1994). That is, she wanted to know how understanding worked on the speaker and the listener. Since
aggressive anxiety, rather than Freud’s desire, is the foundation of psychic life for Klein, and this anxiety is experienced in much more primitive ways than language can express, the speaker will inevitably experience frustration in response to the listener’s reading. This frustration does not arise because the listener necessarily lacks comprehension, but because the speaker has a need for immediate and infinite gratification, which is impossible within the laws of language. According to several analysts, Klein designated the quality of intersubjective understanding with two positions, the paranoid-schizoid position and the depressive position, which describe two ways a speaker can relate to their anxiety regarding how the listener is reading her at any given moment (Kristeva, 2001; Hinshelwood, 1994). The speaker can relate to the listener’s reading of her story as a threat to or an attack on her subjectivity (i.e., paranoid-schizoid position) or the speaker can relate to the listener’s reading as a different perspective to consider and perhaps assimilate some of the listener’s meanings into her subjectivity (i.e., depressive position). As language always approximates experience and never delivers immediate and infinite gratification, the speaker constantly and indefinitely will oscillate, sometimes moment-to-moment, between paranoid-schizoid and depressive positions.

Although living one’s life mostly from the depressive position appears to be “healthier” than from the paranoid-schizoid position, Klein never discussed such abstract concepts as mental health. However, the ongoing facilitation of psychic growth for Klein seems to be about relating to one’s own subjectivity and the subjectivity of the other by working through one’s depressive concerns to the internalized and externalized other (Segal, 1981; Hinshelwood, 1994). Working through involves reducing one’s degree of splitting and coming to terms with the fact that there are aspects of one’s own subjectivity
and the subjectivity of the other that are unknowable, and therefore working through means that one must acknowledge difference and separation (Segal, 1981; Hinshelwood, 1994). Frustration is a part of life, just as death is part of life, just as a *good-enough mother* is also a *bad-enough mother*. We all have to learn to live with the frustration, rather than feel attacked by the experience and attribute the source of frustration to another who we think is depriving us of what we believe we are entitled to have. In the next section let us consider a brief example of the neo-Kleinian terms discussed above in order to clarify their relevance to lesbian relationship violence.

*A Brief Example of Neo-Kleinian Analysis*

The following is a sketch of my first therapeutic experience working with a young lesbian, Ms. M., who self-identified as the primary abusive person in her romantic relationship. I will show how the neo-Kleinian concepts of splitting, projection, and introjection work together to express the *paranoid* meanings of a patient’s speech, and how these meanings shift over time to become more *depressive* in the transference relationship. I worked in therapy with Ms. M. for over two years. In the second to last session before we prematurely terminated treatment she said to me, “Last week I realized you have blue eyes.” I was surprised by her statement because when she began treatment with me over two years ago, she could not make sustained eye contact with me because such contact represented the possibility of annihilation, either mine or hers. Accordingly, she spent a good portion of the treatment oscillating back and forth between recognizing me and herself as a monster that needed to be kept at a distance. Also, she rarely talked or thought about herself because she didn’t believe there was anything about her self worthy
of talking and thinking about, and therefore she felt quite frightened about engaging with me.

In response to her statement about seeing my blue eyes I commented, “It sounds like you finally got a good look at me, and the good news is that we both survived. I think you’re recognizing that we can see each other, be with each other, and still survive.” She initially acknowledged the positive element of our contact by nodding affirmatively and sustaining eye contact with me for several seconds. Then she broke her gaze with me and revealed her need to distance from me with the following association, “Yeah… My mom is so inaccessible. She’s always surrounded by shit she can’t handle. One good thing is that she actually stays. I have a lot to say, but I am afraid to say it. I can’t think of where I’d begin. It’s hard for me to think of what she doesn’t know.” Understanding her association to her mother as also being an unconscious commentary on the relationship she has with me shows how Ms. M. understood the therapeutic alliance. Ms. M’s contradictory statements about a mother/therapist who is inaccessible and incompetent but who stays present despite her deficiencies, is an example of Ms. M’s splitting of the object and reveals her ambivalence towards me as a bad and good therapist. In the final weeks of treatment, Ms. M. revealed that she viewed me as someone who could survive her shit despite feeling as if I was not able to handle all the destructiveness she threw my way.

Whereas in the beginning of treatment I was mostly a bad therapist, at the end of treatment I was both a good and bad therapist. Ms. M. found it difficult, but not impossible, to imagine me as capable of tolerating her shit if she was to further reveal her monstrous self to me. There is a corollary split of the self in Ms. M’s statement in which
she acknowledges her desire to speak and her fear of speaking. She believed that hiding
the unknown (potentially destructive?) parts of herself would protect us both. The work
of this woman to recognize me as a different other without intensely fearing annihilation
is not well integrated into Ms. M’s personality and will quite possibly be an ongoing
struggle for the rest of her life without the assistance of therapy. As evidenced in her
association, she continued to be fearful about whether or not we can both tolerate the yet
to be articulated destructive parts of herself. As Benjamin (1998) suggests, it is necessary
for negation to receive its fair shake in order for authentic forms of recognition to enter
onto the therapeutic scene. The negating part of Ms. M’s personality had only begun to
be recognized and its destructiveness survived by herself and me, which helped her to
stop acting out violence in her relationships. She had projected her destructiveness into
me and I had survived it enough times by introjecting it and gently reprojecting it to her
in the form of an interpretation. This showed her that I am not a monster and that the
monster she may be can be tolerated by me, which allowed her to introject a less
terrifying and destructive perspective of herself and me.

These small therapeutic efforts to help Ms. M. reduce her splitting and develop
the capacity to recognize more fully a different other (i.e., a therapist with her own
separate identity) will probably not be enough to provide a stable holding function for the
psychic violence she does to self and other. However, she did develop a kinder view of
the world, herself, and others. The following statements in the last session represent the
potential hope of the psychic movement of this young woman, “I am very happy, pleased,
and appreciative about everything I’ve been able to do here…I am more in touch with
things like myself and other people…I know we’ll end like we’ll always end. I’ll just be
more sad.” The significance of the word *touch* is most telling within the context of these few statements. Essentially, Ms. M. described how she allowed me to touch her not just with my interpretative words, but how she allowed me to be a helpful presence to her. She allowed herself to really recognize me as a person beyond my therapeutic function. In like turn, she gave me the privilege of being touched by her stories and her (monstrous) presence.

The key seemed to be that we both survived (i.e., productively projected and introjected each other) in spite of her overwhelming, monstrous experience. This survival on both of our parts is what helped her move away from the persecutory anxiety of losing me and the therapeutic relationship being an attack inside and outside her to the more depressive anxiety of losing me being sad. Perhaps it is the continued nurturance of the authentic mutual recognition exemplified in this final session, which could lead this patient to a more stabilized valuing of recognition over negation. Perhaps it is the lessening of negation that creates psychic space in Ms. M. for the growth of an undeveloped capacity to love just as passionately as she hates. The example of Ms. M. was given to illustrate the use of the neo-Kleinian concepts of projection, introjection, splitting and projective-identification for understanding a patient’s experience. Now the overall objectives of this research project will be discussed in addition to the utility of postmodern feminist and neo-Kleinian theory for meeting these objectives.

**Looking Forward: Objectives and Method**

**Objectives**

The general aim of this project is to illuminate how discourse on lesbian relationship violence has produced limits and exclusions on lesbian experiences of
relationship violence. Further, the aim is to intervene in the continuing disconnections and segmentations of therapeutic knowledge and practice of lesbian relationship violence that perpetuate those same limits and exclusions. The illumination of and intervention to these discursive limits and exclusions will materialize through a dialogue between neo-Kleinian and postmodern feminist theory and writings on lesbian relationship violence written from the perspective of therapists/researchers, lesbians who perpetrated, and lesbians who were victimized. The dialogue between postmodern feminist and neo-Kleinian theory and these writings on lesbian relationship violence will also highlight how personal and therapeutic/research accounts are restrictive with respect to articulating the complex and heterogeneous nature of lesbian experiences. It is believed that the restrictions placed on lesbian experiences are due to the inter-relationship between discourse and experience. Through determining the limits and exclusions of lesbian relationship violence discourse on lesbian experiences of relationship violence, a framework for more effective therapeutic practice can be developed.

Examining the relationship between discourse and experience on lesbian relationship violence, and discovering its limits and exclusions will be organized around critically responding to the following questions: 1) How do lesbian who are victimized (self-identified and those identified by service providers) conceptualize their experiences of violent woman-to-woman relations? 2) How do lesbians who perpetrated (self-identified and those identified by service providers) conceptualize their experience of violent woman-to-woman relations? 3) How do therapists conceptualize and intervene with lesbians who have experienced violent woman-to-woman relations? 4) How do these conceptualizations of violence between women construct and constrain the
experience of lesbians who perpetrated and lesbians who were victimized, inform and limit therapeutic intervention, and reproduce dominant and hegemonic discourses of lesbian relationship violence? Now I turn to a discussion of the method that will assist with uncovering the answers to these questions.

Method

This project analyzes the writings of lesbians who have experienced violent woman-to-woman relations, and the writings of service providers proposing treatment conceptualizations and interventions for lesbian relationship violence. Writings included here have been published in books and journal articles in the form of personal stories, letters, theoretical expositions, and therapeutic discussions (Coleman, 2003; Ristock, 2002; Kaschak, 2001; Duggan, 2000; McClennen & Gunther, 1999; Renzetti & Miley, 1996; Klinger, 1995; Farley, 1992; Renzetti, 1992; Hammond, 1989; Leeder, 1988; Lobel, 1986). For example, love letters between Alice Mitchell and Freda Ward from Duggan’s (2000) *Sapphic Slashers*, personal stories of self-identified victims of lesbian relationship violence in *Naming the Violence*, and a therapeutic discussion of Klinger’s (1995) *Treatment of a Lesbian Batterer* will be examined. Analyzing the writings of lesbians who were victimized, lesbians who perpetrated, and therapists/researchers allows for multiple stories and perspectives to be heard so that a variety of conceptualizations and experiences of lesbian relationship violence can be considered. The method of analysis through which these stories and perspectives will be illuminated involves dialoguing the writings of lesbians who perpetrated, lesbians who were victimized, and therapists/researchers with postmodern feminist and neo-Kleinian theory. This dialogical
process between a reader using postmodern feminist and neo-Kleinian theory and a writer discussing lesbian relationship violence will now be explored in more detail.

Analyzing the meanings of writings by therapist/researcher, lesbians who perpetrated or lesbian who are victimized involves a complex telling of stories. Accordingly, it is important to encounter these writings with an attunement to the critical hermeneutic circle of understanding both the story being read and the story being written in response to that which has been read. During the process of reading, the artificial division between reader and writer is encountered, as all reading and writing requires using one’s experience (i.e., intellectual and emotional investments and identifications) to understand the writing or to convey an understanding to the reader. In neo-Kleinian terms, the reader and the writer use projection and introjection to understand and convey understanding.

To better illustrate how the understanding between reader and written text emerges, the processes of introjection and projection will be further broken down. Understanding a writer’s story depends on the reader identifying with or relating to the story being told. In short, the reader introjects the writer’s story and uses her own experience to understand it. For example, the reader begins to understand the writer’s story by reflecting on questions such as: What is and is not being told in this story? How are the beginning, middle and end of the story told? What words are chosen and how do these words convey the story? Implied in these questions is the fact that the reader is using her own experience and knowledge to respond to them. In other words, the phrase “From the reader’s perspective…” could be added to these questions. However, the reader’s perspective is not usually articulated unless questions such as the following are
reflected upon: What effect does the story have on the reader? What does the reader do with what the writer is saying and how she says it? In sum, the reader understands the writer’s story by using her own experience to relate to it (i.e., introjecting the writer’s story), and the reader’s identifications allow her to write an interpretation about the writer’s story (i.e., the reader projects herself into the writer’s story).

It has been suggested that the hermeneutic circle of understanding between writer and reader is similar to the cycles of projection and introjection in neo-Kleinian thought, which constitute the dialogical movement involved in the coming to understand between analyst and patient. This neo-Kleinian grid of dialogic understanding (i.e., flows of projection and introjection) will be imposed onto the reader-writer relationship as a method of analysis throughout this project. This method will also be supplemented with the neo-Kleinian ideas of splitting and projective-identification. Splitting and projective-identification are essential to understanding how writing contains emotional investments and therefore has the power to attract, distract, or repulse the reader. In addition to analyzing the experience of the reader, these neo-Kleinian ideas will identify the function of the writer’s subject position and thematize the content and process of the writer’s story. Whereas neo-Kleinian theory will examine how experience constructs particular ways of talking about lesbian relationship violence, postmodern feminist theory will assist in examining how discourse constructs experience. Postmodern feminist theory will deconstruct the assumptions that underlie the discourses the writers use to talk about lesbian relationship violence. Addressing the writers’ presuppositions in this way will acknowledge that lesbian experiences are not merely revealed, but are also constructed.
through the language of the writer. Postmodern feminist and neo-Kleinian theory both address this fact.

While postmodern feminist theory can sometimes equate and conflate discourse and experience, neo-Kleinian theory tries to keep a balance between discourse and experience by analyzing the patient’s material in a way that is not too top-heavy or too bottom-heavy. The analytic ideal of neo-Kleinian technique keeps the normal flow of projection and introjection functioning between analyst and patient so that understanding can occur through an ongoing engagement between discourse and experience. To facilitate openness to the construction of meaning between discourse and experience there are typical questions in neo-Kleinian technique which provide an entry point for analysis. The following are questions a neo-Kleinian analyst would ask herself every time she listens to a patient’s experience: What is the central anxiety? How does the patient see me? What does the patient do with what I say? How is the patient trying to use me? What does it feel like inside of me to be with this patient? These questions have been modified in order to more aptly apply to the writer-reader relationship. Accordingly, the following questions reflect how neo-Kleinian and postmodern feminist theory permit the reader to analyze the writings of lesbians who perpetrated, lesbians who were victimized, and therapists/researchers by keeping a critical eye towards the dialectical relationship between discourse and experience: 1) How does the author begin her story and what might this beginning mean? 2) How does the author’s story progress and what might this progression mean? 3) What words does the author use to tell her story and what might her choice of words mean? 4) What might the author’s characters represent? 5) How does
the author end her story and what might this ending mean? 6) What effect does the author have on the reader and what does this effect mean?

In sum, the method used in this project involves the employment of postmodern feminist and neo-Kleinian theory to analyze the general interrelationship between the discourse and the experience of lesbian relationship violence. Also, the writings by lesbians who perpetrated, lesbians who were victimized, and therapists/researchers will be analyzed with postmodern feminist and neo-Kleinian theory by using the six protocol questions mentioned above. The meanings from these writings will be elicited and examined by using these six protocol questions as if the text was being given a structured interview. The six protocol questions will provide a more specific view of the interrelationship between the discourse and the experience of lesbian relationship violence.

The flow chart below outlines how the method is used in each chapter to analyze the writings of lesbians who perpetrated, lesbians who were victimized, and researchers/therapists. The method will accomplish two goals. First, the method allows for the limits and exclusions of lesbian relationship violence to be illuminated from the perspective of the lesbian who perpetrated, the lesbian who was victimized, and researcher/therapist. Second, the method allows for the limited and excluded meanings and interventions of lesbian relationship violence to be articulated.

**Figure 1. Method Flow Chart**

**Chapter 2: “The Lesbian Victim”**

**Step 1:** Illuminating limits and exclusions in the understanding and treatment of the lesbian who was victimized from the perspective of “the
lesbian victim” specifically by using the six protocol questions.

**Step 2:** Illuminating limits and exclusions in the understanding and treatment of the lesbian who was victimized generally by using postmodern feminist and neo-Kleinian theory.

**Chapter 3: “The Lesbian Abuser”**

**Step 1:** Illuminating the limits and exclusions in the understanding and treatment of the lesbian who perpetrated from the perspective of “the lesbian abuser” and therapist specifically by using the six protocol questions.

**Step 2:** Illuminating the limits and exclusions in the understanding and treatment of the lesbian who perpetrated by using postmodern feminist and neo-Kleinian theory.

**Chapter 4: Therapeutic Identity, Countertransference & Lesbian Relationship Violence**

**Step 1:** Illuminating the limits and exclusions in the understanding and treatment of lesbian relationship violence from the perspective of the therapist specifically by using the six protocol questions.

**Step 2:** Illuminating the limits and exclusions in the understanding and treatment of lesbian relationship violence generally by using postmodern feminist and neo-Kleinian theory.

**Chapter 5: Conclusion**

**Step 1:** Linking the limits and exclusions in the understanding and treatment of lesbian relationship violence with the objectives of the project.

**Step 2:** Intervening with the limits and exclusions in the understanding and treatment of lesbian relationship violence by using postmodern feminist and neo-Kleinian theory.
Let’s examine more closely how the specific method of employing the six protocol questions will meet the aims of illuminating and intervening with the discourse and experience on lesbian relationship violence and meet the objectives of responding in a comprehensive and critical manner to the way lesbians who perpetrated, lesbians who were victimized, and therapists conceptualize lesbian relationship violence. For example, one objective is to illuminate how lesbians who were victimized conceptualize their experience of woman-to-woman violence. This objective can be partially answered by examining how the first protocol question (i.e., How does the author begin her story and what might this beginning mean?) illuminates the meanings of a common introduction in the writings of lesbians who were victimized. What is often discussed at the beginning of the story of a victimized lesbian is her disbelief regarding being in a violent relationship with a woman. One aspect the victimized writer’s disbelief may unconsciously represent is an idealization about lesbian relationships.

This idealization of lesbian relationships might also represent a tendency within the victimized lesbian to overlook red flags or danger signs in her romantic relationships. As a result, the victimized lesbian may have a difficult time seeing the way in which her partner is abusive to her. Therefore, the victimized lesbian’s idealization might function to split images of herself and her partner in the same way. For instance, a devalued image of the victimized lesbian and her partner could be kept disconnected from the lesbian who was victimized and her partner in order to sustain the fantasy in her mind, “There is nothing wrong with me or my partner.” However, it could also be claimed that the disconnected and devalued image of the lesbian who was victimized is vulnerable to being acted out (e.g., projected into her partner) since it is not well integrated into her
personality. In this case, the victimized lesbian’s projection of the devalued image of herself into her partner would allow her to retain her self-image of perfection by constructing her partner as imperfect or bad. These are a few examples of the kinds of interpretations that could be made to illuminate the limits and exclusions at work in the victimized lesbian’s writing of her experience of relationship violence. Further, the illumination of the victimized lesbian’s disconnection from an unconscious devaluation of herself and her partner provide an entry point for therapeutically intervening with the lesbian who was victimized. This brief example shows how one of the six method questions works specifically to deconstruct the victimized lesbian’s discursively constructed experience. Furthermore, this example illustrates how interpretations can begin to unfold answers to one of the questions outlined as an objective (i.e., How do lesbians who were victimized conceptualize their experience?).

In conclusion, the goal of this project is to interpret accurately the writings of lesbians who were victimized, lesbians who perpetrated, and therapists/researchers so that if they were to read the interpretations given by the reader, they would be able to recognize themselves. However, accurately representing these stories does not necessarily mean taking the writers’ meanings at face-value. Rather, accurate representation is about the struggle to come to terms with the difficult truths and multiple meanings of one’s life story. This struggle with difficult truths is a process that can only happen between discourse and experience, and between reader and writer. My curiosity about these difficult truths is driven by a desire to know: What are the connections between gender, sexual identity, and relationship violence? How do victimized lesbians and lesbians who perpetrated remain complicit with constraining understandings of their
own experience? How do therapists/researchers and their perspectives remain complicit with constraining understandings of lesbian relationship violence, and therefore fail to respond in helpful ways to lesbians who were victimized and lesbians who perpetrated? The simple answers to these questions are often portrayed in stories of lesbian relationship violence through the representations of *the right victim, the righteous therapist,* and *the wrong abuser.* The more complex stories these identities have to tell have yet to be discovered.

In this chapter I have introduced the problem of lesbian relationship violence, reviewed the literature, elaborated the theories of postmodern feminism and neo-Kleinianism, and explained the method of analyzing writings as discursively constructed experience. Chapter 2 draws from postmodern feminist and neo-Kleinian theory to show the limits and exclusions of the discourse of lesbian relationship violence conveyed through the personal stories of lesbians who were victimized. It will suggest that the interaction between the experience of lesbians who were victimized and dominant conceptualizations of relationship violence together define the category of *the lesbian victim.* An alternative interpretation of the meanings of these victimized lesbians experiences is presented. Building on this theme, Chapter 3 draws from postmodern feminist and neo-Kleinian theory to show the limits and exclusions of the discourse on lesbian relationship violence. It will highlight the experience of two therapists who identify their patients as abusive, and discuss letters from a woman who murdered her lesbian lover. It will suggest that the category of *the lesbian abuser* is defined in essentialist terms, which in turn encourages reifying interpretations of lesbian patients’ experiences. Chapter 4 draws from postmodern feminist and neo-Kleinian theory to
analyze the limits and exclusions of therapeutic discourses on lesbian relationship violence. It will explore discussions of the role of homophobia in therapeutic intervention and highlight the countertransference resistances that organize the therapist’s identity and treatment of lesbian relationship violence. Chapter 5 summarizes the analyses in Chapter 2, 3 and 4. It then links the analyses with the objectives of the project, and argues that the discourse on lesbian relationship violence limits and excludes lesbian and therapeutic identities and practices by imposing moral and political claims on lesbians involved in violent relationships. Finally it proposes a need to engage in a more critical examination of the dialectical relationship between discourse and experience to best understand and treat lesbian relationship violence. Let us first turn to a discussion of the experiences of lesbians who were victimized in order to begin to unfold the limits and exclusions of the discourse on lesbian relationship violence.
CHAPTER 2: “THE LESBIAN VICTIM”

Insistence that the lesbian masochist is the same as the inherently masochistic woman of Freudian lore is much like arguing that lesbians are invert.

−Lynda Hart, p. 55

As there has been a tradition of beginning with the victim’s experience, I too wish to begin with an analysis of lesbians who were victimized. This beginning is in part due to the accessibility of lesbian experiences of victimization. It is also due to a desire to critique the tradition of pathologizing or taking at face-value victimization experiences. For example, I do not wish the analysis to follow the reifying interpretations of the tradition of the late 19th and 20th century studies of female identity and victimology. For example, Krafft-Ebing (1999) coined the term “masochism” at the turn of the 20th century, and explained the difficulty he had distinguishing between women’s “natural passivity” and women’s pathological inclination to subordination. In fact, he said, “…it is said that the wives feel hurt if they are not beaten by their husbands” (Krafft-Ebing, 1999, p. 168). Women are by nature masochistic. A similar argument was made about the “female invert” during this time. She was described as a “masculine woman” because she has an enlarged clitoris “threatening to become or be used as a penis” and because she is attracted to “feminine women” (Gibson, 1999, p. 155). Lesbian desire is by nature masculine. According to these conceptualizations “the lesbian victim” would not only desire to be harmed by her lover, she would also desire her lover “like a man.” It is clear that the medical language of late 19th and early 20th century sexology essentializes the experience of women, lesbians, and victims.
It has not always been clear, however, how domestic violence language, which surfaced as a part of the 1960’s and 1970’s feminist platform, has a tendency to essentialize victimization experiences of relationship violence. Since the emergence of feminist politics in the 1960’s and 1970’s, the conceptualizations of “masochism” and “invert” have lost much of their power; the terms as well as the location of understanding the relationship between “woman” and “victim” have changed. For example, what was once an individual trait is now a cultural problem, and the trait that was called “masochism” is now the problem of “sexism.” In like manner, the relationship between “lesbian” and “victim” is understood as a homophobic problem. The terms and location of the problem of domestic violence have changed from “inside” to “outside” and therefore the blame has shifted from the individual to the culture.

Although exposing repressive cultural ideologies (e.g., sexism and heterosexism) is valuable, it is also important to connect the universalizing tendency of these ideologies to the particular stylized repetitions and reenactments contained in the patient’s identifications. It is not enough to blame the culture for victimization experiences and label the victim’s complicit behavior “internalized homophobia.” For example, Balsam (2001) believes that the victimized lesbian’s resistance to blame her partner for the violence, and her desire to hide the relationship violence from her family are evidence of internalized homophobia. The victimized lesbian is afraid of being rejected by her mother, and resistant to portray her partner negatively. At the same time Balsam demands that the victimized lesbian’s fears be read exclusively as cultural statements about her lesbianism, she demands that they be read as individual statements reflecting her own idiomatic identifications. It is significant to the victimized lesbian, and therefore should
be crucial to the therapist, that her (homophobic) fears are targeted towards her mother and lesbian partner. In other words, the problem for Balsam’s patient is not just that her fear, helplessness, self-blame, and resistances are symptomatic of a hateful culture, but that she is the one who internalizes and turns culture towards herself in an essentialist manner.

Although the location and terms for describing and explaining violent lesbian relationships have shifted back and forth over the years, it remains unclear how the logic of blame, blaming the individual or blaming the culture, has helped to better understand the experience of relationship violence. It seems that the logic of blame only functions to reify the patient’s experience. It is my belief that there needs to be shift away from “naming” and “judging” to “understanding” experience. Therefore, the goal of this chapter is to explore the victimized lesbian’s particularized appropriation of cultural ideologies about lesbianism and violence. This will be accomplished by analyzing the personal stories of three self-identified lesbians who were victimized in their relationships. These personal stories will be analyzed with the six method questions outlined in chapter 1. These method questions are: 1) How does the author begin her story and what might this beginning mean? 2) How does the author’s story progress and what might this progression mean? 3) What words does the author use to tell her story and what might her choice of words mean? 4) What might the author’s characters represent? 5) How does the author end her story and what might this ending mean? 6) What effect does the author have on the reader and what does this effect mean?

The purpose of analyzing these three personal stories in terms of the questions above is to better understand the interaction between discourse and experience contained
in violent lesbian relationships from the perspective of victimized lesbians. Examining
the interaction between discourse and experience will illuminate the limits and exclusions
that lesbians who were victimized place on their own experience. From this analysis a
deeper, more complex understanding of the victimized lesbian can be appreciated. Let us
now turn to a discussion of three contemporary stories by lesbians who identify
themselves as victims of relationship violence.

Projections of Victimized Lesbians

*Three Contemporary Stories: Susan, Lisa & Kate*

*Love as Addiction* by Kate Hurley (1986, p. 56-61), *Love is Not Enough* by Susan
Crall (1986, p. 32-36), and *Once Hitting Starts* by Lisa (1986, p. 37-40) are three
contemporary stories, which will be used for this section’s analysis. Although there are
many stories about victimized lesbians to choose from on internet websites and in books,
I chose stories from Lobel’s (1986) anthology on lesbian relationship violence because it
is the most commonly referenced book on the topic. Also most of the stories in Lobel’s
anthology have a similar general structure even though the particulars of each story are
different. It is as if the authors were asked to write about their experience of being in an
abusive relationship by responding to questions such as: When did your partner first
become violent with you, and how did you respond? 2) How would you describe the
progression of violence in your relationship? 3) How did you respond to the violence and
how did the violence effect you during and after the relationship? I don’t know for sure
if the authors were asked to address these particular questions in their stories. However, I
find it interesting that most of the authors wrote their stories as if they were asked these
particular questions.
The three stories of lesbian relationship violence were chosen because I found myself gravitating towards the titles, and secondarily because they were authored by women who I did not recognize as lesbian therapists. Not choosing lesbian therapists’ stories involved my ethical stance on protecting professional identity, and prevents against analyzing stories that could report their personal struggles in professional language. Regarding the titles, I found them interesting because they referenced the importance of a lack of boundaries, and distorted notions of love in abusive relationships. Moreover, I believed the rich titles and text of these three self-stories would allow for an “inside” view of the victimized lesbian’s intense bond to her abusive lesbian partner. It is to better understand the self-destructive attachment of “the lesbian victim” and the image she tries to project of herself in the relationship that I now turn to an analysis of her stories. Let’s begin with the first question.

*How do the authors begin their stories and what might these beginnings mean?*

**Susan:**

In *Love Is Not Enough*, Susan began her story by situating herself as “a forty-two year old white lesbian” and her partner as “a woman who is forty-one and also white” (Crall, 1986, p. 32). She also stated how she “was in an abusive relationship” with her partner, and that they both are “in recovery programs for alcoholism and co-dependency” (Crall, 1986, p. 32). Susan began her story by unfolding a context in which her and her partner’s similarities were highlighted. Some of these similarities such as age and race carry a fairly neutral meaning, while other similarities such as alcoholism and co-dependency carry a relatively negative meaning. It can not be discerned how the
similarities in Susan’s relationship are positive or negative; however, it can be assumed that these similarities do play an important role in her connection to her partner.

**Lisa:**

In *Once Hitting Starts*, Lisa (1986) began her story by noting that she has been out of her abusive relationship for “a year and a half” and that “since I left, a day doesn’t go by without me thinking about the relationship and what went wrong” (p. 37). She described other ways the relationship continued to affect her, “My ability to trust people has been at least temporarily damaged. Something inside of me has decided that relationships are not for me, or that I’m not ready to have a relationship” (Lisa, p. 37). Lisa is expressing how the hurt she experienced in her relationship has been generalized to all relationships, and that she feels she might not be able to gain the trust necessary for intimately connecting with someone. Regarding this effect Lisa (1986) said, “That is the cost and the hard-won knowledge” (p. 37). Even though being in an abusive relationship taught Lisa lessons, the lessons she learned came at a very high price. The lessons she learned were to distrust others and to not become involved in romantic relationships. These do not seem like the most useful life lessons to learn. Accordingly, it will be interesting to see what other life lessons Lisa took away from her abusive relationship.

**Kate:**

In *Love As Addiction*, Kate (1986) began her story by commenting on how she kept notes to write “an article about a destructive relationship,” (p. 56) but did not write the article right away for two reasons. One reason is that Kate (1986) was unsure about battering being an issue in her relationship “although it was occasionally violent” (p. 56). The second reason is that Kate (1986) did not “want to feel I am getting even with Mary,
a woman thirty years older than I am, by telling the story” (p. 56). The second reason is the one Kate (1986) is most concerned with because she continues her story by making statements about how she had known women to seek revenge by “putting another woman in a bad light” (p. 56). Interestingly Kate (1986) came to the conclusion that she had “the right to tell my story” (p. 56) after she read an article on lesbian battering, which pointed out that victims remain trapped in their situation by not designating their partner as responsible for the violence. Whereas Kate’s first reason speaks to her own dynamic of denial, the second reason highlights a process of splitting in which blame is assigned to one person while the other person remains innocent. What this means is that Kate’s story began with an admission to her own tendency to idealize her partner and devalue herself. She struggled with changing this tendency without deploying an identification with the aggressor. Kate is very concerned that by telling her story she will be viewed as aggressive, and therefore the story-telling will function as a role-reversal in which the only change would be from idealizing to devaluing her partner. Kate’s preoccupation with what is going on in other people’s mind, especially her concern for other people interpreting her intentions negatively, appears to be a central issue for her. Perhaps better understanding Kate’s need to control how other people see her might help shed some light on her own dynamics in the abusive relationship. Let’s see how these dynamics are elaborated in the progression of the lesbians stories of victimization.

*How do the authors’ stories progress and what might this progression mean?*

*What words do the authors use to tell their stories and what might the choice of words mean?*
**Susan:**

Susan tells the reader that she “knew when I met her that she was an alcoholic and had a history of violence, including her previous lesbian relationship,” and that she “struggled” with her partner’s alcoholism, but “ignored” her partner’s history of interpersonal violence (Crall, 1986, p. 32). Since her partner was not drinking when they met, she “reasoned” that their “love would solve these problems” (Crall, 1986, p. 32). Susan not only rationalized that love would conquer all (the evil); she also minimized and disavowed her partner’s historical reality. It’s as if she was unconsciously saying to herself, “My partner may have done these bad things, but I haven’t yet experienced her get drunk or be physically abusive with me.” Also the idea that Susan had not yet experienced her partner’s bad behavior seems to feed her omnipotent thinking about love, as well as the idealized idea that the bond she had with her partner is special and different, and therefore will never be tainted with abuse or drunkenness.

Susan stated that the violence emerged about the same time she moved in with her partner. It is interesting to think about the psychological shifts that might have taken place for Susan as a result of this change. What is the significance of physical closeness for Susan? Susan described how the abuse started with “verbal abuse” which consisted of “accusation, blaming, denial, storming about and yelling” and “were fueled by her jealousy of my friends and her resentments about money (I had it, she didn’t)” (Crall, 1986, p. 32). Regarding her partner’s abusive behavior she described it as “imagination and reality” being “hopelessly mixed” (Crall, 1986, p. 32). She then admitted, “I wasn’t able to see things very clearly,” (Crall, 1986, p. 32) which speaks to her own difficulty with separating fantasy and reality. Susan’s difficulty with keeping fantasy and reality
separate contributed to two of her responses to her partner. The rationale for one response was to “argue with her and defend myself,” and the second response was to make herself “accept her harmful behavior” (Crall, 1986, p. 32). There was no third option for Susan.

Susan said that in the beginning of the relationship she was “unable to tell what would trigger” her partner’s abusive behavior, but “after awhile, I saw some predictability” (Crall, 1986, p. 32). She described the “danger signals of impending violence” (Crall, 1986, p. 32) she relied upon to discern when her partner would be verbally and/or physically abusive. Susan’s reactions to her partner’s violence “included fear, loneliness and despair,” and feeling “helpless to avert it” (Crall, 1986, p. 33). What is surprising about Susan’s responses is that she never appears to get angry at her partner; she only gets hurt and feels victimized.

Anger is an important self-protective or self-preservation function, which appears to be absent in Susan’s story. It’s as if Susan’s difficulty with expressing anger is complementary to her partner’s difficulty expressing vulnerability. Susan has too little access to her anger and too much access to the more “noble” experiences of fear, loneliness, despair, and helplessness. Moreover, when Susan’s partner blamed her for the abuse Susan believed the reasons. Susan said that the flip-side to her partner’s abuse “was an extreme passivity, negative self-esteem and self-pity” (Crall, 1986, p. 33) Susan indicated that her partner was able to use these behaviors to “convince us both that she was not being controlling,” and “I participated in this lie because I only wanted to see the wonderful times we had together, and because believing this denial of hers gave me a sense of control in a basically unmanageable situation” (Crall, 1986, p. 33). Susan believed her partner’s negative projections because believing them made her feel
omnipotent, which in turn, preserved the idealized loving connection she felt to her partner. Constantly believing other persons negative projections as flaws of yourself is a heavy burden to bear. When bearing this burden, it becomes difficult to distinguish between what is real and what is fantasy about oneself and others. What is interesting is that “in a basically unmanageable situation” the only way Susan knew how to respond was to perpetuate the unmanageability by participating in the confusion between fantasy and reality.

Susan returned to describing the beginning of the relationship as “walking around in a minefield, that what I said and did could produce a violent reaction” (Crall, 1986, p. 33). Evidently Susan talked many times with her partner about the abuse, but it “always ended on the note of her telling me what to do when she became unmanageable” (Crall, 1986, p. 33). She went on to say that her partner began drinking “a few months after we met” and that “four months after that, we had our first incident of physical abuse” (Crall, 1986, p. 33). The first incident of physical abuse involved her partner “driving dangerously” (Crall, 1986, p. 33). Susan “wanted to get out at a stop light, but she held me, saying she would hurt me if I tried to get out” (Crall, 1986, p. 33). Susan described her response, “I felt overwhelmed, as though I had been raped” (Crall, 1986, p. 33). Susan talked to her partner about the situation that night, but her partner dismissed Susan by not taking responsibility and by getting drunk. Susan said “the incident was allowed to slide by” (Crall, 1986, p. 33). Susan described the beginning of the relationship as if she is, in hindsight, highlighting the “red flags” she overlooked. It’s already been established that Susan’s tendency to overlook danger signs has to do with her desire to disavow negativity, and focus exclusively on the good things about her relationship.
Susan stated that her partner sobered up a few weeks later, and “remained sober for the rest of the relationship,” but that the incidents of physical abuse continued to occur “about eight or nine over a year’s time. The majority of them occurred in the car, usually while driving” (Crall, 1986, p. 33-34). Susan described the dynamics of the incidents in the following way: “She would say degrading things about me, I would defend myself verbally, then she would grab me and force me to agree to what she said. It was next to impossible to get away from her during these scenes. I began to react with abuse and became agitated and intrusive a few times in the early incidents. Then I returned to passivity out of fear” (Crall, 1986, p. 34). Susan acknowledged responsibility for contributing to the abusive dynamic by stating that “the fear seemed only to increase her rage” and “I did not leave her presence before it was too late” (Crall, 1986, p. 34). Both these statements suggest that Susan viewed her partner’s and her own aggressive activity as frightening. This fear led Susan to transform activity into passivity by overriding her own desire, and freezing instead of fleeing situations she knew would become violent. When Susan remained passive, frozen, and lacking desire she creating a context in which she believed she could connect with her partner. Although in these moments connection seemed impossible.

In light of Susan’s story the following questions come to mind: Why is any connection, including abusive connection, more comfortable to Susan than disconnection? Why is Susan’s lack of her own desire less frightening? Traditional psychoanalytic views would have responded to these questions by discussing Susan’s identification with her partner as both complementary and masochistic, and therefore Susan would be understood as finding unconscious pleasure in being harmed and
controlled by her partner. Although finding pleasure in pain might be part of the equation for Susan, this definition of masochism seems too simple, as it neglects to explain why it is that Susan must find pleasure in pain, if that is indeed what she is finding. Perhaps what she is finding is more object-related than pleasure-related. Perhaps Susan overrides her desire for pleasurable contact and settles for painful contact because it is the contact itself that is important to her, not necessarily the pain that accompanies it. Moreover, perhaps the painful contact although appearing self-negating is actually self-preserving in Susan’s mind because it protects her from the more catastrophic discovery of her own desire, which she would need to find “outside” of her idealizations of love.

Susan continued telling her story by discussing how she dealt with the abuse in her relationship. She became “involved in a shelter movement conference held in town” in order “to educate myself on domestic violence” (Crall, 1986, p. 34). She stated that her partner was very angry about her involvement with the conference, and became abusive as a result, but that it made her partner realize “that I would no longer ignore the abuse in our relationship” (Crall, 1986, p. 34). Accordingly, Susan and her partner began attending “a newly formed group for lesbian couples who had problems with abuse” (Crall, 1986, p. 34). Some progress was made, but the violence reoccurred a few months later and they eventually dropped out of the group because her partner “became defensive and suspicious of the counselor who led the group” (Crall, 1986, p. 34). As the abuse continued in the relationship, and the incidents worsened, Susan “decided that if we could not change the pattern of abuse, I would have to leave her” (Crall, 1986, p. 34). Other reasons for wanting to leave the relationship included Susan “becoming over-sensitized, fearful, untrusting, self-pitying. We were unable to find a safety measure by which to
control the abuse. I was developing some very bad feelings about myself for allowing the abuse” (Crall, 1986, p. 34).

What is significant about Susan’s language in these statements is her desire to do something about her abusive situation by engaging in activities that would validate and control her negative experience. This makes me wonder what was going on inside of Susan’s mind that would lead her to need validation that her situation is abusive. Why can’t she see that her situation is abusive? Is negativity and negative affect such a foreign or overwhelming experience in her internal world that the only means of coping with it is to make others’ validate and control it?

Susan initiated a separation and hoped to end the violence. It did not. She described the last incident of abuse as one in which she felt degraded, but felt as if her partner “approved of my response” because Susan “fought back against her verbal and physical abuse” (Crall, 1986, p. 34). This is an interesting sequence of statements because it highlights the intensity of Susan’s hatred towards herself for taking measures to follow the path of her own desire. However, it seems that the idea of separating and going on with her own life finally became a less frightening form of identification than staying with the abusive partner.

Susan speculated about the importance of their sexual connection. She “did not understand how I could want to be lovingly touched by the hands that hurt me” (Crall, 1986, p. 35). She suggested that “perhaps I used our sexual connection to keep my anger and resentment about her abuse hidden from myself” (Crall, 1986, p. 35). This is a very insightful comment by Susan, which highlights a psychological dynamic I discussed earlier regarding Susan’s tendency to disavow negative affect in order to maintain a
connection. Whereas I believe Susan splits off her negative affect in order to ensure
connection with her partner, she sees the dynamic a little bit differently. Susan believed
that she uses connection to keep her negative affect out of awareness. What seems
significant is the relationship between connection and negative affect.

Susan then asked herself, “Why did I stay in this destructive relationship well past
the time it became dangerous and healthy?”  (Crall, 1986, p. 35). The responses she gave
are: “The pattern of anger expressed violently in our relationship distorted my sense of
reality and encouraged self-destructive behavior. Denial of obvious danger combined
with ignorance led me to have split perceptions of what was happening. Part of me knew
I shouldn’t be involved in this self-degradation, another part pretended it would get
better, if only…”  (Crall, 1986, p. 35-36). In other words, she told the reader that feelings
of anger made her unable to distinguish between fantasy and reality and led to a self-
destructive stance in the relationship. What she described is not just her partner’s feelings
of anger, but her own difficulty with feelings of anger. It’s already been established that
Susan has a tendency to disavow her aggressive feelings. The good news about
disavowing aggressive feelings is that it functions to preserve connections. The bad news
about disavowing feelings, especially over a long period of time, is that it leads to
confusion between fantasy and reality. Moreover, disavowing negative affect leads to
split, rather than synthesized perceptions of self and other. What this suggests is that
Susan’s ways of relating to both the good and bad situations that occurred in her romantic
relationship tended to be antithetical to the loving connection she desired. That is, Susan
wanted to have a loving connection with her partner, but she did not understand that her
idealistic ideas of love and her unconscious desire to stay connected to her partner even in the face of danger actually prevented her from receiving the love she desired.

Susan concluded her story by talking about the “after-effects” (Crall, 1986, p. 36) of being in an abusive relationship. She described having “anxiety attacks as well as dreams of her accosting me” (Crall, 1986, p. 36). In addition to these post-traumatic reactions she also dealt with “anger, resentment and guilt, sexual blocks and negative body image, as well as a sense of victimization” (Crall, 1986, p. 36). She went on to say that she is “still having a hard time looking at my victim attitude” (Crall, 1986, p. 36). It is difficult for Susan to “do self-affirming things for” (Crall, 1986, p. 36) herself as a result of her victim attitudes. She noted that she has become aware that “I often get victimized” when “I feel like a victim” (Crall, 1986, p. 36). She linked her victimization to how it is “easier to be self-destructive and irresponsible to myself by focusing on the other person’s problems” (Crall, 1986, p. 36) than it is to look at her own feelings of anger and helplessness. She has become aware of two interesting impulses in herself since being in an abusive relationship. On one hand, Susan focused on others when she found her self feeling “extremely needy,” and on the other hand she found herself taking care of “the one who is ‘victimizing’ me” (Crall, 1986, p. 36). What these statements capture is that Susan has a tendency to relate to others based upon split perceptions of herself and others. Specifically, these statements reflect Susan’s desperate need for and fear of connection. The way her neediness becomes disavowed is through projection into the person she is trying to connect with, so she can take care of the needy, dependent part of herself, while veiling her desire for love and nurturance from the other. Thus, Susan’s “impulse to take care of the one who is ‘victimizing’ me” can be understood both as
Susan focusing on and taking care of the part of herself (which now resides as a part of the other’s interiority in Susan’s mind) that feels a desperate longing for attention and love from others, and as a defense against receiving that attention and love.

**Lisa:**

Lisa (1986) described the after-effects of being in an abusive relationship, and also talked about how the relationship began, “I feel larger, solid, determined. Never will another person or a relationship be something for me to sacrifice myself for. I look back and can see that there was something good. It didn’t start with violence and ugliness” (p. 37) Lisa felt more like her own person since being out of the abusive relationship. Although Lisa (1986) connected her tendency towards sacrificial relating to the “violence and ugliness,” she also stated that there was “good” (p. 37) in the relationship as well. She described many details about the good in the relationship, and then summed it up in the following way, “I had found something that I never even knew existed. I never thought that there would be some one person for me, and I now had found her. I think neither of us doubted that we had found a lifetime relationship. The feeling of rightness was there. That was the way we started; I never thought it would end the way it did” (p. 37). What is fascinating about her description of the good in the relationship is how she believed it as both never existing as part of her experience and knowing that it would exist forever. Connected to Lisa’s description of her conceptualization of good in the beginning of the relationship is how she never imagined the relationship to end so badly. It’s as if the relationship began “all good” and ended “all bad” for Lisa. This not only points to the external reality of her relationship, but also to Lisa’s way of seeing good and bad in the relationship in absolute ways. Also her absolutist ways of thinking about the
good and bad in her relationship might have some relation to the tension between her split views of relationships.

Lisa (1986) talked about how she “loved,” “trusted,” and “was open to her” partner, and that “the betrayal” lies in her partner being “suspicious” of Lisa’s feelings by “expecting and seeing negativity where it was never intended” (p. 37-38). This dynamic of Lisa seeing all good, and her partner seeing all bad seems very significant to “the fighting” and “intense arguments” (p. 38). For example, Lisa linked her stance of openness with her partner to a hurt feeling that “was like being stabbed in the chest” when her partner “was angry” with her (p. 38). She described her partner as both “the only source of comfort” and “the source of that pain,” and that all she knew when they fought “was that we still cared for each other and didn’t want to hurt each other” (p. 38). What these statements highlight is Lisa’s difficulty with having an ambivalent understanding of comfort and pain, good and bad. Lisa added that the loss of connection she experienced when they fought “seemed only to emphasize how important it was to me, how much I needed it, how much I loved her. It was, I felt, the only real love I’d ever experienced. I’d spent much of my life stoic, hostile, emotionally distant, and I needed that closeness like I never realized” (p. 38). These statements further validate Lisa’s difficulty with having an ambivalent understanding of love and hate, closeness and distance. Also the last statement described Lisa’s life-time feelings of deprivation of love and closeness, and how they may have contributed to her desperation to re-connect with her abusive partner. It’s as if Lisa’s longed for love and closeness was stirred, and its voracious hunger was temporarily satiated through Lisa maintaining a loving connection to her partner. Since disconnection was the equivalent of being hated in Lisa’s mind, I
can imagine her trying to find quick, perhaps even sacrificial ways, to mend the broken bond with her partner.

Lisa talked about an incident in which her partner “hit” her while she was driving her motorcycle. She recalled thinking “what an insane thing it was—to hit my arm and risk our lives!” and that she “ought to remember this, something very significant has happened” (Lisa, 1986, p. 38). She talked about how she believed “that once hitting starts, a barrier is broken that afterwards is too easily crossed. What was once unthinkable behavior is no longer” (Lisa, 1986, p. 38). Physical destruction makes it clear that the relationship is “broken” and “can never be repaired” (Lisa, 1986, p. 38). She then made an interesting stylistic transition from first person to second person narration. She spoke in second person for several paragraphs, and then transitioned back to first person before the end of the story. What seemed to be significant about the second person narration is that it contained the gory details of the abuse she endured from her partner. What is puzzling is why she felt the need to convey the details of the abuse in second person instead of first person. Perhaps Lisa’s shift from first to second person has to do with her difficulty containing the intensity of her psychological state within herself, and therefore needing to project it into a second person? Comprised in the paragraphs written from the second person are Lisa’s feelings of helplessness, powerlessness, isolation, fear, and shame. For example, she described not being able to hide the bruises from co-workers because there were too many. She lied to coworkers about the abuse because she felt ashamed. It would be interesting to know more about Lisa’s shame as its meanings may reveal some answer about how she got into and stayed in a violent relationship. In
another example, Lisa highlighted isolation and fear of homophobia as her reasons for not leaving the relationship and not soliciting help from friends and family.

Lisa’s fear of receiving help is related to a more general fear that has already been discussed. This is the fear of not receiving the love, care, and attention she desires from others. There’s a part of Lisa that is very skeptical of others’ ability to help and understand her. This suspicion could easily become exacerbated in contexts of homophobia and isolation. What is most significant is how Lisa is fantasizing that the people in her life will respond negatively to her. Why would Lisa give more credence to protecting herself from the possibility of an uncaring, unhelpful response than to a response that occurs in reality? I think Lisa gave a partial response to this question when she said that her partner “is the only friend you have, the only one who seems to care. The idea of leaving seems worse than if you try to stay and make it work and make sure it doesn’t happen again.” What Lisa described in these few statements is how she fantasizes that a state of disconnection would leave her with more negativity than she could tolerate. She believes that a fantasy of connection is better than none at all.

Lisa returned to first person narration and talked about how she left her abusive relationship. She saw a classified ad for a battered women’s support group in the same resource that she had read an article by a woman who was battered. Because she didn’t know if her “situation was severe enough to warrant the label” she called the phone number from the classified ad and “told my story to a straight volunteer and I asked her if this sounded like a battering relationship” (Lisa, 1986, p. 39). She said that her concept of battering meant “a 300-pound man and a 110-pound woman” (Lisa, 1986, p. 39). She talked about feeling both “guilty” and “relieved” (Lisa, 1986, p. 39) about sharing her
story with the volunteer on the phone. Lisa also talked with the person organizing the support group, “She wanted to know if I could come up to San Francisco and talk with her, and I realized that I couldn’t. I wouldn’t be allowed!” (Lisa, 1986, p. 39). She said that “Usually I had been able to convince myself that I hadn’t wanted to do what I didn’t have the freedom to do. This realization really hurt my pride, and I resolved to get to San Francisco somehow” (Lisa, 1986, p. 39).

There was a minor shift in Lisa’s relation to herself regarding the necessity to expose the bad things about her life. She talked about the negativity in her relationship in order to receive the help she needed. She began to allow herself to walk down the unknown path of ambivalent understanding, which yielded contradictory experiences such as the guilt and relief Lisa felt about connecting with a person regarding her abusive relationship. She also allowed herself to take action, rather than giving into her fantasies about how others might respond negatively to her. Lisa recalled meeting with the woman who ran the support group, and feeling depersonalized when telling her story, “I listened to my words as though they were someone else’s story—that “other” woman sounded so trapped and hopeless, and so scared” (Lisa, 1986, p. 40). She went on to say that the trip to San Francisco “gave me courage,” and that she was also “able to promise myself that if she got violent again I would leave” (Lisa, 1986, p. 40).

Not more than two months had passed when Lisa’s partner became abusive again. Lisa (1986) described herself as “almost relieved because it was finally over” (p. 40). She described her partner “choking me and biting my arm and telling me I was insane because I kept laughing” (Lisa, 1986, p. 40). Lisa was laughing from the relief of knowing she was leaving the relationship. A friend of Lisa’s partner called her at work
the next day to offer support, and although Lisa (1986) felt “embarrassed and ashamed” (p. 40) she told the friend the whole story and showed her the bruises on her arms. Lisa (1986) also said “I didn’t know how to explain to her why I had stayed” (p. 40) Lisa stayed at the friend’s house and was also offered other lodging. She “couldn’t believe how supportive and nice everyone was” (Lisa, 1986, p. 40).

**Kate:**

Kate continued her story of being in an abusive relationship by sharing journal entries she wrote four years before she wrote the article for publication. Kate’s first journal entry commented on the difficulty of writing about her relationship because it has contained so much conflict, “I could never write about all this life with Mary because its chief trait has been the friction we create, the constant battering away at each other in words, and that is hard to recreate” (Hurley, 1986, p. 57). She shared a dream, “I join a support group for people trying to leave their partners, and we end up being a radical group that blows up the Bay Bridge” (Hurley, 1986, p. 57). What is interesting about the dream is the destruction that gets unleashed by a group of victims, not to their partners, but to a bridge. The Bay Bridge in particular is the link between San Francisco and the East Bay, two otherwise separated cities and shores. Within the context of Kate’s life this dream could simply represent her destructive desire to separate from her partner, but it could also be interpreted as Kate’s unconscious desire to keep two separated parts of herself from being linked. The latter interpretation is in line with Kate’s admission of concern in the beginning about other people viewing her article as an aggressive act towards her partner. Kate would not be as concerned about how others were thinking about her actions if she was more resolved about her aggression.
Kate reviewed incidents in which she and Mary verbally fought, and discussed how the fights affected her. For example, she talked about fighting with her partner while waiting for take-out food, and then she asked herself why the negativity of such fights quickly receded in her mind, “Why is the memory of intense struggle so faint when I say yes to her? I want to believe she truly loves me. Sometimes I am so vile to her that I feel constantly ashamed of the way I act. Nobody else calls forth such ugliness from me” (Hurley, 1986, p. 57). In these few statements, Kate seemed to be describing how the negative part of her gets stirred up by her partner, and how horrified she felt by its presence. It is the presence of the ugly part of herself and her partner that she tried to forget, but that kept re-emerging, “Last night, furious at her, I hurled my slipper at her and hit her in the eye. Appalled by my violence. I’m as bad as her mother, who beat her with branches and then kissed the welts” (Hurley, 1986, p. 57). Kate described wanting to leave her partner, but felt powerless and guilty about such an action:

Three times today I told her I’d leave her; each time she changed my mind. A desperate situation. I don’t think I have the courage to break free. I feel great tenderness for Mary because she has poured out all her love on me and is so gentle and restrained when I am trying to run away from her. (Hurley, 1986, p. 57)

Kate ended her first journal entry by talking about how she “could pass as an integrated woman” (Hurley, 1986, p. 58) before being in an abusive relationship. Her partner “did not cause this mess; she just peeled away the surface of calm” (Hurley, 1986, p. 58). What Kate is referring to is how the relationship with her partner shattered the superficial veneer of “calm,” which dominated Kate’s relations with others. Underneath the sugar coating, Kate described herself as “a walking powder keg of explosive anger, confusions, unresolved problems, and feelings of deep inadequacies” (Hurley, 1986, p. 58). Perhaps
it is this “powder keg” part of herself in the dream that felt justified blowing up the Bay Bridge.

Kate talked about a time she “clashed violently” (Hurley, 1986, p. 58) with her partner. This lead her to “escape her control or protect myself” (Hurley, 1986, p. 58) by locking herself in the bathroom. She tried several times to leave her partner by running away to the country, but was not successful because “she had always been sweetly repentant when I returned, and I always agreed to try again” (Hurley, 1986, p. 58). Kate shared a journal entry regarding the “final break” (Hurley, 1986, p. 58) with her partner. She felt relieved “at being free of the incessant pounding of her personality on mine, the constant pressure, the fighting” (Hurley, 1986, p. 58). She went on to tell how “nasty” the relationship got “towards the end” (Hurley, 1986, p. 58). For example, she talked about her partner yelling at her, and using physical force against her until “I agreed to do what she wanted” (Hurley, 1986, p. 58). Kate said she responded to her partner’s abusive behavior by struggling “furiously against her (in words)” (Hurley, 1986, p. 58).

Eventually her partner “said she did not want to see me again” (Hurley, 1986, p. 58). Kate hoped the breakup was final, and that her partner would not be able “to snatch me back” (Hurley, 1986, p. 58). Kate spent “the [two month] long period away” from the ten month relationship with her partner “recuperating in the Midwest” (Hurley, 1986, p. 58).

When Kate returned to the Bay Area, she began to let herself “heal in circles of loving friendship” which “gave me the strength to say no to her” (Hurley, 1986, p. 58-59). Even though Kate shared her story with others she “could not tell the whole truth. I could not even tell it to myself” (Hurley, 1986, p. 59). Kate said that reading over “these journal entries now makes me uncomfortably aware of the omissions. I was ashamed to
admit the extent of our violence” (Hurley, 1986, p. 59). She described how her partner would lock her in a room until she “would make me feel crazily out of control” (Hurley, 1986, p. 59) that resulted in Kate crying and screaming. Also, Kate talked about a time when she got into a fight with her partner, and ended up falling on her and breaking three of her ribs. Kate was so scared about hurting her partner that she “literally fled from town and hid out for several days in the country where I knew she couldn’t find me…by running away I had failed to take care of her when she needed me” (Hurley, 1986, p. 59).

Kate shared a journal entry about an incident in which she felt as if she could never please her partner, “Mary needs things to reproach me for. I can never measure up, be good enough. My failures as a lover are her constant theme” (Hurley, 1986, p. 59). Kate linked her feelings of inadequacy with a game the “giant egotists” in her family played called “Please Me But Of Course You Never Can” (Hurley, 1986, p. 59). Recognizing this link between her family and relationship dynamics helped give Kate the insight necessary to understand “my powerlessness in the relationship but only much later could I connect these words to my need for approval and willingness to be a victim” (Hurley, 1986, p. 59).

Kate added that she not only silently passed over “our most violent encounters” she was also “silent about another painful truth” (Hurley, 1986, p. 59). The other truth was that her partner “was a stone butch” (Hurley, 1986, p. 59). She described how she was “oblivious to roles,” and so didn’t come to understand that she “was the femme” until a friend “had to take me aside and tell me” (Hurley, 1986, p. 60). She described how she was “bewildered” when her partner “wouldn’t let me touch her” when they first made love, but she resolved that her partner was “nervous and shy” about having an older body
than Kate (Hurley, 1986, p. 60). Kate thought that perhaps “when she finally believes in my love, she’ll let me touch her” (Hurley, 1986, p. 60). Regarding the give-and-take dynamic in butch-femme relationships, Kate said “these distinctions were just not part of my thinking” (Hurley, 1986, p. 60). What exactly the butch-femme dynamic has to do with the abuse in their relationship is unclear. However, Kate does say that she believes she “could have broken free from Mary sooner if our sexual life hadn’t been so intense” (Hurley, 1986, p. 60). The erotic bond Kate felt with her partner was so strong that it led her “to put the lover experience and the batterer experience in separate boxes” (Hurley, 1986, p. 60). She acknowledged her tendency to split not just her partner, but herself in the following way: “The Kate who loved needed to deny the existence of the Kate who hated fighting and the exhaustion it brought; and the Mary who wanted me back each time I slipped away had to deny that I wounded her deeply” (Hurley, 1986, p. 60). Let’s now turn to an analysis of the end of the authors’ stories.

_How do the authors end their stories and what might these endings mean?_

**Susan:**

Susan ended her personal story by talking about how important it was to her “healing” process to forgive herself, be good to herself, and take “responsibility for the fact that I chose to be in that relationship” (Crall, 1986, p. 36). Other important factors in her healing process included sharing her story, taking martial arts classes, writing, and “learning to set definite limits for myself as to what I want and don’t want in a relationship” (Crall, 1986, p. 36). Although assumptions could be made about why these particular factors would be instrumental in Susan’s healing process, it still remains unclear why she was not able to do these behaviors while in her relationship. She has
only been able to them while out of an intimate relationship. At the very end of the story Susan stated that her reason for sharing her story publicly was “to get the issue of violence among lesbians out of the closet. I feel it is important for the lesbian community to be aware of abuse among us and for us to find ways of changing the problem” (Crall, 1986, p. 36). I understand Susan’s good intentions, but I am left wondering, given her propensity to disavow negative affect, if there is some bad intention mixed with the good influencing Susan to report her story.

**Lisa:**

After Lisa (1986) separated from her abusive partner she “had a new home and was feeling incredibly positive” (p. 40). Although she felt good about being out of an abusive relationship it is unclear why she “was on a natural high for six months” (Lisa, 1986, p. 40). Lisa implied that she was in another fairly serious relationship for awhile, which helped protect her from the painful reality of being in an abusive relationship. She stated, “Eventually it hit; going from one relationship to another left me with two break-ups to recover from in less than one year, and another move this time to a place of my own” (Lisa, 1986, p. 40). Lisa was not only trying to use connection with a new partner to mitigate the painful reality of being in an abusive relationship, she was also trying to mitigate the pain of being a separate, independent person. As a corrective to her desperate need to connect, Lisa (1986) had “gone into retreat” and “for the first time in ten years I have no sexual relationship with a woman, for the first time in nineteen years I have no ‘best friend’”. However, for the first time I’m starting to find out what I’m really like as a person apart from the influence of others—on my own” (p. 40). In other words, when Lisa allowed herself to be connected with others, whether romantically or in a friendship,
she lost herself and was unable to express and be herself because she gets too wrapped up in the desire of others. At this point in Lisa’s life she chooses to connect or disconnect with other people. Only the latter choice allows her to retain her desire. Lisa is unable to imagine how she can both be connected to others and sustain her own desire.

Kate:

Kate ended her story by talking about how she saw links between the dynamics in her family and her abusive relationship. She noted how her parents were both alcoholics, and how she understood being “addicted to the violence of our relationship, to the wild swings between happiness and despair, and to my dependency on her” (Hurley, 1986, p. 60). She talked about these links between her relationship and family in the language of addiction, “Her approval was like one drink—I always needed more. In those unstable times, I needed my dependency as much as my mother needed her wine and my father needed his martinis” (Hurley, 1986, p. 60-61). She said, “I was conditioned to letting myself get hooked into another person’s destructive patterns” (Hurley, 1986, p. 61). To further link the destructive patterns in her family and relationship, Kate stated that she “was surprised” when a cousin pointed out that her partner’s “strong resemblance to our aunt and to my father; and when I finally saw a picture of Mary’s partner of many years, who had died in her early forties, I was struck by her likeness to me” (Hurley, 1986, p. 61). Both physical appearance and psychological dynamics were both central to the strong, yet destructive bond Kate felt to her abusive partner. Let’s now see what the characters in the authors’ stories represent.

What might the authors’ characters represent? The characters presented in the authors’ stories are their partners, friends, and family members. The partners represent
the possibility of intense, loving attachment, and this strong bond seems to be cemented through unconscious identifications. For example, an identification all the authors spoke about was a proclivity to remain submissive or passive when the partner was abusive, which seemed to be motivated by the idea that it was more “noble” or “powerful” to do. Preserving the connection to their partner depended on an inactive stance and attitude. Also, the authors talked about having an identification to their partners when they were abusive, which sometimes stirred the part of them that is angry and violent like their partner. However, this angry, violent, and destructive part of the authors’ was more often split off from their awareness, and projected into their partners because the idea of being aggressive, and therefore activating separation is viewed by the authors as a position of loss, powerlessness, and moral imperfection.

Additionally, friends and family members were often viewed negatively, and therefore they could not be trusted to extend a helping or caring hand. For example, Lisa fantasized that people would not be supportive of her tragic situation, and therefore she remained immobilized for quite awhile, never checking out her fantasy in reality. Even when Lisa (1986) did finally ask for help she received it, and she still said, “I couldn’t believe how supportive and nice everyone was” (p. 40). What this suggests is that it may be more painful for Lisa to receive help, the very thing she desires, than it is for her to continue fantasizing that nobody cares about her. Also, Kate linked her self-destructive identifications with her partner to her negative identification with her alcoholic parents. Her partner’s approval functioned like her parents dependency on their alcohol. What this suggests is that Kate experienced her parents need for alcohol as a rejection of her, leaving her feeling ignored, deprived of the love and care she desperately wanted and
needed. Attachment with Kate could not be the focus of her parents because in their world alcohol needed to be the primary preoccupation. Let’s now see what effect the authors’ stories had on the reader.

*What effect do the authors have on the reader and what does this effect mean?*

All three authors had similar effects on the reader, stirring mostly feelings of frustration, empathy, and anger. For example, the frustration I felt led me to ask questions of the authors such as: Why are you not paying attention to the danger signs (e.g., previous abusive relationships and alcohol and drug abuse) in your relationship? Related to the frustration of the authors dismissal of danger signs was my contempt for their idealized, self-sacrificial view of love. Moreover, I found the authors’ sugar-coating of love and the relationship to evoke in me angry feelings at times because I began experiencing the authors as unreal and devoid of identity. The authors’ tendency to focus on their abusive partners was especially frustrating for me, and left me feeling smothered. As a result of the smothering feeling, which I felt whenever the authors described their preoccupation with the internal states of their partner, I found myself saying, “Get your own life!”

Along with the feelings of frustration and anger, I also experienced empathy towards the authors’ feelings of desperation regarding their desire to help their partners recover from their experiences of emotional deprivation. The warmth I feel about caring for and helping those in need is not unlike the authors own desire to take care of others in order to care for the dependent part of themselves. The difference between me and the authors’ portrayal of this dynamic is the degree of desperation the authors seem to feel about caring for others. It is the authors’ desperation to care for their partners that made me feel smothered and angry.
A final question I have for the authors regards their motivation for sharing their stories publicly. It was interesting that two of the three authors discussed this point, but only one author directly responded to why she was sharing her story. The author who directly responded was Susan. Susan shared her story “to get the issue of violence among lesbians out of the closet…and for us to find ways of changing the problem” (Crall, 1986, p. 36). I believe Susan is referring, although perhaps unconsciously, to her own as well as her partner’s tendency for violence. Sharing a story of abuse is never purely altruistic because the writer has negative feelings about the abuse. If the authors believe sharing their story is altruistic they are defending against recognizing the way they split themselves and their partners into good and bad, right and wrong. There has to be both good and bad motivations contained in the sharing of the authors’ stories. They would be tragically perfect and inhuman if there was not aggression towards their partners. So when Kate spends several paragraphs trying to convince me that the sharing of her story is not an attempt to get revenge against her partner, I only became more suspicious of her intentions. The necessity of attributing altruistic motivation only confirms the author’s desire to be viewed as the good victim. Let’s now turn to a summary and discussion of the themes discovered in this analysis of victimized lesbians.

Reprojecting “The Lesbian Victim”

Exploring the particularized appropriation of discourse on lesbianism and violence regarding victimized lesbians was the primary aim of this chapter. This was accomplished by analyzing the personal stories of three self-identified lesbians who were victimized in their romantic relationships with women. These personal stories were analyzed through the lens of the six method questions outlined in chapter 1, which are
based on neo-Kleinian and postmodern feminist theory. It is argued that by analyzing the stories of lesbians who were victimized, the interaction between discourse and experience can be better understood. Also appreciating the interaction between discourse and experience will allow for a deeper, more complex way of understanding the experience of lesbians who are victimized in their relationships. In other words, the goal of this analysis was to give a reading of victimized lesbians that was neither too accepting of nor too heavy-handed with interpreting her face-value experience. This critical perspective towards the experience of three victimized lesbians yielded several themes.

The central themes that emerged across the stories of these victimized lesbians will be summarized and then discussed in terms of their relation to lesbianism. First, passivity and the deactivation of aggressive feelings through repression uphold the victimized lesbian’s desire to sustain an attachment to her partner. Abusive attachment is better than no attachment because of the unthinkable degree of loneliness and despair experienced when relating to nobody. Although this theme may also be found in heterosexual women who are victimized, there may also be a difference. However, this difference may be one of degree, rather than kind. For example, the need to repress aggression in order to preserve one’s connection may be exacerbated in lesbian relationships due to the perceived difficulty with finding a romantic partner. The degree of real and perceived loneliness and despair may also be exacerbated in lesbian relationships. These are possible examples of differences between heterosexual women and lesbians.

Second, the victimized lesbian finds power and control, and therefore identity coherence or self-preservation in her passivity and repressed aggression. The victimized
lesbian’s passivity in relation to her partner’s aggression is experienced by the victimized lesbian as being in control with the partner, which makes her feel equal if not morally superior to her partner. Also the passivity helps keep unconscious the victimized lesbian’s own aggression, and supports her belief that it is more “noble” to be a sufferer than an aggressor. I’m reminded here of the image of lesbianism portrayed in Radclyffe Hall’s (1920) *The Well of Loneliness*. Hall offered a portrait of a noble suffering lesbian who was a non-threat to white masculinity. Like Hall’s portrait, this sacrificial representation of lesbianism by the three lesbians who were victimized effectively positions their lesbian desire “outside” the social order. This may be one reason why these lesbians who were victimized understand their lesbian desire in “caretaking” rather than “sexual” terms. They see their function more like a “mother” than a “lover.” Again, heterosexual victims may see their function similarly. However, the degree to which lesbians are vulnerable to this dynamic differs due to the cultural impossibility of lesbian desire. Heterosexuality is a legitimate passion for women despite its own difficulties and limitations. It’s as if the only cultural possibility for lesbian desire is one of “psychotic fusion.” This could be another reason for the primitive need for attachment and unconscious repression of aggression. Just like the autistic orbit between mother and infant, the lesbian who was victimized and the lesbian who perpetrated are “one.”

A third theme is the victimized lesbian’s disavowal of the negative aspects of the reality of her situation. She wants to perceive herself and her partner as good at any cost. This disavowal of reality is maintained through omnipotent fantasies of idealized love by turning the abuse into a sign of special connection, which is sustained through self-blame and the ongoing striving for goodness and perfection. For example, a utopian image of
lesbian desire and a fantasy of non-violence between women allows the victimized lesbian to read her partner’s abuse as “constructive criticism,” which she must integrate into her self in order to be a better lesbian partner. Therefore, the victimized lesbian’s expressions of help and goodness end up functioning as an unconscious expression of her aggression, a smothering attempt to control her partner. She does good deeds because she anxiously fears being perceived as a less than perfect lesbian partner. However, she is in a double-bind because her lesbian attachment is either predicated on an impossible lesbian desire or a fused and asymmetrical (e.g., mother-infant) relationship. Simply, the victimized lesbian is constantly at risk for feeling “less than,” and defends against such a position by striving for perfection.

Fourth, the victimized lesbian’s disavowal in fantasy of the negative aspects of the reality of her situation also serves to devalue her real positive achievements and strides towards independence because her successes are understood as being hurtful to others. She is not just at risk for feeling “less than,” she behaves in ways that ensure that she remains “less than.” Although she consciously interprets her self-sabotage as being a good and dutiful lesbian partner. Being a good lesbian partner means that the victimized lesbian must transform herself into a non-identity. Of course, being both woman and lesbian it does not take much effort for the victimized lesbian to unconsciously keep herself from becoming a positive, autonomous identity.

Fifth, the victimized lesbian works hard to maintain a positive attitude, attaches less significance to unpleasant and harmful experiences, and finds support for her positive attitude through faulty reasoning, which functions to reduce anxiety about the unpleasant feelings. The victimized lesbian can recount abusive situations that happened
with her partner, but the music of her report plays the tune of a woman who is not angry, and only mildly annoyed with being mistreated. She seems to register the facts of her situation, but not the negative affect that would accompany being victimized. To use an analogy, if the bank lost the victimized lesbian’s money, she would not get upset and tell the bank to find her deposit and credit her account. Rather she would tell the bank something like this: “It’s all right that you lost my money because I’ll get paid next month. In fact, just keep the money for yourself if you find it. I know I might have a difficult time feeding myself as a result, but I’ll just eat ramen for the rest of the month. Come to think of it I really like ramen for breakfast, lunch, and dinner.”

Infrequently there was moments when the victimized lesbian allowed herself to be angry about the abuse, and not respond in the way I just described above. However, she would quickly follow up her angry outburst with self-blame and resolve to try to be a better person. This sixth theme of rarely expressing angry feelings is vital to the victimized lesbian’s attachment to her partner. On the rare occasion when she would not be able to repress her angry feelings through self-blame, she would temporarily flee the situation because she feared becoming out-of-control or abusive. After she mobilized her defenses and repressed her anger, she would return to her relationship because she felt as if her partner needed her. In other words, the victimized lesbian’s own desperate need to be connected and taken care of was projected onto her partner.

The victimized lesbian’s need for attachment at all costs appears to be the major dynamic that cuts across the themes discussed above. Her intense relational need is commonly understood to exist either as a character trait or the product of a cultural context of homophobia or misogyny. Either she is simply understood “outside” her
context or “as” her context. However, I believe it makes more sense to understand these themes and the central dynamic of intense attachment as both personal and cultural. On one hand, these themes and the central dynamic represent one of many exaggerated expressions of “the lesbian victim” within a cultural context of homophobia and misogyny; she relates to her lesbian self as a non-identity and to her lesbian desire in negative terms or as an impossibility (e.g., she will never really be loved if she was really her lesbian self). Although I can speculate that heterosexual women victims may experience similar dynamics to lesbians who were victimized, an analysis of their experience would need to occur in order to confirm such a claim. Further, I will assert again that the difference between heterosexual women who have been victimized and victimized lesbians is one of degree not of kind. In other words, the particular appropriation of repressive, essentialist discourse does affect lesbians and heterosexual women similarly, which is why they both might have difficulty expressing aggression. However, the identities and desires of heterosexual women and lesbians are different because they do not occupy the exact same position in culture. The victimized lesbian experiences a double-negation because both her identity and desire are cultural impossibilities. This is most evident in the fantasy of non-violence and perceived safety among women. There is a deeply personal element in lesbian relationships that exacerbates the desire, hope, love, fear, hate, connectedness and loneliness experienced between women. These particular elements are not the same in heterosexual relationships even though they may be similar.

This difference between heterosexual women and lesbians who have been victimized makes a difference both personally, politically, and culturally. For example,
heterosexuality may be problematic for the woman victim, but she has a place in culture albeit “less than” men, and therefore can benefit from aspects of heterosexual privilege such as marriage and legal protections. The rejection of the victimized lesbian from her own subjectivity and desire makes her experience of relationship violence difficult to signify to herself, others, and institutions. The themes extracted from the personal stories of lesbians who were victimized reflect this point. She is lost in her own experience. Helping lesbians who were victimized find themselves, understand their desire to return to an abusive partner and their tendency to blame themselves for the abuse, requires an approach that recognizes the victimized lesbian’s experience as discursively constructed. Accordingly, the behaviors, thoughts, and feelings of victimized lesbians must be encountered without simplistic categorization or presupposition. Disentangling the negative discursive effects on the victimized lesbian creates a space in which the deeper meanings of her experience can be heard and interpreted. Interpreting the meanings of the victimized lesbian’s experience from a postmodern feminist and neo-Kleinian perspective highlighted these negative discursive effects. Now that the experience of the victimized lesbian has been told and listened to, it is time to turn to a discussion of stories about lesbians who have perpetrated violence in their romantic relationship.
CHAPTER 3: “THE LESBIAN ABUSER”

A lesbian is…that which has been unspeakable about women.
− Bertha Harris

Cruelty might be very human, and it might be very cultural, but it is not acceptable.
− Jodie Foster

Getting the other side of the story from the lesbian partner who acts abusively is the focus of this chapter. Understanding lesbians who have perpetrated requires considering the difficulty of understanding lesbian experience generally. Understanding lesbian experience poses a difficult task precisely because the experience of lesbians have been weighted so heavily by those who have been given the power to label their actions. For example, this power to label can be seen in historical depictions of lesbian images in film, literature, and other media. These cultural artifacts either portray lesbianism in negative ways (e.g., violent, depraved or psychotic) or do not portray lesbianism at all (McLellan, 2000; Gross & Woods, 1999; Kabir, 1998; Faderman, 1991). Media projections interact with lesbians’ actual experience offering them an invisible or negative way to interpret and reproject their own lesbianism. When non-existent or disapproving images of lesbianism are the only representations, it becomes clear how the image of the suicidal and self-loathing lesbian portrayed in many films such as the 1960’s film, The Children’s Hour, can become real.

As can be seen in these images of lesbianism, the function of defining and designating lesbian actions is to create a kind of “border control” that can be policed by those who are in charge (Foucault, 1995). Understanding the intersection between lesbianism and acts of violence and the consequences of such actions will involve an
intellectual subversion of the borders that control the experience of the lesbian who perpetrated violence. Looking beyond the acts to the interaction between labeled individuals and those who do the labeling is like breaking the dominant law of domestic violence. This suggests a link between actions and images of lesbianism and violence. Perhaps this link exists because both violence and lesbianism occupy similar positions in society as the unspeakable, the not acceptable. However, there are obvious differences between lesbian experience and violent acts.

As a result of these differences, it is important to explore the connections, disconnections, and segmentations of knowledge about the relationship between lesbianism and violence. This chapter explores the various conceptualizations of lesbianism and violence contained in the image of the lesbian who perpetrated. Exploring the various ways “the lesbian abuser” is projected (in the culture) poses a rather difficult task. Understanding the experience of lesbians who perpetrated is limited because there is very little that has been written about them, particularly from their perspective.

Virtually everything that has been written about lesbians who have perpetrated has been written from the perspective of researchers and therapists. Although the role of researchers and therapists will be examined in chapter four, their perspective is also explored in this chapter through two case studies in which contemporary therapists identify their patients as lesbians who have perpetrated relationship violence. Unfortunately, due to the lack of published accounts by lesbians who have perpetrated, there is no way to know how contemporary lesbians who have perpetrated conceptualize their experience. As a surrogate, the experience of Alice Mitchell, a lesbian who
murdered her lover in 1892, will be analyzed. Alice Mitchell’s projections will be discerned from love letters (entered as trial evidence) that she wrote to her lover, Freda Ward (see Duggan, 2000, Appendix B).

The two contemporary case studies of lesbians who perpetrated violence and Alice Mitchell’s love letters will be analyzed with the six method questions introduced in chapter one. These method questions are: 1) How does the author begin her story and what might this beginning mean? 2) How does the author’s story progress and what might this progression mean? 3) What words does the author use to tell her story and what might her choice of words mean? 4) What might the author’s characters represent? 5) How does the author end her story and what might this ending mean? 6) What effect does the author have on the reader and what does this effect mean?

The purpose of analyzing Alice Mitchell’s love letters and the case studies by Farley and Klinger in light of the six questions above is to better understand the interaction between discourse and experience contained in writings about lesbians who have perpetrated relationship violence. Examining the interaction between discourse and experience in writings about lesbians who perpetrated will illuminate the limits and exclusions of projections about the lesbian who perpetrated, and provide access to deeper meanings about the violent lesbian’s experience. The chapter concludes with a brief analysis of the most recent depiction of lesbianism and violence in the film, Monster.

Projections of Abusive Lesbians

*Alice Mitchell’s Letters to Freda Ward*

In 1892, the same year as Lizzie Borden’s trial, Alice Mitchell slashed the throat of her female lover, Freda Ward, in Memphis, Tennessee, locating in space and time, a
cultural narrative of romance between women, designated “the lesbian love murder” (Duggan, 2000). The lesbian love murder narrative included four distinct elements in its plot: 1) a relationship between a masculine woman and a feminine woman, 2) a love triangle involving the masculine woman competing with a “normal” white man over the affection and attention of the feminine woman, 3) a marriage plan, and 4) violence, and therefore intervention by male-dominated institutions (Duggan, 2000). The lesbian love murder narrative is contained in the story of Alice Mitchell and Freda Ward.

The story of Alice Mitchell and Freda Ward was a tale in which two white, educated women were inseparably in love with each other. Being neighbors, they spent all of their time together, and even developed plans to run off and get married. Alice planned to dress and work “like a man” to support Freda, her “wife.” However, when their families discovered their relationship, they were forbidden from seeing each other. As a result, Freda’s family moved 60 miles away to Golddust, Tennessee. Both Freda and Alice were devastated over the separation, and began to mitigate the pain by writing letters to each other. In the letters, Alice expressed her jealousy about men pursuing Freda for a relationship. Freda reassured Alice that she intended to go through with their plan to elope. However, Freda’s family discovered the letter containing the marriage plan and intervened a second time to stop it. Thereafter Freda cut off all contact with Alice. Three months later during one of Freda’s trips to Memphis to visit relatives, a depressed and desperate Alice stalked and murdered Freda.

The murder of Freda Ward by Alice Mitchell was highly publicized and sensationalized in local and national newspapers, constantly projecting negative images of their lesbian relationship. Also, the legal system and medical doctors worked together
to process the meanings of Alice’s violence. In the trial, Alice’s violent act was argued to be a symptom of her insanity. In turn, Alice’s insanity was evidenced by her gender difference (i.e., her masculinity) and sexual object choice (i.e., her lesbian desire). As a result, Alice’s acts of violence and lesbianism were translated into the medical and psychiatric language of the late 19th and early 20th centuries.

This medical and psychiatric language can be seen in “the hypothetical case” (see Duggan, 2000, Appendix A) that medical doctors developed as evidence for Alice’s insanity. As a result of the weight of this psychiatric and medical language, Alice’s experience has never been interpreted in terms that understood the complexity of her violence and lesbianism. The love letters Alice wrote to Freda after their separation gave direct access to Alice’s feelings and thoughts about her relationship with Freda, and therefore provides an opportunity to better understand Alice’s violence and lesbianism. There are nine letters that were entered as trial evidence documenting Alice and Freda’s correspondence between May 11, 1891 and January 21, 1892. A discussion and analysis of five letters (letters one, four, six, seven, and nine) Alice wrote to Freda (see Duggan, 2000, Appendix B) is presented. Alice’s letters are significant because they are the only documentation of a violent lesbian’s experience from her perspective. I now turn to a discussion of Alice’s love letters to begin to disentangle and understand the relationship between lesbianism and violence from the perspective of a violent lesbian.

*How do the letters begin and what might this mean?* Letter one was written by Alice on May 11 and 12, 1891, and began by describing her lack of contact with others. Alice wrote: “I have nothing to do and nobody to talk to” (Duggan, 2000, p. 213). It might be assumed by this first statement that Alice was lonely and missing Freda.
However, she does not state specifically that it is Freda who she misses, or that she is experiencing any feelings of sadness or loneliness about their distance. Instead, Alice described other people in her life are able to see and connect with each other. In the third sentence, Alice noted that she waited for a morning visit from a friend and then an evening visit from Freda. What is striking about these opening statements is that Alice appeared “out-of-contact” with her feelings of missing Freda. Moreover, Alice seemed to experience the absence of others as an absence of herself or a part of herself. That is, Alice was unable to come alive and be herself without the physical presence of others.

In between letter one and four, Freda wrote two letters to Alice expressing her love and devotion. Freda also reassured Alice that, even though men are pursuing her and desire to marry her, she still planned to marry Alice. Letter four was written by Alice on August 1, 1891, and began by describing how troubled and jealous Alice felt about men who are courting and want to marry Freda. Alice wrote: “I love you Fred[a], and would kill Ashley before I would see him take you from me” (Duggan, 2000, p. 217). In case Freda thought Alice was bluffing, Alice asserted a second time that she was serious about killing Ashley. However, Alice indicated the possibility of not killing Ashley if Freda “would tell me the truth about [your love for Ashley]” (Duggan, 2000, p. 217). What can be surmised from these opening statements are two things. First, Alice seemed to link “love” and “jealousy” in such a way that she can imagine killing the man who threatens to intrude upon the “ideal love” between her and Freda. Second, Alice believed that Freda had the power to control Alice’s feeling states, and therefore should take action to make her feel better instead of deceiving her. What is significant about Alice’s relation to Ashley and Freda is that she felt victimized by both of them. Alice believed that the
only way to regain power was to extinguish both Ashley and Freda as threats. She imagined literally extinguishing Ashley by killing him, and psychologically extinguishing Freda by convincing Freda to tell her “the truth” about loving Ashley.

At this point in Alice and Freda’s communications, Freda’s family discovered Alice’s letters and was horrified by their plan to marry. Letter five was written by Freda’s sister to Alice. In the letter, Freda’s sister informed Alice that she can not marry Freda. Freda’s sister also returned the engagement ring Alice gave Freda, and directed Alice never to speak to Freda again. As a response, Alice wrote letter six on August 7, 1891. In the letter, Alice stated that she received her personal belongings, and that she would send what belongings she had of Freda’s “except the picture” (Duggan, 2000, p. 219). Alice indicated not wanting to part with it, thereby holding onto whatever she could of Freda. Also, Alice wanted Freda to let her know if she overlooked the return of any of Freda’s belongings. The most salient issue in these statements is the paradoxical ease and difficulty with which Alice seems to be ending her relationship with Freda. On one hand Alice is very agreeable about giving Freda her belongings back, and leaving the door open to further contact. On the other hand, Alice seems particularly stubborn about keeping Freda’s photograph. It would be interesting to know more about the picture and why Alice wanted to keep the picture. Based on previous treatment with lesbian domestic violence patients in which I’ve been asked by the patient if she can have a photograph of me, my hypothesis about Alice’s need to keep Freda’s picture is that it might be related to the fragility with which Alice keeps others in her mind, especially as a loving presence. Keeping Freda’s picture might represent Alice’s fear of psychically “forgetting” or “killing” Freda.
A month after Alice sent letter six, she wrote and sent letter seven. In the letter, Alice wrote under a pseudonym. As Freda’s relatives had been intercepting and destroying Alice’s letters, it appeared that Alice used a pseudonym to ensure that Freda would receive her letter. Alice described visiting a friend in New York, and that during her visit someone started a rumor that Alice might be dead. Evidently Alice was sick and someone heard a rumor that she might not live. What is interesting about these opening statements is that Alice believes that Freda was worried about Alice’s death. Alice believed Freda would find comfort in personally receiving the news about her being alive. The most intriguing aspect of this letter is that Alice wrote as if she had never received the threatening letter from Freda’s sister. It was as if the plans Freda and Alice had to marry each other would still happen. The beginning of this letter reveals that the idea that Freda and Alice could be permanently separated was disavowed in Alice’s mind.

Almost five months passed before the next letter was written. Freda wrote a letter expressing her love for Alice and apologized profusely for hurting Alice’s feelings. Freda also stated that she could no longer have any contact with Alice because she had to “obey” (Duggan, 2000, p. 221) her family’s wishes. Interestingly, according to court accounts, this letter was in Alice’s possession in a bloodstained envelope during the murder. The circumstances surrounding the bloodstained letter were never made clear. In response to Freda’s letter, Alice wrote a final letter on January 21, 1892. In the letter, Alice asked Freda to return a photo and a silver ring. She then made three statements referencing Freda leaving on a steamboat to return home from Memphis. The first of these statements commented on Freda’s departure time suggesting that Freda thinks Alice
believes she’s leaving on Monday. In the second statement Alice noted that Freda knew “as well as I did that” the steamboats were running irregularly. In the third statement Alice guessed what time and on what steamboat Freda would be leaving. The psychic movement signified in these few statements is quite extraordinary. First, Alice seemed to assert her autonomy and further separate from Freda by asking for her things back. Afterwards Alice became preoccupied with what Freda might think about what Alice is thinking regarding Freda’s intended departure date. It seems that Alice felt threatened by her own autonomous action, and projected the threat onto Freda, making it seem as if Freda was the one trying to attack her by being deceptive about her departure date. Not only is Alice projecting being attacked onto Freda, Alice shows how she abandons her own mind and becomes preoccupied with what is going on in Freda’s mind in order to mitigate the pain of separation, which she seems to experience as an attack. Let’s see how these themes continue and expand in the analysis of the progression of the letters.

*How do the letters progress and what might this progression mean? And, what words does Alice use to write her letters and what might her choice of words mean?*

Letter one progressed by Alice asking Freda a seemingly obscure question about why she “thought that ivy would not grow” (Duggan, 2000, p. 213). Alice followed up the question by stating she would answer any question Freda asked of her. It seemed that Alice experienced Freda as somehow holding out on her, and not sharing what is really going on regarding her experience of their separation. Alice then made a comment about not wanting to see Freda at a time they had arranged to meet. It seems that there were two reasons that Alice might not want to see Freda. First, Alice unconsciously expressed feeling hurt and rejected by Freda in the statement: “You were two weeks after me
before, and it will be two weeks Friday since you stayed all night with me” (Duggan, 2000, p. 213). Second, Alice stated that she wouldn’t be able to sleep with Freda on Friday night because “it is Joe’s time to stay with me” (Duggan, 2000, p. 213). What is revealed in the progression of this letter is how Alice felt attacked by her separation from Freda. Also, Alice coped with feeling attacked by attacking back. When Alice had an opportunity to be close to Freda, she instead distanced herself. Alice unconsciously coped with the pain of separation by trying to get revenge; she tried to make Freda feel hurt and rejected like she felt.

The progression of letter four repeated the themes of jealousy and a desire to kill Ashley found in the beginning of the letter. What is most notable is Alice’s confusion regarding her desire to kill. She didn’t seem to distinguish between having done the destructive deed and her desire to kill. For example, Alice stated, “I have done something and I know you will get mad at me for it,” “I won’t do anything wrong as long as you are true to me,” and “I don’t mean to do Ashley any harm, but if you still make me jealous and deceive me I will” (Duggan, 2000, p. 217). What Alice’s confusion suggests is that when she experienced herself as “too jealous” that she had difficulty differentiating between fantasy and reality. When Alice thought about killing Ashley there was a part of her that felt as if she has already done it in real life, which might explain why she believed she had “done something” Freda “will get mad at” her for. It also indicated that the intensity with which Alice experienced destructive feelings inside herself was equivalent to the havoc she wanted to act out on others. Accordingly, Alice viewed killing Ashley and blaming Freda for her jealousy as justifiable actions; these actions served a self-protective function for Alice.
Letter four progressed in the third paragraph to express Alice’s desire to spend her time visiting a friend instead of writing Freda. Alice’s statement about visiting a friend suggested an effort to get on with her life without Freda. However, the meanings shifted in the fourth and fifth paragraphs when Alice proclaimed her undying love for Freda. It was as if Alice used a fantasy of uniting with Freda through marriage to preclude the reality of their separation. In paragraph six, Alice described how her love for Freda was connected to her desire to be physically close to her. Also, Alice stated that her “ideal love” could not include the presence of “some boy” (Duggan, 2000, p. 217).

Letter six progressed through Alice’s descriptions of having “no hard feeling” (Duggan, 2000, p. 219) about their separation because she understood that others had turned Freda against her. However, Alice also believed that Freda did not love her as much as she did in the beginning of their relationship. Alice threatened that this letter would be the last one she wrote, and she quickly followed up with a statement about how seeing Freda “would be all I want” (Duggan, 2000, p. 220). There is some interesting psychic movement contained within Alice’s statements. On one hand, Alice is presenting herself as understanding and compassionate of Freda’s situation. In fact, Alice apologized for any trouble she may have caused Freda with her family, and forgave Freda for all her indiscretions. On the other hand, Alice seemed to be blaming Freda for their separation, and taunting Freda with disclosing information to her mother and never writing again.

The progression of letter seven and nine are flip-sides of the same coin. In letter seven, Alice was very preoccupied with visiting Freda either in Memphis or Golddust, which suggested that Alice continued to struggle with her separation from Freda. In letter nine, Alice was angry about receiving Freda’s previous letter that stated she could no
longer correspond with Alice, and threatened to never talk with Freda again. Alice responded, “If you trouble me any more I will not only let any one know, but will send the letter to Mrs. W. H. Volkmar, and something else too” (Duggan, 2000, p. 221). Whereas in letter seven Alice tried to deny her separation from Freda, in letter nine she acknowledged their separation, understood the separation as an attack by Freda, and felt the need to attack back. These themes continued even at the end of Alice’s letters.

_How does Alice end her letters and what might this ending mean?_ Letter one ended by Alice telling Freda that she had a rose for her, and that she would give it to Freda “if it is not withered by the next time I see you” (Duggan, 2000, p. 213). Alice wanted to give the rose to Freda because she had been “trying to get one for a long time” and because “it beats all other roses” (Duggan, 2000, p. 213). The rose can be understood as an extension of Alice’s love for Freda. Indicating the fragility of Alice’s love, Alice tells us that when too much time passes roses wither away. It might be assumed then that idealized love can not be sustained within the context of separation in Alice’s internal world.

Letter four ended with Alice reminiscing about the loving connection she had with Freda when they first met. Alice’s grief became more apparent in the ending statements: “I don’t do a thing but have the blues all the time,” and “I am always thinking of you, and crying” (Duggan, 2000, p. 218). Also, Alice expressed a concern that Freda would deceive her by becoming involved with the men who were courting her. Alice reiterated that she would kill Ashley if Freda deceived her. She even told Freda that she went out to price pistols one day. Alice stated one last time that she loved Freda and wanted her to stop loving other men before they were married. These several statements
repeated familiar themes and further confirmed and elaborated Alice’s difficulty with loss and separation. For example, the emotional turmoil Alice experienced regarding letting go of Freda became more apparent. The nostalgia Alice engaged in about the happier days of their romantic involvement was also present. The pain, jealousy and hurt Alice felt about the separation and the possibility of a male suitor remained; Alice’s threats were meant to coerce Freda to engage in behavior that would alleviate Alice’s pain. Most notably, the conclusion to the letter made more apparent the instability and ambivalence of Alice’s internal image of Freda. The ending of this letter showed how rapidly Alice cycles between viewing Freda in a positive light and viewing her in a negative light.

Letter six ended by Alice asking Freda to destroy all the letters Alice had written Freda. Also, Alice wanted to make clear to Freda that she would love her forever. Alice concluded the letter by telling Freda she “won’t write any more or have anything else to do with you” (Duggan, 2000, p. 220). However, Alice’s action to separate was based on Freda responding to her letter. What is most evident in these statements is that Alice kept saying she wanted to bring permanent closure to her relationship with Freda. However, Alice can not seem to be the one to make the final break. In fact, she tried to keep Freda connected to her by threatening her about not responding.

Letter seven ended by Alice commenting on how she hoped Freda is “not angry with me for not writing before” (Duggan, 2000, p. 221). Alice appeared to be expressing how she felt disappointed about not receiving a visit from Freda, and that she would like to remain in contact with Freda even if they were not romantically involved. Also I think it is Alice who might be angry about the amount of time (i.e., four weeks) that elapsed since Freda had last written.
Letter nine ended by Alice expressing her anger at Freda for demanding Alice to not tell anyone of Freda’s previous letter. Alice then wrote that Freda should not “trouble me any more” (Duggan, 2000, p. 221). Alice mentioned having knowledge that might hurt Freda, and she would disclose this knowledge if Freda bothers her anymore. These statements primarily reflect Alice’s anger towards Freda for permanently ending the relationship, and the desperate need Alice felt to hurt Freda for hurting her. Let’s now examine what Alice’s characters represent.

**What might Alice’s characters represent?** All the characters in Alice’s letters to Freda represent positive and negative images or identifications in Alice’s mind. Characters that are predominantly idealized are Alice’s mother and friends. Characters that are predominantly devalued include the men who are courting Freda and Freda’s family members. Freda is a unique character because she represents both positive and negative images in Alice’s mind. Specifically Alice has a positive view of Freda and other characters that remind her of happier times. She also has a positive view of people who do not threaten Alice by asserting their autonomy. Alice viewed others negatively when she felt threatened by them in some capacity, especially if they threatened to take away her beloved Freda. The idealization Alice had of Freda quickly faded when she perceived Freda to be acting autonomously. Alice made threatening comments to get Freda to act more positively both in reality and in her mind. Also noteworthy is the symbol of the rose in letter one. The rose is an extension of the idealized image Alice had of her relationship with Freda. Let’s now see what effect Alice has on the reader.

**What effect do Alice’s letters have on the reader and what does this effect mean?** I found myself feeling frustrated by Alice’s apparent inability to express the more
vulnerable feelings of loneliness and loss. She did not seem to have difficulty expressing anger and jealousy, although she did not always name her experience in these terms. For example, Alice often stated the behavior of others and her own behavior, but she did so without ever reflecting upon what any of these behaviors meant. The few times she did reflect upon Freda’s behavior she interpreted it negatively without ever confirming the meaning with Freda. Alice mostly presented Freda’s separation from her, how she was angry and hurt about their separation, and felt the need to distance and perhaps permanently end their relationship. However, I never got the sense from Alice that she or Freda had an internal world full of complex desires, motives, and conflicts that was worthy of being explored and understood. For example, Alice did not say anything reflecting complexity such as “Freda, I feel hurt about you moving to Golddust even though I know you don’t mean to hurt me.” What can be seen in Alice’s letters is her holding only one of these thoughts at a time. Never were two contradictory thoughts held together at the same time in Alice’s mind. Alice did not seem to possess a psychological function that would allow her to hold two contradictory thoughts at the same time.

In summary, the love letters Alice Mitchell wrote to Freda Ward were written within a context of homophobia. Alice and Freda were forced to separate and forbidden to have contact despite their desire to love and marry each other. The inability of Alice’s culture and family to comprehend her lesbian desire left her alone trying desperately to understand the painful separation. Alice was left out-of-control, threatened, confused, and depressed. For example, the beginning of Alice’s love letters shows that she experienced the loss of Freda as a loss of a part of herself. Freda’s absence was not just external; this absence was also felt inside Alice. Moreover, Alice experienced Freda’s absence as a
threat to the integrity of her inner self. Freda did not only represent a threatening absence. She was also a loving presence in Alice’s mind. However, Alice struggled to keep a positive image of Freda when faced with the threat of painful separation. The progression of Alice’s letters showed that when Alice felt attacked by the absence of Freda she protected herself by either attacking back or blaming herself. She attacked Freda or blamed herself for the pain associated with their separation. Blaming Freda and herself helped her deny the separation, and therefore temporarily relieved her pain.

The endings of Alice’s letters showed that Alice’s love for Freda could not exist in a context of separation. Alice engaged in defenses such as nostalgic reflection and making threats. Alice reflected on the early loving moments of her relationship with Freda, and then threatened Freda to not do certain behaviors. Both the nostalgic reflection and the threats function to control Alice’s internalized positive and negative images of Freda. Alice reflected and threatened in order to reestablish her inner image of Freda as a loving presence. The characters in Alice’s letters represented aspects of herself she views as positive and negative. These positive and negative views of herself and others appeared to be connected with particular behaviors. For example, when Alice perceived Freda to be separating permanently from her, she made threatening comments to get Freda to keep in contact with her, and therefore projected Freda in reality and in her mind as a positive image. The effect Alice’s letters had on the reader was frustration. Alice’s letters were frustrating because Alice kept projecting an image of a person who was not capable of holding two contradictory thoughts and feelings together at the same time. For example, Alice could not negotiate believing that Freda loved her and wanted to marry her with Freda choosing to “obey” her family’s wishes. This analysis suggests that
A contemporary analysis of two cases of lesbian perpetrators

Farley (1992) and Klinger (1991) are contemporary therapists who have written about their therapeutic work with lesbian patients they label as “perpetrator” (Farley, 1992, p. 231) and “batterer” (Klinger, 1991, p. 126). A goal of analyzing these therapists’ case studies is to illuminate the definitions of “perpetrator” and “batterer” and to understand the limitations of the descriptions. The structure of the analysis will involve examining Farley and Klinger’s case studies simultaneously through the lens of the six method questions that were outlined in Chapter 1. Let’s now begin with the first question.

How do the cases begin and what might this mean? Farley (1992) began his case by stating some identifying information: “Janice is a 32-year-old white lesbian,” and then saying that the patient was “referred to treatment by the court system” because she had “thrown her partner through a window” (p. 232). Janice’s psychological state during the intake process was described as one of “low self-esteem, depression, and fear that her relationship with her partner of 3 years is not working out” (Farley, 1992, p. 232). Farley (1992) implied that Janice’s current status is also related to her “insecure feelings” about her partner’s new job, and to her partner being “no longer dependent on Janice’s income” (p. 232). In the beginning of Farley’s case study, the definition of “lesbian perpetrator” was being developed. A lesbian perpetrator is a patient who is court-referred and therefore already labeled by the legal system as carrying out a violent act.
Psychologically, a “lesbian perpetrator” is defined as being depressed and insecure, and as having low self-esteem.

While Farley began seeing his patient because of a court referral, Klinger (1991) obtained her patient through a colleague who stopped seeing the patient. The previous therapist saw Klinger’s patient with her partner for two couples therapy sessions. The therapist referred the patient to Klinger (1991) because she believed “couples work was increasing the episodes of domestic violence” (p. 126). There are few details given about Klinger’s patient in the beginning of the case study. However, Klinger believed that individual psychotherapy and the prescription of psychotropic medication are the parameters by which her patient’s problem should be understood and treated.

In the beginning of these case studies, it can already be seen that Klinger and Farley are thinking categorically about their patients as “the problem.” Farley and Klinger accepted without question that their patients are lesbian perpetrators, rather than lesbians who perpetrated. This essentialist attribution of violence influences a simplistic conceptualization and provides rigid guidelines about how to conduct therapeutic interventions. Let’s see if this essentialism persists through the progression of Farley and Klinger’s cases.

How do the cases progress and what might this progression mean? And, what words do Farley and Klinger use in the case and what might the choice of words mean?

Farley (1992) described his patient’s problem in terms of the conflict and violence in her relationship. The patient (Janice) described the conflict and violence in her relationship as a function of her partner doing things that represent independence and assertiveness such as coming home late from work and standing up for herself during arguments. Of the
most recent fight Janice was quoted as saying “none of this would have happened. It’s not my fault that she made me angry. If she just realized how upset she made me. I wouldn’t have to be so extreme. She asked for it!” (Farley, 1992, p. 232). Farley claimed that Janice feels misunderstood by her partner.

This progression suggests that Farley defined a lesbian perpetrator as a person who struggles with allowing a partner to exist as an independent person. It is also suggested that lesbian perpetrator projects blame onto the partner, but the reason for this projection is unclear. It is implied that the lesbian perpetrator’s violence is a function of feeling misunderstood by her partner. Instead of exploring the potentially illuminating meanings and connections between independence and invisibility, projection and blame, and feeling misunderstood, Farley digressed into a literature review that discusses reasons for violent acts. Farley’s (1992) discussions indicated that he believes that his patient is violent because she wants to control her partner: “it becomes clear that persons batter primarily because it gets an intended result: it stops the argument or situation from continuing. It is an effective means of control over another individual; and society on the whole, has taught us that violence is a means to an end” (p. 233). Although the rationale Farley stated may be true, it is not convincing enough to be a primary reason for Janice’s violence. Instead of deciding \textit{a priori} that Janice’s violence “is a means to an end,” it may be more useful for Farley to ask himself, “What type of world Janice is experiencing and representing with her need to control and keep her partner dependent on her financially.”

Farley further defined the lesbian perpetrator in terms of a history of violence originating in a family and other early experiences. According to Farley (1992), “anger and violence are synonymous” (p. 233) and children are taught to fear their anger because
it can lead to being abused. Janice’s family history included physical abuse in which her father abused her mother, and Janice was sent away to stay with relatives when “particularly violent altercations between her parents” (Farley, 1992, p. 233) occurred. Further, while Janice had been the abusive person in her lesbian relationships, she was a victim in a heterosexual relationship. Although Farley’s definition of the lesbian perpetrator in terms of a history of violence is interesting, he does not adequately link the past to the present and show concretely how the past is in the present. Instead, Farley used historical abstractions to define Janice’s violence. While Janice most likely described her experiences in her own terms, Farley does not share these terms with the reader. As a result, Farley exclusively understood Janice’s experience in his own terms.

For example, Farley (1992) linked Janice’s violence to her alcohol and marijuana use, and reminds the reader that although “addictive behaviors…are common in perpetrators of domestic violence” (p. 233) the use of alcohol and drugs is not the reason Janice is violent towards her partner. Janice’s use of alcohol and drugs is linked to her violence because they “lower resistance to controlling the battering behavior” (Farley, 1992, p. 233). This progression to describing the link between Janice’s alcohol and drug use and the violence towards her partner is another example of Farley using a priori information to understand his patient. Ironically, these presumptions do not assist with understanding the complexity of his patient. There is no indication that Farley understood the function of Janice’s alcohol and drug use or how such use may be related to the function of Janice’s violence.

Farley’s lack of understanding of the function of Janice’s behavior became even clearer through his behaviorally-based recommendations. Farley (1992) referred Janice to
“a group for lesbian batterers” because she exhibited “clear battering behavior” (p. 233). Farley (1992) also insisted that Janice “most likely would not have sought out therapy on her own” (p. 233) because she was court-referred and blames her partner for the violence. What this progression reveals is Farley’s belief that Janice’s behavior is self-evident, and therefore can be treated with exclusively behavioral interventions.

Similar to Farley, Klinger (1991) progressed with a description of the context in which her patient’s (Pat) violence emerged. The context involved a 10-year age difference, a power differential in which Pat was her partner’s work supervisor, a relationship in which moments of separateness were rarely experienced, and two affairs. For example, Pat and her partner “had the same interests and friends and…never spent a night apart in their five years together” (Klinger, 1991, p. 126). The two affairs are described as the most significant events that precipitated the violence. The first affair began when Pat asked her partner, Marcia, to agree to be in a non-monogamous relationship so that she could pursue an infatuation she had with a straight woman at work. Marcia did not agree to a non-monogamous relationship, but Pat became involved with the other woman anyway. After a brief affair, Pat decided she wanted to be monogamous with Marcia again. At this point, Marcia decided to have an affair with Pat’s ex-partner.

When Pat and Marcia tried to talk about the affairs, their conversation escalated “with increasing psychological and physical abuse by Pat” (Klinger, 1991, p. 127). Pat actually pulled a knife on Marcia and threatened to kill Marcia and herself. Marcia responded to Pat by calling Pat’s mother. Klinger’s description of the context of violence suggested that Pat and Marcia were both contributing to the situation. However, I don’t
believe Klinger meant to convey this message. In fact, Klinger slipped back into defining Pat’s violence in psychological terms that locate the problem inside Pat. Klinger (1991) described Pat’s psychological state, “feeling out of control of her actions, frequent worrying, dysphoria, constant preoccupation with the conflict, and crying almost continuously” (p. 127). Other symptoms were also described: suicidal and homicidal ideation, poor appetite, feelings of panic, and lack of sleep.

What is significant about Klinger’s progression is that she wavered in defining her “lesbian batterer.” On one hand, Klinger understood her patient’s violence as emerging within a context involving a co-created tension between Pat and her partner of extreme emotional and financial dependency and a need to assert independence or aggression. On the other hand, Klinger defined her lesbian batterer in terms that represent the symptoms she was experiencing. Also, Klinger assigned significance to her patient’s context and psychological state that suggests that the meanings are self-evident. At this point in Klinger’s progression there is no indication that she understood the function of the context or psychological state of her patient.

Klinger continued this dynamic of stating facts regarding Pat’s history, current situation or psychological status without ever discussing their connections or significance. The facts of Klinger’s case are presented as if they are self-evident. For example, the death of Pat’s father one month prior to her entrance into therapy is stated, but never explored. The impact of the loss of Pat’s father is only implied when Klinger (1991) stated that Pat’s only source of support was her “caring but very compulsive and hypercritical” mother whose “fundamentalist religion made her uncomfortable with Pat’s lesbianism and knowledge of Pat’s abusive behavior made this worse” (p. 128).
Pat never had any contact with any form of lesbian community, which Klinger (1991) said “one would expect from the combined effects of her religious and cultural upbringing and her life experiences” (p. 129). This is a moment in the progression of Klinger’s case when she actually made a link between the distant past and more recent past of Pat’s history. However, Klinger still does not draw out the reasons Pat’s religious and cultural history would preclude her from making contact with lesbian community. Therefore, Klinger presented many historical facts about her patient, but does not tell us anything about their meaning. The meanings of Pat’s experience are seemingly self-evident to Klinger, and apparently should be self-evident to the reader.

When Klinger began describing Pat’s personality dynamics she stops assuming that the meanings of the patient’s experience are self-evident and she begins to interpret them. For example, Klinger (1991) described Pat as having “a rigid set of rules and expectations about how things should be done and divided the world into black and white, right and wrong” (p. 129). Klinger linked this dynamic of Pat becoming easily angry and punitive towards others or herself for failing to meet rules or expectations to the transference relationship. Klinger (1991) stated, “Pat frequently wanted me to tell her what to do to make things OK and wished for a structured setting such as a the lesbian who perpetrated group” (p. 131). Klinger (1991) interpreted Pat’s wish for external structure as “her desire for a parent to tell her the correct rules again” (p. 131). The progression of Klinger’s case indicated that the patient’s behaviors, thoughts, and feelings are not always self-evident. The patient’s experience needed to be interpreted. Interpretation involves more than connecting the patient’s current experience with past experience. Like Farley, Klinger needs to think about what type of world her patient is
experiencing and representing throughout the therapeutic dialogue. Let’s see if Klinger and Farley are able to think about their patients’ inner worlds at the end of their cases.

How do Farley and Klinger end the cases and what might the endings mean?

Farley (1992) ended the case by outlining treatment guidelines for therapists who would work with “perpetrators like Janice” (p. 235). For example, Farley stated that the first goal of therapy is to get Janice to stop her battering behavior. He stressed the difficulty of accomplishing this therapeutic goal because “Janice is in denial about her battering,” and she is “unwilling to take responsibility for her actions” (Farley, 1992, p. 235). Farley (1992) also stated “her denial of her behavior is more than likely impacted by” (p. 235) being a survivor of childhood and adult domestic violence and being a female perpetrator. This ending suggests that Farley believes treatment should follow from his earlier definition of a lesbian perpetrator. The lesbian perpetrator is defined by Farley as being in denial of her abusiveness, yet choosing to be abusive. Therefore, the first goal of treatment is to both convince the lesbian perpetrator that she is being abusive and then to tell her to stop it. Farley’s conceptualization and treatment of a lesbian perpetrator is limited because the significance of the perpetrator’s violent behavior is never explored.

Klinger (1991) ended the case of the lesbian batterer by reiterating themes she had already outlined in the first section of the paper. Klinger renamed the issues that emerged in her treatment with Pat. For example, Klinger (1991) described Pat’s focus on getting Marcia back, her desire to have rigid rules, and her lack of autonomy and own interests as “power/control issues” (p. 137). Pat’s rigid and deferential behavior in therapy was placed under the heading “transference issues” (Klinger, 1991, p. 138). Klinger’s analysis is merely a description of her patient’s material under different headings. This is
significant because Klinger’s renaming of her patient’s material presupposes that the link between the new headings and her patient’s material are obvious. Neither Klinger nor Farley is able to adequately explore the “inner experience” of their patients. Let’s move on to explore what Klinger and Farley’s characters represent.

*What might the cases’ characters represent?* In Farley’s case study, Janice represented an aspect of Farley’s mind that understood relationship violence, and perhaps all problems, as residing “inside” individuals in an “out-of-control” manner. The reason Farley’s projection is significant is because Farley appeared to believe that relationship violence can be controlled and fixed by using particular techniques and psychoeducational tools such as the cycle of abuse and directives to the patient to stop being abusive. Farley does not thoroughly investigate or understand his patient in a complex manner.

Unlike Farley, Klinger understood that she was limited in her response to her patient. In her section on countertransference, Klinger admitted to having specific resistances in her work with Pat. Klinger (1991) stated, “my father and former lover had been physically abusive to me” (p. 139) and that these past experiences lead to feel angry at Pat and wonder if she could work effectively with her. Also, when Pat talked about battering, Klinger (1991) described feeling guilty “like a bad kid who caused her parent to abuse her (so that I wouldn’t have to blame my father, which was too frightening as a child)” (p. 139). Additionally, Klinger (1991) indicated that she sometimes “felt some anger at Marcia for being passive-aggressive” (p. 139). Klinger’s descriptions indicate that Pat represented Klinger’s identifications with an abusive father and ex-partner that contributed to Klinger’s difficulty working with Pat. Klinger reported having difficulty
listening to Pat’s violence. Once Klinger began to understand Pat’s reasons for being abusive, she was better able to listen to Pat’s stories of violence. However, Klinger does not share these reasons with the reader. Let’s now turn to a discussion of the effect Klinger and Farley have on the reader.

*What effect do the cases have on the reader and what does this effect mean?*

Farley’s case presentation of Janice was limited and elicited frustration because he seemed to categorize Janice’s behavior without understanding the motivations behind it. He took *a priori* knowledge about how to conceptualize and conduct treatment with a lesbian perpetrator of violence. Farley never listened to Janice’s experience. He misunderstood her, which ironically is the claim Janice made about her partner; Janice’s partner never understood her. Instead of trying to understand Janice from the “inside” Farley made presumptions about her experience and imposed from the “outside” a conceptualization and method of treating her. Janice’s experience is never comprehended; rather it is translated into Farley’s therapeutic language. The frustration I felt as a reader provided some insight into the experience that Janice had, but was not given room to express. It is interesting and unfortunate that the countertransference comes through to the reader, but not to the therapist.

Unlike Farley, Klinger reported significant positive therapeutic effects with Pat. How Klinger accomplished these positive effects is interesting, but frustratingly Klinger did not describe her method to the reader. This appears to be a theme throughout the analysis of Klinger’s case study. I found myself wanting Klinger to make connections and interpretations, rather than be merely descriptive about her patient. Interestingly, as a reader I experienced Klinger as being rather absent throughout the case study. I am left
wondering about Klinger’s non-threatening, almost invisible presence throughout the case study. Is it a function of the identifications she discussed in the section on countertransference, a function of the part of her patient who seemed to feel terror about the thought of having her own separate mind, or both? Like Klinger, I experienced Pat as wanting more external structure. Klinger responded to Pat’s request for more external structure by refusing to tell Pat what to do. Klinger linked Pat’s desire for external structure to a past familial relation. Klinger needed to take the interpretation one step further and explain why Pat is afraid to not have external structure. This type of interpretation from Klinger would make her more of a presence to Pat, which in turn would help Pat not be so fearful.

In summary, Farley and Klinger began their case studies by accepting that their patients were lesbian perpetrators. By not questioning the label of “lesbian perpetrator” and “lesbian batterer,” Farley and Klinger began conceptualizing and treating their respective patients with preconceived notions based on domestic violence theory. As the case studies progressed, Klinger and Farley described their patients’ families and personal histories, psychological dynamics, and other important facts. It is implied that Farley and Klinger used this information to legitimize their definitions and perspectives. This was also a moment in the case studies when Farley and Klinger diverge. Farley presented his patient’s history and dynamics as “evidence” for the existing literature on domestic violence. Farley understood his patient’s experience of relationship violence in terms of the language of domestic violence theory. Klinger, on the other hand, presented her patient’s history and dynamics without creating meaningful links between past and
present, or between her patient’s experience and domestic violence theory. Klinger’s
descriptions are presented as if their meanings are self-evident.

Whereas Farley understood his patient’s experience in a top-down fashion (i.e.,
the patient’s experience was translated into the language of domestic violence theory and
research), Klinger seemed to accept the face-value interpretation of her patient’s
experience. The endings of the case studies reiterate themes already discussed. For
example, Farley’s conceptualization and treatment of a lesbian perpetrator is limited
because the significance of the patient’s violent behavior is never considered or explored.
For Farley and Klinger, the patients in their case studies represent aspects of their own
thinking. Farley appears to be an advocate for locating his patient’s problem inside, a
position that helps Farley believe he can control and change his patient. Klinger is candid
about her identification with her patient, and admitted to her difficulty relating to her
patient as the therapist. The effect both Farley and Klinger had on the reader was
frustration for different reasons. Whereas Farley was frustrating because his
interpretations were too heavy-handed, Klinger was frustrating because her
interpretations were not heavy-handed enough. Klinger and Farley both project an image
of “the lesbian abuser” as simple and static. Either her experience is self-evident or it is
easily translated into therapeutic language.

The experience of a lesbian who perpetrates violence is neither self-evident nor is
it easily translated into therapeutic terms. Based on the case studies analyzed here,
lesbians who perpetrated violence may have been victims of childhood or adulthood
abuse, heavily use alcohol and drugs, and struggle with depression, anxiety and self-
esteeem issues. The therapist who treats violent lesbians may experience them as angry,
controlling, jealous, avoidant, manipulative, disrespectful, or even scared and trapped. These internal states are clearly experienced by violent lesbians; they have been documented throughout Farley and Klinger’s case studies by Janice and Pat. However, successful treatment with these lesbian patients does not depend exclusively on the therapist’s ability to “name” the patient’s face-value experience. The lesbian patient who enters treatment for relationship violence needs more than labels; she needs her experience to be understood. Accordingly, the experience of the lesbian who perpetrated violence does not need to be projected upon, but rather introjected, understood, and then re-projected.

Reprojecting “The Lesbian Abuser”

The goal of this chapter was to explore conceptualizations of violence and lesbianism contained in the image of “the lesbian abuser.” It was suggested that images of violence and lesbianism are presented in myopic ways because they occupy a position in phallocentric culture as not acceptable, or only acceptable in negative terms. This was supported by the analysis of the two case studies of lesbians who perpetrated written from the perspective of two therapists, Farley (1992) and Klinger (1991). The case studies by Farley and Klinger suggested that conceptualizing and treating “the lesbian batterer” or “the lesbian perpetrator” is simple and straightforward. Farley relied on the language of domestic violence theory and research to understand and treat his lesbian patient. Klinger understood and treated her lesbian patient by accepting her experience at face-value. Klinger and Farley’s approaches to defining and treating “the lesbian abuser” represent flip-sides of the same coin. Whereas Farley’s approach constrained his patient’s experience within the language of domestic violence theory, Klinger’s approach does not
consider the effect language has on her patient’s experience. Both approaches preclude the possibility of exploring and interpreting the deeper meanings of their patients’ experiences. Therefore, Farley and Klinger project an image of lesbians who perpetrated violence as uncomplicated and unchanging.

It was also argued that an analysis based on neo-Kleinian and postmodern feminist theory could provide a more complex way of understanding the link between violence and lesbianism. This complex image of a violent lesbian was shown in the analysis of Alice Mitchell’s love letters to Freda Ward. Alice’s love letters to Freda were analyzed within the framework of the six method questions outlined in chapter 1. This analysis suggested that there is a complex interaction between inside and outside. Alice existed in a homophobic socio-cultural context in which she was forced to separate from the love of her life. If Alice lived in a more tolerant context that understood and legitimized her desire to “marry” Freda, there may have been a happier ending to their relationship. In her mind, Alice struggled to understand this homophobic context, to process the meanings of the separation and metabolize the painful affect. As a result of Alice’s inability to make sense of her situation, she killed the person who she believed was the source of her pain.

The prevailing themes across the case studies and Alice’s letters indicated that the experience of violent lesbians is complicated. The construction of their experience involved a complex interaction between outside and inside. Therapists viewed lesbians who perpetrated violence as angry, controlling, jealous, avoidant, manipulative, disrespectful, and unable to take responsibility for actions. Klinger and Farley also documented a link between their patients’ violence and childhood and adulthood abuse,
drug and alcohol use, depression and anxiety, separation-individuation issues, and self-esteem issues. The behaviors, thoughts, and feelings described by Klinger and Farley, although correct, do not always correspond with the inner experience of the lesbian patient who perpetrates violence. The case of Alice Mitchell revealed a lesbian who felt out-of-control, lonely, rejected, pained, scared, and trapped. This disjunction between therapist’s perception and a violent lesbian’s perception is important.

Bridging the gap between the perception of patient and therapist seems crucial to deeply understanding and successfully treating lesbian patients who perpetrate violence. Perspectives and treatments of lesbians who engage in abusive actions will remain superficial if discourse on lesbian relationship violence continues to exercise its hegemonic power. In fact, the story of Alice Mitchell and the two contemporary cases by Klinger and Farley remind us how images of violence and lesbianism have not strayed far from the rhetoric of romance between woman as dangerous, crazy, and sinful. For example, Farley and Klinger resolved themselves to understanding their lesbian patients as possessing a violence problem, which must be stopped through the production of a therapeutic cure. Accordingly, both therapists analyzed their lesbian patients’ experiences to produce this therapeutic cure without ever really understanding how they were analyzing, what exactly it is that they were analyzing, or what cultural effects their analyses were producing. Their neglect, minimal exploration, and lack of understanding of their patients’ “internal” world reinforce the patients’ experiences as not capable of being comprehended. This reiterates the theme that violence and lesbianism share the same status in the culture as the unspeakable, not acceptable.
Consider another clinical example of violence and lesbianism as unspeakable and not acceptable. A lesbian patient once said to me: “I feel like some kind of animal for being abusive.” On a different occasion this same patient said to me: “God should punish me for being gay.” She is clearly conflating the issues of being violent and being gay, reiterating the dominant cultural norms. Violence and lesbianism have become inextricably linked. Treatment of lesbian patients who perpetrate is complicated because these two acts must be disentangled. For this patient there is something inhuman about violence, as well as a tendency to dehumanize lesbianism. What this patient has forgotten is the humanity of violence and lesbianism. Similarly, the image of Alice Mitchell highlighted the very personal and intimate nature of lesbian violence. Even the first representations of lesbian identity were birthed from violent relations between heterosexual desire and lesbian desire (Nye, 1999). What sets lesbian violence apart from other forms of violence is that personal and intense violation of perceived safety by and between women. Recognizing and interpreting the deeply intimate nature of lesbian violence, although often a painful experience provides an opportunity for psychic growth, renewal and change.

Resistance to understanding how lesbian violence is integrally linked with love, desire, passion, and ultimately fear only serves to prevent effective therapeutic intervention. By merely viewing lesbian relationship violence categorically without a focus on the individual’s experience, the therapist’s only intervention is behavioral. Such approaches are superficial and not only preclude the possibility of effectively treating violence, these interventions work to erase lesbian desire as a legitimate passion.
The erasure of lesbian desire and contemporary projections of lesbianism and violence can be seen in the recent film, *Monster*. This film is about the life of Aileen Carol Wuornos, the so-called "first female serial killer," who murdered at least seven men. Although Aileen never identified as a lesbian, she is more popularly referred to as the “first lesbian serial killer” because she was involved in a romantic relationship with a woman during the time she committed the murders. The timeline of the movie suggests that Aileen’s killing spree began just as she met the unexpected love of her life, Selby Wall. Aileen’s descent into violence and mental illness is seen as going hand-in-hand with her lesbian relationship.

The subtext of the film not only links lesbianism and violence, but implies that lesbian desire produces violence. Aileen’s life is a depressing tale of extreme poverty, teenage pregnancy, child abuse, rape, and prostitution. The first meeting between Aileen and Selby is both tender and sad. As they sit and talk at a bar, Aileen is suspicious and defensive of Selby’s kindness, of Selby buying her beer and treating her with respect, in addition to her flirtatious advancements. After the bar closes, Selby invites Aileen to sleep over. Aileen agrees, but not without reservation. This may be the only moment in the film when a softer, more timid side of Aileen is shown, and a less fragile, more courageous side of Selby is revealed. Amid the daily aggressions both Aileen and Selby have been encountering, this tender scene of them sleeping together almost seems out-of-context.

As the relationship between Aileen and Selby develops, so do their personality dynamics. The few moments of Selby’s strength are fleeting as the viewer is given the impression that Selby is fragile, whiny, and all too ready for Aileen to rescue her from a
domineering father. Aileen, on the other hand, is portrayed as wanting to take care of Selby. Whether or not Aileen wants to be Selby’s protector, Aileen does appear to find some hope for love and change in her relationship with Selby. Aileen’s fate turns after a traumatic, life-threatening encounter with a psychotic-seeming john who sodomizes and tortures Aileen. Eventually Aileen frees herself and shoots the john multiple times, which seems a function of her years of abuse and frustration, suddenly let loose. More interestingly, though, Aileen appears to be most upset because she was unable to keep her promise to meet up with Selby. Ironically, the murder of the john seems a function of her hope for a chance for a loving relationship with Selby. Desperate to provide for Selby, Aileen is shown turning tricks again, and again murdering johns, and taking their wallets of cash and cars. As lesbian desire was born of and involved tragedy throughout the film, so too does the film end in tragedy. When Selby finds out about the murders she flees her relationship with Aileen and ultimately participates in Aileen’s capture, conviction and death sentence.

There is no happy ending for lesbian desire in this story. Although the film’s director Patty Jenkins wanted to portray Aileen somewhere between “the lesbian serial killer” and “the feminist hero” what remains in the foreground is that Aileen is a “monster” and that her lesbian desire is inevitably linked. The projection of Aileen Wuornos, as “the first lesbian serial killer,” conjures up images of irrational, brutal, psychotic murders, which shows that violence and lesbianism can only be portrayed as bad and evil. While not an example of lesbian relationship violence, this film demonstrates the continued links between lesbianism and violence. It portrays many of the elements described in the case studies by Farley and Klinger, as well as in the letters
by Alice Mitchell. These are all examples of the relationship between discourse and experience on violence and lesbianism.

As has been discussed, violence perpetrated by lesbians is deeply personal as well as cultural. Its roots lie in passion, desire, pain, loneliness, fear, a lack of and desire for control, rejection and frustration. These themes have come out of the stories described in this chapter, although many of the accounts described were not first-hand. To better understand and treat this type of violence, more research and case study is needed to best describe the experience of lesbians who have perpetrated violence without presupposition or simplistic categorization. Although lesbianism and violence have become culturally intertwined, particularly by media sources, it is the job of therapists to disentangle them. These issues must be recognized for their complexity, and then approached in an open and curious way to help lesbian patients understand and stop their violence. It is important to therapeutically understand the projections of both “the lesbian victim” and “the lesbian abuser.” I now turn to a discussion of what prevents the therapist from understanding her lesbian patient’s projections.
CHAPTER 4: THERAPEUTIC IDENTITY, COUNTERTRANSFERENCE AND LESBIAN RELATIONSHIP VIOLENCE

Responding to lesbian relationship violence…often means acknowledging our own capacity for violence and reluctantly seeing an ‘innocence lost’ for feminism and ‘lesbian pride.’
—Ristock, No More Secrets, p.106

Although the patient’s identity formation has been the primary focus of theories of psychotherapy and human development, the identity of the therapist also plays an essential role within the therapeutic process. While the patient’s identity unfolds as she describes her troubles and personality throughout therapy, the therapist’s identity is not as self-evident. Unless the therapist self-discloses to the patient, who the therapist is and what she believes can only be seen in moments of therapeutic intervention or interpretation. Moreover, the therapist’s ability to intervene or interpret effectively can be hindered when the therapist’s identity is challenged by the patient. For example, it is not uncommon for a therapist to feel overwhelmed by a patient when the patient’s issues are emotionally evocative or reminiscent of the therapist’s own struggles and vulnerabilities.

The therapist’s emotional reactions to and identifications with the patient’s experience is called countertransference, which will be discussed in more detail later in the chapter. It is argued that countertransference resistances create a challenge to many therapists treating lesbian patients presenting with the problem of lesbian relationship violence. Therapists are challenged by lesbian relationship violence primarily because understanding it often requires them to step outside of their identities and presuppositions and to think in complex and dynamic ways about the problem. Yet the emotional
intensity lesbian relationship violence evokes often leads therapists to respond in myopic and controlling ways to the violent and violated experiences of their lesbian patients. Accordingly, there is a need to examine the ways in which therapists organize their therapeutic identities when interpreting and intervening with lesbian relationship violence. For example, therapists may organize themselves around political identities (i.e., feminist and lesbian) or identities associated with specific therapeutic approaches (i.e., advocacy and empowerment models or discourse analysis). Therapeutic progress can be halted when therapists fail to recognize that their own identities influence their understanding and treatment of their lesbian patients.

There is some literature that analyzes the limitations of therapists and other service providers’ responses to lesbian relationship violence. I will summarize this literature on service providers’ responses to lesbian relationship violence, and discuss a tendency to uniformly label the limitations of service providers’ responses as homophobic. While service providers’ responses may at times be homophobic, this characterization is often incomplete. One way to better understand service providers’ responses (especially therapists’ responses) to lesbian relationship violence is through an exploration of the impact of countertransference on understanding and intervention.

After the discussion of service providers’ responses, I will present a brief history of the psychoanalytic phenomenon of countertransference. Recognizing the role of countertransference provides a more nuanced, dialogical understanding of service providers’ incompetent as well as competent reactions to lesbian relationship violence. This chapter will then analyze several examples of therapists who have analyzed their own countertransference when working with patients experiencing relationship violence.
Included in these examples will be accounts of my own role as a therapist in treating lesbian patients presenting with relationship violence. This is followed by an analysis of one feminist therapist’s unrecognized and unanalyzed countertransference. These countertransference examples highlight the problematic effects of therapist’s identity or the therapist’s experience on therapeutic practice. Common therapeutic practices for working with lesbian patients presenting with relationship violence will also be outlined. I will discuss how these practices are integrated into therapists’ identities, inform therapeutic intervention, and contribute to countertransference responses. Without recognizing the influence of therapeutic perspectives on their identity and clinical practice, therapists are limited in their capacity to understand and treat lesbian relationship violence. Let’s first turn to a discussion of the research on service providers’ responses to lesbian relationship violence.

Service Providers’ Responses to Lesbian Relationship Violence

*Homophobia* is a common buzzword researchers use to describe the dismissive and inattentive behaviors of institutions and individuals toward gay and lesbian people and issues. Homophobia is the primary reason given for the lack of knowledge about lesbian relationship violence and inappropriate action taken by many domestic violence service providers (Wise & Bowman, 1997; Lie & Gentlewarrior, 1991; Renzetti, 1992, 1996b; Ristock, 2002). However, it is unclear that homophobia entirely explains inappropriate treatment practices. Naming every perceived lack of understanding of lesbian experience as homophobic may actually be narrow-minded, closing off the possibility of better understanding the therapist’s reactions and precluding improved treatment interventions to lesbian relationship violence. By reviewing the literature on
service provider responses to lesbian relationship violence, the therapists’ limited responses will be better understood.

Research examining service providers’ responses to lesbian relationship violence can be grouped into three basic categories. First, there are studies that ask self-identified lesbian participants about their perceptions of service providers’ responses. These studies involve participants who are not service providers and who have not necessarily sought out domestic violence services or even experienced domestic violence. Second, there are studies that ask self-identified lesbians who were victimized about their perceptions of both actual and expected responses from service providers. Third, there is research evaluating service providers’ ability to provide non-homophobic services.

One of the earliest studies to research the topic of service provider response fits within the first category. In the study, 1109 self-identified lesbians were surveyed about their perceptions regarding the availability and accessibility of resources to victimized lesbians and lesbians who have perpetrated after an abusive incident (Lie & Gentlewarrior, 1991). Two-thirds of participants indicated that they would not seek assistance after an abusive incident. The authors suggest that the participants’ reluctance to use domestic violence resources may be due to homophobia. However, the study did not actually measure the availability and accessibility of resources. Additionally, participants were not asked about their reasons for not wanting to seek services. Further, participants were not asked about the specific contexts in which they would seek help. As a result, there is no way to know if the reluctance of the lesbian participants is due to homophobia, some other fear or anxiety, or other factors.
Another study attempted to expand on the previous research by examining the contexts and reasons that participants would or would not seek help from particular service providers (Renzetti, 1992). Consistent with the second category of research on service providers’ responses, self-identified victimized lesbians were asked to report their perceptions of responses from the police and legal system, women’s shelters, counselors, relatives, and friends. Results from the study indicated that the resources most likely to be used by lesbians who were victimized were counselors and friends and that these resources were viewed as the least likely to respond in a homophobic manner. Police officers, courts, women’s shelters, and relatives were perceived to be the most likely to treat lesbians who were victimized negatively and a subgroup of study participants indicated that these resources were homophobic in their actual responses. For example, police officers often minimized and dismissed the violence, and in states where lesbians who were victimized could obtain a Protection from Abuse (PFA) order, such protective measures were enforced inconsistently. Within women’s shelters, lesbians who were victimized perceived services to be engineered exclusively for heterosexual women, and they feared that seeking out these services would result in being rejected or uncomfortable. The study suggested that the victimized lesbians’ fear of being rejected or uncomfortable were a product of homophobia in women’s shelters. Of the few victimized lesbians who solicited help from relatives, mothers and sisters were found to be the most helpful (e.g., assistance with moving out, a place to stay, and finances). While friends were the most sought out resource, almost half were found to not be very helpful (e.g., friends often denied there was a problem). Participants indicated that unhelpful friends
most often believed that relationship violence only occurred in heterosexual relationships, by men to women.

Two different studies examined the use of counselors in responding to lesbian relationship violence (Renzetti, 1992; Ristock, 2002). Within the study described above, Renzetti (1992) found that counselors were the second highest rated resource, and the highest rated in terms of helpfulness. Helpfulness was assessed with the following criteria: 1) naming the behavior as violence, 2) connecting battered and lesbian to help the victimized lesbian overcome her denial of victimization, 3) challenging the actions of the lesbian who perpetrated violence, and 4) providing concrete advice on how to deal with the abuse such as safety planning. Counselors were rated negatively if they denied that the battering was a serious problem. In another study of self-identified lesbians who were victimized, results indicated that counselors were most helpful when they named the violence and when they helped victimized lesbians to see that they were not alone (Ristock, 2002). Additionally, half of the study participants did not seek counseling services because they viewed therapy as being based on white, middle-class, North American values (Ristock, 2002). These participants viewed therapists as unable to understand the effects of culture, race, and class within a violent lesbian relationship. Finally, some participants indicated that they would not seek therapy because they believed a person goes to therapy only if they are crazy.

Taken together, both studies provide support for the notion that homophobia is a major problem facing victimized lesbians as they seek assistance (Renzetti, 1992; Ristock, 2002). Further, there is evidence that victimized lesbians perceive homophobic responses from a variety of sources, including friends, counselors, relatives, and the
police (Renzetti, 1992). In both studies, the working definition of homophobia appears to include any response from service providers that does not name the victimized lesbian’s relationship as violent, and does not position the victimized lesbian’s identity as victim. Interestingly, neither Renzetti (1992) nor Ristock (2002) distinguish the victimized lesbian’s real experience from her expected experience with service providers. Yet both studies found that a high percentage of participants perceived service providers to be homophobic without ever interacting with them. This is a clear limitation to each study. Even though actual homophobic responses have been reported, it seems important to also understand what the expectations of homophobia might mean for the victimized lesbian. For example, it would be useful to determine whether part of the victimized lesbian’s experience of being hated is real while part of it is projection. Additionally, it is possible that some victimized lesbians have difficulty with the idea of receiving help, or have their own fears regarding certain sources of help. Clearly this represents a very complex dynamic; however it would be useful to begin to tease apart the victimized lesbian’s attitudes, fears, perceptions, and ultimately her role, from the attitudes and actions of the service providers. While both of the studies discussed add to the literature on victimized lesbians’ perceptions of service providers and other sources of support, neither fully addresses the tension between perceptions and actual experiences. In order to better help victimized lesbians access services, it is important to understand the interaction between the perceptions of the victimized lesbian and the service provider.

The final category of research evaluated providers’ perceptions of their services to lesbian relationship violence. Specifically, one study surveyed 566 service providers in the 1991 National Directory of Domestic Violence Programs (Renzetti, 1996b). The
study used *a priori* criteria to evaluate these service providers. Criteria included: 1) recognition of lesbian relationship violence as a serious problem, 2) training staff and volunteers about homophobia and lesbian battering, 3) having policies to address homophobia among staff, volunteers, and heterosexual patients, 4) use of non-heterosexist and gender-neutral written and spoken language and materials, and 5) use of programming, advertising, community education, and media campaigns on lesbian battering.

Using the criteria above, results from questionnaire data indicated that 96% of service providers affirmed that their services were “welcoming” to lesbian patients. However, the notion of welcoming was interpreted broadly by these providers. While many service providers stated that they would provide services to lesbian patients, there were often no efforts put forth to target this population (e.g., distribution of brochures on lesbian battering, advertisements in local gay and lesbian newspapers or magazines, or support groups for battered lesbians). Moreover, study results indicated that two-thirds of service providers claimed that their staff received anti-homophobia training, but less than half of these providers indicated that they gave or received training specifically on lesbian battering. Based on all of these discrepancies, Renzetti concluded that there is a large gap between the reality and the perception of providers’ services to lesbian patients. Moreover, Renzetti suggested that the gap between reality and perception was indicative of homophobia.

Renzetti’s (1996b) research design and conclusions suggest that the problem of treating lesbian domestic violence resides in institutions. The criteria that were chosen to evaluate the adequacy of services for lesbian relationship violence imply that the needs of
lesbians will be met if certain institutional policies are in place. Furthermore, the study suggests that lesbian patients will seek the support they need if those services are offered in a non-homophobic way. However, it is not completely clear how external indicators such as brochures and training on lesbian relationship violence necessarily translate into effective intervention. Even if a domestic violence program met the established criteria, and therefore appeared to be non-homophobic, there is no guarantee that it would be more attractive to a woman needing help for lesbian relationship violence. Lesbian patients’ resistances to receiving help are often complex. Naming homophobia as the exclusive reason that lesbian patients are reluctant to seek treatment is limited. It does not help to answer why lesbians might not seek help even in an apparently non-homophobic context. Renzetti’s definition of homophobia and the strategy she proposes to combat it, while perhaps a good starting place, do not account for the fact that there may be more issues involved in helping lesbian domestic violence patients than simply presenting them with a supportive environment.

In another study examining the perceptions of service providers, Wise and Bowman (1997) surveyed beginning therapists to determine whether they had different approaches to lesbian versus heterosexual domestic violence situations. In the study, masters and doctoral level counseling students read a description of a battering incident involving a heterosexual couple or a lesbian couple, and then the participants were asked to rank treatment options according to the scenario. For the heterosexual domestic violence scenario, the counseling students ranked support services, placing them in the following order: 1) individual counseling, 2) call the police, 3) refer to women’s shelter, 4) couples counseling, 5) group counseling, and 6) no recommendation. For the lesbian
domestic violence scenario, the counseling students ranked the interventions differently: 1) couples counseling, 2) individual counseling, 3) group counseling, 4) call the police, 5) refer to women’s shelter, and 6) no recommendation.

In their analysis, Wise and Bowman (1997) determined that the differences in treatment suggestions reflected a lack of anti-homophobia training in counseling programs, especially regarding lesbian battering. However, the authors never identified exactly how the different rankings between heterosexual and lesbian battering scenarios were indicative of homophobia. Previous study results would contradict this conclusion, as there is evidence that counseling interventions were rated as more effective by lesbians who were victimized than the police and women’s shelters (Renzetti, 1992). Moreover, some clinicians suggest that couples therapy may be an appropriate intervention when this is amenable to the victimized lesbian and when the violence in the relationship is low and situational, rather than chronic, or when the couple refuses to engage in any other form of treatment (Fox, 1999; Leeder, 1988).

To explain the differences in service recommendations for lesbian vs. heterosexual patients, Wise and Bowman (1997) measured service provider responses with two scales, which assess attitudes about gender and homosexuality (i.e., Attitudes toward Women Scale and Homosexuality Attitude Scale). The authors were interested in determining whether attitudes toward women and homosexuals were correlated with the different responses; however, no significant correlations were found. The authors had hypothesized that sexist and homophobic attitudes were responsible for the participants’ faulty ranking of therapeutic interventions. However, there is no way to justify their claim about their being a correct order in which to rank therapeutic interventions.
Moreover, the authors did not find a strong correlation between participants’ attitudes, even if they were sexist and/or homophobic, and their ranking of therapeutic interventions. Like the other studies presented in this section, this study of therapists’ responses does not clearly articulate how the therapists’ intervention is a problem, rather it just labels the intervention as homophobic.

After examining the research on service providers’ responses to lesbian relationship violence, it was not completely clear that all the responses labeled as homophobic were actually due to homophobia. Although research by Renzetti (1992, 1996b) and Ristock (2002) show homophobia to be a real threat, it also shows that service providers’ responses are not always self-evident. This was also seen in the study by Wise and Bowman (1997), suggesting that we still know very little about the intentions or presuppositions of service providers. Taken together, the research reviewed here highlights the problem with uniformly categorizing service providers’ responses to lesbian relationship violence as homophobic. It is unclear whether the homophobic responses reported in these studies are due to homophobia, some other phenomenon, a combination of several phenomena including homophobia, or if there is simply too little information to explain the responses.

The limited research on service providers’ responses to lesbian relationship violence has also emphasized the need to understand the effects of one’s identity or experience on the provision and receipt of services. The identity of the provider and the identity of the receiver of services play a joint role in the transaction of services. The quality of transaction depends on the interaction between these two identities or experiences; a homophobic response represents a breakdown in the transaction and an
injury to one’s identity. However, it can sometimes be difficult to discern if the injury to one’s identity originated outside or inside the service provider, the lesbian patient, or involved some combination of both. Thus, the central issue that cuts across all of the research on service providers’ responses is the need to better understand how a service provider’s perception of giving help is interacting with the lesbian patient’s desire to receive help. Understanding the location of identity injury and repairing the damage requires working through the breakdown within the context of a dialogical relationship.

The studies discussed implicitly measure some negative countertransference reactions and uniformly describe these reactions as homophobic. This idea points to the need for understanding service providers’ responses within the context of countertransference. The concept of countertransference could provide a great deal of assistance with sorting out and addressing the perceptions of service providers. Although there is some literature on the role of countertransference in work with lesbian patients who present with relationship violence, there has been little discussion about the concrete ways countertransference issues negatively influence therapeutic intervention. To better understand how the therapist’s countertransference resistance limits therapeutic understanding and intervention with lesbian relationship violence, I now turn to a discussion of the role of countertransference in responding to lesbian relationship violence.

Countertransference and Lesbian Domestic Violence Patients

*Brief History of Countertransference*

Therapy can be understood as a mental space in which therapist and patient come together to make sense of the patient’s problem. To remind therapists to speak only about
the patient’s inner world Freud (1912) offered the image of the mirror. The therapist’s function as mirror was to reflect back to the patient through interpretation the patient’s projections of her internal world. The patient’s projection onto the therapist is called transference; transference is when the patient experiences the analyst as someone else, a past person in the present. Similarly, Racker (1968) thought transference is when the patient “‘displaces’ or ‘transfers’ infantile and internal conflicts to current situations and objects which are out of place and inappropriate” (Racker, 1968, p. 15). Therefore, a transference interpretation is basically pointing out that the patient’s past is in the present. Since Racker and Freud, the concept of transference has been broadened to include the transference of a total situation or a relationship in a context, rather than merely an individual; the relationships transferred are not just external but also internal (Joseph, 1989). In sum, contemporary notions of transference include an integrated perspective of a person and her contexts, and the relationship between her internal and external worlds.

Whereas transference is described as referring to the patient’s projections onto the therapist, countertransference can be understood as a process of projective identification in which the therapist unconsciously identifies with the patient’s projections and responds to the patient with little reflection. Freud (1910) first mentions the concept of countertransference in *The future prospects for psycho-analytic therapy*:

> We have become aware of the ‘countertransference,’ which arises in [the analyst] as a result of the patient's influence on his unconscious feelings, and we are almost inclined to insist that he shall recognize this countertransference in himself and overcome it. Now that a considerable number of people are practicing psychoanalysis and exchanging their observations with one another, we have noticed that no psychoanalyst goes further than his own complexes and internal resistances permit; and we consequently require that he shall begin his activity with a self-analysis and
continually carry it deeper while he is making his own observations on his patients. Anyone who fails to produce results in a self-analysis of this kind may at once give up any idea of being able to treat patients by analysis (Freud, 1910, pp. 144-145).

Although Freud viewed self-analysis as an integral part of the analyst’s training, the concept of countertransference was not elaborated upon until some forty years after Freud coined the term. Racker (1968) attributed the lack of timely integration and theoretical elaboration of countertransference as “due to a rejection by analysts of their own countertransferences—a rejection that represents unresolved struggles with their own primitive anxiety and guilt” (p. 130). According to Racker, the failing of the training analysis to work through infantile ideals created a vicious circle for forty years in which deficient training continued to produce defensive analysts who favored developments of transference and rejected explorations of countertransference.

Heimann’s (1950) paper *On Countertransference* marks the point in psychoanalytic history in which countertransference was beginning to be developed. Heimann defines countertransference as both something to be gotten rid of and something to be used by analysts. Stating the Freudian view, Heimann says: “I have been struck by the widespread belief amongst candidates that the countertransference is nothing but a source of trouble” (Heimann, 1989, p. 73). Heimann believes that countertransference can be an important tool for the analyst to understand the unconscious of her patient. Countertransference is viewed as a “tool” by Heimann because she begins with the presupposition that the analyst’s unconscious wants to understand the patient. She also believed: “the analyst's countertransference is not only part and parcel of the analytic relationship, but it is the patient's creation, it is a part of the patient's personality”
(Heimann, 1989, p. 77). Heimann’s thesis about the danger and usefulness of countertransference is supported in the following statement by Segal: “…there is always an internal pressure to identify with our countertransference, and it is very important to be aware that countertransference is the best of servants and the worst of masters, and that the pressure to identify with it and act it out in ways either obvious or very subtle and hidden is always powerful” (Segal, 1981, p. 86). Segal also gives a brief, yet succinct example of the usefulness of countertransference:

To take a single example, I had a patient who evoked in me a whole gamut of unpleasant feelings. It would have been very foolish of me to ignore these feelings or consider them my own neurotic reactions, since this patient’s principal complaint was her terrible unpopularity. Obviously, the way she affected me was a function of her psychopathology—a function of utmost importance to her, and one which it is crucial for us to understand (Segal, 1981, p. 81).

Money-Kyrle (1956) is another psychoanalyst who acknowledges that countertransference can be both useful and a serious impediment to therapeutic understanding. According to Money-Kyrle, therapeutic understanding occurs when the therapist receives the patient’s projection and re-projects it in a helpful manner. He terms the therapist’s take-and-give of the patient’s projection normal countertransference. Money-Kyrle elaborates on the idea of normal countertransference: “Unfortunately, it is normal only in the sense of being an ideal. It depends for its continuity on the analyst’s continuous understanding. But he is not omniscient. In particular, his understanding fails whenever the patient corresponds too closely with some aspect of himself which he has not yet learnt to understand” (p. 24). Because the therapist can not always maintain the
ideal of normal countertransference, there are lulls or breakdowns in therapeutic understanding that point towards deviations from normal countertransference.

What is attractive about Money-Kyrle's reflections is that they shed light on the details of the therapeutic process. For example, the therapist may find that she is feeling frustrated about not being able to understand and help a patient, and thus may become very critical towards herself for being ineffective. In this instance, the therapist is consumed by the patient’s projection and fails to reproject it in the form of an interpretation. This lack of appropriate response may occur because the patient has come to stand for a negative introject or negative image in the therapist’s mind, and therefore an introject that the therapist has not yet learned to understand quickly in herself. Thus, the therapist fails to understand and interpret that her inability to help the patient is not a function of her intellectual capacity, but rather a function of the patient’s desire to fill the therapist with distress. When a therapist becomes over-identified introjectively with a patient’s material, the therapist may be unable to reproject the problem to the patient, which could result in long periods of misunderstanding. However, the therapist might find periods of misunderstanding difficult to contain; she might reproject unmetabolized feelings to the patient. Reprojecting unmetabolized introjections accounts for projective misuses of the therapist’s countertransference. For example, if the therapist cannot tolerate feeling confused and unhelpful, she could reproject an intellectualized or paranoid interpretation to the patient, which would only result in making the patient feel confused and blamed for the therapist’s lack of understanding.

In summary, the research on countertransference by Freud (1910), Racker (1968), Heimann (1950), Segal (1981), and Money-Kyrle (1956) call attention to the limits of the
analyst’s mind, and the framework these limits construct for understanding the patient’s projections. These authors suggest that the analyst has no way to get outside of her own mind. Thus, the best the analyst can do to help the patient is to know as fully as possible the limits of her own mind. On-going self-analysis and supervision are seen as essential to the therapist’s ability to have normal countertransference reactions to a patient’s projections. What follows is a discussion of the various ways therapists struggle with facilitating normal countertransference reactions in work with lesbian patients who present with lesbian relationship violence.

**Countertransference and Lesbian Patients**

Very little has been written about therapists’ countertransference responses to lesbian patients presenting with the problem of relationship violence. The few exceptions include expositions by therapists such as Klinger (1991) and Coleman (2003) of their clinical experience with lesbian relationship violence. For example, Klinger states that working with lesbians who use violence may be “particularly affect-provoking to a beginning therapist” and that the therapist’s responses of anger and denial may be due to “political and social beliefs, personal history (particularly if the therapist was abused as a child or adult), fear, and defensive revulsion and disgust” (Klinger, 1991, p.139). Klinger confesses that her countertransference responses to a lesbian patient involved her own experience with being a child and adult victim of physical abuse. Klinger’s own abuse history influenced her ability to tolerate and manage her own and her patient’s intense affect. On one occasion she described feeling angry at the patient and wondering if her anger would inhibit her ability to help the patient. On another occasion in the treatment Klinger found herself feeling guilty towards her patient and angry at her patient’s partner.
She attributed her guilt and anger to believing that her patient’s partner was responsible for provoking the abuse. This was an identification Klinger recognized as her tendency to blame herself for provoking her own partner’s violence.

Similar to Klinger, Coleman (2003) suggests that the therapist needs to be aware of colluding with the abusive lesbian’s tendency to minimize the abuse, as well as the possibility of colluding with the victimized lesbian’s tendency to condemn the abusive lesbian. Although Coleman does not provide details about these countertransference resistances, she does describe an example of managing her own countertransference feelings to a lesbian patient’s verbal attack in a session. In response to the patient’s attack Coleman recalls a “wish to attack back in a shameful, rageful retort. I was also aware of feeling confused and thrown off guard by her attack” (Coleman, 2003, p. 191). The interpretation that Coleman gave to the patient illustrates her empathic reprojection of the patient’s attack instead of acting out her wish to attack the patient. Additionally, Coleman comments on the necessity of monitoring countertransference reactions when trying “to provide a confrontative, yet nonretaliatory and empathic treatment environment” (Coleman, 2003, p. 198) which she believes is essential to working with lesbian patients presenting with the problem of relationship violence. She states that countertransference monitoring should include the therapist examining her own capacity for and fear of violence, shame, and rage, and potential to minimize, deny, or avoid addressing abusive behaviors, internalized homophobia and heterosexism, and the ways in which biases may impinge on the treatment.

Klinger and Coleman’s suggestions for tracking and managing countertransference feelings with lesbian patients are insightful, but they do not
concretely elaborate on how the therapist’s own fears of violence, tendencies towards
denial, and responses of shame and rage may negatively influence the treatment of
lesbian relationship violence. Moreover, the countertransference resistances discussed by
Klinger and Coleman mostly involve their clinical experience with lesbians who have
perpetrated violence. Accordingly, it would be informative and useful to explore the
therapist’s countertransference resistances in more detail with both lesbians who have
perpetrated and lesbians who have been victimized. Below are four case examples of
countertransference resistance from my own clinical work with lesbian relationship
violence. These examples will provide a framework for better understanding the concrete
manifestations of the therapist’s countertransference resistances with both lesbians who
perpetrated and lesbians who were victimized. Also, these examples will provide a
backdrop for understanding the subsequent analyses, which examine how the identity of
feminist-oriented therapists and treatments for lesbian relationship violence limit and
exclude lesbian experiences. Now I turn to four countertransference responses I have
experienced with lesbian patients of domestic violence.

One countertransference response I recognized very quickly in my work with
lesbians who were victimized was a fear of blaming or hurting them by giving an
interpretation of the problem. I have discovered that my fear is connected with the belief
that the victimized lesbian’s own explanation of her problems should not be challenged.
There is much pressure for therapists to take the experiences of victimized lesbians at
face-value, especially when the therapist if affiliated with a lesbian or feminist
community. When I over-identify with a fear of blaming the victimized lesbian, I have
found that the victimized lesbian’s internal world gets neglected, and instead time is spent
listening to the victimized lesbian believe that she is the problem, that her partner is the problem, or that past or current therapists are the problem. Blaming one’s self or others often functions to preserve the status quo of the psyche; it is an impediment to the therapist getting to know the patient. When I have found myself using more supportive techniques as opposed to analytic interventions, I have realized that I may be trying to avoid making the patient feel attacked, criticized, or hurt by my interpretation. Lesbians who were victimized have their own explanations for their involvement in and return to an abusive relationship, reflecting their own idiosyncratic internal logic. A victimized lesbian is very sensitive when a therapist challenges her own understanding of her situation.

As an illustration of this countertransference response (my fear of blaming or hurting a victimized lesbian patient with an interpretation), I will now discuss a case example. Ms. A. was a 50-year old patient I saw in treatment for almost 5 years. Ms. A. was initially referred from the local women’s domestic violence shelter to a colleague who worked with her for a year. Due to a number of complicated issues, the colleague referred Ms. A. to me. In the beginning, one of the most difficult things about working with Ms. A. was getting her to come to sessions. Even when she showed up, she would only sit in sessions for a few minutes. The first six months of our work together consisted of Ms. A. coming into session every two or three weeks, raging at me for a couple minutes, and then leaving. By the end of our work together she was able to sit through an entire session. This progress was a hard-won accomplishment for Ms. A. Her behavior also tested my ability to understand and intervene in a therapeutic manner.
To put Ms. A.’s behavior in context, she had been in an abusive lesbian relationship for 18 years in which her partner was exceedingly cruel to her. For example, her partner beat her up and locked her in the basement for several days at a time. When I started seeing Ms. A. in therapy she had been out of the abusive relationship for one year. She said she left the relationship and went to the local women’s shelter after her partner murdered one of her dogs in front of her. Additionally, Ms. A.’s childhood was unstable, chaotic, and abusive. Her mother was physically and emotionally abusive, rigid, perfectionistic, and controlling; her grandmother sexually abused her; and her father was physically and emotionally absent throughout her life. There was little evidence of anyone in Ms. A.’s life being a loving, caring presence.

I kept Ms. A.’s negative life experiences in mind as I bided my time, allowing her to settle into the therapeutic relationship on her own terms. After about 18-months into treatment I noticed a significant shift in Ms. A.’s ability to sit and talk with me in sessions; she seemed less anxious about connecting with me and able to sometimes tolerate up to 25 or 30 minutes before bolting out of session. As she seemed to be improving, she also began bringing little gifts for me into some of her sessions. Since I had been working with her on connecting and staying in session, I initially thought the gifts to be an extension of our new found positive connection. As a result I never thought to explore them and interpret them negatively, particularly as her gifts were seemingly innocent (e.g., bottles of water).

I finally realized something was wrong with the gift giving when she brought me a ham sandwich. At the time, I thought to myself, “I’m a vegetarian. I don’t want this ham sandwich.” My sudden reaction of not wanting the sandwich jolted me into a
broader understanding that perhaps the gift-giving was not innocent. All had seemed fine and good with the bottles of water, but the introduction of the ham sandwich began to raise my suspicion. This suspicion led to the recognition of Ms. A.’s gift giving as a rejection of who I am to her; I am someone who is helpful to her. Specifically, Ms. A. was trying to negate my therapeutic role as a helper by giving gifts to me. Eventually I came to realize that she was trying to repeat a familiar pattern of hers in which someone violates another; the gifts were a way to engage me in a violating relationship. I remember telling her I didn’t want the ham sandwich, and she became very offended. She felt as if my rejection of the ham sandwich was a rejection of her. She got out of her chair and left therapy in a huff, only to return to therapy a week later still feeling very angry and hurt by me. After the rejection of the ham sandwich the gifts became bigger, toxic, and more insistent. For example, at one point she brought a bottle of wine and a small bag of marijuana for me to therapy. She also became sneakier about making me accept her gifts. For example, on another occasion I received a letter that a donation of $25 had been given to the local animal shelter in my name.

The gift giving became out-of-control and I searched for a way to interpret to her that what she was doing was violating to me, even if it might hurt her feelings. After receiving supervision regarding this patient, I was finally able to explain the situation to her. My comments were as follows:

Look Ms. A., I understand that you believe it’s a nice thing to give me this gift, but I don’t see it the same way. You’ve talked a lot about how nobody really listens and pays attention to you. When you give me gifts I feel like you’re not really paying attention to who I am. I’m your therapist, and if you’re not letting me be your therapist, how am I suppose to pay attention to you as the patient?
I had to repeat interpretations such as this one to Ms. A. a number of times, but after I made the first interpretation she had an easier time. Eventually she was more able to take the helpful message inside herself without feeling as hurt and criticized.

The example of Ms. A. highlights the way in which a countertransference resistance to exploring the internal world of the victimized lesbian (due to fears of blaming, criticizing, or hurting the patient) will only serve to prolong the inevitable need to interpret the victimized lesbian’s defenses. Ms. A. could only see her gift giving as nice. While such gestures may have been straightforward and sincere in certain relationships, in therapy her gift giving was an unconscious attempt to control, violate, and dismiss me as a helpful person. I needed to make conscious these dimensions of her gift-giving to help her stop relating abusively to me.

A second countertransference resistance I have struggled with is a fear of being blamed for a lesbian patient’s violence. I have often worried that the patient’s victimized partner, but mostly the agency in which I work would view me as being ineffective with the abusive lesbian patient. On occasion I have become concerned that I would not only appear to be a bad therapist, but that I might also be viewed as being permissive of the patient’s abusive behavior, and therefore appear to be abusive myself. When I have experienced this fear, I have noticed that I have a tendency to use crisis intervention or supportive therapeutic techniques in treatment with the patient. Using these therapeutic interventions, however, have only detracted from exploring and interpreting the patient’s negative self-image and negative introjects. The following is an example of my use of a crisis intervention technique, and my subsequent struggle to incorporate an analytic intervention.
Ms. B. began seeing me in individual psychotherapy after her partner decided to terminate couples therapy with a different therapist. Ms. B. and her partner, per the partner’s insistence, had been in couple’s therapy for about one year to address the violence in their relationship. When I first met with Ms. B. she identified herself as the one who was abusive in her relationship. I found this characterization quite surprising because she presented as incredibly soft-spoken, and dreadfully shy. For example, there were countless occasions during my work with her in which I would ask her to “speak up.” Given that most abusive lesbian patients I had worked with attended therapy through a court-order, I was curious about Ms. B.’s choice to continue in individual therapy on her own volition. Ms. B. stated that she wanted to use individual therapy to explore her abusiveness to her partner because it created a great deal of psychic pain for her to do such bad things to someone she loved.

About six months into the therapeutic relationship, our rapport began to strengthen, leading her to reveal horrific stories about her childhood. For example, she described witnessing and trying to rescue her mother from physical abuse by her stepfather. She also described her own experiences of physical abuse by her brother and step-father with no one protecting her. Ms. B. talked about feeling helpless in relation to her partner, describing her partner as having all of the power in the relationship to “call the shots.” The more that Ms. B. revealed her painful experiences and expressed feelings of anger about the lack of care she received growing up as well as her fear of exposing her helplessness, the more I noticed that she uncharacteristically began to miss sessions. There was no doubt in my mind that she was trying to hide from me and from the help I
could provide her. Although I interpreted Ms. M’s missed sessions as an expression of her hiding her vulnerability, I only understood this in a general way.

There was one period of about four months in which Ms. B. came to only eight sessions. Her reasons for missing therapy always had to do with her needing to work or watch her newborn son. During this time she complained about others not being good caretakers of her son and she expressed fears about her lack of emotion and lack of control effecting her son. She also expressed her frustration about having to deal with problem kids at her job and her hatred of these kids because they reminded her of her abusive brother. These were common themes in our work together; she was always concerned about my ability to contain the abusive and negative parts of herself and she often distanced herself from me quite literally as a result of her fear.

After 19 months of working together, Ms. B. came into session and announced that she wanted to disclose something very important to me. At first I was taken aback because she had never emphatically presented anything about herself to me. I became eager to hear what she had to say. However, she was not direct and played a kind of hide-and-seek game throughout the session, which led my eagerness to wane. By the end of the session I no longer cared about the information she had wanted to share with me. However, it was at this moment that she thought it appropriate to tell me her news. In the final moments of the session she told me that during the four months she had missed sessions, she was too ashamed to attend and look me in the face because she was physically abusing her newborn son.

Without really thinking I found myself wanting to know what she meant by abuse so I asked Ms. B. how she physically harmed her baby. She said that she choked,
slapped, shook, and isolated him by putting him in a box until he stopped crying. She added that she sometimes scared him so he would go to sleep. She described feeling overwhelmed by having to take care of her son. She said she thought she had everything under control in the beginning, but that she just *snapped* one day. As I listened to the details, I became more and more disgusted with Ms. B.’s behavior and began to imagine myself making a child abuse report. I realized that I wanted to punish her through the report. Because I could only think of punishing Ms. B. with the report, I knew I needed to find some reflective space to consider how to respond to what she was telling me and why she was telling me at that particular juncture in our therapeutic relationship. I told her we needed to end the session, but that I was going to think very seriously about what she had just told me and that we would need to talk about how to deal with this problem together in our next session.

After Ms. B. left my office I began to sob uncontrollably and thought about how a child abuse report would rupture the therapeutic relationship. I remember trying to pull myself together by obsessively reviewing my treatment notes over the last year to figure out what went wrong. After recovering my own observing ego I sought out supervision to help me think about how to approach Ms. B. I knew I needed to report the incident of child abuse because I was a mandated child abuser reporter, but I also knew I needed to find a way to present the task as a collaborative effort so that Ms. B. would not feel alienated and alone or punished by me. Between the help of supervision and my personal deliberations, I was somehow able to interpret to Ms. B. that there was a connection between her behavior towards her son and her own self-sabotage. I suggested that her self-sabotage was enacted by denying herself the protection and care she desired from
me. I also indicated that as her therapist I felt the need to protect her and her son from such harm.

After processing this interpretation for about twenty minutes Ms. B. seemed to understand what I meant. This allowed her to sit with me and give me needed information while I made a report to Child Protective Services. The intervention allowed me to comply with my duty as a mandated child abuse reporter without communicating the report as a punishment, and thus the action protected my relationship with Ms. B. In subsequent sessions Ms. B. shared fantasies about feeling protected by me, expressed her gratitude for my being there when she needed me, and often stated that she could not understand why I thought she deserved my help. I sometimes playfully responded to Ms. B’s latter comment: “It’s probably a good thing then that I don’t think about you the same way you do.”

A third countertransference resistance I have struggled with is a fear that I would not be able to help the patient. I have feared that the patient might be too damaged to treat or that I might not be a good enough therapist to take on such a distressed patient. I have worried that I would not be able to appropriately understand and respond to the patient, especially her intense affect. Many therapists worry about being the target of intense affect. While this has not been a primary concern of mine, instead I have often worried about my ability to respond to a patient’s affect. I have specifically worried about underresponding, which has made me especially vulnerable during times when I have been characterized by a patient as too cold or too clinical.

Upon beginning therapy with me, Ms. C. identified herself as a victim of relationship violence. She described most of her romantic relationships as abusive, and
said that growing up at home was like “a war zone.” Ms. C.’s father had died eight years earlier, but she still felt internally terrorized by his abusive presence inside herself. At the beginning of treatment, Ms. C.’s mother was a somewhat idealized figure in Ms. C.’s internal world. Ms. C. had given up what little stable life she had created, and moved from out-of-state to care for her dying mother, despite the fact that her two older sisters lived nearby. Ms. C.’s idealization of her mother was beginning to crumble when Ms. C. entered into therapy with me. I believe that this deteriorating idealization of her mother precipitated her entrance into treatment. She presented in therapy as “not functioning well,” feeling lonely, isolated, and a lack of support. These complaints all seemed symptomatic of the cracks in her idealization of the internalized image of her mother.

As Ms. C. began to take care of her mother, she slowly realized how mentally ill and therefore unavailable her mother had been all her life. Most importantly she began to see that her mother had not adequately protected her from her abusive father. She then remembered that her mother had at times provoked her father to physically abuse Ms. C. For example, when Ms. C. came out to her mother as a lesbian at age 14, she asked her mother to not tell her father. However, when the father came home from work the mother immediately told the father. Ms. C’s father subsequently took Ms. C. to the garage and tried to “beat the queer” out of her.

The transference was quickly established in the therapeutic relationship with Ms. C. In her mind I often represented her parents – oscillating back and forth from being her abusive father always “hurting” her when I said things she did not want to hear to being her unavailable, unprotective mother. In our relationship Ms. C. continuously set traps for me in which I was supposed to rescue her or others from potentially emotionally
damaging situations. For example, she asked for special permission to use the emergency exit in the building after her sessions were over, so she would not have to face the patients in the waiting room. She was also very concerned about adolescent patients’ parents responding negatively to the leather and safer sex literature in the clinic’s waiting room. These situations were traps because she almost always became angry with me and put me down for being a terrible therapist and for not responding in a protective manner in these situations. Ms. C.’s need for a protective response was predicated upon an idealized, thus impossible, internalized image of helpfulness. When my actions happened to correspond to Ms. C.’s idealization she referred to me with esteemed rather than devalued names, such as “Dr. J.” even though she knew I had not yet received my doctorate. However, my moments of being “Dr. J.” were few and far between; I was mostly considered a horribly unhelpful therapist.

In my experience as a therapist, I never felt as terrorized by a patient’s comments regarding my ability to help. Knowing that my feelings of helplessness and defeat were projective-identifications did not offer me any solace. Eventually I only found comfort in imagining Ms. C.’s termination. I began to look forward to the day when she would ask me to transfer her to a new therapist. I soon found myself believing that I was not the therapist for this particular patient, and that perhaps there was another therapist who was more qualified to work with her. However, Ms. C. did not ask to change therapists despite knowing that this option was available. Instead she threatened to leave therapy and find a better therapist if I didn’t start protecting her “the right way.” I started preparing for Ms. C.’s attacks on me and on my help by carefully arming myself with interpretations before each session. I knew I was in the midst of the very same
“warzone” Ms. C. had described growing up in, and I began to believe I would not survive. It didn’t seem to matter if I used supportive or analytic techniques with Ms. C. as my very presence was hurtful and abusive in her eyes.

Ms. C. was the first patient that led me to lose my faith in therapy as a containing and healing experience. I felt lost with her, as she must have felt with me. However, no amount of understanding the dynamics of projective-identification and splitting gave me any comfort. I wanted to help Ms. C. as a human being would help another human being, and painfully I began to believe it was impossible for me to do so. After working with Ms. C. between 2-3 times per week for over a year, I was hired at a different agency. I was given an “out” of the warzone. I felt simultaneously guilty and relieved to terminate treatment with Ms. C. I was relieved because I was tired of fighting with Ms. C., and I felt guilty because I could not continue to try to help her.

After working with Ms. C. I’ve struggled with knowing that I can never understand the ways in which I was or was not a help to Ms. C. These countertransference feelings are partially related to my own tendency to want to terminate therapeutic relationships on a good note so I have proof of being a good therapist and a good person. Ms. C. found a way to strike at the core of this neurotic tendency; I could not adequately reproject to her that I could provide help. In light of the intensity of my countertransference, it should not be surprising that Ms. C. contributed to my defective help as she truly believed she was evil at the core of her being.

The final countertransference resistance I have struggled with is a fear that I would not be able to make contact with the patient to establish a working therapeutic alliance. This fear has sometimes led me to rush the therapeutic alliance and make
premature transference interpretations, scaring patients who come to therapy emotionally disconnected or who have a limited understanding of themselves (i.e., out-of-contact patients). While these detached patients may not have appeared frightened on the surface, they were often primitively and easily frightened by my presence and concern for them. Because they were often preoccupied with a desire to protect me from their distress, they were able to leave treatment under the guise of not understanding the benefits of sharing their internal world to me.

When Ms. D. was assigned to my caseload I initially placed her in the same-gender domestic violence group at the agency in which I worked. Unlike most of the other group participants, I noticed that Ms. D. had extreme difficulty understanding and incorporating the psychoeducational materials from group into her life. I therefore pulled her out of group and saw her in individual psychotherapy twice a week. I immediately noticed that she had an easier time relating one-on-one; it was as if she was calmed by having less information to process. However, I was also aware that something was not quite right about our therapeutic alliance, which created a good deal of anxiety for me. I found myself working very hard with her to create a working alliance, and had become concerned about her desire to stay in therapy.

The beginning of the following session, approximately three months into working with Ms. D., demonstrates my anxiety about our tentative connection. I handled my anxiety by commenting on the possibility of a negative transference. Because I relied on Ms. D. to confirm the negative transference for me, she, of course, denied such a possibility. Beginning of session with Ms. D.:

**Ms. D:** Everything is about the same. I couldn’t sleep last night. I missed the alarm this morning, and missed doing everything I was supposed to do. I tried to
make an appointment with the psychiatrist and he wouldn’t see me. He doesn’t do nothing when he sees me anyway. I quit taking the medicine a week ago because it wasn’t working. I’ve been taking it for 3 months and all it’s done is make me fat. I’ve gained 25 lbs. It makes me have a stomach ache and my head hurts. I worked until 2am last night. My partner was supposed to work with me, but I thought I’d be understanding about her wanting to stay home. So she was supposed to clean the house and then go to church. She didn’t get anything done. She tells me what I want to hear. (There’s been no change in my life. I’m still distressed, and unable to organize my inner world. I feel like I do my part, but others don’t do their part to help relieve my distress.)

**Therapist:** I hear you saying that life and people have been very disappointing to you and you struggle with that disappointment because you want to feel good. I wonder if you’re feeling disappointed with me too? (My anxiety doesn’t make this come out the way I wanted it to. I wanted to say, “You’re talking about how you’re distress has to do with others not doing their part to help you. I think you believe I’m not helping you as much as I should with your distress.)

**Ms. D.** You’re not a disappointment to me. My partner and the psychiatrist are. I keep hoping she’s going to change, but she keeps doing what she wants to do. Even when there’s no abuse, there’s no intimacy. I keep telling her I wouldn’t be abusive if she gave me some attention. The abuse happens because I can’t take it anymore, I explode. It could be so simple to get along if she wouldn’t be so stupid. It’s like having a kid. Nothing gets done and she’ll make excuses. I try to be supportive of her, but it doesn’t work. She’ll get tired of me bitching at her and do a few things for awhile. One time I had to take the mouse from the computer to keep her off the computer because she wouldn’t stay off when I asked her to. I was trying to get calls for jobs. She thinks I try to use her like a maid, and she blames me for losing her job. She said I kept her up late yelling at her, so she’d be too tired to work. (Denies that she feels disappointed with me; she’s consciously telling me I’m helping her. However, she’s unconsciously telling me I’m not helping her by focusing on how her partner does not do what she wants, and thus makes her feel distressed.)

Toward the end of the session, Ms. D. continued to complain about her partner, so I tried to find a more relaxed, yet direct way of interpreting the negative transference.

*End of session with Ms. D.*

**Ms. D.** I can’t even handle the stress of a 40 hour work week. It feels terrible because I’m trying to be good. And I feel like I’m being punished for being good. I feel like she baits me. Remember I told you the one time I was
laying in her arms crying, upset and she said something that hurt me. I got up and spit in her face and made her cry. She made me feel so small. (Ms. D. starts crying) I feel like some kind of animal for being abusive. I’ve never been that way with anyone. I feel so guilty. I wish I could take it all back and try to make things different. She tells me it’s so peaceful when you’re not here. Instead of being understanding she fights with me. I live a lie. I go to work, I hate my job, but I have to do it. (Ms. D is still telling me that she feels as if she does her part and others do not do their part to help her.)

**Therapist:** *(I try to be understanding, try to do my part.)* You’re feeling sad, hurt and hopeless with me.

**Ms. D.:** *(She begins blaming and putting down her partner.)*

**Therapist:** *(I interrupt her.)* What I just noticed was I tried to give you some understanding and you responded to me by complaining about your partner. I think what happened was that you got scared by my understanding and you didn’t know what to do with it so you made it go away.

**Ms. D.:** I don’t. I just want to feel happy. *(She tells me that she doesn’t understand how my help can help because her kind of help is predicated on someone making her feel good.)*

**Therapist:** Yes I know you want to feel happy and you’ve been telling me throughout this session that understanding will make you feel happy. However, what just happened was that you got the understanding you were looking for from me, and then you made it go away by focusing on your partner’s faults.

**Ms. D.:** *(Crying)* I just have all this stuff and I don’t know what to do with it all. *(She projects her stuff onto others because she doesn’t know another way to deal with it.)*

Ms. D.’s therapy session shows that the therapist’s (my) anxiety about creating a positive therapeutic alliance may actually get in the way of an intervention that would facilitate a positive therapeutic alliance. The work of creating a positive therapeutic alliance may not always mean being a nice therapist who says comforting things. Sometimes being a tough therapist who says the difficult things can be more helpful.

In conclusion, the common countertransference resistances I have discussed above involve what Kernberg, Selzer, Koenigsberg, Carr & Appelbaum (1989) describe
as *neurotic* (i.e., the therapist’s response due to her own unresolved conflicts) and *realistic* (i.e., the therapist’s response due to the intense and regressive aspects of the primitive transference) reactions to the patient’s experience. All four of my countertransference reactions were somewhere between neurotic and realistic, as I was more vulnerable at certain times to primitively defending against feeling helpless, criticized, useless, hurtful, judgmental, and angry. Some researchers/therapists may even label my countertransference reactions as homophobic. Although my inability to respond in a helpful manner may be due to homophobia, it may be more informative to consider my tendency towards unhelpful responses within the context of my fear of hurting others. There’s a part of my mind that believes I will hurt others if I am a separate person with my own perspective. It is a fear that also identifies with a part of my mind that believes I should be perfect and beyond reproach. My feminist and lesbian identities are concordant with these parts of my mind, which further exacerbates my resistances to responding to lesbian patients in an understanding manner.

This discussion of countertransference shows that therapists’ own internal resistances to understanding the inner world of lesbians who are experiencing relationship violence are complex. Not all therapists respond in a limited manner because they are simply homophobic. Discovering the meanings contained in the limitations of understanding the lesbian patient requires dialogical negotiation. By labeling all countertransference resistances as homophobic, the current literature explaining the negative responses of service providers neglects the complexity and relational nature of therapy. For example, my tendency to avoid responding to a lesbian patient in a disagreeable manner, as outlined in the examples of countertransference above, could be
understood as partially due to a fear of being perceived by others as homophobic. The part of my personality that fears hurting others and fears being perceived negatively is definitely aligned with my own feminist and lesbian identities, and perhaps is even symptomatic of my feminist and lesbian identities. Whether in alignment with or symptomatic of my feminist and lesbian identities, this fearful part of my personality I have learned is antithetical to furthering therapeutic understanding. I have discovered that when I maintained an agreeable, supportive, and likeable therapeutic stance, the stance often functioned to prop up my feminist or lesbian identity. However, when I have avoided being perceived as homophobic or in a bad light, or not feminist or lesbian-like, therapeutic understanding was often stymied. Understanding these moments of conflict in myself between a feminist-lesbian identity and a therapeutic identity have allowed me to better understand and interpret the conflicts of my lesbian patients. In the next section, I turn to a discussion of a feminist therapist who has struggled with and at times has failed to understand how her identity politics has interfered with therapeutically responding to lesbian relationship violence.

_A Feminist Therapist’s Countertransference_

Surely the perceived need for uniformity, authenticity, and firm, separate foundations in a world outside of heterosexuality operates as a defense against the continued marginalization, denial, and prohibition of women’s love and desire for other women. The question is whether the perceived need for uniformity, complete autonomy, and authenticity is the best way to challenge heterosexism and misogyny or an effective strategy to defend against annihilation.

—Biddy Martin, _Femininity Played Straight_, p.103

After reading several of Martin’s (1996) essays in _Femininity Played Straight:_

_The Significance of Being Lesbian_ I found the inspiration and courage to articulate the
ideas contained here. Martin resists offering singular answers to questions about lesbian and feminist identities by positioning her essays, sometimes explicitly and other times implicitly, between discourse theory (i.e., how language constructs experience) and psychoanalysis (i.e., the exploration of the “internalization” and unconscious reification of constructions). This positioning, at once theoretical and subjective, underscores her struggle to describe the inextricable dialectical relation between culture and the individual. Postulating the location of identity construction as always both outside and inside the individual allows Martin to articulate the more specific tensions in lesbian and feminist identities, especially between knowing and not knowing, between specialness and ordinariness. For example, Martin’s essay *Extraordinary Homosexuals and the Fear of Being Ordinary* discusses feminist and lesbian movements as constituting emancipatory identities outside of heterosexuality, disconnecting female and lesbian desire from “reproduction, families, households, private lives, with the consequence that sexual, economic, and political autonomy get defined in non-relational terms” (Martin, 1996, p.54).

Moreover, Martin argues that the specialness and certainty often attributed to a feminist or lesbian identity, when functioning as a defense against annihilation, may not be the most effective strategy for challenging heterosexism and misogyny. For Martin, it does not make sense to fight fire with fire; heterosexism and misogyny can not be confronted with a rigid feminist or lesbian identity because these forms of hatred depend upon rigid identity boundaries. Martin’s essays challenge lesbians and feminists to loosen the limits of their identities, so that understanding and knowledge of self and other can be advanced. Martin’s thinking about identity formation, discursive construction, and
conflict opened up a space for my discussion of the reification of feminist and lesbian identities. I argue here that these identities can serve a defensive purpose for the therapist when she is confronted with the task of understanding and responding to lesbian relationship violence. The therapist may reify an aspect of her own and/or the lesbian patient’s identity, in an effort to preserve her identity, which ultimately results in a containment of knowledge about self and other.

To better understand this tendency to defend against annihilation that therapists, particularly feminist therapists, experience when working with lesbian patients, a paper by feminist social worker and sociologist, Elaine Leeder, is analyzed in detail below. Leeder documented her clinical work and theoretical ideas with lesbian patients presenting with relationship violence during the mid-1980’s (Leeder, 1988). To explore some of the possible countertransference resistances experienced by Dr. Leeder, the paper will be analyzed using the following questions: 1) How does Leeder begin her story and what might this beginning mean? 2) How does Leeder’s story progress and what might this progression mean? 3) What words does Leeder use to tell her story and what might her choice of words mean? 4) What might Leeder’s characters represent? 5) How does Leeder end her story and what might this ending mean? 6) What effect does Leeder have on the reader and what does this effect mean? These questions will assist in understanding the influence of countertransference resistances to working with lesbian patients presenting with relationship violence. Let’s now examine the first question.

*How does Leeder begin her story and what might this beginning mean?* Leeder began the paper by describing meeting a woman at a mutual friend’s house. The woman was seeking a safe refuge because she had recently been beaten by her partner. Although
the woman expressed being beaten for several years, in this particular instance the woman indicated being serious about doing something about it. As the woman became more comfortable talking to Leeder, the woman revealed that her partner was a she. When the woman revealed her partner’s gender, Leeder described feeling “shocked” and “flabbergasted” (Leeder, 1988, p. 81) by the idea that a woman would physically hurt another woman in a romantic relationship. Leeder indicated that while she was surprised by her first recognition of woman-to-woman relationship violence, she became “painfully aware” (Leeder, 1988, p. 81) of this type of violence over the years.

Leeder’s responses of shock, astonishment, and painful awareness are not uncommon among feminist-oriented therapists. There is a widespread supposition among feminists that women are nonviolent, which makes it painful for feminists to recognize the loss of a nonviolent utopia outside of patriarchy. Lesbian domestic violence is a shocking and painful revelation for feminists because it highlights several conflicts within feminist identity. For example: 1) If patriarchal power does not work in a unilateral way from the outside as exclusively something men do to subjugate women, does that mean it also works from the inside, as a power that infects all relationships and therefore everyone? 2) If patriarchal power effects everyone, then are feminists (like myself) not as innocent and as safe as I thought? 3) If I am not as innocent as I thought, how guilty am I? Leeder’s shock and pain are indicative of her struggle with acknowledging the possibility of woman-to-woman violence and perhaps even her own possibility of violence. Leeder admits to an idealization of woman-to-woman relationships, and to struggling with the realization of lesbians’ imperfection, and perhaps her own. Therefore, the opening of this paper highlights Leeder’s need to better
understand the effect her own identity has on her understanding of lesbian relationships, especially violent lesbian relationships. Let’s now see what the progression of Leeder’s paper reveals.

*How does Leeder’s paper progress and what might this progression mean?* As the paper progresses, Leeder’s awareness and understanding of lesbian domestic violence and eventually her decisions regarding therapeutic intervention unfold. In this process, Leeder’s feminist identity is integrally linked with various countertransference responses. Her feminist identity frames her recognition of lesbian domestic violence as a problem, her understanding of its dynamics and manifestations, as well as her perspectives regarding the best treatment options. In the opening of the paper, Leeder’s feminist identity was shocked and pained by having to recognize lesbian relationship violence. Leeder later presents herself as working hard to better understand this foreign phenomenon by reading about and paying attention to it in her private practice. Leeder has thus made several affective shifts regarding her feminist identity. Initially Leeder’s feminist identity did not allow for the possibility of lesbian battering (i.e., she was peacefully unaware). Leeder’s feminist identity then shifted, allowing for the possibility of lesbian battering by feeling shocked and pained. It shifted again, as the dynamics of lesbian relationship violence, and ultimately therapy, is viewed as “challenging” (Leeder, 1988, p. 82) to Leeder’s feminist identity.

After meeting a battered lesbian Leeder indicates that she began to read about lesbian domestic violence and to notice instances of the phenomenon in her clinical practice, highlighting her “growing awareness” (Leeder, 1988, p. 82) of the problem. Based on her reading and clinical experience, she suggests that the problem remained
“ignored” and “denied” by therapeutic and lesbian communities, leaving people like herself the “responsibility” (Leeder, 1988, p. 82) to understand the phenomenon and take action. This perceived responsibility indicates the politicization of Leeder’s identity and its effects on the therapy. Leeder then states that she understands lesbian relationship violence as thematically “the same” (Leeder, 1988, p. 82) as heterosexual domestic violence, but as having differences as well. Leeder believes that the differences have to do with “being a lesbian in a homophobic society” and “the nature of lesbian dyads” (Leeder, 1988, p. 82). She then comments that the differences make working with lesbian patients of relationship violence “even more challenging” (Leeder, 1988, p. 82).

What appears to be challenging to Leeder’s feminist identity is the notion that lesbian domestic violence can be both similar to and different from heterosexual domestic violence. This acknowledgement positions Leeder both inside and outside her feminist identity, giving her an unstable place to stand. She remains comfortably inside her feminist identity when she says lesbian relationship violence is the same because she can believe that violence is about power and gender, that violence is something that men do to women even if they are two women. When Leeder suggests that lesbian relationship violence is the same, she is able to read the abusive lesbian partner as male, which preserves her feminist identity.

Acknowledging the difference between lesbian and heterosexual relationship violence makes Leeder waver uncomfortably somewhere outside her feminist identity. Leeder states: “there are a number of problems specific to being a lesbian in a homophobic society and the nature of lesbian dyads that makes treatment even more challenging to the therapist” (Leeder, 1988, p. 82). By feeling challenged, Leeder is
placed her outside her feminist identity because she is not sure how to conceptualize the connections between lesbian relations, violence, and homophobia. Leeder’s claim that “being a lesbian in a homophobic society” (Leeder, 1988, p. 82) is connected to violence in lesbian relationships functions to position her back inside her feminist identity. It is as if once Leeder suggests that homophobia is the cause, she no longer has to be self-reflective about woman-to-woman violence. Blaming homophobia and culture, and blaming the abuser whose interiority is a representation of homophobic culture, functions to create a rigid boundary between homophobic culture (read: bad) and feminist identity (read: good). This rigid boundary prevents the possibility of contamination from the bad to the good, but it also prevents the possibility of dialogue, therapeutic understanding, and treatment. Leeder defers to a monologue, which allows her to comfortably follow the same feminist logic about lesbian domestic violence that she follows for heterosexual domestic violence. Thus the tension created by the interaction between lesbian relationship violence and her feminist identity (being placed simultaneously outside and inside this identity) effects her clinical understanding and therefore treatment of patients experiencing lesbian relationship violence.

Leeder describes her treatment choices through three examples of violent lesbian relationships. Kate, Susan and Marge are identified as the victims and Marsha, Flo, and Jane (respectively) are identified as the abusers, although it is not always apparent from Leeder’s descriptions who is abusive. It is apparent, however, that Leeder needs to have a specific division between abuser and victim. Leeder’s therapeutic approach depends on this clear division between abuser and victim because, for Leeder, successful treatment is contingent on the abuser accepting blame and the victim relinquishing blame for the
violence. Leeder fails to recognize that assigning blame and innocence is an extension of a feminist identity, which depends on placing blame outside herself and attributing innocence inside herself. Therefore, Leeder shows us how a feminist identity can deploy the defense of identification with the aggressor by identifying with the victim, which demands that somebody is to blame for the problem of violence. Moreover Leeder’s identification with the victim vis-à-vis her feminist identity supports Leeder’s image of herself as a good helper, while simultaneously splitting off how she is sometimes helpless and unsuccessful. For example, Leeder ends her discussion of the treatment of lesbian battering by stating that the role of the therapist is to support both partners in an equal manner, but that “the counselor experiences countertransference, identifying with the victim, which can cause the alienation of the batterer” (Leeder, 1988, p. 97) and subsequently lead the batterer to flee from treatment.

The progression of the paper illuminates the ways in which Leeder’s feminist identity informs her therapeutic approach. She conceptualizes and treats lesbian domestic violence through a heterosexual lens in order to maintain the integrity of feminist ideals of lesbian relations. Her approach presupposes that there is a clear division between abuser and victim. She then uses that formula to understand all three domestic violence case studies. Her clinical intervention is therefore based on an ill-fitting patriarchal model that is informed by her feminist identity. Let’s now examine what Leeder’s choice of words represent.

What words does Leeder use to tell her story and what might her choice of words mean? Throughout the body of the paper, Leeder chooses words that highlight her reliance on her feminist identity as a therapeutic framework. For example, she discusses
the work as *challenging*. As was expressed earlier, the challenge is due to the tension associated with the similarities and differences between lesbian and heterosexual domestic violence. Unfortunately, the only models for understanding lesbian domestic violence are derived from heterosexual models. The challenge that Leeder feels is in applying a heterosexual model to a lesbian dynamic that does not have the same gender expectations or constraints.

Leeder discusses her own *responsibility* in treating lesbian domestic violence. Her responsibility is political, stemming from the shortcomings of the current literature and therapeutic understanding, as well as potentially her feminist community. This responsibility indicates that there is more than one source of blame. Not only does the therapist have responsibility, so too does the abusive lesbian patient. Clearly she believes that the batterer is at fault. However, there is a tension in her recognition that perhaps there is more than one person who is responsible for lesbian domestic violence. At the very least, she alludes to the culture and community, as well as herself as a therapist. Unfortunately, Leeder does not explore this sense of responsibility further, and continues to use more fixed identities in her analysis of lesbian domestic violence.

Leeder’s use of the words *abuser* and *victim* portrays her reliance on fixed identities as necessary components of lesbian domestic violence. There is no recognition that domestic violence may occur within a greater relational context. Although Leeder states that the partners believe the violence in their relationship is due to “the dynamic interaction between them” (Leeder, 1988, p. 85) she views violence as the exclusive responsibility of the batterer. Leeder’s only way to make sense of lesbians becoming abusers and victims has to do with her belief that this violence stems from a homophobic
Leeder explores her understanding of lesbian domestic violence by discussing three types of abuse in lesbian relationships that she has witnessed in her clinical practice. These case studies make up the characters of her story. The three types of abuse she has witnessed among lesbian patients include: situational abuse, chronic abuse and emotional abuse. Leeder uses clinical examples to illustrate the dynamics of these three types of abuse, and discusses two types of intervention used to treat the abuse: 1) individual work followed by couples’ work and 2) crisis intervention. Leeder connects crisis intervention treatment with situational abuse, and individual depth work with chronic abuse and emotional abuse. I will examine Leeder’s case studies to further evaluate the connections she has made between the forms of lesbian abuse and the types of treatment.

Leeder defines situational abuse as abuse that happens no more than “a few times” and is often precipitated by “some event(s) that throws the couple into a crisis” (Leeder, 1988, p. 86). Leeder gives an example of a couple, Marsha and Kate, who were together for three years before a violent incident occurred. The incident occurred when Kate “decided she wanted to have a sexual experience with another woman in order to determine whether she wanted to make a commitment to Marsha” (Leeder, 1988, p. 86). Marsha became “insecure” and “jealous” about Kate’s insistence “to have the freedom
and independence” to have sex with a new lover (Leeder, 1988, p. 86). Kate eventually began to lie about seeing the new lover. It is possible that Kate lied because she did not want to deal with Marsha’s bad feelings; however, this was not discussed. Marsha eventually discovered Kate’s lies and wanted to end the relationship. When Marsha tried to leave the house Kate blocked her way. Marsha became enraged and threw Kate down forcefully. Kate escaped Marsha’s grasp, and Marsha fled the house. After the incident Kate gave up her new lover and made a commitment to Marsha.

Leeder suggests that in cases of situational abuse, the work of the therapist is “crisis intervention” (Leeder, 1988, p. 86). In the case of Marsha and Kate, successful treatment involved Marsha acknowledging “her responsibility in the incidents” and Kate being able to “confront Marsha in a safe place as to how she felt about having been abused” (Leeder, 1988, p. 86). What remains unclear in this example is how Marsha became identified as the abuser and therefore the problem in the relationship. Leeder states that Marsha had been violent in a previous relationship. In my own clinical experience, I have noticed that previous violence is not necessarily indicative of present violence. What is evident in the description of the problem between Marsha and Kate is that Kate was actually being controlling by not letting Marsha leave the house or the relationship when she found out about Kate’s lying. Although lying about an affair does not justify abuse, it appears that the problem of power and control is not unidirectional and simply Marsha’s problem. There was something cruel and insidious about Kate’s behavior towards Marsha that was never addressed because Marsha’s insecurity and jealousy were perceived to be the problem. Kate emotionally distanced herself from Marsha by refusing to commit to her, and she secretly acted out her difficulties with
intimacy by having an affair. Kate seemed to want both distance and intimacy -- without risking real closeness in her relationship with Marsha. However, the way Kate and Marsha might have co-participated in a context lacking in communication and intimacy is never stated or explored.

The problem is viewed as situational because it involves two isolated incidents of violence. Additionally, Leeder sees Marsha to be the problem and therefore the abusive one in the relationship because she “held [Kate] down with great force” (Leeder, 1988, p. 86) when Kate tried to keep Marsha from leaving her. Because both Marsha and Kate seemed to believe Marsha was the problem, the couple met six times with the therapist to work on “effective communication techniques” and to provide “an open environment for the victim to confront her abuser” (Leeder, 1988, p. 87). At the end of the six sessions, Marsha and Kate “felt that the problem had been resolved” (Leeder, 1988, p. 87). What appears to be resolved is that Marsha was convinced that she was to blame for the violence in the relationship. Interestingly, Leeder ended the section by stating: “This type of battering counseling is the easiest and the most rewarding. The outcome is often quite favorable, and the patients are satisfied with the resolution” (Leeder, 1988, p. 87). The resolution in this instance seemed easy to solve because the therapist was able to convince the patients of their fixed roles as batterer and victim. What this example reveals about Leeder is how she feels comforted by defining the problem within one patient, and satisfied by helping the problem patient resolve her problem. Leeder then talks about the difference between situational and chronic abuse.

*Chronic* abuse is defined by Leeder as violence that “occurs two or more times, demonstrating increasingly destructive behavior” (Leeder, 1988, p. 87). Leeder describes
these types of relationships as including financial, emotional, and social enmeshment, for example, “It is difficult to know where one person ends and the other begins” (Leeder, 1988, p. 88). Leeder gives the case example of Flo and Susan to illustrate chronic abuse in a lesbian relationship. She begins with a description of their backgrounds. Flo was raised in a physically and emotionally abusive family (her mother was a battered wife) and at age fourteen Flo was placed in a home for juvenile delinquent girls. Susan came from “a happy home life” much like “Ozzie and Harriet” (Leeder, 1988, p. 88). The violence in Susan and Flo’s relationship began when they first met, five years prior to coming to treatment. The pattern was one in which Flo would get drunk and become verbally and then physically abusive because she believed Susan harassed her. Susan hit back to protect herself initially, but realized fighting back just escalated things. Susan sometimes left Flo alone, but Flo would feel ignored and abandoned when Susan left her alone. After the violence subsided, Flo and Susan would make up. They both believed that Susan was at fault for the violence.

After the example of Susan and Flo, Leeder provided a summary of “the psychological characteristics of the abuser” (Leeder, 1988, p. 89) and “the psychological characteristics of the victim” (Leeder, 1988, p. 90). Although Leeder never explicitly states that Flo and Susan fit these characteristics, it is implied. The abuser is described as fearing abandonment and loss “while still orchestrating situations in which they will lose or push away the one person in the world who loves them” (Leeder, 1988, p. 89). The abuser is also described as seeing the world as a hostile place, having poor communication skills especially regarding feeling states, and lacking empathy due to self-absorption in her unhappiness. It was then stated that the victim “participates in her own
victimization by not setting limits, calling the police, or getting outside help” (Leeder, 1988, p. 90) and thinks she is to blame for her partner’s behavior as she believes her love and help will overcome the abuse. These characterizations describe Flo as the abuser and Susan as the victim. Interestingly, Leeder reflects upon, but does not seem to understand that splitting is a defense the victim uses to justify her helplessness. Leeder states that “Often batterers are abusive because they are allowed to be; they do it because they can. Sadly, the victim cannot bring herself to take the necessary steps; they appear an extreme reaction and much too severe” (Leeder, 1988, p. 90). Perhaps the victimized lesbian does not set limits because she believes separation to be a form of violence, and therefore such limits would make her feel abusive. Perhaps the victimized lesbian blames herself because she believes she has omnipotent control over her partner’s behavior and internal states. Perhaps the victim needs the abuser to be bad, sick, and helpless so that she can remain good, well, and helpful? It is possible that Leeder does not see these dynamics because she is also split (albeit to a lesser degree) between bad and good, sick and well, and helpless and helpful. Leeder continues delineating typologies of abuse by discussing the difference of emotional abuse.

Emotional abuse is defined as “that form of battering which is psychological and verbal” (Leeder, 1988, p. 91) and has as its aim humiliation and degradation of the victimized lesbian. The example given involves Jane, a “radical lesbian separatist,” (Leeder, 1988, p. 91) and Marge, a recently divorced bisexual woman who did not want a monogamous relationship with Jane. Jane kept Marge locked in the house and attempted to convince Marge to abandon her bisexual orientation and be monogamous. Jane’s methods included talking about how oppressive men were, humiliating Marge in front of
lesbian friends, and threatening to end the relationship. The pattern was one in which Jane argued over their differences “browbeating Marge into seeing it her way” (Leeder, 1988, p. 92). Leeder then stated that the treatment for emotional abuse is similar, but somewhat different from chronic abuse in “that the work will not be as long and as potentially explosive. Because the couple is enmeshed in pain, work is done on separating them and helping them to individuate from the other” (Leeder, 1988, p. 92).

The three forms of abuse also have corollary treatment interventions. The treatment for chronic and emotional abuse for both patients was broken down into three stages: initial, middle, and final. The initial stage consists of taking the patient’s family and relationship history, and establishing a working therapeutic alliance in which abusive patterns can be understood for later work. During the middle stage of therapy, the therapist can “confront the [abuser] about her abusive behavior by helping her see the choices and consequences of her behavior” and “the therapist may be helpful by pointing out to the victim that her job is to take care of herself first” by setting limits and “placing the blame where it belongs: on the abusers” (Leeder, 1988, p. 93-95). The final stage involves “bringing the two together for couple counseling” so “the two put together what they have learned individually” (Leeder, 1988, p. 95). At this point in Leeder’s paper she reiterates the core element of successful therapeutic outcome.

A successful therapeutic outcome for Leeder is based on blaming the abuser and proving the victim’s innocence. The characters in the paper provide a more in-depth depiction of Leeder’s therapeutic approach. They also reveal the limitations of Leeder’s therapy. Leeder’s binary and simplistic perspective reinforces the patients’ splitting between their own good and bad images. Her therapeutic perspective also maintains the
rigid boundary between good feminist helper, good victim, and bad abuser. Leeder appears to reassert her feminist identity by continually blaming the abuser because she begins to feel threatened by the aspects of her own identity that she experiences as bad, sick, and helpless. Leeder’s therapeutic perspective will now be discussed in light of its effect on the reader.

*What effect does Leeder have on the reader and what does this effect mean?* As a reader, I was confused and frustrated by Leeder’s attempts to clarify the problem of lesbian domestic violence. For example, Leeder claims that all three abuse examples, situational, chronic, and emotional abuse, have their “own causes, dynamics, and treatments” (Leeder, 1988, p. 82). However, it was unclear how these examples were etiologically and dynamically different, and therefore needed different treatments. Leeder seemed to want to distinguish the three forms of violence to try to provide some clarity on the issue of lesbian relationship violence. Unfortunately, the three examples Leeder provided did not appear to be very different from one another. The examples did illustrate that the violence was symptomatic of both partners’ separation and individuation issues and poor self-esteem. It would have been useful if she had explored this notion further in her paper, but she did not. The main limitation of her use of the case studies was that she ignored aspects of her patients’ experiences of relationship violence that did not neatly fit into her classification system. As a reader, I felt that Leeder was presenting an approach that either aligned with or was symptomatic of her own feminist identity. However, I was unconvinced that her paper provided an in-depth analysis of lesbian domestic violence, nor a useful framework for treatment. However, let’s examine the ending of Leeder’s paper to see what her conclusion offers.
How does Leeder end her story and what might this ending mean? Leeder concludes the paper by stating that “the therapist is forced to confront her own countertransference issues…if she is a heterosexual therapist, she will have to deal with her own feelings about lesbianism. If she is a lesbian therapist, she will have to deal with her own feelings of identification with one or the other partner” (Leeder, 1988, p. 97-98). It is interesting that Leeder is aware of her countertransference resistance to working with lesbian patients of domestic violence; however, she does not explicitly state what these resistances are in the paper. Given Leeder’s treatment interventions, her countertransference resistances can only be inferred. For example, central to one of Leeder’s treatment interventions was the need to blame the abuser and assign innocence to the victim. This intervention signifies the therapist’s identification with the victim’s need to be good and helpful to a bad and sick partner, which represents her own identification with needing to be a good feminist helper.

At the end of the paper Leeder states that a therapist “might also have to deal with her own anger at the emergence of the problem” (Leeder, 1988, p. 98). Recognizing violence as something that men do to women justifies feminists’ anger towards patriarchy and sustains an idealization of a future nonviolent world outside patriarchy. This anger towards patriarchy is constitutive of feminist identity; feminists and feminism could not exist without this anger. However, to recognize woman-to-woman violence leaves feminists’ anger without a definitive object or recipient. Without a recipient, it opens up the possibility that anyone can be a target of domestic violence. Perhaps Leeder is angry about lesbian relationship violence because it makes her aware that violence works much
more insidiously and ambiguously than she believed? Perhaps Leeder is angry because she recognizes the loss of her own, the victimized lesbians and feminists’ innocence?

In conclusion, Leeder’s paper highlights the way in which feminist therapists’ identities can reproduce even the most subtle homophobic treatment interventions due to a fixed understanding of concepts such as abuser, victim, lesbian, and feminist. Identities are both necessary and problematic for relating with others. Identity is also idiosyncratic existing within a specific social, political and historical context. It is important to examine the ways that feminist identifications effect the treatment of lesbian patients, particularly because feminist rhetoric relies on moral and political claims. This analysis explored the effects of one therapist’s feminist identity on her work with lesbian patients experiencing relationship violence. The current example demonstrates how understanding and treatment are limited when a therapist makes moral and political claims instead of grappling with the complexity of patients’ relationships. Let’s now turn to current therapeutic practices used for treating lesbian relationship violence.

Deconstructing Therapeutic Practices

It was previously discussed how countertransference resistances influence individual therapists’ responses to lesbian relationship violence. Now an exploration of how therapeutic discourses about lesbian relationship violence affect and shape countertransference resistances of individual therapists will be presented. Common treatment approaches to lesbian relationship violence will be summarized, and their limitations for intervening with lesbian patients in an empathic and understanding manner will be highlighted. Specifically, Morrow and Hawxhurst’s (1989) Advocacy Model for treating lesbian relationship violence will be discussed, followed by McClennen’s
summary of *Empowerment Practice Interventions*. Ristock’s (2002) *Discourse analysis of feminist intervention* of lesbian relationship violence will also be summarized and evaluated. Let’s turn first to a discussion of the Advocacy Model.

**The Advocacy Model**

It has been argued that dominant psychological models for understanding violent relations (e.g., intrapsychic model, systems model, addiction model, battered women’s movement model, and Elaine Leeder’s three-part model) are inadequate for therapeutic assessment and intervention with lesbian relationship violence (Morrow & Hawxhurst, 1989). For example, the intrapsychic model has been criticized for being too pathologizing of the violent lesbian relationship. It is argued that intrapsychic treatment interventions inappropriately focus on the patient’s *personality disorder*. By attributing mental illness to lesbian patients the intrapsychic model minimizes the abusive lesbian’s choice to be violent and blames the victimized lesbian for the violence. The idea that abusive lesbian and victimized lesbian must not be equally held responsible for the violence presupposes the criticisms of the other psychological models. For example, it is argued that the systems model inappropriately perceives the problem of battering to be a *partnership dysfunction* in which “ineffective communication patterns and relationship dynamics” (p. 60) are responsible.

Similarly, the addiction model is criticized for inappropriately attributing *codependency* as the central issue in a battering relationship. Also, Leeder’s three-part treatment model is criticized for failing to address the issue of *victim empowerment*. The only model that theorizes about victim empowerment is the battered women’s movement model. Victim empowerment is not explicitly defined, but appears to mean that the
abusive lesbian patient must be assigned full responsibility for violent relations, and the
victimized lesbian patient must be attributed complete innocence. Interestingly the
importance of assigning blame and innocence seems to take priority over the heterosexual
bias inherent in the battered women’s movement model. It is more important to empower
“the victim” than it is to empower “the lesbian”; the battered women’s movement model
understands lesbian relationship violence in heterosexual terms. As a result, the
Advocacy Model is proposed to help therapists better assess and intervene with violent
lesbian relationships even though it appears to only help violent heterosexual
relationships.

The Advocacy Model is a perspective that is generated from the clinical
experience of feminist therapists who worked directly with victimized lesbians. These
feminist therapists recommend three treatment interventions. The first priority of the
therapist is to do safety planning with the victimized lesbian, which involves making
available whatever resources are needed to create the safety. Creating safety could
include orienting the victimized lesbian with women’s shelters and safe houses, legal
processes such as how to obtain a Protection from Abuse, and notifying victimized
lesbians if they are in danger. The second treatment intervention is called victim
empowerment. Facilitating victim empowerment involves creating a therapeutic context,
which allows for the victimized lesbian to make her own choices about staying in or
leaving the relationship even though separation seems to be integral to ending the
violence. It is also important to help the victimized lesbian reduce her social isolation by
assisting with the creation of a support system outside the relationship. The third
treatment recommendation is called victim healing. Central to the victimized lesbian’s is
involvement in a support group. A support group would clarify that the victimized lesbian is not responsible for the violence, educate her about a battering relationship, and allow her to receive emotional support for anger and grief from group members. It is also claimed that family and relationship patterns can only be explored in therapy only after the victimized lesbian is clear that she is not to blame for the abuse. Couples counseling is not recommended unless the victimized lesbian initiates it. If both partners are in individual therapy, they should not have the same therapist. Additionally, recommendations about how to proceed with working with a violent lesbian patient are outlined even though there is limited information about successful work with such patients. It is suggested that therapists who work with abusive lesbian patients intervene by getting the patient to “take full responsibility for her abusive attitudes and behaviors, understanding that it is her choice, and not stress, victim behavior, chemical abuse, childhood abuse, former relationship abuse, or other factors, to use violence to control another person” (Morrow & Hawxhurst, 1989, p. 61).

In sum, the Advocacy Model criticizes dominant therapeutic perspectives for where they locate the problem of lesbian relationship violence, internally (e.g., intrapsychic model) or externally (e.g., systems and addiction models) and for how the models describe its etiology (e.g., personality dynamics, communication patterns, relationship dynamics, and dependency issues). The central point in presenting the analysis is to show how certain treatment approaches blame the victim for the relationship violence. As a corrective to these victim blaming therapeutic approaches, a “hypothetical” (Morrow & Hawxhurst, 1989, p. 62) treatment approach based on the values held by the battered women’s movement is presented. This hypothetical treatment
approach is called the Advocacy Model, and stresses the therapist’s need to accept the victimized lesbian’s experience without question: “The battered woman herself is perceived as the source of information about what works in supporting other abused women” (Morrow & Hawxhurst, 1989, p. 60).

The Advocacy Model is problematic for several reasons. First, the Advocacy Model is based on the same treatment recommendations used with violent heterosexual relationships. There is no discussion of how using a heterosexual model might be problematic for working with lesbian patients. For example, it is assumed that the distinction between “victim” and “abuser” in violent heterosexual relationships applies in the same way to violent lesbian relationships. More problematic, however, is the idea of clinical intervention being grounded in the face-value experience of the victimized lesbian. What makes the victimized lesbian’s story more believable than the abusive lesbian’s story? All patients have good stories to tell that reveal something about how they relate inside themselves and externally with others. However it has never been my clinical experience that a patient’s story holds the absolute truth of their problematic situation. It is my position that it is unhelpful for the therapist to over-identify with the story of the victimized lesbian because it leads the therapist to collude with the lesbian patient’s splitting and moralistic defensiveness. When the therapist colludes with the victimized lesbian, therapeutic understanding is brought to a halt, and the therapist and the lesbian who was victimized join defensive forces to blame the abusive partner.

Support groups are notorious for engaging in the logic of blame because they are organized around identity politics. A support group is not just an innocent environment in which the victimized lesbian or abusive lesbian can receive support and validation, and
deeply engage in self-discovery. For example, victim support groups are more often than not contexts in which the splitting and moral defensiveness of the victim are further encouraged and legitimized. Group therapy for abusive lesbian patients can also serve to prop up defenses such as splitting because it is a homogenous group. Therefore, The Advocacy Model is both ironic and preposterous. Replacing victim blaming treatments with an abuser blaming treatment does not position the therapist as a more effective helper for either the lesbian who was victimized or the lesbian who perpetrated. It is my belief that the logic of blame is a defense the lesbian patient uses to distract the therapist from really understanding and getting to know her, and therefore it must be overcome if the therapist is to be effective at all. If empowerment is the difference between teaching someone how to build a house and giving them a house, then wouldn’t empowerment of the lesbian patients involve helping them understand why they blame themselves and blame others, so they can make choices about whether to do something different? The word “empowerment” is a common buzzword in certain therapeutic circles, and in fact, influences much of the therapeutic perspective discussed below.

*Empowerment Practice Interventions*

The idea that same-gender domestic violence is a societal problem involves the therapeutic use of *Empowerment Practice Interventions* (McClennen, 1999). According to the empowerment treatment paradigm, the victimized lesbian must be differentiated from the abusive lesbian before proper treatment can occur. Victimized lesbian and abusive lesbian characteristics assist the therapist with making the distinction between partners. A central problem with profiling lesbian patients is that they rarely enter into treatment claiming to have a problem with domestic violence, or claiming to be “a
victim” or “an abuser.” Lesbian patients enter into individual and couples treatment claiming to be struggling with a whole host of problems, but relationship violence is almost never stated as the presenting problem. Accordingly, it could take weeks, months or even years before relationship violence is discovered as a problem. However I can understand how this ambiguity about the presenting problem would be disconcerting for therapists who need to have clarity about the patient’s problem. However therapists who need such clarity only seem to “control” the treatment process. A second problem with profiling the patient’s behaviors, feelings and thoughts as indicative of being a victim or abuser is that these profiles often represent the extreme examples, and therefore do not account for a variability of characteristics within and between lesbian patients. Domestic violence patients may have some problematic personality characteristics, but they are also more than a profile. The lesbian patient’s other personality strengths and weaknesses need to be considered if the whole person is to be treated. A third problem with profiling lesbian patients is that such profiles do not consider context to be an issue. Therefore profiles present patients’ personalities as if they are consistent across time and situations. The contexts in which violence emerge and do not emerge are crucial to understanding what makes the complementary dynamics between abusive lesbian and victimized lesbian so problematic and volatile.

Although violent lesbian relationships are clearly relational, the empowerment practice paradigm of treating lesbian relationship violence does not recommend couples therapy unless it is an inevitable option and initiated by the victim. Also, couples therapy is only seen as a viable option when the violence in the relationship is low, the victim has some power and control, and the batterer assumes responsibility. Therapeutic strategies
for engaging in couples’ therapy include assessing the safety of the victimize partner, establishing ground rules for couples therapy, implementing certain diagnostic tools (e.g., a list of safety people), and ways to focus the treatment (e.g., emphasizing the difference between feelings and behaviors). Since I have only conducted individual and group psychotherapy with lesbian patients, it is difficult for me to make informed claims about couples therapy with lesbian patients of domestic violence. However, I believe that couples therapy involves a contract between partners to acknowledge each others’ differences and to negotiate how both partners can both benefit from changing and retaining some of these differences. To engage in the sort of reflective process couples therapy demands requires both partners to have developed a relatively intact observing ego and emotional object constancy. It is my experience that both partners in the violent relationship struggle with these psychological functions. Therefore it is my position that both partners need to possess basic psychological functions such as object constancy, and the capacity for reflection and empathy before couples therapy can be considered a viable treatment option. Thus, individual therapy should be a primary recommendation.

Individual therapy strategies based on the perspective of empowerment practice interventions will now be discussed. For working with victimized lesbians in individual therapy, strategies such as the following are recommended: develop a safety plan and give information on local women’s shelters, listen and believe the victimized patient, differentiate love from dependence and teach healthy choices in choosing relationships, and allow the patient to develop her own autonomy. For working with abusive patients in individual therapy, strategies such as the following are recommended: use a cognitive-behavioral approach, contract that the abuse must stop, use time-outs, assess interaction
with victimized patient and determine how they lead to abusive action, insist that the abusive patient assumes responsibility for abuse, teach stress and anger management techniques, teach communication skills, consider use of psychopharmacology, increase their self-esteem, and use group treatment in conjunction with individual treatment. Although these individual therapy guidelines are clear, there are problems with outlining interventions in this manner.

A central problem with outlining treatment interventions according to the lesbian patients’ profile as abuser or victim is that such a model assumes there are always and only two types of personalities that require different kinds of treatment. There is no room for lesbian patients who do not fit these extremes, who have both abuser and victim characteristics, or who enact abuser characteristics in certain situations and victim characteristics in other situations. Accordingly it appears that these empowerment practice interventions are geared towards empowering the therapist with a clear trajectory for controlling a successful therapeutic outcome, rather than relating with the real live experience of the lesbian patient. In fact, there is no discussion of the importance of establishing a therapeutic alliance, which would allow for the open and honest exploration of these difficult issues, and containment of the psychic pain associated with the change and loss that must be experienced for lesbian patients of relationship violence to improve their relations.

Moreover, the educational techniques used by the therapist implementing empowerment practice interventions assume that the lesbian patient has the capacity to reflect upon herself and integrate the information into her own experience in a useful manner. I discovered this problem when I facilitated same-gender domestic violence
groups with psychoeducational materials. To varying degrees domestic violence patients struggle with comparing their experience with the educational information being presented, and with integrating the information into their experience in a way that would be useful to them. In other words, psychoeducational treatments and the empowerment practice intervention treatment take for granted the existence of fundamental psychological functions such as object constancy, concern for self and other, and a reflective capacity. When working with lesbian patients of domestic violence it is important for treatment to begin where the patient is, and to not prematurely or superficially impose the therapist’s agenda. I believe that therapists who use highly structured treatment approaches when working with lesbian patients of domestic violence are often anxious about engaging in a therapeutic alliance in which emotionally intense transference issues inevitably emerge. Educational and homework materials provide the illusion of a therapeutic alliance by giving the impression that work is being done on the problem. However, these materials always seem to buffer the therapist from exploring transference issues. If all lesbian patients needed was information to solve the problem of violence I would hand them a list of reading materials in the first session and send them on their way. Lesbian domestic violence is not the result of a lack of knowledge. A patient must first acquire an adequate capacity for symbolism or a capacity for containing and processing information before knowledge itself can be the problem. Now I turn to a discussion of discourse analysis of feminist intervention.

_Discourse Analysis of Feminist Intervention_

Feminist domestic violence theory frames and shapes the experience and thus the responses of feminist counselors (Ristock, 2002). Among feminist counselors, violent
relationships are understood to be symptomatic of a power imbalance. This assumption even exists in abusive lesbian relationships. Violence in lesbian relationships is understood to mirror the coercive and controlling techniques found in heterosexual relationships. Although the location of power is often difficult to ascertain in abusive lesbian relationships, the heterosexual power and control model (i.e., the abusive man has all the power) is employed by feminist counselors without question. Using the power and control model to assess abuse in relationships is not just an assessment tool, it is also a part of the larger discursive system that includes other ways of talking about relationship violence (Ristock, 2002). For example, the discourse of power and control also depends on the rhetoric of fear, trauma talk, the victim-perpetrator dichotomy, and necessary speech.

In line with the themes mentioned above, feminist counselors’ assessment of abusive lesbian relationships involves determining a pattern of fear and intimidation between partners. Determining this pattern of fear corresponds to a set of assumptions that distinguish victim and perpetrator. For example, the lesbian patient who is afraid of her partner can be assumed to be the victim, and the lesbian patient who is not afraid is the perpetrator. Although fear and intimidation may be features of abusive lesbian relationships, to rely on simplified versions of differentiating perpetrator from victim decontextualizes the couple’s relationship dynamics. When the couple’s relations are decontextualized, treatment focuses on what one person (the abuser) does to another person (the victim), and makes sexual orientation and gender irrelevant. In addition to keeping feminist counselors focused exclusively on the similarities between relationships,
the rhetoric of fear can lead feminist counselors to mislabel lesbian patients as perpetrator or victim when their experience of fear does not resonate with the heterosexual model.

Also, the rhetoric of fear is evidence of how power and control dynamics turns into a discussion of trauma in individual women. *Trauma talk* is yet another way feminist counselors focus on the similarities of relationship violence. Feminist counselors appear to be aware of differences such as how homophobia is operative both internally and externally for lesbian patients. However, feminist counselors became uncomfortable with discussions that strayed too far from dominant feminist thinking about relationship violence (Ristock, 2002). For example, feminist counselors would explore the question of whether the perpetrator had a choice to abuse, or the idea that the victim may at times seek revenge against their partner. These explorations did not last for too long as they were quickly reframed as the perpetrator always needing to take responsibility for her choice to abuse, and the victim protecting her self. There was no room for any different possibilities for perpetrator and victim. Perpetrators always had to be accountable for their choices because they are the oppressors, and victims were never held accountable for their choices because they are the oppressed. The tendency for feminist counselors to narrate the lesbian patients’ experience in terms of a trauma narrative reinforces the division of accountability between victim and abuser, and produces only one of many possible stories. Additionally these categories are too fixed to explore the way someone can be both abusive and victimized, and too limited to contain the differences of gender identification and sexual orientation.

This tendency to rely on dominant feminist domestic violence theorizing about the division between victim and perpetrator involves a strategic maneuver called
necessary speech (Ristock, 2002). Necessary speech is speech that is necessitated by the material conditions in which feminist counselors work. For example, when feminist counselors discussed the concept of mutual abuse in lesbian relationships they refrained from explaining how both partners might exert power in different ways because the feminist counselors were afraid that such discussions might lead to a cut in funding at the women’s shelter in which they worked. In short, explorations of lesbian relationship violence were brought to a halt and dominant understandings reasserted when political realities impinged the feminist counselors’ consciousness.

Although there is an overriding acceptance of the logic of power and control among feminist counselors as the foundation of treatment with lesbian patients, there were also a few marginal challenges to the dominant framework (Ristock, 2002). These challenges arose during discussions of race and class, sadomasochistic sexual practices, and literalist approaches to abuse. For example, there was acknowledgement that domestic violence treatment is based on white, middle class experiences of heterosexual women, and that sadomasochistic sexual practices are not always equivalent to abuse. It was also discussed that literalist approaches to abuse suggesting to feminist counselors that women “must always be believed, verbatim” dismisses perspectives that “acknowledge the level of interpretation, reconstruction and perception that are also at work in experience” (Ristock, 2002, p. 135).

Accepting the face-value experience of lesbian patients is criticized by discourse analysis. Discourse analysis shows how feminist counselors’ understanding of and interventions to lesbian relationship violence are constructed vis-à-vis feminist domestic violence language (Ristock, 2002). Accordingly the psychic interiority of feminist
counselors and lesbian patients is viewed as constructed by dominant discourses of domestic violence. What is considered internal is really external. From the perspective of discourse analysis there is no inside per se; an individual does not have an “internal experience.” However, Ristock (2002) suggests that there maybe some sort of interiority involved in lesbian relationship violence waiting to be discovered: “the on-going tension between honoring women’s experiences and working therapeutically to figure out what is really going on,” which “perhaps points the way to more psychoanalytic discussions” (Ristock, 2002, p. 135). There is an admission that “a focus on the material conditions alone—who said what or did what to whom—cannot explain why a woman might lie (consciously or unconsciously) about having an illness—a form of emotional abuse that women in this study reported” (Ristock, 2002, p. 136). However, the existence of internal experiences ultimately remains an open question in discourse analysis.

Although it is difficult to discern one’s interiority due to the weight of exteriority it is also my contention that discourse analysis has a tendency to conflate exteriority with interiority. Regarding lesbian relationship violence this conflation between discourse and experience leads feminist counselors to collude with the lesbian patient’s desire to not be known at deeper levels. Like other languages, discourse analysis also becomes problematic when it affects identity as a unitary signifier. That is, when discourse analysis reifies our internal realities and treats experience as if it is only language. Language, including discourse analysis, is a container for experience, not experience itself. Language often forgets itself in this way. Contemporary psychoanalytic treatments help remind language of its experiential ground because the task of psychoanalysis is to explore the depths of how individuals internalize and reify the languages of culture,
family, friends, and lovers. Therefore a return to psychoanalytic thought seems like an appropriate progression to furthering our understanding of lesbian domestic violence.

In sum, the models of therapy, The Advocacy Model, Empowerment Practice Interventions, and Discourse analysis of feminist intervention, were discussed as having limits to understanding and intervening with lesbian relationship violence. The Advocacy Model and Empowerment Practice Interventions were criticized for their tendency to use the categories of abuser and victim to guide intervention; the deep division between abuser and victim leads to practices that result in propping up the patient’s defenses, rather than therapeutic understanding. Discourse analysis of Feminist Intervention, on the other hand, attempts to be reflective about the language the patient and therapist is using to construct the therapeutic relationship. However, the failing of discourse analysis, in particular, is that it privileges words over experience, which can lead to clinical intervention that is constantly critical, even suspicious, of the patient’s experience.

Discourse analysis can also lead the therapist to be so suspicious of her own experience that she dismisses its potential uses in the therapeutic relationship. In other words, discourse analysis contains the fantasy that the ideal of therapeutic neutrality can be attained by dismissing (both the therapist’s and the patient’s) experience and attending only to language. Moreover, these models of therapy are not merely abstract theories the therapist refers to when she needs to understand and intervene with lesbian relationship violence. Rather, these therapeutic models are interwoven with the therapist’s identity, and therefore are the internalized models through which the therapist constructs understanding and intervention about lesbian relationship violence. These treatment models place limits on how the therapist is suppose to understand and intervene.
Creating the link between therapeutic discourses and the therapist’s identity clarifies some potential components involved in the therapist’s countertransference reactions to lesbian relationship violence. Such as the therapist’s countertransference can function in both a useful and detrimental fashion, so too can the therapist’s use of treatment models provide a service or a disservice to lesbian patients’ experience of relationship violence. The question therapists should always be asking themselves when working with lesbian patients is: “Did my interpretation further or limit understanding?”

Conclusion

Understanding happens in the space between two people; therapeutic understanding in particular occurs in the interaction between the patient and therapist. Both parties participate in a meaning-making process by using their own experiences. This chapter mostly focused on the way in which the therapist contributes to the understanding and treatment of lesbian relationship violence by using her own experience. Examples were provided to show that the therapist does not merely reveal the lesbian patient’s experience of relationship violence as if it were waiting there for the therapist to discover. Rather, the therapist actually participates in constructing interpretations of the lesbian patient’s experience of relationship violence, and therefore projects meanings onto the patient’s experience. The therapist constructs interpretations of the lesbian patient’s experience by understanding it in terms of the therapist’s own experience or social/political identifications (e.g., feminist identity). The analysis of the feminist therapist showed how a therapist’s feminist identification can impede therapeutic understanding and place limits on intervening with lesbian patients who experience relationship violence. It was also argued that the therapist constructs therapeutic
understanding when viewing the patient’s experience through the lens of a therapeutic model. The discussion of The Advocacy Model, Empowerment Practice Interventions, and Discourse analysis of feminist intervention highlights the limitations of the common therapeutic perspectives used to treat lesbian relationship violence.

The positive and negative effects of the therapist’s internal models, whether treatment models or experiential models for understanding and interacting with lesbian patients, can be understood in terms of the psychoanalytic notion of countertransference. Normal countertransference was viewed as a necessary component to therapeutic understanding, whereas deviant countertransference was believed to impede therapeutic understanding. Deviant countertransference involves the therapist becoming over-identified with the patient’s experience, which results in the therapist responding in a defensive or otherwise unhelpful manner. Examples from my own clinical work with lesbian patients presenting with relationship violence show this tension between normal and deviant countertransference. This tension can also be seen in the analysis of the feminist therapist whose feminist identification leads her to over-identify with her patients, and in the discussion of how therapeutic perspectives addressing lesbian relationship violence frame the problem and the therapist’s responses. A therapist’s experiential and theoretical framework for understanding and intervening with lesbian relationship violence is illuminating when normal countertransference is at work, and can instead be obscuring when deviant countertransference is employed.

The literature that discusses responses of therapists and other service providers to lesbian relationship violence can be understood as containing the tension between normal and deviant countertransference. However, the literature does not explicitly discuss
service providers’ responses in terms of countertransference, and instead postulates a non-relational understanding of the service provider-recipient dialectic. As a consequence, all the actual and expected negative responses from service providers are labeled in the literature as *homophobic*. It is argued that uniformly categorizing all service providers’ responses as homophobic precludes exploring the possibility of alternative meanings and postulates that there is no relational dynamic between the service provider and the recipient of services. The notion of countertransference destabilizes the meaning of the service providers’ response, allowing homophobia to be one meaning among many or not the meaning at all. Countertransference also invokes the necessity of both parties participating in the meaning-making of the service providers’ response. Not only does the patient’s desire to be helped interact with the therapist’s desire to help, but the therapist’s and patient’s ideas of what constitutes help influence the transaction of services.

Although the dynamic of give-and-take between patient and therapist appears to be central to understanding and intervening empathically with lesbian relationship violence, it has never been discussed in any detail in the literature. Instead service providers, especially therapists, have relied mostly on *a priori* knowledge such as their own experience and therapeutic discourses to discern the meaning of their lesbian patients’ experiences of relationship violence. Of course it is impossible to completely escape this a priori knowledge; the therapist always relates to the patient’s experience from some position. What is at issue here is not whether the therapist relates from a position, but rather it is important to understand *how* the therapist relates to the patient’s experience. It is the *quality* of the relation between therapist and patient that opens up or
closes off the therapeutic space. Understanding of self and other can blossom when the space is open, or it can wither and die when the space is closed.

Of course facilitating understanding can be difficult because lesbian relationship violence stirs up intense feelings for all types of service providers, especially for therapists due to the intimate nature of the working relationship. The discomfort these service providers experience often leads them to respond in ways that are unhelpful. Sometimes the lack of help is obvious such as in the case of certain types of homophobic responses (e.g., denying that abuse is happening in the lesbian relationship) from service providers to lesbian patients. Other times the lack of help is more insidious such as in the case of a good-intentioned therapist who believes it is supportive to the victimized lesbian patient to collude in blaming the abusive lesbian. Whether hidden or not, the difficulty service providers have with giving helpful responses to lesbian patients experiencing relationship violence speaks to a need to better understand the transaction between the people giving and receiving help.

In summary, service providers can begin to understand their part in the breakdown of understanding and treating lesbian relationship violence by exploring their ability to give help and their ideas of what constitutes help. It is also important for service providers to examine their ideas about the relationship between gender, sexual orientation, and violence, as well as the effect their own history of violence has on their understanding and treatment of lesbian relationship violence. A little self-analysis can go a long way in the treatment of lesbian relationship violence, but only if service providers are willing to sit with and understand their own discomfort. Projecting this discomfort onto the patient keeps both service provider and patient engaged in a cycle of projection.
Understanding and intervening with the problem of lesbian relationship violence demands that the therapist stop, rather than perpetuate, the cycle of violent projection.
CHAPTER 5: CONCLUSION

In the previous chapters, discourse on lesbian relationship violence and its limitations and exclusions on lesbian experience have been discussed from the perspective of therapists, researchers, lesbians who were victimized, and lesbians who perpetrated violence. This chapter explores the links between these illuminations of discourse on lesbian relationship violence and the project objectives outlined in chapter one. These project objectives are summarized below in addition to the project’s primary goal. This chapter will also discuss the interventions with the limits and exclusions in discourse on lesbian relationship violence, and show that neo-Kleinian and postmodern feminist theory provides a foundation for reframing and treating lesbian relationship violence. Some implications for future treatment of lesbian relationship violence are discussed.

The primary goal of this project was to explore the relationship between discourse and experience regarding lesbian relationship violence. The discourse on lesbian relationship violence includes empirical research, theories, treatments, personal stories, and other communications through conversations and writings. The role of experience, articulated from the perspective of therapist, researcher, and lesbians involved in a violent relationship, has been critical in shaping and influencing discourse on lesbian relationship violence. Although experience has a formative role in establishing discourse on lesbian relationship violence, experience is not without problems. Experience can not be taken solely as a source of truth or an arbiter of discourse because it is not outside social, political, historical, and cultural forces. However, experience is not purely discourse. Experience can not simply be explained away as untrustworthy or bracketed off as just
words. Rather, experience is something to be critically reflected upon and understood on its own terms.

While discourse represents experience, experience is both a starting point for analysis and a kind of measure against which discourse can be assessed. This project began its analysis with the writings of therapists, researchers, and lesbians involved in violent relationships in order to unfold the discourse on lesbian relationship violence. These writings were used as a measure against which limitations and exclusions of the discourse on lesbian relationship violence were evaluated. This analysis is important not only because it illuminates the limitations and exclusions of the discourse on lesbian relationship violence, but the analysis also provides insight into new ways of theorizing and treating lesbian relationship violence.

The analysis of the relationship between discourse and experience on lesbian relationship violence presented in the previous chapters formed a dialogue between writings about lesbian experience, and both neo-Kleinian and postmodern feminist theory. Neo-Kleinian theory, especially the notions of transference and countertransference, reminds us that therapists-patients and writers-readers can not get outside their experience when interpreting meanings. However, neo-Kleinian theory can sometimes posit meaning in too personal a manner, focusing almost entirely on the individual or dyad, and therefore does not acknowledge that meaning is also cultural. The lens of postmodern feminism adds to neo-Kleinian theory by recognizing that the meanings of writings are cultural. Conversely, neo-Kleinian theory assists postmodern feminism in recognizing that cultural meanings are also very personal.
Neo-Kleinian and postmodern feminist theory are used together to interpret the meanings of the writings on lesbian relationship violence in general and specific ways. The combination of neo-Kleinian and postmodern feminist theories provided the general frame of interpretation throughout the chapters. Six method questions were generated from these two theoretical lenses in order to interpret the meanings of the writings in a specific manner. The six method questions were: 1) How does the author begin her story and what might this beginning mean? 2) How does the author’s story progress and what might this progression mean? 3) What words does the author use to tell her story and what might her choice of words mean? 4) What might the author’s characters represent? 5) How does the author end her story and what might this ending mean? 6) What effect does the author have on the reader and what does this effect mean?

While the questions above helped with analyzing the relationship between discourse and experience, they also helped with answering the following four questions. These questions were: 1) How do therapists conceptualize and intervene with lesbians who have experienced violent woman-to-woman relations? 2) How do lesbians who have perpetrated violence conceptualize their experience of violent woman-to-woman relations? 3) How do lesbians who were victimized conceptualize their experiences of violent woman-to-woman relations? 4) How do these conceptualizations of violence between women construct and constrain the experience of lesbians who have been victimized or lesbians who have perpetrated violence, inform and limit therapeutic intervention, and reproduce dominant and hegemonic discourse on lesbian relationship violence?
The aim of answering these four questions is to illuminate the discursive limits and exclusions of lesbian relationship violence, and to reframe (i.e., re-project) these limits and exclusions as opportunities for alternative conceptualizations and treatments of lesbian relationship violence. These alternative explanations were meant to capture the complex, dynamic, and contradictory nature of violent lesbian relationships. A discussion of the responses to these questions will now be presented.

Project Objectives

*Conceptualizations by Victimized Lesbians*

The experience of the victimized lesbian patient has a logic of its own that is not self-evident. The stories of Susan, Lisa, and Kate, three lesbians who identify as victims of relationship violence, provided a contemporary and contextualized understanding of lesbian relationship from the perspective of “the lesbian victim” (see Lobel, 1986). There are several behaviors, feelings, and thoughts these victimized lesbians highlight that show the way they conceptualized their abusive situation. First, reasons stated for staying in and returning to an abusive relationship involved wanting to believe her partner would change. Each victimized lesbian also believed she could be the person to help her partner change. Their testimonies suggested a belief that caretaking behaviors and other expressions of help towards their partners were always enacted with good intention.

Other reasons these victims were likely to stay in their abusive relationships and did not solicit help included fear of isolation and homophobia. Even when other people in the victimized lesbians’ lives extended help or support, the help was often accepted with suspicion, suggesting distrust of other people’s good intentions. Needing to read one’s own intentions as good and others’ intentions as bad is a very interesting example of
splitting. Past family dynamics, especially a history of alcoholism, were often connected with the victimized lesbian’s unconscious “choice” to position herself as a victim. These victims often tried to do everything in their power to sustain a connection with the partner, even in the face of danger. Acts of independence or separation, even acts of self-preservation such as fleeing the relationship, were experienced as painful and mostly viewed in a negative light. These victimized lesbians blamed themselves for the violence; really believing they did something wrong, and often resolving to do better next time. These victims feared expressing negativity and acknowledging negativity in their relationships. When negativity was acknowledged or expressed, the victimized lesbians talked about feeling trapped, hopeless, scared, embarrassed, ashamed, and depersonalized. Finally, these victimized lesbians did not become angry or express aggressive feelings until after the relationship was over.

Conceptualizations by Abusive Lesbians

Like the victimized lesbian, the experience of the abusive lesbian has logic of its own. To better understand the experience of the lesbian who uses violence, it is important to ask how she conceptualizes her experience of the violence. Alice Mitchell’s love letters to Freda Ward provide a cursory understanding of lesbian relationship violence from the perspective of a violent lesbian (see Duggan, 2000, Appendix B). Alice felt out-of-control, threatened, confused, and depressed as a result of her forced separation from Freda. Alice experienced the loss of Freda as a loss of a part of herself. Freda’s absence was not only external; this absence was also felt inside Alice. Moreover, Alice experienced Freda’s absence as a threat to the integrity of her inner self. Freda did not only represent a threatening absence; she was also a loving presence in Alice’s mind.
However, Alice struggled to keep a positive image of Freda when faced with the threat of painful separation. When Alice felt attacked by the absence of Freda she protected herself by either attacking back or blaming herself. She attacked Freda or blamed herself for the pain associated with their separation. Blaming Freda and herself helped her deny the separation, and therefore temporarily relieved her pain.

Alice’s love for Freda could not exist in a context of separation. Alice engaged in defenses such as nostalgic reflection and making threats in order to recapture her loving images of and feelings for Freda. Alice reflected on the early loving moments of her relationship with Freda, and then threatened Freda, instructing Freda not to do certain behaviors. When Alice perceived Freda as separating permanently from her, she made threatening comments to get Freda to keep in contact with her, and therefore projected Freda in reality and in her mind as a positive, loving image.

Alice continued to project an image of a person who was not capable of holding two contradictory thoughts and feelings together at the same time. For example, Alice was unable to reconcile her belief that Freda loved her and wanted to marry her with Freda’s choice to “obey” her family’s wishes. This seemed to contribute to Alice’s inability to stabilize and recover loving images of Freda. Alice’s murder of Freda was the ultimate outcome of Alice’s inability to cope with the painful reality of separating permanently from Freda. Although Alice’s murder of Freda is horrible, the action she took had a logic that made sense in her internal world. It is this internal logic of a lesbian who uses violence to maintain self-cohesion. This point needs to be understood instead of controlled by therapists. Let’s see how therapists conceptualize their responses to the lesbian patient’s experience.
Conceptualizations of Lesbian Relationship Violence by Therapists

The role of therapists is rarely examined in the literature. As a result, it is important to understand how therapists conceptualize and intervene with lesbians who have experienced violent woman-to-woman relations. Three therapeutic models have been identified and discussed to conceptualize and intervene with lesbian relationship violence such as The Advocacy Model (Morrow & Hawxhurst, 1989), Empowerment Practice Interventions (McClennan, 1999b), and Discourse Analysis of Feminist Intervention (Ristock, 2002). Additionally, a conceptualization of lesbian relationship violence was presented based on one feminist-identified therapist’s experience (Leeder, 1988). Finally, I shared a conceptualization that emerged through my own clinical experience. My experience outlined a conflict between feminist-lesbian and psychoanalytic identifications (i.e., neo-Kleinian) while intervening with lesbian patients presenting with relationship violence (see Chapter 4).

Conflicts were also seen in the discussion of The Advocacy Model (Morrow & Hawxhurst, 1989). The Advocacy Model was described as a hypothetical treatment approach based on the values held by the battered women’s movement. These values included accepting the victimized lesbian’s experience without question and placing responsibility and blame on the abusive lesbian. This perspective does not consider personality dynamics, communication patterns, or relationship dynamics to play a part in the problem of violence. Instead, the problem of violence is understood as a choice made by the abusive lesbian to harm her partner. Empowering the victimized lesbian is of central importance to the Advocacy Model; therefore complete innocence is assigned to the victimized lesbian while the abusive lesbian is assigned full responsibility for
violence. Individual therapy is recommended for both partners. Couples therapy was not recommended unless initiated by the victimized lesbian. A victim’s support group is viewed as essential. There are three main treatment interventions involved in the Advocacy Model of treatment: safety planning, victim empowerment, and victim healing. Safety planning involves giving the victimized lesbian concrete advice such as how to access a women’s shelter, use the legal system to obtain a Protection from Abuse order, and create a plan of escape when a violent incident occurs.

Similar to The Advocacy Model, Empowerment Practice Interventions viewed lesbian relationship violence as a societal problem that individuals’ internalize (McClennan, 1999b). Central to this perspective is the need to differentiate the lesbian who perpetrated from the lesbian who was victimized. This differentiation involves profiling victimized lesbian and abusive lesbian according to characteristics. McClennan (1999b) described these characteristics and provided intervention guidelines. Victim characteristics included: low self-esteem, depression, little difficulty managing anger, does not get jealous, assumes too much responsibility, feels inadequate, manipulates environment to maintain safety, and feels fear or fight-or-flight alertness after violent episode. Perpetrator characteristics included: pathological jealousy, problems controlling anger, avoids accepting responsibility for behavior, controlling, manipulates partner’s activities and relationships, disrespects partner’s boundaries, blames victim, is often a victim of childhood abuse, and feels high after an episode of violence. Individual therapy was recommended for both victimized lesbian and abusive lesbian. Couples therapy was not recommended unless it was an inevitable option, or when the violence in the relationship was low, the abusive lesbian assumed responsibility, and the victimized
lesbian had some power and control. Group therapy was not discussed. Individual therapy interventions with victimized lesbians included: develop safety plan, listen and believe victim (let victim determine meaning of event), differentiate love vs. dependence, teach healthy choices in choosing relationships, provide information on local support and safe houses, remain nonjudgmental and be present, allow patient to explore her own desire and develop her own autonomy, understand additional stresses of internalized and institutionalized homophobia, and advocate for the victim with hospital, police and social services. Individual therapy interventions with abusive lesbians included: cognitive behavioral therapy, contract to stop abuse, teaching specific techniques (e.g., time-outs, stress and anger management, communication skills, principles of power and control), consideration of psychotropic drugs and group treatment, increasing self-esteem and support system, communicating optimism and empathy, and evaluating whether interactions with the victim lead to abusive actions. This way of conceptualizing therapeutic intervention is criticized by Discourse Analysis.

Discourse Analysis conceptualizes lesbian relationship violence as a socially constructed phenomenon (Ristock, 2002). Theories of lesbian relationship violence were viewed as shaping the experience and responses of therapists to lesbian patients. Discourse analysis takes a critical approach to those categories that are taken-for-granted (e.g., victim-perpetrator dichotomy, stable power relations, and trauma talk) to help understand and treat lesbian relationship violence. Accordingly, discourse analysis tries to understand lesbian relationship violence in a contextualized manner without using reifying categories. Contextualizing violent relations allows for a more critical examination of the couples’ dynamics in individual, group or couples’ therapy. This
opens the possibility of both partners being responsible for their part in the violent
dynamic.

Although lesbian relationship violence can be understood as “relational” (e.g.,
Discourse Analysis of Feminist Intervention) Leeder (1988) understood it as “non-
relational” because she interpreted the meanings of her patients in terms of her own
feminist identity. Leeder outlined a perspective, vis-à-vis her feminist identity, that fits
somewhere between the Advocacy Model and Empowerment Practice Interventions
discussed above. Her feminist identity is understood as being innocent and good, so
when she identified with the patient she perceived to be “the victim,” she attributed
complete innocence and goodness to her. In like turn, Leeder assigned guilt and full
responsibility to the woman she perceived to be “the abuser.”

Leeder’s treatment interventions were linked with the logic of blame. This was
evident in the way she described the influence of homophobia in shaping the behaviors of
her patients. Leeder’s need for prescriptive categories can also be seen in her description
of three types of lesbian relationship violence: situational, chronic and emotional. To
recap: situational abuse is recognized as happening only a few times and can involve
physical, emotional, sexual and/or psychological abuse. Chronic abuse occurs more
frequently and involves all forms of abuse. Emotional abuse occurs with similar
frequency to chronic abuse, but only involves verbal humiliation and degradation.
Situational abuse can be intervened with by engaging with the couple in a few crisis
intervention sessions. Chronic and emotional abuse involves working long-term with the
patient, preferably in individual therapy. Long-term work involves three stages of
therapy: the initial, middle and final stage. The initial stage involves establishing a
therapeutic alliance and taking a family and violence history. The middle stage involves confronting the abuser about her abuse and convincing the victim to stop blaming herself and instead blame the abuser. The final stage involves bringing the two persons together for couples therapy to integrate what they have learned in individual therapy. In short, Leeder’s paper revealed a feminist therapist who was struggling with countertransference issues. Yet she never took the time to understand how her re-projections of her patients’ problem of violence were impeding understanding.

While unanalyzed countertransference such as Leeder’s is potentially damaging, gaps in knowing are part of the therapeutic process. The examples from my personal case studies reveal this tension between normal and neurotic countertransference. My countertransference response to lesbian relationship violence was viewed as being a struggle between feminist-lesbian and psychoanalytic ideology. There were four fears or anxieties that arose in me as a result of this struggle. First, I experienced a fear of blaming or hurting lesbians who identified as victims by interpreting their experience. Second, I feared being blamed for being too permissive of the violence, and therefore ineffectively treating lesbian patients who identified as the abusive partner. Third, I feared I would not be able to help the lesbian patient because she was either too damaged to get better or I was not a good enough therapist to help the patient. Fourth, I feared that I would not be able to make contact with the lesbian patient to establish a working alliance. These fears highlight the importance of valuing and interpreting the lesbian patient’s experience as well as my own experience throughout the therapeutic process. It also highlighted the necessity of establishing a working alliance, being patient and allowing the process to unfold, and not taking the patient’s experience or my own
experience at face-value. Being able to monitor and track countertransference resistances is vital to working in an empathic and understanding manner with lesbian patients. Only after the therapist attends to her countertransference can she helpfully interpret the patient’s transference.

Now that the internal logic of “the lesbian victim” and “the lesbian abuser,” and the treatments of therapists have been summarized, we can begin to expose the ways these conceptualizations limit alternative understandings of and interventions to lesbian relationship violence.

*Analysis of Therapist, Victimized Lesbian, and Abusive Lesbian Conceptualizations of Lesbian Relationship Violence*

This next section will address the following question: How do conceptualizations of violence between women construct and constrain the experiences of lesbians who have perpetrated violence and lesbians who were victimized, inform and limit therapeutic intervention, and reproduce dominant and hegemonic discourse on lesbian relationship violence? I’ll begin with Alice Mitchell’s letters to Freda Ward, and then discuss three stories by lesbians who have been victimized. I’ll conclude with a discussion of the therapist and therapeutic perspectives.

Alice Mitchell’s letters to Freda Ward constructed a story of Alice as feeling out-of-control, threatened, confused, and depressed as a result of her forced separation from Freda. The disorganization Alice felt was directly related to experiencing the separation from Freda as a loss of a part of herself. Alice experienced Freda’s absence as a threat to the integrity of her inner self and the image she had of Freda as a loving presence. Clearly Alice’s tendency to split between images of love and hate inside and outside herself led
her to blame others and be critical of herself for the pain she felt. She protected herself with the logic of blame, but she also perpetuated splitting between self and other, good and bad. For example, blaming Freda and herself helped Alice deny the separation, and therefore temporarily relieved her pain. Other defenses Alice engaged in involved nostalgic reflection and making threats. Although the function of these defenses was to recapture Alice’s positive images of and feelings for Freda, they also helped perpetuate the splitting of self and other. Alice continually projected an image of a person who was not capable of holding two contradictory thoughts and feelings together at the same time. Alice’s tendency towards splitting helped her cope with intense and overwhelming pain. However, the splitting between self and other, good and bad, loving and hating contributed to Alice’s inability to stabilize and recover loving images of Freda. Alice’s murder of Freda was the ultimate outcome of Alice’s inability to cope with the painful reality of separating permanently from the woman she loved.

Alice’s story highlights the importance of examining the abusive lesbian’s experience as not merely one of control, but also one of fear and loneliness. Separation and fear of that separation were integral to Alice’s experience, and ultimately pushed her to extreme violence. Alice’s fantasies about Freda demonstrated an inability for Alice to separate her own feelings with her perception of Freda’s feelings. Alice had merged their identities in such a way that Freda’s separate choices were intolerable to her. These intense feelings often experienced by lesbians who use violence against a partner, however misplaced, need to be identified and addressed by therapists. Now let’s analyze the projections of “the lesbian victim.”
Susan, Lisa, and Kate constructed stories of being a victim of lesbian relationship violence from their own experiences. These constructions showed that these women had limited, even distorted views of themselves and their relationships. They believed that they were special enough and caring enough to change their partner’s abusive behavior. The idealized, ungrounded belief that “love could conquer all” only helped to disavow the negativity in the relationship as well as their own anger about current and past relationship hurts. Moreover, their constant caretaking and denial of negativity in relationships projected their own needs for care and aggression onto their partners. Their caretaking behaviors were viewed as having good-intentions, while the caretaking behaviors provided by others were viewed with suspicion. Although these victims longed for support, love and care, receiving these things was destabilizing to their identities as a victimized lesbian.

Fears of loneliness and rejection (e.g., homophobia) participated in the victimized lesbians’ disavowing negative feelings about their partners, and functioned to preserve the connection between them. This fear of loneliness and rejection influenced a desire to sustain connections with their partners even in the face of extreme danger. Acts of self-preservation (i.e., temporarily fleeing the relationship), independence, and separation were experienced as painful and mostly viewed in a negative light. Having an abusive connection seemed to be better than having no connection at all. In their stories, these victimized lesbians described fears of expressing negativity and acknowledging negativity in their relationship. When negativity was expressed or acknowledged, it was described through internal experiences such as feeling trapped, hopeless, scared,
embarrassed, ashamed, and depersonalized. Rarely were any feelings expressed that would locate the responsibility outward (such as angry or aggressive feelings).

The stories described by the three victimized lesbians highlight the problematic nature of discourse on lesbian relationship violence. Each of the victimized lesbians felt responsible and therefore tried to “help” their partners. Each had feelings that further put the responsibility entirely on themselves. Traditional forms of feminist therapy would serve to simply reverse this experience, putting the responsibility outward, entirely on the abusive lesbian partner. Unfortunately, this response merely reifies the dynamic, even though it is reversed. The victimized lesbian is still powerless, as she has no role other than to leave the relationship. There is nothing for her to do or change, other than her choice of partner. Victimized lesbians are therefore given no agency to change their circumstances. They are not shown that their “helpful” and “caretaking” desires help to perpetuate the dynamic and keep them in a cycle of violence in their relationships. Also victimized lesbians (along with abusive lesbians) tend to locate their sense of self in their partner; they appear to be unable to hold onto their own identities. Therapeutic intervention must recognize this tendency to merge and the defense of splitting in order to help the victimized lesbians (and abusive lesbians) out of their dynamic.

Writings by therapists have not generally understood lesbian relationship violence as relational as can be seen in the analysis of “the lesbian victim” and “the lesbian abuser” above. The role of both partners is complex and most definitely relational. However, the case studies by Farley and Klinger suggest that conceptualizing and treating the abusive lesbian is simple and straightforward. Farley relies on the language of domestic violence theory and research to understand and treat his abusive lesbian
patient. Klinger understands and treats her abusive lesbian patient by accepting her experience at face-value. Klinger and Farley’s approach to defining and treating their lesbian patients represent flip-sides of the same coin. Whereas Farley’s approach constrains his patient’s experience within the language of domestic violence theory, Klinger’s approach does not consider the effect language has on her patient’s experience. Both approaches preclude the possibility of exploring and interpreting the deeper meanings of the abusive lesbian patient’s experience. Therefore, Farley and Klinger project an image of “the lesbian abuser” as uncomplicated and unchanging.

Whereas Farley and Klinger focus on the abusive lesbian patient, Leeder discusses both the abusive and victimized lesbian as simple and static. Leeder’s perspective appears to mostly be a product of her own social and political identifications with a particular brand of feminism. The analysis of Leeder’s feminist identity showed how a feminist identification can impede therapeutic understanding and place limits on intervening with lesbian patients who experience relationship violence. This was also revealed, albeit to a lesser degree, in the discussion of my own case studies. Not only can a feminist identity become a stumbling block when working with lesbian patients, but so too can mainstream therapeutic perspectives of domestic violence. The discussion of The Advocacy Model, Empowerment Practice Interventions, and Discourse Analysis of Feminist Intervention highlighted the limitations of common therapeutic perspectives used by therapists to understand and treat lesbian relationship violence.

The Advocacy Model is problematic because it is based on a heterosexual model, and it grounds clinical intervention in the face-value experience of the victimized lesbian. It is assumed that the distinction between “victim” and “abuser” in violent heterosexual
relationships applies in the same way to violent lesbian relationships. It is unhelpful for the therapist to over-identify with the victimized lesbian’s story because it leads the therapist to collude with the victimized lesbian’s defenses of splitting and moralistic defensiveness. Likewise, the clinical interventions suggested by The Advocacy Model collude with the victimized lesbian’s defenses, and therefore the therapist joins with the victimized lesbian to condemn the abusive partner.

The model of Empowerment Practice Interventions is problematic because treatment intervention depends on the therapist differentiating the lesbian patient as a “victim” or “abuser.” There is no room for lesbian patients who do not fit these extremes, who have both abuser and victim characteristics, or who enact abuser characteristics in certain situations and victim characteristics in other situations. Accordingly it appears that these Empowerment Practice Interventions are geared towards empowering the therapist with a clear trajectory for controlling a successful therapeutic outcome, rather than relating with the real live experience of the lesbian patient. Moreover, the educational techniques used by the therapist implementing Empowerment Practice Interventions assume that the lesbian patient has the capacity to reflect upon herself and integrate the information into her own experience in a useful manner. The Empowerment Practice Interventions take for granted the existence of fundamental psychological functions such as object constancy, concern for self and other, and a reflective capacity.

Whereas Empowerment Practice Interventions does not account for the effect of language on experience, Discourse Analysis has a tendency to conflate language with experience. This conflation between language and experience can lead therapists working with lesbian patients of lesbian relationship violence to collude with the lesbian patient’s
desire to not be known at deeper levels. Discourse analysis becomes problematic when it affects the experience of the lesbian patient’s as a unitary signifier. That is, discourse analysis reifies the lesbian patient’s internal reality and treats it (i.e., lived experience) as if it is only language. Language is a container for experience, not experience itself. Language often forgets itself in this way. Additionally, discourse analysis positions the therapist as constantly suspicious of the lesbian patient’s experience, and her own experience. This suspicion can lead to hollow, ungrounded and therefore ultimately unhelpful clinical interpretations. Too much understanding or “just words” makes both therapist and patient emotionally out-of-touch.

Now that the projections and conceptualizations of lesbians who experience relationship violence and their therapists have been exposed and analyzed, let us now turn to reflections on how future treatment with lesbians who experience violence in their relationships can proceed.

Future Directions

Conceptualizations of lesbian relationship violence from the perspective of the therapist, and lesbians who experience violence have been presented. The limitations and exclusions contained in these conceptualizations have also been discussed. The evidence analyzed above has shown the ways in which these limitations and exclusions simplify and reify experience and mirror mainstream discourse on lesbian relationship violence. The findings described herein have several implications for changing discourse on and therapeutic intervention to lesbian relationship violence. Discussion of the implications of the study’s findings requires understanding the limits and exclusions of mainstream discourse on lesbian relationship violence as opportunities for “reprojecting” alternative
meanings about the experiences of lesbian patients and different therapeutic perspectives to be used by therapists in treatment.

We’ll now begin this discussion of future directions for treatment by highlighting Alice Mitchell’s situation and the three contemporary stories of lesbians who identified themselves as being a victim of relationship violence. Alice Mitchell’s conceptualization and murderous outcome of her situation with Freda Ward was understood by Alice as being reasonable. What this suggests is that although acts of violence seem incomprehensible from the outside, these acts make perfect sense inside the person who commits them. Whether a person wants to commit violence or not is really irrelevant. What is relevant is that committing abusive acts is logical in the mind of the person doing them. Similarly, the three stories of victimization by a lesbian partner exposed their own logic. Again an observer does not often understand why a person would stay in or return to an abusive relationship, but the lesbian who is in that relationship does, at least unconsciously, understand these reasons. Given that both lesbian partners have a story to tell about the violence in their relationship, it seems important for the therapist to listen to these stories. Listening to these lesbian patients’ stories of violence would mean trying to understand their logic and reflect its meaning back to the patients. For example, in individual therapy the therapist can begin working with a lesbian patient by taking a curious stance, rather than an oppositional stance. I believe this stance could work in group and couple therapy situations as well.

Whereas a curious stance will allow the therapist to build a working alliance with the lesbian patient, providing a foundation for later more difficult therapeutic work, an oppositional stance is one that keeps challenging the patient’s logic. An oppositional
stance in therapeutic interaction might proceed in the following way. The patient says, "My partner really pissed me off yesterday. She told me she was going to clean the house because I’ve been working so hard, and I came home to a dirty house. I just lost it on her and started yelling at her.” The oppositional therapist responds, “You know there’s better ways to deal with your frustration than to yell at your partner. Perhaps you can take a time-out next time you find yourself so angry.” As can be seen in this example of an oppositional therapeutic interaction, the therapist challenges the logic of the lesbian patient, and communicates to the patient that her behavior is bad and should instead be substituted with a good behavior.

Let’s consider another example of the oppositional therapeutic stance. The patient says, “My partner really lost it on me yesterday, and started yelling at me. There was one point when things got so out-of-control that I called the police. The police came to check out the situation, but they didn’t do anything. I calmed down by the time the police arrived and so I told them that things were okay.” The therapist responds, “You know you don’t have to take her abuse. I mean that’s what it is. Next time you might want to really think about getting the police involved. For your own sake!” In this example, the therapist gives the patient a “reality check” and then asks her to make a behavioral change. In both examples, the effect of the oppositional therapeutic stance is that it does not understand the lesbian patient’s experience of violence from the inside. Imposing judgment on the patient's behavior is all that gets accomplished with this perspective. This type of intervention communicates to the patient that her behavior is bad, should be good and therefore changed, and is not capable of being understood. Essentially, the
oppositional therapeutic stance positions the therapist as judge and jury, rather than as therapist.

Let’s now examine the curious therapeutic stance. The patient says, “My partner really pissed me off yesterday. She told me she was going to clean the house because I’ve been working so hard, and I came home to a dirty house. I just lost it on her and started yelling at her.” The curious therapist responds, “So what you’re telling me is that when someone breaks a promise to you or deviates from your expectations you lose your mind quite literally. That’s good to know. Now we know it’s important for us to try to understand why you let yourself lose your mind. And it looks like we’ll also have to be on the lookout in our relationship when you feel like I’ve broken a promise or not lived up to your expectations.” Depending on how long the therapist and patient have been working together, a decision can be made to include or delete the last statement regarding the possibility of a transference relationship. I tend to make transference comments from the beginning of the work for two reasons. First, the lesbian patient is coming to therapy for a relationship problem, and second, I believe the patient inevitably develops a transference relationship in the first session.

Before examining the effect of the curious therapeutic response, here’s another example. The patient says, “My partner really lost it on me yesterday, and started yelling at me. There was one point when things got so out-of-control that I called the police. The police came to check out the situation, but they didn’t do anything. I calmed down by the time the police arrived and so I told them that things were okay.” The therapist responds, “So what you’re telling me is that when things heat up between you and another person you get frightened, and you try to find some way to control the situation or the person or
your feelings. And then when the situation or the person or your feelings are back in your control you’re fine. So what we know is that it’s important for us to understand why you need to be in control and fine. And we’ll need to keep an eye in our relationship on what happens when things heat up between us.” As can be seen from the two examples of a curious therapeutic stance, the objective of the therapist is to maintain a non-judgmental attitude towards the lesbian patient’s experience.

This non-judgmental attitude allows the therapist to reflect the patient’s own internal logic back to her without arguing with the patient about it. The therapist should never argue with the patient about her logic, especially in the beginning of treatment. Arguing with the patient or passing judgment on the patient’s behavior or the behavior of the patient’s partner will only justify to the patient why she should purchase a one-way ticket out of therapy. Arguing with and passing judgment on the patient’s internal logic communicates to the patient that her experience is not capable of being understood. Arguments and judgment only make the patient feel more isolated. A therapeutic alliance needs to be in place before the patient’s internal logic can be interpreted. This is in part because a therapeutic alliance is needed to help contain the rageful and shameful feelings that will emerge when the lesbian patient’s defenses are interpreted.

It is only after the patient internalizes the message that her experience is capable of being understood (and therefore that the therapist is really an understanding and compassionate person) that her internal logic can begin to be interpreted. The lesbian patient has to really believe that the therapist has good intentions when she makes the patient feel angry and vulnerable. Remember that the cast of characters in the lesbian patient’s life probably made her feel angry and vulnerable because they wanted to make
themselves feel better. I think this point helps with understanding the positive and negative functions of the lesbian patient’s defenses. A primary defense used by lesbian patients who experience violence is splitting. Blaming self or others is a symptom of splitting, which simply means that the patient projects blame or introjects blame in order to perpetuate split images. Violent acts, perfectionist and caretaking behaviors, and returning to a violent relationship are also symptomatic of splitting. Why does the patient need to keep good and bad images of self and other separate? Doesn’t it make more sense to let these images inform each other?

The lesbian patient has some pretty good reasons for keeping these images separate, which I think need to be respected in the beginning of treatment. One reason is that the images are fragile, and therefore too is the patient. Like the images, the patient can become easily destabilized when her splitting is interpreted. A second reason is that there can sometimes be an overabundance of negativity in relation to positivity in the patient’s mind. This means that the patient has catalogued more negative experiences than positive experiences in her life. Splitting helps to preserve what little positive and loving experiences the patient feels she has experienced. In light of these good reasons, it should be easy to understand how constantly interpreting a patient’s defenses without first establishing an alliance can have negative effects. One negative effect is that the patient understands the therapist’s barrage of interpretations as attacks. The patient would in fact be correct. This would lead the patient to view the therapist as acting abusively like everyone else in her life. Additionally, the patient might choose to stay or leave therapy because of the familiarity of therapist’s violent projections. Either way therapeutic understanding does not create change because the therapist is participating in
re-enactments with the patient. Another possibility is that the patient does not see that the therapist is acting abusively with her interpretations. Instead of ignoring or deflecting the therapist’s violent projections, the patient allows herself to be bombarded by them for “her own good.” Not only does this scenario reproduce violent relations with the patient, this approach could violently overwhelm the patient’s psychological functions and even bring on psychotic states. What this suggests is the importance of therapists understanding and respecting the usefulness of the patient’s defenses.

This discussion above also suggests that there is an issue of timing of interpretation that needs to be considered before the therapist interprets the way the patient’s defenses are not useful to her. This timing can not be quantified. However the time to make interpretations that address the patients splitting of self and other can be gauged by the therapist evaluating the strength of the therapeutic alliance. Some patients won’t be able to metabolize these interpretations for years, while other patients may be able to use interpretations of the negative aspects of their defenses within the first few weeks of therapy. The patient’s ability to use the therapist’s interpretation really seems to depend on the number of supportive memories the patient has been able to internalized, both over her lifetime and in the therapy. In short, there needs to be evidence in the therapeutic relationship of the lesbian patient’s capacity to handle an interpretation of her splitting of self and other.

Once the therapeutic alliance is established the therapist can move away from understanding the patient’s internal logic on its own terms and towards interpreting the defenses such as splitting that provide the glue to the lesbian patient’s internal logic and self-cohesion. Thus, the therapist can shift from a curious stance like the one mentioned
above to an interpretative stance. Of course the therapist can still be curious, but the emphasis should be on interpreting the patient’s defenses. Let’s examine what this might look like by adding to the curious stance examples discussed above. The patient says, “My partner really pissed me off yesterday. She told me she was going to clean the house because I’ve been working so hard, and I came home to a dirty house. I just lost it on her and started yelling at her.” The curiously interpretative therapist might respond to the patient who “lost it” by saying, “We’ve already talked about how you have a tendency to lose your mind when you feel that someone has broken a promise to you or deviates from your expectations. There are a couple of possibilities. Perhaps you lose your mind because you believe your feelings can’t be talked about. Or perhaps your feelings are so intense that they overwhelm your verbal capacities. Or perhaps both. It’s something for us to think about and watch for because it will come up between us.” Consider another example with the patient whose partner “lost it on her.” The therapist might respond, “We have already established that you have a tendency to try to control situations, others and yourself, and show that you are okay (even though you may not really be feeling okay) when things begin to heat up in relationships. What this suggests is that others can’t believe you when you tell them how you are because either you are lying or you don’t know how you’re feeling. What this also suggests is that you are either sugar-coating what you say to me or you don’t really know what you’re saying to me. As things develop, and heat up between us it seems important for us to attend to the moments when you’re not being truthful or when you don’t know if you’re being truthful.” In both of these examples of the curiously interpretative therapist, she interprets the patients’ splitting defense, and suggests its operation in the transference relationship. When
moments of splitting are seen in the transference relationship, it would be important to interpret them more directly. For example, the therapist might respond to the patient who “lost it” by saying, “We’ve been talking about your tendency to lose your mind when you get upset. I think I might have said something that offended you because you just lost your mind with me. Perhaps you could talk about what just happened for you, and we can try to figure this out together.” It may be evident by now that I tend to emphasize the necessity of talking about and understanding the patient’s experience, and often try to insert that I am trying to talk and understand with them. I emphasize them because I believe it is these three elements (talk, insight and relationship) that are crucial to healing psychic wounds. The latter is especially important with lesbian patients of relationship violence because they so often feel so alone with their experience. I try to remind them that I am trying to understand them with them, so they don’t feel ashamed of not knowing why they do what they do or feel the way they do.

Given these three key therapeutic ingredients to healing the splitting of lesbian patients presenting with lesbian relationship violence, it should be clearer why telling the patient what to do does not create the positive therapeutic alliance that supports deep changes. I think it often feels “right” to therapists to make comments to their patients about the goodness or badness of their behavior as was illustrated in the examples of the oppositional therapeutic stance. These comments however are not useful; they just represent the therapist’s “wild use” of countertransference. The therapist’s countertransference feelings alone can not provide the basis for an interpretation. Yes, it is difficult, painful and scary to hear some of the abusive stories patients tell in session. However, it is the responsibility of the therapist to use her countertransference feelings to
deepen the content of the session, rather than to violently project onto the patient. I can not emphasize this point enough! The therapist needs to understand her own countertransference resistances to lesbian relationship violence, which may include her own history of violence, attitudes about violence and gender, and style of dealing with conflict and intense affect. If the therapist hates, fears, feels aggressive or feels vulnerable when hearing a patient’s abusive stories it may be useful to understand these feelings and link them with the content of the session and give an interpretation. However, if a link can not be made between countertransference feelings and transferential content it would be better to do a little self-analysis outside of session than to give an interpretation containing a violent projection.

There are many forms of therapy and therapeutic perspective in addition to the oppositional therapeutic stance that contain a variety of violent projections. I also believe that many cognitive-behavioral, psychoeducational, and feminist-oriented therapies use violent projection to control and change the lesbian patient who presents with relationship violence. Therapeutic guidelines and techniques such as the dichotomy between perpetrator and victim and the need to assign innocence and blame are all violent projections by the therapist that only serve to prop up the lesbian patient’s defenses. For example, my discussions of Farley and Klinger’s cases, Leeder’s feminist treatment, common therapeutic practices (e.g., The Advocacy Model, Empowerment Practice Interventions, and Discourse Analysis), and other discourse on lesbian relationship violence all reflect this point. Discourse on lesbian relationship violence retains its identity politic by never analyzing the way it participates in the re-enactment of violent relations. In other words, the discourse on lesbian relationship violence projects its own
aggression onto lesbian patients or lesbian research participants, which protects the
discourse from looking at its own limitations and therefore from ever being significantly
changed. These repetitions of discourse are not working to understand and treat the
problem of lesbian relationship violence. Accordingly, this project is a call for a
revolution, rather than a repetition of our thought about lesbian relationship violence.
Perhaps it’s even a call for a revolution of our thought about all violent relations?

In conclusion, an overview of conceptualizations of lesbian relationship violence
has been presented from the perspective of the victimized lesbian, the abusive lesbian,
and therapist. The limitations and exclusions of these conceptualizations, and their effect
on therapeutic intervention have been summarized. These conceptualizations, their limits
and exclusions, and their effect on therapeutic intervention responded to the four
objectives and the overarching aim of this project by interpreting the relationship between
discourse and experience regarding lesbian relationship violence by dialoguing with neo-
Kleinian and postmodern feminist theory. If we are to move beyond current, simplified
models of lesbian relationship violence, we must address transference and
countertransference entanglements in the therapeutic process. There is a fluidity that is
often not addressed in the literature between the experiences of the victimized lesbian and
the abusive lesbian, and between therapist and lesbian patient. These points were
addressed in the discussion of the future directions of treatment on lesbian relationship
violence. Clearly we need more information about the experience of lesbians who
perpetrate violence, but we also need more complex understandings of the roles of the
victimized lesbians and therapists as well. Lesbian relationship violence can not be
treated as straightforward and simple. Effective intervention will most likely occur if
both individuals within the relationship, in conjunction with the therapist, have the
opportunity to look critically at her own experience.
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