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PSYCHOTHERAPY WITH GAY AND LESBIAN FAMILIES: OPPORTUNITIES FOR CULTURAL INCLUSION AND CLINICAL CHALLENGE

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ABSTRACT: Many gay men and lesbians are making decisions to have children, either through pregnancy, adoption, or by blending their families. These families may seek psychotherapy for help with dynamic issues which confront all families from time to time. This article presents a context for clinicians to deepen their understanding of cultural and clinical aspects of gay and lesbian parenting. This context will be discussed through the application of concepts frm self psychology within the framework of narrative theory in order to validate gay and lesbian family experiences by through the creation and understanding of their family narratives.

KEY WORDS: gay and lesbian parenting; family therapy; homophobia; narrative.

INTRODUCTION

The heterosexual culture has long viewed gay and lesbian parenting as an unusual, unknown, and largely unsupported family choice. Yet, many gay men and lesbians decide to raise children, either through pregnancy, adoption, or by blending their families. Because of fear of discrimination or violence, and fear of losing custody or visitation rights, gay men and lesbians may not feel free to be open about their family structure. This makes it difficult to measure accurately the number of these parents in the United States. The U.S. Census estimates that the number of gay

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men and lesbians is more than two million and the number of children being raised by them is as high as six million. Gay-and lesbian-identified families, like heterosexual families, may seek psychotherapeutic help with the dynamic and concrete issues that confront all families from time to time.

To date, there is no specific family therapy theory in place to guide clinicians in their acknowledgment and support of the experiences of gay- and lesbian-identified families. Through the application of ideas from self psychology within the context of narrative theory, this article will present a framework for therapists that may deepen understanding and appreciation of cultural and clinical aspects of gay and lesbian parenting while more fully validating gay and lesbian family issues and experiences through the creation and understanding of the meaning of their parenting narratives.

CREATING THE CONTEXT: HOMOPHOBIA, SELF PSYCHOLOGY, AND NARRATIVE THEORY

Homophobia

In spite of the 1973 decision of the American Psychiatric Association that homosexuality is not a mental disorder, a significant social stigma continues to affect the psychological and social development of gay men and lesbians. The cultural implications of this stigma, perhaps more accurately defined as homophobia—the hatred of homosexuals—may directly or indirectly influence and limit the empathetic response of the clinician to these families wanting psychotherapeutic assistance.

Additionally, gay men and lesbians can internalize homophobic attitudes that collude with the belief that gay men and lesbians are not suitable for parenting solely because of their sexual orientation. The impact and implications of internal or external homophobia from the clinician or the gay or lesbian patient can effectively erode the psychotherapeutic process and relationship as a safe place to explore and understand the dynamic and concrete circumstances that brought the gay and lesbian-identified family to therapy in the first place.

Since homophobic reactions persist in the social, legal, religious, and psychological institutions within our culture, these attitudes will be present, at times, for both the therapist and gay men and lesbians during family psychotherapy. Experiencing the impact of institutional or unintentional interpersonal homophobia for a gay man or a lesbian is a very painful, and often damaging, narcissistic injury inhibiting gay men and lesbians from living fully and wholly. To address and overcome the impact of these homophobic attitudes, the psychotherapeutic process must em-

power and ease the development of self-esteem and a cohesive self. Self psychology offers a theoretical framework that can facilitate the process of narrative creation. The following section of this paper will discuss some principles of self psychology that may be useful to the clinician working in therapy with a gay and lesbian-identified family.

Self Psychology

Within the context of normal development there is an expected level of failure of empathy by care givers. Psychic structure is acquired in the context of the therapeutic self–selfobject relationship with its inevitable (but manageable) frustrations and gratifications. This failure of empathy may lead to narcissistic injury that can create intrapsychic structural vulnerabilities. In similar ways, the empathic failure of the larger society to mirror and validate the gay-and lesbian-identified family can cause a loss of self-esteem that impedes the development of a healthy narcissism as a family group and as gay men and lesbians.

Likewise, during psychotherapy, the empathic bond between the therapist and the patient will be disrupted and reestablished because of periodic failures of empathy by the therapist. Through this process patients will have the opportunity to "create or develop, through transmuting internalization, intrapsychic structure by which they may be better able to internally regulate self-esteem and calm the self" according to Baker and Baker. (1987, p. 7). This will occur often during psychotherapy. That the bond is disrupted and truly reestablished between the patient and the therapist suggests that the process of psychotherapy is working as it should.

Self psychological therapists, according to Helene Jackson, "view change as occurring in the surround of an empathic milieu, fostered by the therapeutic interventions of acceptance, understanding and explanation" (1994, p. 2). The overall empathic effort is to discover and understand the patient's perception of the narcissistic injuries he or she has experienced. According to Michael Basch, the self is a "concept; a symbolic abstraction from the developmental process." This self, Basch believed, "refers to the uniqueness that separates the experiences of an individual from those of all others while conferring a sense of cohesion and continuity on the disparate experiences of that individual throughout his [sic] life" (1983, p. 53). According to Baker and Baker, the goal of the therapeutic process is to "resume the thwarted developmental process, forming internal structures that assume the functions provided by selfobjects" (1983, p. 7).

The therapist, by providing consistent empathy, serves as a selfobject for the patient. Kohut and Wolf have defined a selfobject as "objects that we experience as part of ourselves" (1978, p. 413). These selfobjects are valued for the internal structure and emotional stability they provide.

The nuclear self, therefore, is the earliest, essential aspect of the self. As distinguished from endowment, the nuclear self develops through the early interactions with others particularly caregivers. Kohut believed that empathy was the most significant element in creating and transforming the internalized images of the caregivers to construct a stable and cohesive nuclear self. Extended periods of mirroring allow the patient with narcissistic deficits to risk self-examination and awareness.

Affirmative and acknowledging attitudes toward homosexuality are not usually mirrored by the larger society, and sometimes, not by heterosexual parents. Therefore, the development of a cohesive identity is often a very difficult process for gay men or lesbians. While the coming out process may mean that gay men and lesbians are more able to openly claim their sexual orientation, coming out does not automatically mean that life decisions regarding partnering, having children, and creating a family of choice will be supported by the larger society. If homosexuality is viewed with constant ambivalence, negativity, or rejection because of homophobic attitudes and practices, the homosexual's attitude toward himself/herself will reflect, in some degree, the internalization of these beliefs.

Narrative Theory

The histories and present experiences of gay men and lesbians are often perceived by the heterosexual society as a deficit, or as a failure to meet the standards and expectations of the majority culture. These differences between gay men and lesbians and the majority culture are often stereotyped, with the full humanity of gay men and lesbians reduced to a few selected deviant traits. The resulting loss of self-esteem and the internalization of the perceptions and attitudes of the majority group, directly impacts the capacity of gay men and lesbians to develop and maintain enduring, partnered relationships. The creation of extended family groups, including children and members of the family of origin, is often not considered an option for gay men and lesbians, nor the majority culture. This process of labeling and stereotyping leads to psychological disempowerment and considerable social alienation for both gay men and lesbians.

Often gay men and lesbians decide to enter psychotherapy to create a safe place in which to explore, understand, and eventually shed the impact of this disempowerment and alienation. During the process of psychotherapy, the therapist and the patient work together to understand the meaning of their present and past internal and external experiences. According to Carolyn Saari, "the purpose of treatment is to help the client practice the creation of meaning" (1991, p. 145). These narratives and their meanings form the context and the content for psychotherapy. Creat-

ing the narrative and claiming its meaning is essential to the work of psychotherapy.

Theodore R. Sarbin says, "the narrative is the organizing principle for human action." Through this organization, experience is structured. The narrative, therefore, organizes "episodes, actions, and accounts of actions. It is an achievement that brings together the mundane facts and fantastic creations: time and place are incorporated. The narrative allows for the actors' reasons for their acts, and the causes of the happening" (1986, p. 9).

Gergen and Gergen state, "the most essential ingredient of a narrative accounting (or storytelling) is its capacity to structure events in such a way that they show first a connectedness or coherence, and second, a sense of movement or direction through time." In order for the narrative to accomplish this, two aspects must be in place: first, it must have a "goal state or a valued end," and second, "the events described in the narrative must be linked to create the content and the context of the story" (1986, p. 10).

Palombo believes that the "totality of a person's experiences, which is organized as a whole that is more than the sum of its parts, is the sense of self." The principle of the whole, as described by Palombo, defines the structure via motifs or themes that they derive from experiences and have in part organized their lives" (1992, p. 255). The psychotherapeutic process can be viewed as a story about the connections between the history, affects, and present circumstances of the patients, as well as the interaction between the patient and the therapist. Within the process of therapy, and by understanding the meaning of these motifs, the patient's narrative becomes known to both the patient and the therapist.

Alexander R. Luria states that, "meaning is a stable system of generalizations represented by a word; a system that is the same for everyone" (1981, p. 44). Words make the experience known. The narrative as a collection of words, weaves meaning through the storyline. Luria believes that words are used, "not only to substitute or represent objects, not only to elicit associations, but also to analyze objects, to isolate and generalize their properties." Additionally, a word "not only substitutes for a thing, but also analyzes it by introducing it into a system of complex associations and relations" (1981, p. 37).

The words used which create a narrative, not only make it possible for the patient and therapist to communicate, but also to conceptualize the experiences and affects of the patient. Luria states that "every instance of communication requires that a word not only denote a specific object, but also introduce a generalized idea" (1981, p. 37). The word, therefore, moves simple "sensory experience to rational experience" (1981, p. 38). Words, in order actually to communicate both sensory and the rational experience of the patient, must have meanings that both the patient and

the therapist share. It is this collection of words and their meanings that form the structure of the narrative.

This process can also be viewed as a dialogue between the therapist and the patient in which the meanings of the experiences of the patient become gradually part of the patient's sense of self. Empathic understanding by the therapist and the patient of these experiences gives meaning to these experiences. According to Palombo:

> The dialogue becomes engaged when the therapist through attunement to the patient's feelings and through empathy with the patient's communication begins to understand the patient's personal meanings and the meanings to the patient of past events and experiences. The motifs that shaped those experiences are brought into relief. A shared experience emerges and it is possible for the therapist to understand the meanings to the patient of what was experienced. (1992, p. 264)

Transference and countertransference within the treatment process provide an example of how the associations of the words used by the patient and the therapist can affect the ability of both to express meaning that they share. Transference, according to Peter Gay, is the "patient's way, sometimes subtle and often blatant, of endowing the analyst with qualities that properly belong to beloved (or hated) persons, past or present, in the real world" (1988, p. 253). Greenberg and Mitchell state, "countertransference is an evitable product of the interaction between the patient and the analyst, rather than a simple interference stemming from the analyst's own infantile drive related conflicts" (1983, p. 389).

It is from the understanding of both the countertransference and the transference that the meaning of the psychotherapeutic process becomes known. The narrative, therefore, becomes the hermeneutic documentation of the meaning created within a specific treatment context. The hermeneutic documentation of the narrative, according to Gadamer is "not to develop a procedure of understanding, but to clarify the conditions in which understanding takes place" (1975, p. 121). Therefore, the significance of understanding both the transference and countertransference within the therapeutic process, enhances the ability of the therapist and the patient, to clarify not only the psychotherapeutic content, but also conditions that support the meaning and understanding of the narrative storyline.

The documentation of the psychotherapeutic process necessarily includes the cultural and interpersonal biases of both the patient and the therapist. It is through this process that "we come to know an inner picture through the signs that they give from the outside through the senses we call understanding" (Dilthey, 1923, p. 105). Hans-Georg Gadamer said, "the harmony of all the details with the whole is the criterion of correct understanding. The failure to achieve this harmony means that understanding has failed" (1975, p. 117).

Understanding the meaning of the narrative for gay-and lesbian-identified families can describe and validate the experiences of these families for themselves and for the therapist. Through this validation, these families can identify and claim their own family identity, thus creating a context for understanding and clarification within the treatment process. Without this context of validation, the internalization of the generalized societal disapproval of gay and lesbian parenting can dominate the self-esteem of the family, as a unit and as individual members, and inhibit possibilities for adequate parenting. In addition, the therapist may become inhibited in his/her ability to hold and support the health of the family system, while working with the family on their areas of concern. The invisibility of the gay-or lesbian-identified family as a viable family structure can make it impossible for gay men and lesbians to seek out therapy as a way to work through family difficulties. The lack of acknowledgment of these relationships can make the circumstances of homophobia invisible and serve to only further hurt and alienate the family.

This acknowledgment for both the therapist and the gay and lesbian parents are influenced by two systems of meaning. Palombo identifies these systems as the "universe of personal (i.e., subjective) 'inner' meanings and the universe of the shared and public (i.e., objective) 'outer' meanings. The tension that exists between these two universes of meaning is fundamental to the understanding of both the construction of the self-narrative and of its organization." Palombo also said that "the sense of self-cohesion may then be defined as the experience that results from the establishment of a coherent personal and/or shared set of meaning or of a narrative" (1992, p. 258).

The subjective meanings partially shape the internal experience of being a gay man or a lesbian and the outer meanings of the shared, public universe. Very often the inability of a gay man or lesbian to develop a cohesive self is related to inconsistencies between these two perspectives. Outside attitudes toward homosexuality, coupling, and child rearing can significantly influence the ability of the gay man or lesbian to make decisions that reflect his/her personal longings regarding the creation of a gay-or lesbian-identified family.

The therapist also brings to the treatment process, his/her own sense of self that the tension and interaction between subjective and objective universes have shaped. It is through the overall interaction of these aspects of the therapist's experiences and the patient's experiences that they create the healing process of therapy. Psychotherapy with gay-and lesbian-identified families must find ways to integrate the experiences of these men and women into broader personal and shared meanings. It is through this process that empowerment of the lives of gay men and lesbians occurs. Within this context of empowerment and cohesiveness of self,

the creation of a viable family system and healthy parenting becomes acknowledged.

What is curative, according to Palombo, is "the resolution of the disharmonies and the restoration of meaning to what was formerly meaningless" (1992, p. 268). Accordingly, the process of resolving the injuries caused by internal and external homophobia and restoration of self-esteem not only creates the narrative, but also the context for personal and social empowerment for the gay-and lesbian-identified family.

To show the application of narrative theory with self psychology to gay and lesbian-identified parenting, the mirroring and idealizing transferences are high lighted in the following case.

CLINICAL CASE

Lauren is thirty-two years old, and Jody is thirty years old. They have been in a committed relationship for almost ten years. While their relationship is presently stable, there have been times of considerable conflict that have threatened their commitment to each other. Lauren works as an engineer and Jody is an architect. I have seen Lauren and Jody in individual and family therapy since 1990. Their son, Joseph, was born in 1993.

Jody grew up in an affluent suburb outside of Chicago. Her parents are alive and are still married to each other. Her father is an attorney and her mother is a homemaker, and according to Jody, their marriage is based on very traditional gender roles and religious beliefs. Her parents and her peer group know Jody to be a lesbian. While her family knows of her commitment to Lauren, they are not supportive of her sexual orientation, nor of her decision to become a parent. Jody continues to experience disapproval from her father because she did not become an attorney. Jody recognizes that focusing on this kind of disappointment may be easier for her father than to find ways to address his feelings about her sexual orientation. Jody has a brother who is thirty-three years old, married, and a parent to a 3-year-old girl. Jody believes her parents have always favored him. Her sister is twenty-eight years old. She is also married and does not have children. With Lauren's encouragement, Jody began individual therapy in 1991 to deal with and understand the rejection that she has felt throughout her life from her parents, but most acutely concerning her sexual orientation.

Lauren's parents divorced when she was thirteen years old. Since 1987, Lauren has been in recovery for alcohol abuse and drug addiction. As her own process of recovery has stabilized, her relationships with her parents have improved. Her parents, and her brother (thirty-four years old) and her sister (thirty years old) know about her sexual orientation. Lauren's sister is also a lesbian and she and Lauren are very close. Lauren's family knows and likes Jody. While her family was not actively involved in her pregnancy, they did provide support for Lauren's decision to have a child co-parented with Jody.

Lauren first contacted me for psychotherapy in 1990. She wanted support for her recovery from alcoholism and drug abuse that would compliment her 12-Step work. She also wanted to work through issues related to her family of origin, and problems in her relationship with Jody. Lauren had received a bipolar disorder diagnosis while in high school and she had recently stopped taking her medication

for this condition. She wanted my help in learning how to manage herself without medication.

Throughout this individual treatment, Lauren and I frequently discussed her wish for a baby. Jody became a part of these discussions and it was their intentional, mutual decision that Lauren would become pregnant. Lauren and Jody chose the option of an unknown donor through an agency that works with unmarried heterosexual women and lesbian couples who want to become pregnant. After three inseminations, Lauren became pregnant. Both Lauren and Jody were afraid and thrilled that a "real baby" was on the way.

During the pregnancy, I worked with Lauren and Jody individually and in family therapy. For each of them, the pregnancy brought up many concerns, fears, worries, and hopes. They wondered together if their commitment to one another would be enough to sustain the stress of a new baby. Past and current family of origin issues came up for both of them. They doubted their capacity to care for themselves, each other, and a new baby. Jody and Lauren worried about the lack of role models for lesbian parents and few positive social supports for lesbian co-parents. They wondered if they would feel isolated and cut off from their coupled friends who did not have children. Jody and Lauren were frightened at the prospect of having to "make it up as they go along." Lauren and Jody wanted reassurance from me that their feelings and the issues they were dealing with were 'normal' for expectant parents. I talked with them about having a child and how many of their issues were concerns of parents-to-be despite sexual orientation. Jody wondered how she would handle her role as the co-parent and the possible effects of the unknown donor as the father on their relationship and on their child.

Jody was very involved with Lauren throughout her pregnancy. Both participated in weekly Lamaze classes. They were, however, the only lesbian expectant parents in the class. While they felt included in the class by the other expectant parents and the trainer, both Jody and Lauren felt awkward and not a part of the experience of this class. Jody and Lauren gradually became more aware of their own internalized homophobia and the limiting effect these feelings had for them.

Jody's uncertainties about becoming a co-parent eventually led her to individual therapy in order to explore these feelings and issues more fully. A relative had abused Jody when she was two to ten years old. The prospect of becoming a co-parent was one motivating factor for her decision to deal more directly with the lingering impact of this childhood trauma.

The individual and family therapy sessions before and after the birth of the baby were difficult for both Jody and Lauren. These sessions proved to be sources of self-esteem for both as they found they could talk about some very difficult issues in direct ways with one another. For example, Lauren's family of origin has met Jody and Lauren's child. Her parents seem happy to include Joseph in their extended family. Jody's family of origin, however, has not acknowledged nor met Joseph. The genuine sense of openness and directness between Lauren and Jody about these kinds of realities concerning their decision to co-parent has served to clarify and deepen their commitment to each other.

CLINICAL DISCUSSION

Both Lauren and Jody grew up in families of origin where they experienced a lack of safety and protection. Lauren's father was an active alcoholic for most of her childhood, and her mother was unavailable emotion-

ally. Because Jody's experience of sexual abuse by her uncle was unacknowledged by the parents, she had to find her own ways to cope and manage the isolation and psychological trauma of this abuse. For both Lauren and Jody, these childhood experiences have greatly affected their self-esteem and their development of a cohesive sense of self. It is not surprising that Lauren developed an alcohol and drug problem of her own in early adolescence. While Jody did not become an alcoholic or an addict, she has also had substance abuse problems as an adolescent and young adult. Both Lauren and Jody have used 12-Step programs to get support for these issues.

Through empathy, clarification, and affirmation of their experiences and feelings, Lauren and Jody are learning to create and understand the story, or narrative of their lives as lesbians and as parents and as a family. Carolyn Saari points out, "Although the social worker will inevitably influence the content of the client's identity, it is important to remember that identity construction is an active process that can usefully be carried out only by the individual involved" (1991, p. 145). This knowledge and appreciation of the meaning of their past and present lives help to create a context for understanding their narrative. By understanding their narrative both individually and as a couple, Lauren and Jody are more able to make choices and decisions about their present lives which enhance their self-esteem. The support and validation offered in their treatment is gradually becoming internalized and claimed as their own. This process reflects the self psychological idea of "transmuting internalization" which according to Kohut, is a process through which a "selfobject function becomes a self function" (Elson, p. 74). Through psychotherapy, Lauren and Jody are learning to nurture and care for themselves and provide selfobject functions for each other and their child in ways which were not available to them within their families of origin. Their understanding and acceptance of this care comes from my function as a selfobject for each of them throughout our work together.

As Lauren and Jody know me to be both a psychotherapist and a lesbian, they view me as a 'safe' person. In Wolf's self psychological terms they would define their idealization of me as a "need to experience oneself as part of an admired and respected selfobject; needing the opportunity to be accepted by, and merged into a stable, calm, non-anxious, powerful, wise, protective selfobject that possesses the qualities the subject lacks" (Wolf, p. 55). The process of treatment with Lauren and Jody allowed for the reestablishment of this need. This selfobject experience is a particularly important process for lesbians and gay men who have not had their choices and feelings mirrored by the larger society nor within their family of origin because of the inhibiting influence of homophobia on their psychological development.

This transference allows Lauren and Jody to identify with the power they have attributed to the psychotherapist. To be able to identify with this perceived authority is for Lauren and Jody the beginning of their ability to acknowledge their own power as lesbian women and co-parents. One purpose of our therapeutic relationship is to have this perceived power and authority become internalized by Jody and Lauren as they increasingly claim their own power and authority. The capacity to be psychologically empowered as a lesbian originates with self-validation. Through this process of validation, Lauren and Jody are becoming more able to identify and create their identities within their own family narrative. Focusing on the meaning of their family narrative allows Lauren and Jody to understand their own family rooted in their experiences, rather than in the homophobia around them. Sharing in the pregnancy, birth, and co-parenting of their son, is a process that encourages strengthening of their identities and self-esteem as individuals and as a family.

The ongoing clarification and resolution of past conflicts that continue to shade and influence their present lives further empowers Lauren and Jody in the creation of a family for their son. As this resolution occurs, Jody and Lauren are discovering ways to provide for themselves and each other, the love and support they did not consistently receive from their families of origin. As this healing continues, Lauren, Jody, and Joseph are becoming a healthy family based on validation of their narrative and their self-esteem, rather then in reaction to heterosexual convention.

CONCLUSION

This article discussed the significance of creating and understanding the meaning of the narrative for gay and lesbian-identified families. The claiming of the family narrative is an empowering process in the development of self esteem and a cohesive self within the gay-and lesbian-identified family. This strength can serve to buffer and transform the impact of homophobia on these families. A case of a lesbian-identified family was presented to illustrated the relationship between self psychology and narrative creation within the context of an ongoing psychotherapeutic process.

As clinicians, it is vital that we understand, encourage and support this process of empowerment for gay-and lesbian-identified families. Without this awareness and commitment, we may, in the name of psychotherapy, perpetuate the destructiveness of internal and institutional homophobia. With this awareness and commitment, we can significantly contribute to the health and stability of the chosen families of gay men and lesbians.

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