

Lesbian and Gay families: Understanding the dilemmas that emerge for family therapists

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Background

Relevant recent literature has thoroughly explored the challenges for gay and lesbian family members, with most prominent dilemmas arising from decisions to “come out” (Green 2000; LaSala, 2000).

But what are, if any, the dilemmas for family therapists related to the formation and therapy of lesbian and gay families?

The study of lesbian and gay family relations provides new perspectives in traditional family therapy norms (Green, 1996). Mitchell (as cited in Laird and Green, 1996) suggests that if family therapists want to develop effective approaches for working with these families it is important to deepen their understanding of their lived experience. The current lexicon of family therapy and child development must be deconstructed and reconstructed again taking into account the challenges and dilemmas that lesbian and gay families bring to family therapy. According to White and Epston (1990), families often seek therapy when their lived experiences contradict the dominant narrative about them and for lesbians (Muzio, 1996) this can be the point in the family-building process. The pressures and problems faced by lesbians having children reveal previously concealed homophobic beliefs concerning their suitability to raise children as a gay couple. Even though research in that field has not revealed considerable differences in the psychological health of children (Patterson, 2000), popular discourses show that lesbian and gay families create anxieties expressed on a social, cultural and even policy and government level (Hicks, 2005).

Therapists are also part of this dominant culture and their beliefs are influenced by both their own personal story, cultural beliefs and societal values situated in the specific historical and cultural time influencing their stance and also creating dilemmas when working with LGBT families. According to Green (2003), if a therapist cannot fully support the client's decision to live as a homosexual he should exclude himself from treating these clients. We believe that the importance of discussing these dilemmas is reflected by Dryden (1985) who thought that dilemmas cannot be avoided or simply resolved but transformed into constructive experiences, thus creating a protective context for therapy and informing us on our involvement in the provision of therapy.

Method

We used thematic analysis to examine 7 semi-structured interviews with family therapists. Even though the interviews had a specific focus that informed the interview questions, there was a deliberate attempt to allow the interviewees to provide insights into their own reality and experience (Hollway and Jefferson, 2000). Focusing on the similarities in the therapists' experiences of working with clients, we used coding process (Boyatzis, 1998) to identify specific 'dilemma' themes from the interviews.

Aim of the study

The aim of this qualitative research project was to explore the therapists' own dilemmas when working with lesbian and gay family members.

Main results

Based on our findings, therapists do face dilemmas linked to the dominant culture and their own personal history. These dilemmas emerged in the form of seven themes, common in the analysis of the interviews. The themes that were prevalent on the thematic analysis of all interviews were the following:

➤ The therapists' stance on homosexuality

The results indicated that the main challenge for Greek therapists is their own personal stance against homosexuality influenced by the dominant culture, their past experiences as well as their own stereotypes.

➤ The therapists' stance on gay family formation

The second main theme is their own personal dilemma of the suitability of gay parenthood or the family formation process (e.g. assistant conception or adoption) which seems to be influenced by cultural and personal factors too.

➤ Coming out as a gay family

Another dilemma was whether and to what extent the therapist's role is important to the family's decision making regarding the revelation to their social environment.

➤ Therapists' disclosure

Whether the therapist's sexual identity (heterosexual, homosexual or bisexual) should be introduced in the therapeutic process as a form of self-disclosure was a dilemma significant for most of the interviewees.

➤ Therapists' role on children's gender image

Another dilemma was whether the developing process of children seems to be affected in areas such as the building of gender image and the feeling of consistency they need to have as they grow up and whether this could be part of the therapeutic process.

➤ Couples' gender

An important theme was also whether there are differences in terms of the issues raised between lesbian and gay men families.

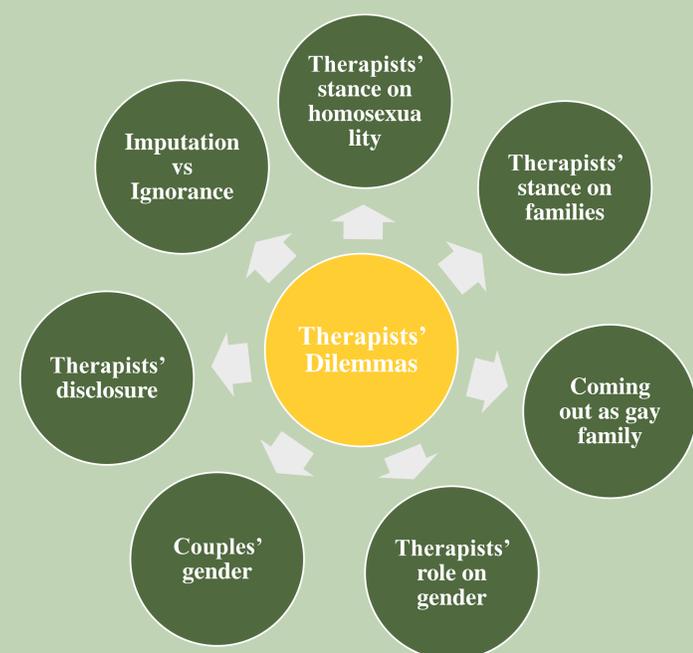
➤ Imputation vs Ignorance

Finally, some therapists expressed the challenge of imputation versus ignorance of specific issues that gay families have to deal with through the therapeutic process.

Therapy implications

Challenges and dilemmas are inevitably involved when working with new forms of family. Green's (2000) and LaSala (2000) dilemma of coming out is apparent as well as the acknowledgement that in order for a therapist to decide to work with gay families he should have worked first with his own stance towards homosexuality and lesbian and gay family formation (Green, 2003). Other more specific dilemmas influenced by the therapists' own experiences were also prevalent. All these dilemmas are culturally and historically situated in the dominant culture of Greece. However, the importance of these dilemmas is that when acknowledged and discussed in an evaluative way between therapists, they create a protective and supportive context for the therapeutic process. The goal is not to resolve the dilemmas but to develop a reflexive account and talk about the dilemmas per se rather than switching from one another as if they were experiential truths (Reynolds and Wetherell, 2003).

Figure1: Main Themes



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