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## OVER THE RAINBOW: THE LESBIAN FAMILY

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The term *family* brings to mind and heart a number of thoughts, feelings, and even physical reactions for many people. We know a family to be a group of people usually connected by blood, sometimes living in the same house, with a mother, a father, some children, and maybe a dog and a cat. We think of *family* as the group of people we grew up with. As we grow up, we hope that some day we can “start” a family. The family should be a safe group of people who love us and nurture us. We use the term *family* in combination with reunions and photos, with history and money. Family traditions are powerful for many of us. Who among us is not aware of the concept of the dysfunctional family? The term *family* is used so often that we hardly take time to consider its political implications.

The family has traditionally functioned to maintain the power structure in any particular political system. In the “modern family”—the post-Industrial Revolution family—the role of mother, children, animals, and slaves has been to protect and guard the property of the father so that he can go to work. Although the emergence of feminism has radically transformed the notion of family, traditional beliefs and values still abound and still profoundly affect theories about families and how families should function.

Feminists . . . are committed to countering the ideology of the “normal” family because of its inaccurate representation of actual families, its harmful prescription for women, its stigmatization of other arrangements, in short, because it is based on a single notion of class (middle), race (White), religion (Protestant), affectional preference (heterosexual), and gender privilege (male). (Goodrich, Rampage, Ellman, & Halstead, 1988, p. 8)

As a family therapist, I am aware on a daily basis of how traditional notions of family can cause pain for women, men, and children. I watch as children struggle to have a voice, as women attempt to earn equal pay for equal work, and as men continue to succumb to the stress of carrying the load. Although this is a gross simplification, it continues to be the basis for most of the conflict in families as they exist today.

In a culture as diverse as our universal culture, it is astounding to observe the power of heterosexual privilege in the formation of family values. In our world, rituals and traditions grow from the different needs people have because of factors such as race, size, climate, religion, natural resources, and language, to name a few influences. In the midst of this diversity, what remains constant in all cultures is the dominance of male authority and establishment of heterosexual arrangements as the norm. Outside of the “norm” are those who are considered different: single parents, gay and lesbian couples, persons who choose to live in intentional communities. Diverse family groupings challenge the norm and serve to call us to expand our definitions of “normal.” Gays and lesbians, in particular, are choosing to live in committed same-sex partnerships, have and raise children together, and visibly celebrate these choices. The rainbow flag seen on the cars, homes, clothes, and jewelry of gay, lesbian, transgendered, and bisexual people is a visual symbol of this diversity and is the reason for the title of this chapter.

In this chapter, I explore the reciprocal effects that traditional family norms and gay “family” concepts have on one another. The term *family* in the gay community is a powerful renaming and reconstituting of a traditional arrangement that historically has been difficult, at best, and abusive, at worst, for gays, lesbians, bisexuals, and transgendered persons as well as for women and children.

## LAURA AND TISHA

I received a call from Laura, who, with her partner, Tisha, has been a client of mine for a few years. I had not seen them for 6 months prior to Laura’s call. Laura asked, “Can we come in for a few sessions to work on our decision to have a commitment ceremony?” She and Tisha felt committed in all ways and referred to each other as “family.” Their work to keep communication open and honest resulted in their ability to create systemic arrangements that they felt were respectful of each other and of the relationship. Each was supportive of the other’s choice of career, need for more or less contact with family of origin, patterns of managing money, sleeping, eating, beliefs about spirituality and politics, and styles of recreating. When

disagreements about any of these occurred, they “hung in” with each other and talked, or scheduled a few sessions to resolve the conflict.

When Laura and Tisha came in for their “commitment session,” they explained their concerns as relating to the following: their desire to proclaim their commitment publicly; their desire to have a child together; and cultural, racial, and class differences in their families of origin.

Laura and Tisha were continuing to grapple with coming out as individuals and as a couple. Their concerns cannot be worked out separately because these concerns hold hands and affect one another.

When Tisha and Laura met, they were very aware of their differences. Tisha is the daughter of two African American university professors of sociology who fought the racial crusade alongside people such as Eldridge Cleaver and Angela Davis. Laura is one of six children born to working-class Italian Catholic parents who still live in the neighborhood where they grew up in an industrial East Coast city. This is where their parents settled when they emigrated from Italy at the turn of the century.

When Tisha came out to her parents at the age of 15, they were supportive and very accepting. Their major concern was for Tisha and how vulnerable she could be as a Black lesbian in a world where prejudice is alive and well. Their fears were fed by memories of their own activism and also by the fact that Tisha’s brother has embraced the lifestyle of a conservative corporate executive and has made no effort to understand or accept Tisha or his parents. Tisha’s parents responded to her lesbianism from the perspective of educated, liberal activists whose own experiences informed their acceptance of differences in their children. As a result of my study of cultural differences, I was prepared to view Tisha’s family according to the more typical descriptions of African American culture. Beverly Greene and Nancy Boyd-Franklin (1996) have reminded us of the “triple jeopardy” experienced by African American lesbians who are marginalized because of race, gender, and sexual orientation (p. 58).

However, the lesson for me as a therapist was *make no assumptions*. As soon as we learn the rule, we meet the exception. As feminist therapists, we can tend to take pride in our awareness of cultural norms, applying them indiscriminately. Another client told me one day, “If you don’t live on my street, you won’t know me until you come to visit.” Coming to visit is about observing, listening, paying attention to what our clients tell us about where they live. Jackson and Greene (2000) have noted that it is important to know the client’s degree of assimilation into the dominant cultural community and the client’s family attitude about their assimilation.

Laura’s family adopted a “don’t ask, hope she doesn’t tell” stance regarding Laura’s lesbianism and her relationship with Tisha. According to them, the “girls are best friends,” living together to save money. When Laura came out to her parents and sister just recently, her father stormed

out of the room, her mother cried, and her sister became silent and has not spoken of Laura's sexuality to this day. When Laura and Tisha visit Laura's family, the whole family holds the pretense of friendship tightly. In contrast to this denial of their relationship, Tisha and Laura were about to invite both families and their many friends to a ceremony in which each would express to the other her desire to love and honor the relationship.

My initial reaction to Laura and Tisha's request for help was an enthusiastic feeling of anticipation. A commitment ceremony is usually where people go after they have "done their work," so these sessions will be fun! They will be about the icing on the wedding cake, so to speak. Could I have been idealizing the lesbian couple? Commitment ceremonies in the gay community challenge all of us to ask some important questions. As therapists, we must be clear about the issues that emerge when gays and lesbians decide to exchange promises publicly. The following are areas of discussion therapists must be ready to consider with clients:

1. Validity: What makes a relationship valid?
2. Stages of coming out: What is the nature of the process of moving from the closet all the way through to a public proclamation of a same-sex love? How typical are these stages, how universal?
3. Family traditions: What happens to these when they are challenged in a nontraditional manner?
4. Religious values: What happens to these when families organize around them as a way to maintain prejudice?

These are the questions that can pose dilemmas for the gay couple as well as for their families of origin and their families of choice. As we examine the questions, it is incumbent upon us as therapists to embrace values that will enhance our ability to understand, appreciate, and respect the differences between straight and gay cultures.

## RELATIONSHIP VALIDITY

Men and women who develop and live in same-sex relationships face daily the heterosexist belief that their relationships are inferior to heterosexual arrangements, which are held up, in traditional theory, as normal and healthy. "Women who remove themselves from the ranks of the available are met with all the diagnostic, medical, legal, religious, and social power at the disposal of those who suffer their loss and resent their nerve" (Goodrich et al., 1988, p. 141).

As therapists, it behooves us to understand how relationship validity is measured in particular cultures. As I write this, family dinners in my

history come to mind. I have vivid memories of those who got to sit at the main table and those who were relegated to the children's table. My single sister and her "boy" friend never quite made it to the adult table. A heterosexual marriage was the ticket.

As Tisha and Laura prepared their commitment ceremony, they struggled with images of heterosexual marriage ceremonies. Both grew up learning that someday they would marry a man, in a religious setting, with a legal document condoned by society. An alternative image came to them from their recent history in their lesbian community. They had been present at numerous commitment ceremonies planned by women for the purpose of having their union witnessed by their community. During the preparation, they asked questions like, "Is this union valid if we don't have a priest, break a glass, walk down an aisle, have Dad give me to a man?" These kinds of questions come from their own internalized heterosexism. This had to be articulated and explored in sessions.

As a therapist, my tendencies were to try to relieve Laura and Tisha of their worry about validity. A simple "Of course you are valid" coming from me was not enough. Tisha and Laura clearly did not need me as a cheerleader. They needed me as a witness. They needed me to be aware of their own deep-seated fears about validity and to provide a holding environment as they expressed and released their own biases.

## STAGES OF COMING OUT

A commitment ceremony brings to awareness the many stages of coming out. Various writers have articulated these stages differently. One of these is Richard Niolon (2000, <http://www.psychpage.com>), who described the process as happening in this order:

*Self-Recognition as Gay.* More than just an attraction to members of the opposite sex, it involves confusion, some attempts at denial, repression of feelings, anxiety, trying to 'pass,' counseling, and often religious commitment to 'overcome' sexuality. There may be some grief over . . . loss of a traditional heterosexual life.

*Disclosure to Others.* Sharing one's sexual orientation with a close friend or family member; rejection may cause return to the Self-Recognition stage. . . . Usually disclosure is a slow process. As it progresses, a self-image of what it means to be gay develops, and the individual studies stereotypes, incorporates some information about gays while rejecting other information.

*Socialization With Other Gays.* Provides the experience that the person is not alone in the world, but that there are other people like him or her. A positive sense of self, indeed pride, develops and is furthered in

this stage by acceptance, validation, support, and possibly contact with positive gay or lesbian role models.

*Positive Self-Identification.* Entails feeling good about one's self, seeking out positive relations with other gays or lesbians, and feeling satisfied and fulfilled.

*Integration and Acceptance.* Entails an openness and non-defensiveness about one's sexual orientation, or . . . being quietly open . . . available for support to others and not needing to hide . . .

When men and women decide to have a commitment ceremony, they may or may not have negotiated these first five stages. The public expression of promises can be considered one more stage in the coming-out process. When gays and lesbians have a public commitment ceremony, they are celebrating their sexuality, their sexual preference, and their right to have a long-term committed relationship. The assumption is that they have achieved a level of integration and acceptance of themselves to proclaim themselves publicly.

Both Tisha and Laura recognized and started to wonder about their feelings for girls at a young age. They were aware of attractions during their high school years. They struggled at that time of their lives with feelings of confusion and denial. For both of them, college was the time and place where they experimented with sexual encounters and relationships with other women and began to disclose and share their feelings with close friends. Tisha came out to her family at that time. Laura, however, withheld information about her sexuality from her family, knowing that it would be met with a negative reaction.

Both Tisha and Laura have described the relief and support they experienced as they began to socialize with other lesbians. As they became involved in gay and lesbian events, political work, and simple social gatherings, they began to develop more and more positive self-identification and more and more sense of self-fulfillment. They consider the onset of their relationship and their decision to have a commitment ceremony as a major step toward integration and acceptance.

If one or both members of the couple struggle with the decision to have a ceremony, the therapist might attempt to take them back to the previous stage of coming out. Therapists would do well to be ready to continually help gay clients with integration and acceptance of their sexuality. Heterosexist values seep in easily and we are all susceptible.

When gays and lesbians ask family and friends to celebrate with them and to serve as witnesses, the process becomes a coming out for families as well. As a therapist, I struggled with my own need to support my illusions that Laura's and Tisha's families would be present, supportive, happy, and goose-bump accepting. As our sessions progressed, these family voices became more audible in the office, and systemic issues abounded.

As an example, Tisha's and Laura's families were very concerned about the guest list for the event. There was a great deal of discussion in both households regarding which aunts, uncles, and cousins should be invited. Tisha and Laura struggled with whether they wanted their ceremony to be a gathering of supportive people or a forum for political change. They decided not to invite those who would be offended and found it difficult to determine who those might be. From a family systems perspective, preparation of a guest list turned out to be a powerful family intervention, especially in Laura's family. It stimulated a conversation that needed to happen, and it provided a forum for examination of homophobia in the system.

My tendency to view Tisha's sexuality as approved by the whole family was naïve at best. As she discussed her guest list, it became evident that her sexuality had been kept secret from her extended family. "Mental health clinicians should not view the apparent 'tolerance' of some families as if it constitutes approval or as if there are no African American families who . . . disown a lesbian family member" (Jackson & Greene, 2000, p. 89). As Tisha prepared her guest list, she and her parents began to reevaluate the extent and depth of homophobia in the family as a whole and in some members in particular. It was evident that certain family members would view a public ritual as "flaunting" or a public expression of "joining the enemy camp."

## FAMILY TRADITIONS

Tisha and Laura discussed, in great detail, how they would express their promises to each other. They wondered aloud what, in fact, they wanted to say to each other. In most cultures, the words of a marriage ceremony are written in stone. They are very familiar and are invested with generations of tradition and, therefore, with tremendous power. Laura and Tisha did not want to be trapped by words that, to them, were meaningless, and they did not want to be trapped by their own reactivity to those words and concepts.

At one point, Laura and Tisha decided not to speak vows aloud as part of the ceremony. They wanted, instead, to show slides depicting many facets of their relationship. The reaction from their friends, their family of choice, was intense. They challenged Tisha and Laura with their belief that silence should not be part of the ceremony.

This reaction created in the two women a struggle with the question of whether they had the right to make a commitment without the use of words and how this would affect their responsibility to the lesbian community. Tisha, in particular, was affected by this struggle at her deepest core. In response to this challenge, she reacted with, "These are progressive people

who themselves rejected other conventions. It was shocking to hear that one element of a ceremony was deemed critical.”

Tisha used therapy sessions to examine her conviction that she and Laura were inviting people to a ceremony, not to witness the exchange of vows, but “to witness whatever it is that happens.” Her work resulted in her strong statement that although she did not want to speak vows, she did want “the energy I am putting into the ceremony to be recognized as my *speaking*. . . . The work is not in justifying the wedding elements, but having a dialogue about its meaning to us . . . who dares to suggest it’s not what we say it is?”

I struggled with my role as support, witness, one who empowers, and one who challenges. Yes, the personal is the political; however, as feminist therapists, we run the risk of turning every situation into a forum for social change. In this case, Tisha and Laura needed to be supported in their decision *not* to speak vows and empowered to request this same support from their lesbian family of choice.

## DESIRE TO HAVE A CHILD

As Tisha and Laura discussed their commitment ceremony, they also announced their desire to have a child. The issues of lesbian parenting presents yet another challenge to everyone’s image of how a family should look and function. Tisha’s parents, upon hearing that their daughter wished to be the biological mother, went into their own parenting mode. Concern for Tisha’s health was uppermost in their minds. Because of chronic back pain, Tisha could have difficulty with carrying a child. Laura’s family expressed concerns. Unspoken, however, were other concerns that can emerge in all of us from internalized heterosexist bias:

1. How will a mixed-race child of two lesbians fare in this culture?
2. If Tisha cannot get pregnant, how easy or difficult will it be for a mixed-race lesbian couple to adopt?
3. Can lesbians really be good parents anyway?
4. Will there be enough community and family support to empower this couple?
5. If insemination is their choice, will there be a male parent successfully involved in this child’s life?
6. If adoption is the choice, how will both women be equally involved, given that lesbians cannot legally adopt as couples?

Although these questions were not on the front burner during our sessions, they did come up and they played in the background of all of the ceremony planning. When lesbians discuss commitment and parenting with



their families, it is inevitable that deeply held and deeply felt beliefs will get stirred in all concerned. For many family members, religious values are stored in the part of the self where prejudices also live. Even if not articulated, family members, and even lesbians themselves, struggle with questions regarding morality. Will “god” really bless this marriage, and is it really morally correct for lesbians to have a child?

As a feminist therapist, I found myself wanting to expound my belief that these women have the right to get married and have children. I had to remember that having a right does not automatically create a healthy environment for decision making. The issue of having a child was tabled for discussion at a later time even though I supported their right to add that into future plans. It was important to acknowledge the issues that having a baby can bring up for gay persons. Although we agreed to postpone the discussion, the issues were acknowledged.

Laura’s sister continues to be the most adamant of all family members. She is explicitly opposed to the commitment ceremony, and she is horrified at the prospect of having a mixed-race child in the family who will be considered her niece or nephew. She holds tightly to her position, remains silent, and has not responded to her invitation. She therefore provides, for both families, an extreme position, which all others can reject.

Paradoxically, she offers other family members an opportunity to find their position of acceptance and to behave visibly different from her. In this context, Tisha describes her mother’s acceptance in these terms: “My mother is very self-conscious and . . . it would look backwards to most folks for her not to be supportive, so her shunning me would be, ironically, more a negative commentary on her . . . than her having a gay child. For that I am grateful to history and my forerunners for having created an environment in which it is not politically correct or socially acceptable to discriminate against your child on the basis of sexual orientation.”

## CONCLUSION

At this point in time, Laura and Tisha have not yet had their ceremony. Their work in therapy serves to

1. Strengthen their resolve to find their own voices as they proclaim their commitment.
2. Clarify their beliefs about the politics of coming out as a couple.
3. Increase their ability to communicate with one another, their families of origin, and their families of choice regarding who they are in the world and what they need from supportive others.

4. Continue to examine and celebrate the differences between them.
5. Continue the journey toward enlarging their system by including a child.

The therapist's work is to

1. Validate a same-sex relationship by understanding the culture of the lesbian couple and the value of their struggle.
2. Understand that coming out is a profoundly personal, political, and spiritual process of knowing self in relation to other. The commitment ceremony makes this process public and, consequently, has an effect on family and friends. Be willing and able to include family and friends of the couple in therapy sessions.
3. Be ready to help clients examine their own internalized homophobia by bringing up the discussion of homophobia in sessions. Be willing to examine one's own homophobia and bring this up in peer consultation.
4. Be aware that a major source of homophobic thinking regarding a commitment ceremony is deeply held beliefs about good and evil, heaven and hell, punishment and salvation. Be ready and willing to examine these beliefs with clients.
5. Know that, among lesbians, there exists a multitude of different beliefs about the validity of public commitment ceremonies. Not all lesbians are heading off to Vermont to take advantage of the new laws regarding same-sex marriages. Help prepare clients for a variety of reactions that may come from their lesbian community, some of which may be positive, some of which may be negative. Be prepared to include some of the clients' important friends in therapy sessions.

Laura and Tisha have requested a session, or sessions, that will include some of the primary women in their family of choice. Their desire is to have an ongoing dialogue with these women to acknowledge their importance in Tisha's and Laura's lives, and to empower the connections. As a team, we will stay open to how the therapy process can be adjusted and recreated in the best interest of these women.

These two women have been a blessing to me as a therapist. I am learning from them about how difficult and how necessary it is to stay conscious and awake in relationship. I am learning, from observing myself in the process, how easy and harmful it is to fall asleep to my own internalized heterosexual bias and homophobia.

My work with Laura and Tisha underlines the following feminist therapy principles:

1. Diversity in systems is to be understood and respected.
2. *Culture* is the design, the tapestry portraying all of the ways a particular group of people has lived throughout their history. We must view our clients' cultures with reverence and intelligence.
3. *Heterosexism* is the belief that heterosexuality is the norm. *Homophobia* is a fear and mistrust of same-sex relationships. Living in our world has caused all of us to absorb both of these, and we must be able to identify these in our thinking and reacting.
4. In every system, there is a dynamic of power. It is vital that we are able to examine how power is attained, used, lost, and managed in every system.
5. Because of differences in culture, values, power arrangements, histories, and experiences, boundaries must be flexible and yet effective—boundaries between members of a couple, between persons and their families of origin, between couple and their families of choice, between therapist and all of the above. Boundaries must be continually examined and measured for effectiveness.
6. Our theories about these principles must be continuously examined for the presence of sexist beliefs. Sexism is insidious and is often embedded in what appear to be state-of-the-art psychotherapeutic theories. Feminist theory holds, as a value, a respectful and mutual arrangement of power in all systems, and we must be ready to examine every system, every theory, every interaction for the nature of all power arrangements.
7. Racism, sexism, and heterosexism form a powerful trio affecting psychodynamic theory and practice and affecting every therapist's feelings and reactions to every client. Not only must we continually examine our own internal biases about this interacting trio, but also we must continuously commit ourselves to the relational dialogue with our clients—the dialogues that change demands.

As therapist and client(s), we all participate in an evolving relationship in which everyone changes. Our hope for change, as therapists, resides in our ability to be authentic and respectful in our relationship with our clients. As I attend and participate in Laura and Tisha's ceremony, I will have the opportunity to celebrate their spirit and courage, and I will have the

opportunity to remember that our work as clinicians extends far beyond the office.

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