

# Practice of family therapy in a heteronormative society of India from queer theory perspective

## Abstract

In the present paper, we offer to introduce the concept of heteronormativity and its influence on family therapy interventions. We emphasize the dominant role heteronormativity has created over Indian families, that existence or emergence of queer concepts creates innumerable issues. Queer theory's perspective has been used to expand our knowledge and practice beyond the demarcation of heteronormativity. Finally, we emphasize the need of a shift in our therapeutic approaches too. Yet the question persists that are we ready to learn and adapt?

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## Introduction

A family consists more than just a group of individuals sharing a physical and psychological space. Families occur in diverse forms. Traditionally, pathway into a family system has been seen to occur only through birth, adoption, or marriage. Today's outlook, however, has made space for other committed family households beyond legally married heterosexual couples and their children.[1] Thus, a comprehensive twenty-first century concept of family goes beyond traditional thinking. It includes individuals who opt to be together in a kinship in spite of lack of legal sanctions or bloodlines.

In India, work with families started in the 1950's by Dr. Vidya Sagar.[2] He is referred as the father of family therapy in India, who began his work in Amritsar Mental Hospital. Then with time Mental Health Centre at Vellore started admitting patients along with their families.

Then another major boost was the setting up of the Family Therapy Center in NIMHANS, Bangalore.[3] Presently family therapy is practiced by professionals in government as well as non government set ups of India. In the present scenario, it can be observed that the socio-cultural set up in India is undergoing a transition. The previous decade has not only experienced rapid transformation in economic, social, geo-political, religious structures but also in familial changes in the form of decision making, power distribution, role plays,

and support system. Still we can remark that family therapy in India is in a growing phase. Moreover when it is about queer population and family therapy, we might say that it is still in a neonate stage.

Queer theorist Judith Butler[4] introduced the notion of gender as an act or performance rather than a quality intrinsic to one's inherent nature. Queer theory provides a framework for questioning and resisting binary systems to promote flexibility in individual and relational identities.[5] Queer theory challenges categorised identities, including what is commonly referred to as sex, gender, and sexual orientation.[6] It draws from multiple disciplines including political science, critical social theory, post structural theory, women studies, and gay and lesbian studies.[4,7-9] Whereas all the other theories problematise categories and binaries, queer theory directs to dismantle and dispose of the use of categories over all together.[4,7,10]

In India and other similar collectivistic societies, the concept of self, attitudes, and values are defined differently from those of the western world. In collectivistic societies, the self is very much determined through the collective individuality with family shaping a substantial component of the self identity. Therefore individuals from such social order, standing up for their individual rights are often named rebellious, disobedient, or disrespectful. In therapy, if the person resists the solutions proposed by family members,

the person may often be accused of not respecting important members of the family or the community. It is to be noted that various attitudinal divergence in collectivistic societies hinder treatment seeking behaviour.

## Family therapy enters the twenty first century

From a radical new experiment in the 1960s, the field of family therapy grew into an established force, complete with its own literature, organisations, and legions of practitioners. Unlike other fields organised around a single conceptual model (psychoanalyst, behaviour therapy), family therapy had a diverse enterprise, with competing schools and versatile theories. What was shared was a belief that problems run in families. Beyond that, in fact each school was a well defined and distinct enterprise with its own leaders, texts, and ways of performing therapy.

Presently, all of that has changed and the field is no longer neatly divided into separate schools, and family therapists no longer share a universal adherence to any particular theory. The modernist perspective has shaped the way family therapy is approached and intervened their clients- as cybernetic systems to be reprogrammed and decoded. Strategic and structural patterns were used to find faults that needed to be amended, regardless of whether families viewed things that way themselves or not. Postmodernism was a reply to this kind of particular arrogance. The feminist movement questioned and challenged patriarchal assumptions about gender that had been viewed laws of nature. Feminism was family therapy's one of the rudest awakening. Feminist family therapist not only disclosed the gender prejudices but also urged a pattern of therapy that questioned systems theory itself.

After a prolonged period of neglect and denial, in the late 1980s family therapists realised that a sizable percentage belongs to queer population.[11,12] Despite intolerance in few segments of our society, queer population continues to face disrespect, discrimination, and also violence because of their sexuality. Due to lack of social support, the bonds in gay and lesbian and other queer relationships can be strained, evoking stress, jealousy, and also isolation.

## Minority stress model

"Queer individuals and their families face radically distinctive stressors called as 'minority stress.'"[13] The present model mentions that conflicts are evident between minorities and their existing environment. "Therefore the presence of heteronormative culture produces additional stress for queer minorities". "Minority stress and its established procedures are connected with an existing server of negative individual (like compromised quality of life and decreased mental well-being) and family ties (like diluted quality of relationship)".[13] These kind of procedures happen from distal (existing social structures) to proximal (individual's direct and private experiences). Thus, it's a kind of conclusion one come up to a process that influences its affect. According to this model, legal status creates a hope for a future together and the distal process of legal differentiation add on to their existing stress.

The magnified stress can demonstrate in making pessimistic family outcomes, thereby making this family more prone to vulnerability.

## Practice of queering family therapy with families

Existing research on queer population and family work in India is very limited. Yet, at clinical practice with families several issues become apparent. It is not always that families come up with evident issues of sexuality rather presentation of symptoms vary from behavioural symptoms to substance intake problems. There are clients and families who are referred by other professionals or institutions and also few families who turn up when they face the turmoil of their individual not showing interest for getting married or do not reveal interest for future conjugal plans. Few individuals also come up for intervention when they have realised their orientation and then face a dilemma of what to do next.

Beginning from identity development of individuals to coming out and revealing process is a tedious journey. As they find it hard to open up their status due to various prevailing reasons. Firstly as our culture expect us to restrict discussions on sexuality issues with parents. Secondly the existence of stigmatisation hinders the process of coming out. Then, is the issue of acceptance or rejection by family and other support systems. Though our society is changing yet these changes are in a transition phase.

Queer youths find it extremely anxiety provoking to reveal their identity and the consequences can help as well as damage. Thus family therapist can assist an individual accept their identity and realistically examine the consequences of disclosure. Therapists should realise that queer individuals may have struggled for several years to come to grip their identity. If an individual decides to reveal his/her status the therapist should be quiet cognizant about the individual's family dynamics and common family reactions. As we are aware that family reactions will vary from one family to another. Yet, majority of the families initially respond negatively expressing sadness, fear of their child's well-being, shame, and also of the secrecy that should be maintained. Few parents might blame themselves or some necromancy done by others as a sign of revenge. Along with all these arrive an integration of an altered identity where parents must go through their own coming out process as they adjust to their new roles (loss of the individual they knew and the future they envisioned for him or her). Thus, parents may need some time to catch up after the initial shock. Family therapist should help the family cope up with new changes that have occurred after identity revelation.

As the foremost work of a family therapist with families involves education [14,15], families can be made to understand regarding sexuality, identity, stress, importance of support as well the legal condition of our country. As therapist we are to orient individuals about the social as well as the legal aspects too. Educating families with strong religious convictions might be extremely difficult, as to accept the notion because of long held cultural and religious beliefs regarding the issue. As our society has been well acknowledged as a strong support

system for individuals, emphasis should be laid on that by the therapist. Here the family therapist can play a facilitator's role to enhance cohesiveness and direct communication among members. The family environment has to be made easy for the family to facilitate discussions of painful feelings and reactions. As family therapist one should also help the family approach other secondary and tertiary support systems available within the community.

The field of family therapy has taken a step in managing non-heterosexuality by helping families to 'cope' with queer member.[16] This approach is actually bending towards heteronormativity, as it points that any non-heterosexual or gender variant family member is something to be managed. On the other hand we can't deny the real scenario, where individuals are brought for therapy sessions for their chosen sexuality. Along with also for the disruption that has occurred in the family dynamics on individual's revelation.

### Implications for practice

It is to be noted that queer theory focuses on the potential fluidity and multidimensionality of similar as well as other sex/gender experience in individuals. This particular form of conceptual frame of therapeutic approach assists individuals to visualise in an inclusive way. Secondly, it helps us normalise our awkwardness as we slowly start introspecting and answering concepts of our standardised notions of sexuality and gender in clinical practice. This theory can be mentioned to be emancipating. As it permits therapists to unfold space for clients (and therapists themselves) to think about antecedently unmapped landscape of attraction, gender role performance, and sexual reflection.

### Limitations

The present paper does not discuss about queer individuals trapped in a heterosexual marriage or relationship.

### Conclusion

Heteronormativity has played a dominant role and constructed structure of family as a heterosexual mother and a father raising heterosexual children,[17] is an accepted principle that shapes and constrains family therapy, practice, research, and training.

Typically in India, most training in family therapy includes the presentation of core theories (structural, strategic, solution focused) with some integration of the critiques emanating from feminist, postmodern, or social justice approaches. Even with the additional lenses, trainees of family therapy get to known models that unquestionably lay emphasis on specific kind of family structure which are heteronormative. A shift in the prototype is required in the present day. Therapists have understood how preconceived

concepts of heteronormativity have influenced our intervention strategies. Thus, to deconstruct and disentangle families from a heteronormative paradigm is a major challenge lying ahead of family therapists. To sum up, it can be argued that queer theory and other post-structural understandings of categorical differences can be useful in family therapy to minimise the edges of identity markers releasing us from limiting dichotomies and categorical understandings of ourselves and the society.

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