

Class 6

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ABSTRACTS

*Lesbian clients may present a problem the content of which is specifically about or affected by the client's lesbian identity and/or the issues facing two females within a homophobic context. The gender-related concerns for a same sex pair will be different from the gender-related issues for heterosexual couples. As therapists become more aware and informed, the process of including these frames will become increasingly automatic. Thus the therapist will become better able to help lesbian families find solutions at the individual, intra-familial and larger contextual levels, keeping in mind the significance of gender and of the homophobic context.*

Lesbian clients rarely present problems in treatment which are directly related to their lesbian identity. They most frequently present problems that are common to many clients, such as relationship struggles or concerns about their children. Occasionally, however, clients may present a problem where the content is specifically about or affected by the client's lesbian identity.

In either case, the therapist has the task of understanding the degree to which the problem is a cultural phenomenon -- the effect or result of being different in a homophobic environment -- and/or the degree to which the lesbian-related concerns are simply content for problematic dynamics that could

be shown in any number of different ways (i.e., the lesbian identity of the client is no more specifically relevant to solving the problem than if the client(s) had presented school phobia or constant arguing.) Clearly, there is usually overlap. Problems are rarely determined purely by cultural context or completely divorced from it. However, the extent to which one hypothesizes that one is dealing with a normative response to a homophobic environment or with a unique and stuck pattern of interactions and dynamics within the family will influence the response and perspectives of the therapist. The process of working with these variables is compounded when attempting to understand the impact of society on women of color who are gay.

It is generally accepted that a systemic therapist's task is to converse about a problem with a client/family in such a way as to expand the family's ideas and beliefs about their predicament, thereby leading to a wider range of possible "solutions" or options for family members. It is the position of this paper that before that task can be effectively accomplished with lesbian clients, the systemic therapist must engage in conversation about the problems and dilemmas unique to this population in their cultural context. Through this process, the therapist's ideas and perspectives on the potential predicaments of these clients are expanded, and there can be a wider range of ideas, views and hypotheses from which to draw in the treatment conversation.

It is also important for the therapist to explore and expand notions of what constitutes a family when treating lesbian clients. Over the years, family therapists have acknowledged the existence of

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heterosexual family units which are not traditional two-parent nuclear families. Lesbians also live in families that take many forms -- two-parent, single-parent, couples without children, family groups developed from friendship networks, families with biological children, with adopted children, blended families, families with extended family connections in the gay community, etc. Although these units may not be recognized by the larger society as families, they operate very much as other families do, with all of the psychological and emotional ties and problems of family living. Examining one's own notions of family and expanding one's own definitions of family can serve two functions for the therapist. First s/he can validate and better understand that which is of consequence to the client but may be denied by the world. Second, s/he can avoid the pitfall of failing to work with significant members of the system who may be rendered invisible by a narrow definition.

When a therapist examines her/his notions of family it is important to do this with an awareness of the impact of gender on family relationships and on relations to the outside world. There has been much literature on the issue of gender and family therapy, but it has been primarily focused on addressing the gender-related issues for heterosexual couples.

The gender-related concerns and issues for a same sex pair will be and are different from the gender-related issues for a heterosexual pair. A lesbian couple parenting together is coming at this process from a unique position. As two women parenting together, they are neither bound by gender role stereotypes for their parenting nor do they have the same frame of reference for deciding upon new roles as many young heterosexual couples. In addition, same sex parents

have few visible role models for the co-parenting aspect of their relationships. These parents create their own role divisions as they go along from personal preferences, from trial and error and from their own creativity. The role functions in lesbian families, thus, are many and varied. These varieties are becoming greater as lesbians see forming their own families with children as more of an option.

Heterosexual families and mental health professionals may learn some very useful things if they observe the family forms and roles which lesbians choose. If many lesbian choices about power, hierarchy, division of labor, etc., are less often choices based on cultural expectations than they may have achieved something in this area where heterosexual couples still struggle. It is an easy trap for a therapist to make assumptions about role choices and to view that which appears unusual about role choices as individual pathology or stereotypical lesbian role-playing.

There are a number of ways in which a therapist can hold these pre-therapy observations and conversations. S/he can read fiction, non-fiction and clinical papers about the lesbian experience. S/he can examine her/his own beliefs about homosexuality and question her/himself as to the origin and evolution of these ideas. S/he can familiarize her/himself with resources and services available locally for gay clients. S/he can attend trainings and workshops on the subject, and can listen to gay colleagues and friends as they speak of their own experiences.

It is not uncommon for family therapists to minimize content of a client's problem as a focus for treatment and to emphasize attention to patterns and

dynamics around the problem.<sup>2</sup> While attention to pattern is certainly crucial, when it becomes the sole focus, it ignores the impact of discrimination, oppression and/or special life conditions. Therapists may also find themselves tempted to engage in complex work on the meaning of the problem when a simpler, more straightforward intervention, such as acknowledging the dilemma as one normally faced by persons who are members of this subculture, may be more productive. This latter approach, where appropriate, may offer the client a new way to understand the more normative aspects of their problem thus helping them to see their dilemma in context and freeing them from unnecessary self-blame. The information necessary to make this kind of intervention is gleaned from a clinician's experience with other clients from this population, from the clients themselves, and from the self-education of the therapist, referred to in the preceding paragraphs.

The following presenting problem may bring these ideas into focus. This is a composite case which illustrates the ways in which the therapist needs to have a broad range of perspectives in order to proceed effectively.

#### COMPOSITE CASE

Initial Phone Contact: Mary called asking for an appointment because she and her partner Pat were having a difficult time resolving a problem which had come up around Amy, their 13 year old daughter. She reported that she and Pat were fighting and that

both felt at a loss about what to do. She asked that they come to the initial session without Amy. Both women are white. Mary is 36 and Pat is 41.

Initial Session Information: The main problem they presented was that Amy, who had entered junior high that year, had begun to complain strongly about Mary (the non-biological mother) coming to the school for school functions, appointments with teachers, and various issues that might arise because, "You're not my natural mother and I don't want anyone to know about you two being gay." Prior to this, during Amy's elementary years, Mary had been the main contact with the school. Amy had never complained before or seemed to notice. They also agreed that their understanding of this arrangement was that it was easier for Mary to deal with teachers and other outside people, and it was simply a division of labor that suited them.

The arguing was over how to handle it. Mary felt inclined to tell Amy that this was simply how their family worked and it could not be suddenly changed to accommodate junior high. Pat felt that maybe they should change the arrangement to make Amy's transition to junior high more comfortable and that perhaps she should take over these things and/or go alone to functions even though she felt considerable anxiety about dealing with the school alone and did not particularly want to leave Mary at home for school events.

The couple has been together 10 years, and Mary is six months pregnant by artificial insemination. They have been in couples work two times before, once briefly when they were making the decision about the pregnancy and once when they had been together about two years and were fighting about

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2 Roth, S. and Cody-Murphy, B. "Psychotherapy with Lesbians: A Systemic Therapy View." In Marianne Ault-Riche(ed) Women and Family Therapy, Vol. 16 of Family Therapy Collections, James Hansen (series ed.), Rockville, Md. Aspen Systems 1986.

discipline and expectations for Amy. They had found therapy helpful in the past.

I presented this composite case to three different family teams each of which used a reflecting team model to consider aspects of the case.<sup>3</sup> I chose teams who use a reflecting team format because it provided the opportunity for a large number of ideas to be generated in a brief period of time. I also felt that this approach would help to illuminate the process by which ideas related to both family dynamics and cultural context can be generated. In fact, the teams provided the enormous breadth of possibilities and perspectives such a case can engender. This process allowed me to have extended conversations with myself about how I might be helpful to clinicians working with this population. Each of the conversations of the reflecting teams was videotaped in order that I might review them.

The teams all showed an unusually high degree of sophistication about homophobia and its impact on gay people. It was clear that these were therapists who have had contact with gay people and who have given consideration and thought, both personally and professionally, to the issues involved. They were consistently able to address both the commonalities in this case with other families where the parents are heterosexual, while acknowledging and dealing with the further complexity of homophobia for this family. Likewise, the teams all noted and commented on the development milestones for this family as they pertain to all families while also

grappling with the special meaning of these issues for gay parents and their children.

As I reviewed the tapes, I found myself continually returning to points that were made about the special issues of gay families and wanting to expand on and develop those points further in this paper. I also found that I wanted to discuss some of the issues for this family which team members didn't have the time for or possibly, the knowledge of, lesbian lifestyles to comment on.

As I examined my own process, I became aware that I could not begin to develop hypotheses about how the family was organized around their dilemma nor about the impact of internal family dynamics on the problem before I had reviewed all of the ways that I could think of that the family might be experiencing the impact of cultural homophobia. This enabled me to see that it is my belief that one cannot get to the family issues without first understanding them in some detail in their cultural context. While this may sound like a laborious process, I realized that it is a process that becomes so automatic for therapists who work to understand the issues that it comes to seem as if the two ways of looking at the problem operate simultaneously. While they are ideally not unrelated or disconnected ways of looking at a problem, the cultural context issues are needed to illuminate one's understanding of the family issues. When working with lesbians of color, this becomes a multi-layered process as one includes the racist context in one's thinking as well. Though it is often a given in systemic treatment that one cannot fully understand a "symptom" without understanding the context in which it occurs, some therapists balk at this notion

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<sup>3</sup> Anderson, T., "The Reflecting Team: Dialogue and Meta-dialogue in Clinical Work" *Family Process* 26:415-428, Dec. 1987.

when the context named treads on "political" territory such as racism, sexism or homophobia.<sup>4</sup>

#### Case Discussion

The sensitivity and awareness of team members was most evident in their comments on the dilemma for 13 year old Amy around entering junior high and dealing with adolescent friends about her parents' lesbianism. Here, the need of adolescents to fit in and not be different and their tendency to find their parents embarrassing was noted. The added brunt of having those differences be culturally stigmatized was a large part of the discussion. Some comment was made about how difficult it must be for Amy to explain her family to others. This lack of language to name relationships in a gay family is a key impact of a homophobic environment.<sup>5</sup> There is no culturally accepted or understood language to describe the relationship between child(ren) and non-biological parent, or between children in the same family with different biological mothers. Further, if a child or parent is successful in naming these relationships so that they are understood, the cultural stigmatization of that which one is naming makes it hard, especially for children, to name that which is of importance in their lives. This lack of language permeates all of our perceptions about the significance of psychological parents in a lesbian family -- an important tie which is widely recognized

in heterosexual families with step and/or non-biological parents.

All of the teams generated hypotheses related to the idea that Amy might be pushing for a closer, more connected relationship with her mother and that that was part of the meaning of her demand. The assumption that she did not have this with Pat, based on information about Mary's role, is worthy of note. While it may or may not be a piece of what is happening, it was interesting that little mention was made of the impact on Amy of reaching a place where it became "wiser" for her to deny the existence of an important parent who had been there for her in some very basic ways since she was three years old. There were ideas generated around the possibility that Amy feared losing Mary when a biological child was born to her, but beyond that, the meaning of this dilemma was ascribed to social embarrassment and/or a wish to involve mother.

The issues for lesbian families and their helpers around parental roles were evident in the description and discussion of this case. Lesbians are discovering new territory as they work to define their roles in two-parent families with regard to the children. Many people found it unusual that Mary was the person who had dealt with teachers and school administrators in the past, and yet it seemed less unusual and in fact positive to people that Pat should take this over to the extent of excluding Mary from school functions, which was a more extreme division of parenting functions than had existed under the old arrangement. The idea that this was simply a division of labor which suited them is certainly something to be explored, but it is not unusual in any family for one parent to carry the bulk of the initiative and management of school issues. As

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<sup>4</sup> MacKinnon, L. and Miller, D. "The New Epistemology and the Milan Approach: Feminist and Sociopolitical Considerations" Journal of Marital and Family Therapy, 13:139-56.

<sup>5</sup> Crawford, S., "Lesbian Families: Psychosocial Stress and the Building Process: in Lesbian Psychologies, Boston Lesbian Psychologies Collective (eds.), Urbana: University of Illinois Press, 1987.

Mary's position was seen as highly unusual by some therapists, the issue of cultural stereotypes of "good" mothers is raised as well. There could be an implication that a "good Mother" would never hand these tasks over to another, especially a person in as culturally ambiguous a position as Mary. Further, Mary is at risk for not being regarded as a "real" parent to Amy by the therapist.

The subtle lack of recognition of the depth of Mary's parenting relationship also had to do with language and heterosexism. If Mary had been in a bi-racial heterosexual relationship and been named as Amy's step-mother since Amy was three, would there have been more emphasis on the potential losses for all family members in complying with a request based on cultural stereotypes and racism? Amongst liberal people there is usually more support for culturally stigmatized heterosexuals to "rock the boat" than there is for gays. (This is in no way intended to equate homophobia and racism, although the areas of overlap are of interest.)

It is therefore important to consider the impact on Mary of sudden disenfranchisement or the terrible loss that she may be experiencing because the culture disallows her relationship with Amy. A subtle lack of recognition of the depth of their bond was further accented when it was hypothesized that Mary's position with regard to not wanting the arrangement to change indicated rigidity. The common experience that as a family moves through developmental changes, ways of doing things cannot remain static was noted. It is very interesting to think about the different ways of looking at Mary's position given the complexity of developmental issues in this family. Is rigidity an inherent property of Mary? Or is Mary's position a conversation/interaction with

someone? If so, with whom? One thought is that Mary's position is an argument with a larger culture that has conspired to make her invisible by stigmatizing her relationships. In that frame, is her behavior a rigid position or is it a naming and claiming of that which is real to her? Or is it a conversation with Pat about how to handle their stigmatization? Or is it both?

Conversely, although Pat's position of acceding completely to Amy's request was the opposite extreme of Mary's, Pat was not seen as "wishy-washy". Is Pat being reasonable and caring, or is she acting out of guilt and fear: What would be the impact on the couple of simply complying with Amy's request? What would be the impact on Amy of trading social safety for the attention and support of both of her parents? What is the impact on the whole family of cutting Mary out of Amy's school life? The family could be negatively impacted by total compliance with cultural demands.

Most parents take for granted the pleasure in sharing in their child's growth and development. This is often manifested by freely attending school events, performances, "open house" nights, etc., together. Pat's solution leaned toward excluding Mary altogether as Amy requested, thereby losing an important aspect of shared parenting. While Mary had handled the brunt of dealing with the school, the parents had attended functions and meetings together. Mary's proposed solution was unresponsive to Amy's discomfort which was a response to a homophobic environment that the family cannot change. Pat's solution did not address the pitfalls for the family of compliance. The question for the family becomes how best to respond to cultural pressures so that the losses within the family are

minimized, without placing any family member in an excessively painful position.

This leads back to wondering again if the positions reflected in the two parents' arguments and opposite possible solutions are really conversations/interactions between them. It seems equally possible that their positions are conversations/interactions with the outside world. Possibly the beliefs each has developed about a "solution" reflect a response to homophobia, and become conflictual because each has different ideas about dealing with homophobia rather than because of some functional dynamic in their relationship.

A therapist can explore these possibilities by talking with clients like Mary and Pat about their proposed solutions. As the solutions will be based, in part, on perceptions of the meaning of the problem, one would want to ask the couple, as many members of the team suggested, whether they believe this to be a problem related to interpersonal dynamics or oppression. Whether or not the therapist's perceptions match the clients', it provides a great deal of information to ask this question. If the problem is seen as a cultural one, then the work of therapy is with the problematic (i.e. conflictual) solutions manifested by the arguing. If the problem is not seen as a cultural one, then the work would focus on identifying the problem or the problematic family patterns. In a broader context, it is very interesting to note that the clinical field's responsibility to tackle the cultural part of the problem was raised most clearly by a colleague from the discipline of social work.

There was conjecture about why Mary (not the couple) waited so long to have a baby and what that might mean about their process. Again, education

about the lesbian community as a sub-culture would be useful here, as it has only been in the past few years that lesbians have begun to assert their option to have children after having identified as lesbian. It is highly likely that until recently Pat and Mary did not consider pregnancy as an option.

One important factor or frame for the assessment of issues such as these brought by gay clients is the impact of stress. One can fully assume that this family's life is fraught with stress, some of which is chronic and, perhaps, so much a fact of life that it is not recognized as such. Acute stresses in this family include Amy's problem in school and Mary's pregnancy. The former has been dealt with in detail. The latter requires more comment. It can be extremely stressful for lesbians to get pregnant. The process of alternative insemination can be long, drawn out and fraught with disappointment. Meanwhile, the stress of doing something so personally important and so culturally unusual is significant. Along with this, for a two-parent family, the stress of having an invisible parent begins long before the birth of the child. It is not easy for a co-parent to go to work filled with the joyful news of "We're going to have a baby." Also, families of origin often do not process the news in the same supportive, excited way that they do when their heterosexual daughters and sons announce an impending birth.

The more chronic stress of trying to survive as a lesbian family is a factor here as well. There is so little cultural support for lesbian couples and so much potential for feelings of isolation from the larger community that the stresses of daily life in a relationship may be intensified. This may be compounded in families where there is a perceived

necessity to keep the nature of the relationship secret. It is my experience that these chronic stresses become so much a part of the fabric of a gay person's life that they often lose sight of how this affects them. In Pat and Mary's case, there is a good possibility that the acute stress mentioned also activated some of the effects of the more chronic stress.

As Mary and Pat struggle to decide how to handle this issue, they have to consider Amy's needs as an adolescent who enters a homophobic environment daily, Pat's needs and issues as an individual and as a mother to a child who is being hurt "because of" her lifestyle, Mary's needs as a parent with a huge investment in her relationships with Pat and Amy, Amy's need not to lose Mary in the process of coping with the world, the couple's need to be able to work together as parents who both survive and enjoy the sharing of Amy's growth, and Pat and Mary's personal level of comfort with their own exposure in the community. Do any of us really know how we would handle such a dilemma?

When a therapist recognizes and acknowledges these stresses to the family, s/he can provide a frame which helps to reduce anxiety about the problem. In this regard, therapy can serve the useful function of witness to the family's otherwise unacknowledged experience.

### Conclusion

The teams with which I worked did an extraordinary job of naming many of the special issues for this family. They were also able to include this information in the ideas they generated about what might be the stuckness in the family at this time. Through observing and reflecting on their process, I came to recognize more about my own process as a

therapist to lesbian clients. It became clearer to me, as I saw what I was drawn to discussing in greater depth, that I believe that one cannot understand the possible meanings of a problem in a lesbian family if one does not first understand the impact of the cultural context on those problems. The ability on the part of the therapist to recognize the different effects of oppression on the family building process and on the vicissitudes of daily living is crucial to a respectful, comprehensive and useful approach to therapy. Consideration of these aspects helps to avoid a potentially blaming stance by the therapist. It also alleviates the self-blame that parents such as Mary and Pat may feel. The awareness of these concerns also makes it possible for the therapist and the family to explore the fullest possible range of ideas, especially with regard to individual and family differences in their beliefs about the impact of homophobia. Given that there will be numerous cases where there is not as obvious and direct a homophobic impact as there was in this case, the necessity of the therapist's ability to operate with this awareness becomes even more crucial.

As therapists become more informed and aware, the process of including this frame will become more automatic. One will not be able to consider the meaning of a couple arguing over a child's discipline, for instance, without considering the impact of the homophobic cultural context on relationships and stress levels with the family. Once this awareness is established, the therapist, as all of the teams suggested, can ask the family what they believe about the relevance of their problems to the fact of their lesbian identities. A word of caution is needed here. Any person's explanation of their problem will be impacted by the fact of their existence in a

homophobic context. Consequently, some individuals may not see or be able to include an understanding of the effects of homophobia on their experience. Others may find it convenient to explain everything in that frame. As either of these extremes occur, it becomes fruitful as an area for therapeutic conversation.

A therapist who can view presenting problems against the backdrop of gay oppression will become more, rather than less fluid in her/his ability to help the family find useful explanations and solutions at the individual, intra-family and contextual levels.

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