

A memory book
for the field of
narrative practice
compiled by Cheryl White



Seeking a therapy free from heterosexist assumptions

By Cheryl White

From the 1980s onwards, a number of colleagues played influential roles in raising consciousness in relation to the pervasive influence of heterosexual dominance within the field of family therapy¹.

The contributions of Zoy Kazan, Daphne Hewson², and Laurence Carter were particularly significant. Just as the feminist critique and challenge influenced the development of narrative practice, so too did the determination of many to create forms of practice free from heterosexist assumptions. This is well-illustrated by the following story, told by Michael White:

The time is the 1980s. I am away from Adelaide presenting a workshop on working with couples. Ahead of my teaching I have the opportunity to catch up with some friends and colleagues whom I'd not seen for a while.

I have now started the workshop and I am about a half an hour into my teaching. Suddenly, one of my colleagues stands up and says, 'I can't hear you, Michael'. I respond with: 'Sorry, I'll turn up the sound'. This colleague says: 'Michael, that's not it. It is that when you talk about your work with couples, and you mean heterosexual couples, then you render my relationship with my partner invisible, and you also render my identity as a lesbian invisible. So, it would make it a lot more possible for me to hear you in a presentation on couples who are heterosexual if you were to say 'heterosexual couples'.

This was a challenge to my unwitting expression of heterosexual dominance, an expression that violated my own value system and the position that I hold on questioning the power relations of local culture. This challenge contributed to another turning point in my understanding of expressions of heterosexual dominance.

Since this time I have been more aware of the pervasiveness of heterosexual dominance, of its multiplicity of forms, of the potential for me to inadvertently reproduce this in the name of therapeutic practice, and of the extent to which heterosexual dominance is directly implicated in the predicaments of people's lives, including many young people who find themselves evicted from their homes and who might be suicidal. (2014, p. 34)

Some of the issues being raised by lesbian and gay therapists in the 1980s are well described by Daphne Hewson (1993/2002) in the following 'wish list':

A wish list³

What would be different:

- > *If no therapists made assumptions about a person's sexuality or the gender of their partner or the sexuality of the parents of their child clients?*
- > *If all therapists recognised that, no matter whether clients label themselves as homosexual or heterosexual, they are each likely to vary in their position on both the homo/hetero intimacy continuum and the homo/hetero sexuality continuum, and that these positions influence their lived experience?*
- > *If gays and lesbians didn't have to cover up social embarrassment when their therapist realises they had made an unjustified assumption about sexuality?*
- > *If gay and lesbian clients never had to desensitise or educate their therapists about their lives?*
- > *If no therapists ever tried to 'normalise' gay or lesbian clients by avoiding discussions of the impact of their sexuality on their lived experience?*
- > *If gay and lesbian clients felt free to explore their internalised homophobia with their therapists without fearing that their sexual orientation would be questioned?*
- > *If no therapists assumed sameness in the sexual behaviours and patterns of gay, lesbian, and heterosexual clients (for example, not using penis-based criteria for considering lesbian sexuality)?*
- > *If it was legally, occupationally, and personally safe for all gay and lesbian therapists to come out to their colleagues? (and to their clients?)*
- > *If therapists presenting at conferences or workshops sometimes discussed their work with homosexual couples and had a consistent pattern of labelling the sexuality of all couples, not just 'homosexual couples'?*
- > *If all therapists who have not identified about 1 in 10 of their adult clients as homosexual, asked themselves, 'Why?'*
- > *If all therapists recognised that the ending of a gay or lesbian relationship has the same potential importance to each partner and to their children as the ending of a heterosexual marriage?*
- > *If all therapists acknowledged to children and adolescents who have gay or lesbian parents that this influences their lives, rather than having it 'normalised'?*
- > *If the role of the non-biological parent in gay and lesbian couples was fully acknowledged and appreciated by all therapists (and by the law)?*
- > *If no therapists were affected by the dominant discourse that gay men are in some way responsible for AIDS?*
- > *If all therapists asked gay clients about the impact on their life and their relationships of their losses of friends and lovers in the AIDS epidemic? (p. 20)*

The AIDS epidemic in the gay world in the 1980s and the loss of friends and colleagues, was also a significant influence in the development of narrative practices⁴. I remember the summer when we learnt one of our dear friends was HIV positive.

I spent this summer reading, for weeks and weeks, about AIDS, death and related areas. At one stage during that summer, David Epston came to stay and I interviewed him and Michael, saying we must engage with this world. We must find ways to respond to our friends, our friends who are dying (see White & Epston, 1991/92).

When Michael took on the issue of heterosexual dominance in his writing and his teaching, people went on to think and say that Dulwich Centre was very bold in taking on heterosexual dominance. But we were not bold. It was our friends and other gay men who responded to, lived through, and died due to the AIDS epidemic who were bold in living. They were the ones who lived lives of courage.

Now, thirty years on, the quest to create forms of practice free from heterosexist assumptions continues.

Notes

- ¹ For more information see the publication 'Discussions, dialogues and interviews about homophobia and heterosexual dominance' (Stiles, 1995).
- ² Daphne Hewson later wrote an influential paper, 'Heterosexual dominance in the world of therapy' (1993/2002).
- ³ This is an abridged version of the original wish list. Please note that the language we would use in a similar wish list today would be different than the language used in this wish list. A similar wishlist today would wish to acknowledge the experiences of all LGBTQI+ peoples.
- ⁴ The devastation of AIDS in Africa, and the ways in which Malawian and other practitioners have used narrative practices in their work in responding to the epidemic (Sliep & CARE Counsellors, 1996) has also significantly influenced the field of narrative practice (see p. 125-6 of this book).

References

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