AT THE EDGE: EXPLORING GENDER AND SEXUALITY IN COUPLES AND FAMILIES.
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Discussing Gender in the Context of Family Therapy: a Developmental Perspective
Lisa Maurel, MA, MFT

We live our lives within the fabric of a family system composed of the endeared and estranged, living, and deceased. Within this context, we navigate our individual lives. Birth, launching children, partnering, separating, divorce, and death may compose the life cycle passages of a family system and are celebrated or mourned with accompanying cultural rituals. Though less common, gender transition is a life cycle event for the transgender person and the family system as a whole (Ashton, 2010). The process of identifying, coming out, and transitioning is rooted in a psychological and individual experience of one’s own gender identity. However, gender is also a social experience, entwined in our relationships. Gender transition touches upon every aspect of the transgendered person’s relational life. It is part of every subsequent stage of individual and family life cycle development at both subtle and profound levels (Lev, 2004).

Until recently, family systems theory has been largely silent on the effect gender transition has within the family. This omission in the literature and the classroom is a theoretical blind-spot reflective of the larger cultural bias. Transgender people have been rendered invisible in the literature. The rare attention to treatment describes them as exiled from their families of origin, implying that transition effectively ends the transgender person’s connection to family (Malpas, 2006).

The World Professional Association of Transgender Health

The World Professional Association of Transgender Health (WPATH) is an organization of “diverse professionals dedicated to developing best practices and supportive policies worldwide that promote health, research, education, respect, dignity, and equality for transgender, transsexual, and gender-variant people in all cultural settings” (www.wpath.org). WPATH has outlined ten tasks of the mental health professional as part of their Standards of Care. Individual therapeutic goals include the accurate assessment of Gender Identity Disorder (GID), as well as a course of therapy to address gender concerns and decisions regarding transition when clients meet the qualifications for diagnosis of GID, and desire physical and social transition. The Standards also recommend that the therapist assist the transitioning client in anticipating “familial, vocational, interpersonal, educational and economic and legal consequences” of transition, as “change of gender role and presentation can be an important factor in employment discrimination, divorce, marital problems, and the restriction or loss of visitation rights with children.” WPATH also recommends that the mental health provider be available to provide “support, information and advocacy to family members.” Providing education can be a key element in family adjustment. However, the complex systemic, relational, and emotional processes must also be addressed. Family therapy provides a broader lens to recognize the therapeutic challenges of gender issues overlaying other long term family system dynamics, as well as other intergenerational family issues (Lev, 2010).

This article describes a family therapy approach to the provision of mental health services to families with a gender-variant member. Utilizing affirmative approach to transgender identities as an equal and positive aspect of family life with a larger family systems model, therapists can assist gender-variant clients and their families in addressing the relational roles impacted by transition.
LGBTQ Affirmative Family Therapy

With few historical exceptions, gender roles and norms spring from a binary or male/female conceptualization of gender, one that is assumed to automatically correspond to one's anatomical sex (Lev, 2004). This theory of duality as a means of social organization also assumes heterosexuality, i.e., one can either be heterosexual or homosexual, based on their assigned sex and presumed gender expression. The conception of identity and family formation that is exclusively heterosexual and that ignores or penalizes non-heterosexual forms of identity or family formation is defined as heterosexism (Herek, 1990). Heteronormativity, the presumption that a family functions best when organized around a heterosexual couple, is the underlying assumption within society, and culture. Heteronormativity is also found within models of psychotherapy. These biases are a source of profound internalized homophobia, trans-phobia, and stress for LGBTQ families and necessitate the practice of affirmative therapy as a form of cultural competency.

Gay Affirmative therapy emerged following the de-pathologization of homosexuality in the 1970's. Gay Affirmative therapy is rooted in the assertion that sexual orientation (gay, lesbian, bisexual) is a personal and integral aspect of self and that same-sex forms of identity, relationships and family formation are equally valid and loving ways of relating, which do not in themselves indicate psychopathology (Lev, 2005). In recent years, affirmative principles have been expounded to include gender-variant identities and relationships including transgender and gender-variant people. Affirmative therapy emphasizes the importance of pride in non-heterosexual and gender non-conforming forms of relationships, and identity which can be collectively understood as non-heterosexual, gender-variant, or queer forms of identity and relationships.

Affirmative therapists are committed to raising consciousness about heterosexual and gender conforming bias and privilege within the family, culture, and society, as well as the psychological theories in which one has been trained (Hudak & Giamattei, 2010; Lev, 2010). Affirmative therapists evaluate their own beliefs about gender and sexuality and examine the ways in which their own gender expression and sexuality may have led to privilege or prejudice within their particular family and culture (Crisp, 2007). When gender is understood as a construct of society, rather than as a physiologically defined “identity,” family therapists can envision how the gender roles and norms of a particular society are transmitted, regulated, and preserved through the structure of the family system and how these constructs are then challenged by the presence of non-heterosexual, gender-variant identities emerging within families.

Gender Variance Within The Family System

Transgender identity incorporates a broad category of gender variance including people who identify as transgender, male-to-female (MTF), or female-to-male (FTM). Transgender people may identify as heterosexual, lesbian, gay, bisexual, or asexual. The common denominator is the gender-variant expression and identity which challenges, overturns, or “queers” the socially sanctioned forms of gender expression traditionally affiliated with each sex.

When a family member “comes out” as transgender, the entire family system is shaken: they are caught between the traditional cultural assumptions of gender and the reality of their loved one’s variance from that tradition. Family members often struggle to reconcile their relationship with a family member whose gender has been redefined. Gender, after all, is traditionally one of the major characteristics of an individual. When gender is redefined, does that mean the individual is also redefined? Is he the same person? Is my daughter still my daughter? Is this person still my child? These questions are alarming because they threaten very basic assumptions we have about our family member, as well as the entire family system. Family therapists may meet families when they are alarmed, struggling, questioning, and longing to reconcile with and to nurture their child. Family therapists can respond
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in ways that foster reconciliation and adjustment for gender-variant clients and their families, as illustrated in the following clinical vignette.

**Sykes Family: A Clinical Illustration**

The Sykes family includes Sean, a 25 year old FTM, Sean's parents, and his paternal grandmother. The Sykes only other child, Sean's twin brother, died at age five from a brain tumor. Sean lives at home with his parents while he works to complete his bachelor's degree. Sean has previously identified as a lesbian, but now states that he "has always felt male" and intends to transition to living as male. He has begun binding and virilizing his appearance. Sean's parents have asked the therapist to help "deal with our child's gender problems" and want to help Sean "figure herself out." Mr. and Mrs. Sykes express concern and guilt about how their own parenting "might have made Sean this way." Sean's grandmother does not attend the initial family sessions, because the family has not yet disclosed Sean's gender transition. The Sykes have not yet decided how to explain Sean's appearance either to his grandmother or to their extended family.

Using this fictionalized case discussion, themes common to gender-variant families will be addressed: The family system as an agent of socialization; homophobia and trans-phobia in the family system; gender narratives within the family genogram; family life cycle stage and transition; grief and loss; triangulation and transition; coming out as a family process; and, post-transition support.

**The family system as an agent of socialization**

All family systems operate within a cultural milieu that dictates the values, norms, and privileges of a particular society. The family unit is the primary agent of gender socialization and the enforcer of gender roles and norms with varying degrees of flexibility. The family with a gender-variant child generally experiences significant anxiety and may verbally and non-verbally transmit this anxiety to the child. As Bowen (1978) described, this can be understood as a multi-generational or societal emotional process by which the family regulates its anxiety about the issue of gender variance and homophobia. Parents are often motivated to enforce cultural norms, both to protect their child from anticipated rejection or harassment, and to manage their own anxiety about the social sanction that may be imposed by extended family, friends and community. Many transgender clients describe these signals by which the family communicates their disapproval and rejection of transgressive behavior.

Sean's parents recalled their own unspoken anxieties about Sean's "boyishness" as a young girl and their attempts to curtail its expression. This anxiety was exacerbated by the religious and cultural imperatives which plagued them and influenced their attempts at "managing" Sean's behavior and expression. Sean's mother reported that once Sean reached puberty, her anxiety increased and her attempts to feminize Sean resulted in frequent conflicts and a growing sense of her child's unhappiness. In one family session, Sean's mother recalls shopping for school clothes. "I remember we had to get an outfit for school pictures and she (Sean) insisted on a denim jacket with a sheep collar, like all the other boys were wearing. I was beside myself. She already had cut her hair short. Now she really looked like a boy."

**Homophobia and trans-phobia in the family system**

Mrs. Sykes' dread about her child's gender variance is an expression of her fear/loathing of non-heterosexual and gender non-conforming ways of being. Her fears are reflections of the homophobia and trans-phobia prevalent in our culture which are in turn transmitted within the family and internalized by the gender-variant child. Life cycle family rituals are generally limited to a heterosexual expectation of identity and family formation. Because most parents assume that their child is heterosexual and gender congruent, "coming out" events are often experienced by the family as a shock or crisis. The family is then faced with their own assumptions and biases, as well as the impact of heterosexism and gender bias within the larger
cultural milieu. Whether this “coming out” is the result of a long simmering battle throughout childhood and adolescence, or a stunning revelation in adulthood, it is a profound event in the life of the family, bringing to a head all of the family system dynamics (Lev, 2004).

**The gender narrative within the genogram**

During the initial assessment with the Sykes, the construction of a family history and genogram was an important tool for generating dialogue and visualizing family dynamics that could impede or support their adjustment. The family’s collective remembering helped to uncover forgotten stories and to mirror Sean, who had often felt invisible, shamed, and unseen. Sean carried the belief that his true nature would be lethal if unleashed upon the family. This created a kind of psychic death for him. As a surviving twin, Sean felt the burden of his parents’ unresolved grief and loss, which led him to feel responsible for their sadness. His parents’ conflicts and unhappiness were a source of anxiety for Sean and he responded by playing the role of the “hero” in the family. Mr. and Mrs. Sykes focused their energy on Sean and often neglected their own relationship.

Sean was asked to create a “gender time-line” by plotting significant memories, experiences, and fantasies about his gender identity and expression throughout the course of his life. Sean’s parents contributed to this history as they held important threads of the family’s memories and experiences with Sean. They began to see aspects of their child that had been silenced and hidden. Sean had taken on the “role” of female, much like a false self, in order to comply with social and familial pressure and to protect his parents. Sean explained his need to come out in this way: “Looking ahead, I can’t see a future as a woman. I can’t see myself living out my life as a woman at all. It’s blank. I can only imagine my future as a man. That’s the only way life makes sense to me. If I keep going like this, I’m dead inside.”

The exercise of the gender time line offered many opportunities for psycho-education about gender variance, which allowed for a more de-pathologizing, healing experience. The family gained an understanding of the price Sean had paid by conforming to gender role expectations. They came to realize that his authentic identity would need to be integrated into their family at this stage and beyond.

**Family life cycle stage and transition**

Each psychosocial developmental stage presents specific challenges and, therefore, the therapist must ask the question: how does this individual’s gender identity and coming out relate to this person’s life stage developmental tasks? Transgender people feel an impossible tension between the lives they live in their natal sex and the gender with which they identify. Regardless of age or life stage at which they come out, the tasks of the family therapy will be shaped by the developmental stage of the client as well as the life cycle stage of the family system and the role they play within it. In the case of the Sykes family, the resolution of gender identity at this stage becomes important both to the adjustment of the family system as they simultaneously experience launching, mid-life marital adjustment, and an aging parent. Family relationship dynamics and life cycle stage then become a lens through which gender transition and adjustment is considered (Ashton, 2010).

At age 25, Sean is engaged in the task of formulating his adult identity within the family and larger culture. This adult identity includes the formation of relationships, career, and adult sexuality. Sean, however, says that he cannot fully move forward in his life until he transitions. He struggles to complete his studies and dreads the prospect of graduating from college and beginning a career as a female. Often, transgender clients express that they cannot go on with their lives until they have transitioned. Thus developmental stalemates can occur. While “living two lives,” Sean has developed the skill of “performing” to meet the societal expectations of being female. Sean’s male identity has been hidden out of fear of rejection and shame. This has left him struggling to fully differentiate from authority and parental structures.

Sean’s coming out is a critical step, not only in
his transition from female to male, but also in his development as an adult. His gender identity will need to be integrated into his current family roles, as well as his future roles as a couple partner or a parent. Hallmarks of identity such as the person's given name and gender pronoun become profound issues around which the family distills this grief. Through the process of therapy, Sean's family began shift-

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ing their language to reflect Sean's male identity. They began to call him by his chosen name, rather than his given name. However, "slip ups" were frequent. While Mr. and Mrs. Sykes made all possible efforts to show support, it also proved important to attend to the grief and sadness they were experiencing through Sean's gender transition. Mrs. Sykes was particularly saddened by Sean's name change because Sean's given name was especially significant for her. "I realize now that his choice of a new name signifies his embarking on a new life not only as male, but as an adult. I chose his name at birth when I thought I had a daughter. My son must choose his name for this chapter of his life. I celebrate my son, but I grieve my daughter." Exploration of the significance of "naming" included Mrs. Sykes voicing her grief about Sean's transition, his eventual launching, and the impact upon her own relationship with Sean, and Sean's role within the family.

Grief and loss

Grief work was a significant part of the Sykes therapy. Every family will in some way encounter grief and loss around family roles and identities during a gender transition. It is not uncommon for family members to feel that their loved one has "died" or is no longer the same person. As the parents are able to acknowledge Sean's transition, they begin exploring their feelings of loss about Sean's transition as well as the grief carried for twenty years since the death of Sean's twin brother. As a result of keeping a grief journal, Sean's father reveals that he has carried a great deal of guilt about the death of his son, and that his rejection of Sean's masculine expression is related to his unresolved grief for Sean's twin brother. One particular incident stands out in his mind: "Sean asked to get a short hair cut when she, I mean he, was about ten years old. After years of fighting with her over it, with her constantly putting it in a cap, we finally gave in. But I could barely look at her. All I could see was the face of my little baby boy."

Triangulation in transition

The family process around a gender transition will likely highlight triangulation and unfinished business within the family system. For the Sykes, intergenerational concerns and the triangulation around Sean and his gender expression came to the forefront. Sean's parents, similar to many parents in the launching stage, had distanced themselves from each other over the years, and focused their attention on "managing" Sean's gender expression. This triangulation of Sean had been stabilizing for their marriage, strained by years of unresolved grief since the loss of their other child. Grief and Loss work (psycho-drama and empty chair) were employed to enable the Sykes to address long held grief and to re-engage their living child, whom they feared they might also be "losing" to transition.

Addressing the Sykes' protection of the paternal grandmother involved Sean's father recalling his own gender-shaming experiences in childhood and including Sean's grandmother in a family session for psycho-education and support. Mr. Sykes could relate to Sean's gender variance in that his parents had been critical of his interest in music rather
than sports. Mr. Sykes’ talents and interests were viewed as too “feminine” by his parents. To please his parents, Mr. Sykes pursued a business degree, rather than his passion to become a musician. This was a decision he had always regretted. The pain he felt as a child was invoked as Mr. Sykes witnessed his mother’s criticism of Sean’s masculine features and expression. Concerned for the grandmother’s age and health, the Sykes had kept Sean’s transition a secret from her, fearful that this information would “kill her.” Here we see the enforcement of a strict gender binary and the threads of homophobia throughout the family system enforced by the fear of familial rejection.

Bringing these fears to consciousness was instrumental in addressing intergenerational concerns and supporting a more inclusive understanding of gender and gender expression. In addressing his own homophobia and its impact on his experience of Sean’s gender expression, Mr. Sykes was encouraged to engage his mother through letter writing. This process enabled him to release his shame and more fully support his son. Sean’s grandmother attended family sessions in which this history and Sean’s masculine expression were explored and discussed. Psycho-education regarding gender identity was provided and the elder Mrs. Sykes showed a marked shift in her support for her grandchild as she became involved with the family discussion. Sean’s family also benefited from bibliotherapy. Family narratives such as Transforming Families (Boenke, 1999) provided the Sykes with models of other families navigating gender transition from a broad array of cultural, ethnic and religious traditions.

Coming out as a family process

At the heart of the coming out process, Sean faced what is often the biggest obstacle for the client in coming out — fear of loss, rejection, or abandonment by those he most loves. Coming out is a means of disclosing one’s true gender identity. Sometimes, when the transgender adult comes out of the closet, the family enters it (Buxton-Pierce, 1994). Family members can experience the news as a kind of systemic trauma to which they must respond by either holding the information, integrating it, suppressing it as a family secret, rejecting their loved one, or moving forward with the necessary relational and social adjustments. These stages of adjustment, that Lev (2004) refers to as “family emergence,” can be navigated most successfully when the therapist provides critical sources of information and support. The Sykes were referred to a local PFLAG (Parents, Families and Friends of Lesbians and Gays) chapter where they obtained support from other families helping to reduce their isolation, while providing a normalizing function. The Sykes decided that a family coming out letter was the best way to communicate the news of Sean’s transition, while conveying their hope for familial support as they support their adult child. The letter was brief, informing family members and close friends about Sean’s new name, gender pronouns, and requesting support for Sean and for their family. Family emergence, like coming out, is a life-long process. It brings family members into contact with perhaps previously unknown aspects of privilege, heterosexism and transphobia, as they negotiate acceptance and rejection with their family and community.

Post-transition support

Sean’s family began family therapy in a state of mild crisis, disorganized by the new information and caught in the fear associated with such systemic trauma. However, the interventions of the transgender narrative, psycho-education, grief and loss work, and couple dyad work helped to stabilize the family system, improve communication, and reduce triangulation while supporting Sean’s coming out and transition.

Although many clients resist continuing treatment following transition, it is important to recommend it. Future life cycle issues such as dating, coupling, and family formation should be explored as part of the ongoing process of transition. Premature termination is a serious problem in the transgender community and too many clients terminate therapy
upon receipt of their letter of medical referral or upon completion of surgery. They are at risk for isolation and post-operative depression (Reid, 2007). While most post-op clients adjust, some experience serious depression and are at a significantly higher risk of suicide. Therefore a post-operative treatment plan is essential for good continuity of care.

The skilled family therapist, having created a therapeutic alliance with the transgender client and the family, will have provided skills, information, referrals, and a positive therapeutic experience. Employing the therapeutic modality of affirmative therapy, with a family systems perspective, will strengthen healthy relating through the catalyst of gender emergence. It is hoped that this will encourage family members to utilize therapy in the future as additional life cycle events unfold.

References


