

Lesbian Couples: Stressors, Strengths & Therapeutic Implications



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Sheila, a marriage and family therapist for well over a decade, had worked with couples of all types, including some lesbian couples. However, she was perplexed when Leslie and Karen arrived for their first appointment in such distress. This lesbian couple related being “in crisis,” yet denied any precipitating events. They described their nine-year relationship and how it began as a friendship, but quickly grew into love. Yes, they had experienced the typical periods of disconnection and relational struggle, as any couple might, but Karen and Leslie used to be able to talk through it. They would talk for hours at a time about things important to each of them, and had maintained the policy of “not going to bed mad.”

Although the couple continued talking, shared friends, and attended events, they felt as if something had come between them. Their love and commitment remained, but the relational zest, palpable for so many years, seemed to have vanished. Their crisis surfaced a week before the appointment when each partner incredulously admitted to wondering whether they should end their relationship. They were stunned. Their bond was so strong they could not imagine their lives without each other. Yet they also felt “stuck,” but stuck in what?

The therapist assessed Karen and Leslie individually and both partners appeared to be intelligent, high functioning, and adaptable. They enjoyed a close and equal relationship. As a dual-career couple, they had what would be considered typical stress and strain associated with workload and schedules. Sheila explored the couple's personal and relational dynamics and then assessed their families and the broader context in which they lived.

When asked about family dynamics and support, the dyad responded they had a strong relationship with their respective families and that, unlike many other friends, each family supported the relationship. Sheila then asked the couple to describe what family support was like for them in the past, how they experienced it in the present, and then their hopes for future relational support.

Leslie and Karen described very different family dynamics. Leslie's family was initially cordial to Karen, but certainly not inviting. Although Karen was not Leslie's first female relationship, she was the first person Leslie brought home. The family hoped that Leslie's involvement with a woman was “a stage” and that it would pass. However, as the relationship lengthened, the family support grew strong, and Karen felt cared about and unconditionally included in the family as Leslie's life partner. It occurred differently with Karen's family. Karen disclosed her orientation early on and her family was delighted that she had formed such a solid relationship with Leslie. Yet as new members joined the family, new religions and perspectives were added to the mix. Then, almost as an afterthought, Karen provided an example. A recent invitation to a nephew's wedding arrived at the house addressed to Karen “and guest.”

Stressors and Strengths

The clinical vignette of Karen and Leslie allows us to explore the unique strengths and challenges associated with being a lesbian couple and the implications for effective therapeutic work. Four “external” and unique factors influencing lesbian relationships are societal oppressions, gender-role socialization, identity disclosure, and familial support (Bepko & Johnson, 2000). To begin with, lesbian women entering and sustaining romantic relationships typically have been socialized similarly and hold variations of the same benefits and deficits associated with that gender-role socialization process (Brown, 1995). The lack of gender role constraints associated with being a female-female couple can result in great freedom to create the type of relationship that best suits the couple. However, couples often find it difficult to figure out what a relationship “should” or *could* look like (Patterson & Schwartz, 1994), which can result in relational conflict and distress. Without gender-prescribed roles, lesbian couples must negotiate everything, including who performs what tasks, how they plan their leisure time, and whose career might take priority (Swartz, 1989).

Leslie and Karen's sensitivity to the shifts in their communication patterns and disconnection was not surprising. Female couples often are emotionally expressive (Scrivner & Eldridge, 1995) and long-term dyads appear to strive for competent communication, empathic attunement (Connolly & Sicola, 2005), and mutuality in relationships (Connolly, 2005). Lesbian women are also prone to seek therapy, particularly for relational concerns (Bradford, Ryan, & Rothblum, 1994).

A second unique process associated with being a lesbian couple involves disclosure of one's lesbian identity, which is a complex and often continual process. Disclosure poses challenges for lesbian couples because it is not simply an individual decision, but requires a couple to synchronize and mobilize resources for couple identity (Patterson, Ciabattari, & Schwartz, 1999). Karen's lesbian identity was far more integrated into all areas of her life, while Leslie still struggled and selectively disclosed her sexual orientation to others. Stage discrepancies can lead couples to question the integrity of the relationship (McWhirter & Mattison, 1996), but while disclosure may be ideal, living successfully in the world does not require it. The decision to disclose may not necessarily reflect mental health or differentiation, but might actually result from a realistic assessment

of potential consequences (Green, 2000, 2002; Green & Mitchell, 2002). If the client(s) anticipates few positive results and/or intractable negative consequences, coming out may not be the best action (Green, 2000).

In addition to negotiating their similar gender-role socialization and identity disclosure, Karen and Leslie also experienced and witnessed the societal oppression of homophobia and heterosexism, which appeared to be infiltrating their social support within the family of origin. Homophobia, heterosexism, and the internalization of each of these processes create an interlocking form of oppression (Brown, 1995). In our culture, homophobia is tied very closely to heterosexism, which elevates heterosexuality and devalues same-sex relationships (Oswald, 2003). Systemic privileging of the heterosexual couple as the social and sexual ideal creates a *heteronormative* environment (Fields, 2001), which results in a devaluing and marginalizing of the lesbian relationship. Karen and Leslie entered couples therapy lacking clarity of the weight of society's oppression and the profound impact of the changing context of family support. When Sheila explored how prejudices and institutionalized discrimination against same-sex relationships may be affecting the relationship, Karen and Leslie became clearer about the timing of their relational disconnection and several external stressors. Although each partner experienced some discomfort and unrest, they chose to set these feelings aside for the sake of the partner and family (Oswald, 2003).

Societal prejudices are bound to be absorbed at one level or another, and internalization of these processes infiltrates relationships. As Boss (1988) points out, stressors are different than stress in that they involve an event so significant that it disturbs the status quo. Chronic stressors can disturb a couple's equilibrium over time and can emerge from a social condition, such as those based on gender, sexual orientation, and racial or ethnic discrimination. Leslie and Karen described nonvolitional stressors, originating from the outside, and

ambiguous stressors, such as receiving the wedding announcement addressed only to Karen. Was it an oversight? Did it mean that Leslie was not invited to the wedding, and, if so, how might that influence Karen's attendance? Or was it a message that the sender did not respect or want to validate the relationship by addressing the invitation as one would to any committed partnership?

Because lesbian couples are denied

Intentionality and redefinition of family help strengthen and affirm the created network, legitimize and support relationships, and create new meaning of family (Oswald, 2002). In determining who should be involved in the therapeutic process, the "family of choice" is often emphasized over blood—or legal-based relationships (Bepko & Johnson, 2000).

Second, lesbian couples often lack

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the right to marry in most states, weddings can punctuate a couple's lack of legal and social recognition and present a stressor in the relationship. Oswald's (2003) study of the interpersonal dynamics and centrality of heterosexism at weddings highlights how legally sanctioned weddings can be rife with rituals and social meanings that devalue same-sex relationships. Participants in Oswald's study spoke of feelings of emptiness and unfairness, which led to questioning and even avoiding participation in these and other family rituals. One participant acknowledged feeling "upset" when her partner was not invited to a wedding, yet "the meaning behind her emotions 'didn't sink in for years'" (Oswald, 2003, p. 127). Not receiving a jointly addressed wedding invitation stirred up implicit and explicit angst for Leslie and Karen.

Therapeutic Implications

Lesbian couples form, maintain, and sustain long-term relationships and show remarkable resilience in protecting their relationships from stressors and rebounding from adversity (Connolly, 2005). When approaching work with lesbian couples, several processes come to the fore. First, lesbian couples often must "create" families to augment or replace what has been lost within their family of origin.

normative rituals. In most states, no legal "marriage" exists, so therapists often serve as witness and historian (Schiemann & Smith, 1996) to the relationship. Couples also struggle with "ending" relationships. Because there is no legal "divorce," couples lack those important rituals and can benefit from therapy as they transition and transform the relationship.

Third, different norms exist for lesbian couples, and diverse meanings can be assigned to all areas of life. Therapists must resist pathologizing behavior that may be normative culturally for a lesbian couple, such as the inclusion of former partners in couples' lives (Bepko & Johnson, 2000). A couple's immediate "family" often includes an interwoven network of former partners who remain strongly connected.

Fourth, while genograms are inherent in the family therapy field, therapists might consider adapting them to discover and honor the lesbian couple experience. Expanding the view of family history, family of origin, and family of choice networks strengthens the clinical work, as well as recognizing and honoring that the presenting issue is embedded in the societal and cultural context (Weinstein, 1992). Genograms that are more self- and relationship-initiated, rather than therapist generated, provide an exploration and freedom to discover the experience

of “family” from the client(s)-as-expert perspective (Connolly, in press).

Fifth, when working with lesbian couples, therapeutic goals include helping the couple cope with homophobia, create less ambiguous commitments and relationship roles, and build closely—knit sources of social support (Green & Mitchell, 2002). To help achieve these goals, therapists need special training and experience. In addition to didactic training with this population, effective work with same-sex clients includes personal contact to help break stereotypes and counteract prejudices, supervised clinical experience by those who understand the unique challenges and strengths of the population, and continued consultation with experts in the field (Green, 2002).

Understanding the distinct dynamics of lesbian couples can enhance clinical work with all couples. Same-sex couples provide “possibilities for intimate couple relationships that go beyond the paradigms generated by heterosexuality, and expand our notions, as helping professionals, of what constitutes healthy couple functioning” (Brown, 1995, p. 289). In fact, as clinicians help couples of all types work toward increased levels of intimacy, flexibility, and mutuality in relationship, one might consider that the therapeutic goal would approximate a well-functioning lesbian couple (Brown, 1999).

In Conclusion

Female couples form and maintain relationships within the context of societal oppression, gender-role socialization, and varying levels of support from family of origin and family of choice. These processes produce both stressors and strengths in lesbian relationships. Naming the possible implications of societal oppression and attending to the often-unacknowledged grief process can help defuse relational tension and contribute to relational repair and/or clarity. Working effectively and ethically with this population strengthens their ability to rebound against societal stressors. It also acknowledges, supports, and honors their resilience and tenacity in creating healthy and successful long-term couplings. ○



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