

YOUR GUIDE TO GENDER & ORIENTATION  
FLUIDITY IN COUPLES THERAPY

THE COUPLES INSTITUTE

FEBRUARY 10, 2020

Joe Winn MSW, LICSW, CST-S  
114 Commonwealth Avenue, Concord, MA, 01742  
(617) 461-8479  
[josephwinnlicsw@hotmail.com](mailto:josephwinnlicsw@hotmail.com)  
[www.josephwinnlicsw.net](http://www.josephwinnlicsw.net)

1

---

---

---

---

---

---

---

---

### Goals

what I hope you take from today

1. Utilize intersectionality, queer theory, sexological models & differentiation to expand your skills in assessing & working with evolving relational systems;
2. Identify worldviews that undermine therapy with evolving identities & relational systems;
3. Identify that relational & sex therapy are inter-dependent & complimentary processes;
4. Organize assessment data into *experiential* practice & collaborative intervention;

2

---

---

---



---

---

---

---

---

Human sexuality is complex  
(Diamond, 2008 & Savin-Williams, 2019)

- **3 intersecting constructs** (Reiter, 1989)
  - Attraction:
  - Identity:
  - Behavior:
- Behavior is **NOT ALWAYS** consistent with stated identity or attraction.
- Sexual fluidity is the development of sexual attraction towards another gender that was not considered an aspects of ones' attraction, identity or behavioral practices.
- More common in women than men
- Pansexual, heteroflexible, etc. . .

3

---

---

---

---

---

---

---

---



### Trans Identities & demographics

We still don't know

- Gender was once determined to be congruent with natal sex
- Transgender identities were once limited to MTF & FTM
- This is not the case any longer – and it's controversial
- Who's experience? MTF, FTM, gender non-conforming, gender queer, trans non-binary, agender, two-spirit . . .
- Social transition, medical & surgical transition, non-transition
- Experience evolves faster than research
- WE NEED population-based studies **NOT** epidemiological studies

4

---

---

---

---

---

---

---

---

### John & Marcy

Sexual fluidity: Case study

John, 58, Irish American, Catholic, business owner, Marcy, 54, African American professional woman, widow, raised in Christian faith. Both report being cisgender, 2<sup>nd</sup> marriage for both. Adults kids out of the home. Partnered > 10 years, married > 8 years. Marcy reports that she is becoming more aware of new "aspects" of her sexuality, and interest in exploring her attraction to women. Marcy reports that she has been using same sex pornography & masturbating to these images for the past two years. Both report their sex life is "really active and rewarding." Marcy states that she does not consider herself lesbian or bisexual but is unsure how to proceed and may want to discuss opening the relationship. John, reports his first wife "cheated on me" and states that he is "shaken and angry" by Marcy's disclosure and feels "duped into marrying a lesbian". Marcy reports understanding John's pain & both report that they love each other "very much". Marcy states that she fears pursuing these sexual & erotic desires as she does not want to be thought of as "a slut" and does not want to "lose my husband". John states he want things to go back to "normal"

- What are you thinking & feeling about this case?
- Are you projecting outcomes?
- Where do you start?
- What models might you draw from?

5

---

---

---

---

---

---

---

---

### Tony & Angie

Gender fluidity: Case Study

Tony, 36, contractor, Angie 35, nurse practitioner, both bi-racial & multi-ethnic, raised Catholic. Dated since high school. Married for the past 12 years, Tony & Angie have 2 boys ages 10 & 9, both active in the kids lives. Both raised in poverty and now solidly middle-class, they also help support family locally & inter-nationally. Report their success is an example of "good teamwork." Tony reports questioning his gender for the past 2 years with no desire to transition, some cross dressing & thinking of changing pronouns to "they and them." Tony disclosed to Angie 6-months-ago. Angie reports "I'm uncomfortable with Tony wanting to be a woman," reports disclosure has "changed us." Both report an increase in fighting & shouting when the topic is raised. Angie reports "I cannot be married to a woman," despite Tony's claim that he is not transitioning. Angie reports fearing Tony is gay and "he will come out destroy what we have worked for." Couple report reliance on each other for "emotional, social & spiritual support" and not wanting to loose the marriage. Both have close friends & family, some gay & trans, but have not shared this information with them, stating "we can handle this on our own."

- What are you thinking & feeling about this case?
- Are you projecting outcomes?
- Where do you start?
- What models might you draw from?

6

---

---

---

---

---

---

---

---

## Common themes in the disclosure of fluidity

Expect big emotions & intensity

### Non-fluid partner

- Activation of social bias
- Confusion / Disorientation
- Fear: Anger & Fear: Betrayal
- Inadequacy / Resentment
- What does this mean for me/us
  - a. identity
  - b. marriage
  - c. family
  - d. sex, love & attachment: Know history
- Mourning: Endings & possibilities
- Do I / we, separate, stay or modify
- Relationship 2.0

### Fluidity disclosing partner

- Activation of social bias
- Confusion / Disorientation
- Fear: Guilt & Shame: Relief (sometimes)
- Inadequacy / Resentment
- What does this mean for me/us
  - a. identity
  - b. marriage
  - c. family
  - d. sex, love & attachment: Know history
- Mourning: Endings & possibilities
- Do I / we, separate, stay or modify
- Relationship 2.0

7

## Re-orienting to systemic practice

Exploring macro & mezzo and micro systems in clinical practice

- **Intersectionality:** (Taylor & Hines 2011, Taylor, 2011)
- **Queer Theory:** (Steelman, 2016, Argüello, 2016, McDowell, 2015, Bernstein-Sycamore 2008, 2006)
- **Person of the therapist Model:** (Aponte, 2016, 1994, 1992)
- **Sexological world view:** (Silton & Dyson, 2012)

8

## Reflections for clinicians

Exploring intersectionality, queer theory, POTT & sexological worldviews of the therapist

- How was sexuality, pleasure and sex discussed in your family of origin?
- How do you define what 'sex' is?
- What did are your views about monogamy & non-monogamy?
- Does race, class, gender, faith & ethnicity impact your view of sexuality?
- Does your sexual orientation impact your world view on sex?
- How do your sexual & erotic practices shape your sexual world view?
- If you do not have sex how might this impact your sense of sexuality?
- What sexual practices do you view positively & negatively?
- When does 'variance' become 'pathology' in your world view?

9

### Sexological theories to expand relational therapy

- **Sexual configurations model** (Van anders, 2015): sexuality, gender & relationships can be fluid, dynamic & evolve over time resulting in attractions to different genders, body types, number of partners, levels of sexual desire, ages of partners & roles taken in erotic & sexual encounters. Desire, need, attraction & eroticism are > gender/sex.
- **Optimal Sexuality Model** (Kleinplatz et al., 2009, 2013) a grounded theory model, Kleinplatz found that regardless of age, duration of relationship, sexual orientation, gender identity, erotic & relational variance; sexually & relationally satisfying partnerships consistently demonstrate **high levels of 1) vulnerability, 2) risk taking, 3) authenticity, 4) strong interpersonal communication, 5) comfort with engaging & managing conflict (NOT co-regulation)**

10

### Differentiation

- Rooted in Bowen (1974), Bader & Pearson (1988), & Schnarch (1991) differentiation is the process of remaining connected while revealing oneself to others through vulnerability, honesty & the clarification of boundaries, needs & desires regardless of outcome. This is the cornerstone of self soothing and relational skills.
- **2 choice dilemmas**: wanting 2 things simultaneously but having to choose one
- **I to I**: A conversation where partners practice speaking from personal vulnerability, experience & needs - not projecting intent onto the other
- **Time outs**: stopping to regain focus and agreeing to return to conversation in X time at X place
- **4 points of balance**: Schnarch (1991)
  - **Solid flexible self**: remaining centered when pressured to return to previous patterns
  - **quiet mind-calm heart**: remaining calm, soothing & regulating hurts & anxieties
  - **grounded responding**: remaining present & not reacting to emotional contagion
  - **Meaningful endurance**: tolerating discomfort for personal & relational growth

11

### Tony & Angie Gender fluidity: Case Study

Tony, 36, contractor, Angie 35, nurse practitioner, both bi-racial and multi-ethnic and raised Catholic. Dated off and on since high school and married for the past 12 years, Tony and Angie have 2 boys ages 10 & 9, both very active in the kids lives. Both report exploring same sex experiences when younger & occasionally "swing". Both raised in poverty and now solidly middle-class, they also help to support family locally & inter-nationally. Reports their success is an example of "good teamwork & commitment." Tony reports questioning relationship to gender for the past 2 years with no desire to transition, interested in cross dressing & changing to "they and them." Tony disclosed this information to Angie 6-months-ago. Angie reports "I'm very uncomfortable with Tony wanting to be a woman", reporting disclosure has "changed how we are." Both report an increase in fighting & shouting when the topic is raised. Angie reports "I cannot be married to a woman," despite Tony's claim that he is not interested in transition. Angie reports fearing that Tony is gay and "he will come out destroy what we have worked so hard for." Couple report strong reliance on each other for "emotional, social & spiritual support" and not wanting to loose their marriage. Tony and Angie have close friends & family, some gay and trans, but have not shared this information with them, stating "we can handle this on our own."

12

### Clinical Assessment & Formulation

- **Joining:** why now? Couples origin narrative, build hope, What does X mean?
- **Intersectional identity issues:** Address, race, gender, queerness, faith
- **Clinician role / stance:** educator, coach, learner, therapist
- **Track interactional sequences:** who does what when & why?
- **Establish leadership:** Disrupt, confront, support, reframe, unbalance, etc.
- **Couples shared goal:** "we want to be married": Big picture
- **Tony individual goal:** "I want to be true to who I am without shame"
- **Angie individual goal:** "I don't want to be afraid of losing my husband"
- **Goals as action points:** Provides insight into growth edges & needs
- **Tony:** Manage shame, fear, sadness, rejection & uncertainty & projections
- **Angie:** Manage shame, fear, sadness, rejection & uncertainty & projections
- **Know the couple developmentally & interactionally:**
  - Tony practicing / Angie protesting desires return to symbiosis
  - Higher differentiation: Both recognize **change** as taxing the system
  - Lower differentiation: Marriage & relationship defined by **fear & loss**
  - Attachment: mix of Secure, Anxious / Avoidant with high reactivity
  - Conflict management style: Mixed – was avoidant now conflict dependent

13

### Formulation to Intervention

**Tx tasks & process:** address couples concerns & injuries in **the now**  
**Ind Sessions:** FOO, intersectional, genograms, sex & relational HX

Queer exploration: Gender is performative & binary M/F are . . .

Tony: "I'm letting my family down", fear, loss, inadequacy, shame  
Angie: "I'm not a beard" fear, shame, judgment, uncertainty, loss  
Both: "What does this mean for our boys?" Contagion = Tony

Externalize the mythologies: Go for the pain that underlies the structure & explore it (FOO, self, Intersectional & cultural)

Develop personal sexual, gender & relational templates for self & couple

14

### Intervention to Termination

- Secondary to primary emotions: manage reactivity & self soothing
- Fear redefined as "loss of my man, failing like my dad, & return to poverty" invitation for emotional and interpersonal risk taking
- Challenging internalized "phobias, gender roles & heteronormativity"
- **Predict set-backs!** (*Paradoxical intervention & honest feedback!*)
- I to I > guided conversation: Skill development, curiosity & possibility – Modify as needed
- Support evolving differentiation: Ind & Couple Goals
- Differentiation: tolerance of conflict for growth & authenticity
- Mourning & possibility: whatever you do; it belongs to you
- Explore social support outside of the marriage w similar couples
- Turn therapy over to the couple = therapist becoming less directive, more I to I, empathy vs. activation
- Collaborative termination & plan for tune ups!

15

## John & Marcy

◦ John, 58, Irish American, Catholic, business owner, Marcy, 54, African American professional woman, widow, raised in Christian faith. Both report being cisgender, 2<sup>nd</sup> marriage for both, Adults kids out of the home. Partnered > 10 years, married > 8 years. Marcy reports that she is becoming more aware of new "aspects" of her sexuality, and interest in exploring her attraction to women. Marcy reports that she has been using same sex pornography & masturbating to these images for the past two years. Both report their sex life is "really active and rewarding." Marcy states that she does not consider herself lesbian or bisexual but is unsure how to proceed and may want to discuss opening the relationship. John reports his first wife "cheated on me" and states that he is "shaken and angry" by Marcy's disclosure and feels "duped into marrying a lesbian". Marcy reports understanding John's pain & both report that they love each other "very much." Marcy states that she fears pursuing these sexual & erotic desires as she does not want to be seen as "a slut" and does not want to "lose my husband". John states he wants things to go back to "normal"

16

## Clinical Assessment & Formulation

- **Joining:** why now? Couples origin narrative, build hope
- **Intersectional identity issues:** Address, race, gender, queerness, faith
- **Clinician role / stance:** educator, coach, learner & therapist
- **Track interactional sequences:** who does what when & why?
- **Establish leadership:** Disrupt, confront, support, reframe, unbalance, etc.
- **Couples shared goal:** "we want" to be married & honest: Big picture
- **Marcy individual goal:** "I want" to be open to my sexuality & desire
- **John individual goal:** "I want" to manage my fears & jealousy
- **Goals as action points:**
  - John:** manage projections = Fear, sadness, rejection = positionality
  - Marcy:** state need without activation of shame = identity conflicts
- **Know the couple developmentally & interactionally:**
  - Marcy practicing / John protesting wants return to symbiosis
  - Higher differentiation: Both recognize **growth** as taxing the system
  - Lower differentiation: Marriage & relationship defined by **others**
  - Attachment: mix of secure, anxious and attachment with low reactivity
  - Conflict management style: mixed: Conflict avoidant

17

## Formulation to Intervention

- **Tx tasks & process:** address couples concerns & injuries in the now
- **Intersectional & Queer analysis** FOO, genograms, sexual & relational histories.
- **Struggles rooted in attachment injuries, gender performative, binaried constructs & influenced by dominant cultural norms.**
  - Marcy:** "black women don't talk about sex or sex with other women", fear, guilt, judgment, fetishization, shame
  - John:** "it's my job to keep her satisfied", fear, inadequacy, shame, anger
- Investigate these hypothesis with the couple
- **Externalize the internalized mythologies:** how do they serve & hinder
- John & Marcy: principles of sexual & relational health, sexual & erotic fluidity Develop personal sexual, erotic & relational templates for self & couple

18

### Intervention to Termination

- Emotions: manage reactivity, work on self soothing
- Predict setbacks! (Paradoxical intervention & honest feedback)
- I to I conversation: skill development & curiosity modify as needed
- Support evolving differentiation: Ind & Couple Goals
- Challenging internalized "gender roles & heteronormativity"
- Mourning & possibility: whatever you do: it belongs to you
- Into differentiation = Tolerance of conflict for authenticity
- **Both agree to explore an open relationship** (Kay & Yarhouse, 2010)
- Jealousy redefined as "needs deprivation"
- Invitation for emotional & interpersonal risk taking
- Assist with "CNM styles & agreements" in-depth work
- John's exploration of sexual options activating for Marcy!
- Wash, rinse, repeat (be flexible, continue this process)
- Always reflect progress BACK to the couple
- The couple drive TX: Therapist less directive, *empathy* vs. *activation*
- Collaborative termination & plan for tune ups'

19

### The Good Enough Sex Model

Metz & McCarthy (2007)

- Aim: relieve distress & return sexual & relational function to the couple
- Modifying this model bridges sexual, erotic and relational variance into relational TX
- Tolerate differences in gender, desire and various sexual styles (Differentiation)
- View of sexual and relational dysfunction:
  - Multi-causal: biopsychosocial
  - Multidimensional: psychological and interactional
- Promote individual & couple OWNERSHIP of sexual selves & pleasure
- Based on accurate, realistic, age-appropriate expectations (Real sex)
- Sex & relationship based on co-creation: *Our/My* needs, desires, *our* agreements

20

### Agreements in CNM

(Taormino, 2008; Veaux & Rickert 2014)

- What is **our form** of CNM? Open, monogamish, swinging, poly, etc.?
- What are **our agreements**? Fluid bonding, PrEP, NPEP & STI/HIV testing?
- **How do we support one another**; NRE, jealousy, desire for personal time?
- Do **we** want to develop connections with our partners partners?
- Do **we** have veto power over partner choice?
- What are our **relational boundaries**?
- Are **our relationships** hierarchical e.g., Primary, secondary, etc., Or flat
- Where and **how do we manage** being out vs. Closeted?

21

*HIV Risk Management Strategies*  
*working towards harm reduction in CNM*

- Education, barrier methods & harm reduction
- nPEP: Post Exposure Prophylaxis < 36 hrs. HAART 3 ARVs: 28/30
- **Pre-Exposure Prophylaxis: PrEP:**
- Truvada 300mg PO 1x Daily ( W. Adherence > 95% efficacy)
- Descovy 225mg PO 1x Daily ( W. Adherence > 95% efficacy)
- Monitor viral loads: < 20-50 vc per ml = undetectable
- 2019 CDC Accepts science behind Undetectable = Untransmittable (U=U)
- **ALL** Populations should be considered

---

---

---

---

---

---

---