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BLOCK 2 INTRODUCTION

Block 2 is on “Working with Couples”. It will acquaint you with the various types of couple arrangements; that is, both marital and non-marital relationships. The block also provides knowledge on various issues in extended and joint families. After studying this block you will also be able to deal with alternate sexual identities. The Block consists of four units.

Unit 6 is entitled “*Conflict among Couples in Marital Relationships*”. As the title suggests, the Unit will acquaint you with knowledge of marital conflicts in young couples as well as in older couples. The complicating factors in couple relationship are also discussed in this Unit. Further, guidelines for assessment of marital conflict are explained. The Unit also deals with divorce and separation which includes socio-cultural factors in separation and divorce like stigma about the single parent or divorce, financial obligations, legal issues and psychological difficulties are also described in this Unit. At the end of this Unit, guidelines for evaluating separation and divorce issues like cohesion, abuse and extra marital relationships are discussed.

Unit 7 is named “*Conflict among Couples in Non-marital Relationships*”. The Unit begins with the definition of and statistics of non-marital relationship, which are divorce, same sex relationships and cohabitation. The Unit also acquaints you with the knowledge of issues in assessment of non-marital relationships. For instance, in post divorce relationships there may be issues such as legal and financial implications, social objections to divorce, adjusting to simple life, visitation and custody arrangements for children. Issues in assessment of same sex relationship like perception of mental health field and role of the same, societal pressure and lack of adequate role models, legal status, coming out, gay community, self esteem and mental health complications, sexuality and sex roles are also discussed in this Unit. Commitment or insecurity gender differences, legal and social standing, and cohabitation and children are some issues in assessment of cohabitation relationships which must be taken into consideration.

At the end, the Unit deals with the issues in intervention with post divorce relationships and cohabitation relationship.

Unit 8 is “*Issues in Extended and Joint Family*”. The Unit begins with the concept of family in India. It also defines types of family, that is, nuclear, joint or extended. The Unit describes family life cycle including the role of developmental tasks in various types of families. Further, the Unit deals with the extended and joint families which includes characteristics and functions of extended and joint families. The Unit also delineates the problems in extended and joint families and problems or issues in various life and family domains such as economic domain, marital domain and personal domain. The influence of extended or joint family on nuclear family is explained with the help of examples. The Unit also discusses various problems faced by the family therapist while understanding the joint family dynamics, enlisting key members in joint family for therapy, dealing with resistant and powerful members of joint family, dealing with the third force and negotiating boundaries between couple system and family system. At the end, the Unit presents two case vignettes related to couple in a joint family system and couple in nuclear family with strong influence.

Unit 9 is on “*Dealing with Alternate Sexual Identities*”. The Unit begins with the understanding of concepts like gender, sex, gender identity and sexual orientation. A brief history of mental health is engagement with sexual orientation is also discussed in this Unit. The concepts of heterosexism and homophobia are explained. Further, the Unit deals with the coming out process and its effects in and on the family. The Unit acquaints you with the knowledge on dealing with families or friends after coming out and dealing with unsupportive families. The Unit also imparts knowledge on building and maintaining satisfying intimate relationships and about intimate partner violence.

UNIT 6 CONFLICT AMONG COUPLES IN MARITAL RELATIONSHIPS

Structure

- 6.1 Introduction
- 6.2 Marital Conflict
 - 6.2.1 Marital Conflict in Young Couples
 - 6.2.2 Marital Conflict in Older Couples
 - 6.2.3 Complicating Factors in Couple Relationship
 - 6.2.4 Guidelines for Assessment of Marital Conflict
- 6.3 Separation/Divorce
 - 6.3.1 Socio-cultural Factors in Separation/Divorce
 - 6.3.2 Psychological Factors in Separation/Divorce
 - 6.3.3 Complicating Factors in Separation/Divorce
 - 6.3.4 Guidelines for Evaluating Separation/Divorce Issues
- 6.4 Let Us Sum Up
- 6.5 Glossary
- 6.6 Answers to Check Your Progress Exercises
- 6.7 Unit End Questions
- 6.8 Further Readings and References

6.1 INTRODUCTION

Marital relationships between persons from South Asian cultures are more complex than similar relationships in the Western or individualistic cultures. The relationship atmosphere between a husband and a wife is often a result of experiences from three perspectives. These are: 1. Core relationship dimensions (cohesion, affection, roles, etc); 2. Family based circumstances that influence couples in how they view each other in their roles as parents and in decision-making, financial management, relationships with each other's parents and siblings; and 3. Psychological constructions of relationships in each partner. This includes ideology of close relationships, guidelines for commitment, views about separation and divorce, hidden psychological ideas about barriers to commitment and barriers to divorce and opinions about failures of other people in relationships.

Families in South Asian regions; including India (which this unit would focus on), are quite varied. They are also experiencing changes, based on the region and impact of media or globalization and economic aspirations, and other such factors. Yet, there are certain striking features of our families. Relationships are very important for everyone. Being seen like a family-oriented person is a desirable social quality. People usually hesitate to proclaim their emotional self-sufficiency to others. Influences of what others say or think are likely to think are stronger on relationships compared to one's own conviction in one's views of relationships. Close family members often discourage distressed persons from

reflecting too closely on relationship concerns. Cultural, religious, spiritual, and social processes build the notion of a single lifetime partner. Arranged marriages are quite common so together these ideas make most people assume that there is something magical about good marriages — it is luck or fate or *karma*. Thus, quite often conflict is not recognized as conflict or discord. ‘Troubled marriages’ as a preferred term is often a good index of identifying conflictual marriages. Marital experiences are over very long periods, they are very intense for both persons, they are considered to be the cause of everything else that happens to the persons after marriage in all other domains of work, health, family relationships, children and their lives in later years, and the status of the family in society.

Fear about outcome of all marriages is more pervasive now than it was a few decades ago. Many marriages function in long tunnels of dissatisfaction, which cannot be labeled as unhappiness, noises that cannot be labeled as fights, following old tracks in interactions out of fear of the invisible new tracks of change. When things are visible clearly, it happens only episodically and briefly before the next tunnel appears ahead.

Gender, patriarchy and discriminations have been tackled well in these cultures in economic and work contexts, but in families, certain things remain unchallenged even now. For example in arranged marriages, women having to ‘adjust’ to husband and ‘in-laws’ — even if they are not physically close by. There is an assumption that after marriage the couple will perpetuate traditions and value system of the husband’s family rather than the wife’s. Where they both agree to do a few things afresh — jointly and uniquely, they still have to present it to the world as not such a big achievement.

This unit illustrates the importance of studying marital conflict in a counselling and family therapy context.

Presentations in a counselling and family therapy setup can be quite complex though now more and more couples become aware of relationship concerns quite early. With couples paying more attention to expectations of affection, intimacy and emotional understanding from each other, and less satisfied with family related roles and expectations, couples require a deeper psychological approach in counselling/family therapy. Moreover, in any counselling/family therapy setting, clients seek help for a variety of problems. Quite often they would be facing difficulties with husband or wife or feel confused within oneself. If the counsellor/family therapist is not prepared to understand relationships, a non-directive approach towards resolution of conflicts may cause more harm to the client. In order to help clients pick up healthy and adaptive approaches in life, the counsellor’s/family therapist’s perspective offers a reality contact for relationship experiences and can promote healthy choices.

Objectives

After studying this Unit, you will be able to:

- Discriminate between marital conflict that can be resolved and marital conflict that cannot be resolved;
- Understand that complicated marriages due to social issues like dowry, intercaste/ interreligious factors, violence and unsafe family contexts may be beyond the framework of the person coming for counselling;

- Appreciate that hurts, strong emotional reactions and strong negative feelings may still be signs of attachment, and scope may be there for resolving conflict, especially in younger marriages; and
- Identify that older marriages may have already found a convenient pattern of separation but without divorce.

6.2 MARITAL CONFLICT

6.2.1 Marital Conflict in Young Couples

Conflict among young couples is typically observed in the initial stages of marital life. An initial task of marriage is to accommodate each other's need and form a couple bond. Each spouse should have a healthy separation and negotiated altered relationship pattern with her or his family of origin. Families of origin are also sometimes unwilling to re-alter their relationship with their daughter or son and allow space for the new family member that aggravates the difficulty in forming this 'couple bond'. The inherent difficulty in creating and maintaining a couple identity within the larger familial network of in-laws is further compounded by the changes in perception towards the institution of marriage. With the cultural changes in urbanization, the increase in nuclear dual-income households and the media influence in shaping the aspirations of individual and family life, marriages have considerably changed in the past two decades. At present, spousal expectations have changed to a higher emphasis on intimacy and companionship. However, the traditional value system remains within a more modern outlook to marriage. For example, at present, the wife's position in a marriage remains subordinate to that of her husband although there is more communication and couple time than that was present earlier. Decision-making in most households remains with the husband and his parents although the wife may be an income-earning family member. These differing values often lead to friction and resentment and are a source of most conflicts among young couples.

Common areas of conflict for young couples are discussed below:

- **Expectations:** Couples often enter into marriage before fully understanding and communicating their expectations about the other or they refuse to modify their initial expectations of each other post their marriage. This low level of communication about expectations is compounded by popular myths such as mind reading ('He should know what I would expect'). As spousal needs are often unexpressed or unclear, the expectations about these needs and the needs per se remain unmet.
- **Finance:** Most couples argue about 'How money should be earned' and 'What it should be spent for'. Conflicts about finance take the form of conflict about decision-making, roles, and career decisions. Traditional balances of power remain in dual-income families and only few wives use their co-provider roles as leverage to demand help from their husbands in domestic duties, and the kitchen still remains the place of the wife. Dowry based difficulties continue to be prevalent in educated middle class households and often the wife is coerced into revealing details about her pay slips, loans, etc. The spouses need to negotiate finances and make conjoint decisions about the same, while respecting and accepting the opinions of their respective families of origin.

- **Intimacy:** Young couples place high importance on intimacy, companionship and initiative; and marriages of distressed couples are characterised by low levels of intimacy and affection and a fear of self-disclosure. Spouses find it difficult to segregate couple time and frequent quarrels occur about one's demonstrations of affection and intimacy. In addition, gender differences contribute to the concept of intimacy and spouses must clarify these concepts so that one partner's notion of intimacy is not abrasive to the other. For example, women often define intimacy as 'shared discussions' while husbands regard intimacy as 'shared activities'. With the bombardment of media images about intimacy, it is imperative that young couples understand that intimacy can take several forms and intimacy can be affectional (a hug), intellectual (listening to the other's opinion), supportive (helping with errands) and activity-oriented (going for walks together) and does not exclusively refer to sexual intimacy. Intimacy needs to be nurtured and protected from conflict in order for intimacy to be an area of couple strength.
- **Communication:** Communication is a major source of conflict and distress among all couples and is a common reason for couples to seek marital therapy. Misunderstandings and disagreements are common. One spouse may also invalidate or discard the thoughts and feelings of the other. Fear about communication of one's actual thoughts and feelings and the need to win in an argument enhances the probability that the couple's argument will spiral and escalate, and result in threats and verbal and emotional abuse. Among distressed couples, communication is either predominately conflictual with high noise levels or it is minimal and need-based. Communication about feelings (especially positive feelings such as love and affection) are low, which leads to psychological distancing between the spouses. Marriages tend to require good communication practices at three levels: between the spouses, between the wife and the husband's family of origin; and between the couple and their families of origin and friends. The role of ensuring the maintenance of these communications is the responsibility of both spouses.

6.2.2 Marital Conflict in Older Couples

Older couples share several marital conflicts that are experienced by younger couples. As some marital conflicts often remain unresolved in the initial stages of marital life, these conflicts resurface later when parenting responsibilities are completed. Issues of affection and reinforcement are common complaints of wives at a later stage of marriage. The woman's needs are often subjugated to that of the husband's and are reinforced with the prevalent societal norms of familial ideology. However, these needs emerge with more clarity during middle adulthood and old age when the parenting and familial responsibilities have been reduced. The rise of nuclearisation has compounded these factors. Similarly, for husbands, existential issues of work and finance take the form of marital conflicts and disagreements.

Some of the common areas of marital conflict among older couples are listed below:

- **Finance and property related disagreements:** Older couples often argue about property, loans and 'pay packets'. Property disputes are common and often include the influence of the extended family and friends.

Prior 'half-resolved' financial disputes and obligations also become the focus of marital disagreements among older couples.

- **Parenting styles:** As the couples' children became teenagers, the result of parenting styles become evident and can be a source of dispute. The wife often plays the 'caregiver' role whilst the husband undertakes the 'breadwinner' instrumental role. Associated with the common complaints of parenting, a teenager is the scrutiny that is placed on the wife's parenting styles. This leads to the wife's frustration and anger as parenting has been a primary responsibility. It is important, that while counsellors and family therapists work with older couples, they keep in mind the family context and the roles played by both spouses and help these couples to find common ground for improvement.
- **Unresolved relationship anxieties:** If issues like economic independence and fulfillment of emotional needs have been inadequately discussed earlier in marriage, they tend to resurface when the children grow up. Decision-making processes and power issues are questioned and spousal re-negotiations are required.
- **Retirement and health-related concerns:** Marital quality and satisfaction in marital interactions associates with the individuals' satisfaction post retirement. However, if the couple has poor marital quality, the retirement process becomes a bane and the dissatisfaction escalates.

Health issues also become paramount among older couples and the roles of caregiving may become accentuated if one spouse has an injury or serious illness. With the rise of nuclear households, spouses often have to depend on each other for the emotional and physical support through these crises whilst the children may provide financial aid. The prior marital quality and level of understanding and cohesion between the spouses play a key role in determining how these 'new' caregiving roles are viewed.

6.2.3 Complicating Factors in Couple Relationship

While the present-day households may often be nuclear in size, marriages in the Indian context are still joint in functionality and involve the role of a larger system that includes the families of origin and social and religious leaders. All these systems exert their influence on the couple system that needs to develop as a separate unit but maintain its relationship with these larger networks. The couple faces the difficulty of adjusting to each other and developing a shared philosophy of life within the first few years of marriage, whether in an arranged marital context or in an inter-caste and inter-religious context. Assistance provided by the spouse's families of origin during the marital ceremony and in the initial marital years can become a strong source of support for the couple. Initial dowry issues or other familial arguments about finance or the lack of support by one spouse's family of origin can lead to strong emotional reactions and re-surface in marital arguments.

The wife often needs to play a tightrope between making her own personal adjustments post marriage whilst adjusting to the needs of her husband and in-laws. Societal attitudes toward parenting and childcare also complicate the couples' relationship as the couples try to manage a household, fulfill the parenting responsibilities, and meet their occupational requirements.

Work stress and prolonged working hours affect marital interactions and marital quality among both single-income and dual-income couples. The flexibility in work timing becomes a double-edged sword and impacts the time the spouses spend together by lowering marital communication and intimacy. Frustration, anger and frequent quarrels are commonplace as work strain and market competitiveness increase daily. Role overlap can also occur wherein the couple tries to solve a marital conflict within a few minutes using a piecemeal approach, which is similar to that used at work.

The level of marital distress perceived by each spouse is another factor that complicates marital relationships. Often, the spouses do not notice or deal with their difficulties earlier in their marital life and view it as a 'taboo' to seek professional help. This often results in irreconcilable difficulties at a later stage and a marital vacuum. Whilst one spouse may perceive the marriage as 'troubled' or highly distressed, the other spouse may deny the difficulty completely. Gender also influences how spouses view their difficulties and their approaches to resolving the same.

Counsellors and family therapists need to factor in and address these issues relating to the families of origin, the work-related difficulties, and the possible discrepant spousal levels of marital distress whilst helping the couple. The traditional Westernized model of dyadic therapy for only the couples' issues is too simplistic in the Indian, or broadly, the South Asian context.

6.2.4 Guidelines for Assessment of Marital Conflict

Marital conflict can be addressed through a comprehensive assessment of the couple context. The counsellor or family therapist must seek to obtain the perspectives of both spouses equally in a non-judgmental approach. The counsellor must encourage the couple to quote specific examples from their marital life of how they deal with their marital conflicts and understand the thoughts and feelings of each spouse about the event. The counsellor should also identify the couple's marital strengths and make the same evident to the couple.

The following points can be used to assess the functioning of the couple:

- **Process of conflict resolution:** The counsellor should seek to understand how a typical conflict develops, the initiator of the conflict, the time that conflict usually develops and the sequence of a conflict. Asking the couple for 2-3 specific conflicts or arguments and their versions of what happened will help an understanding of the process of conflict. Attention should also be paid as to how the marital conflict gets resolved, the time usually taken for the conflict to get resolved, the role each spouse plays in resolving the conflict and their perspectives on forgiveness.
- **Content of conflict:** It is useful to identify the topic of frequent arguments. This will help identify whether the conflictual issue is a minor difficulty or a manifestation of a larger deeper conflictual issue. For example: a wife complaining that her husband comes home late from work may reflect poor spousal communication of his work role, or that the wife feels that she is uncared for because her husband spends all his time and energy at work.
- **Communication:** Couple communication should be examined to determine if the marital communication between the spouses and families of origin

is direct and verbal or indirectly stated. The assessment should also include whether there are differences in communication styles between the spouses (who is more open and expressive, etc.), whether feelings are adequately expressed (both positive and negative feelings) and whether spousal communication occurs only in crises and arguments.

- **Power and leadership:** As most conflicts are about power and decision-making, it is imperative to assess how decision-making is carried out, who is the predominant decision maker, whether the decision-making structure is accepted, or whether the decisions are challenged continuously.
- **Roles:** The counsellor should examine the roles played by each spouse (who is the breadwinner of the family, who is the caregiver, and the amalgamation), whether these roles were discussed and decided upon and the subsequent acceptance by each spouse of these roles. Whether each spouse fulfills the expectations of her or his role and whether there is more role strain on one spouse should also be assessed. For example, a working woman may experience high role strain as she has to solely juggle the role of an employed woman, a home maker, a wife and a mother.
- **Cohesion and intimacy:** The assessment should also focus on what makes the couple feel close, how the spouses encourage each other and whether the spouses share common activities and perceive their marital bond to have formed.

Understanding these points and knowledge about the living arrangement of the couple can facilitate a thorough insight into their marital conflict and determine the level of marital conflict.

Couple conflict can be resolved when the conflict is at the level of a problem or a disagreement. When the conflict is larger and involves issues such as extramarital relationships, physical or verbal abuse, or severe marital discord, the couple should be referred to a professional marital therapist who may need to help the couple decide what their marital future should be.

Check Your Progress Exercise 1

Note: a) Read the following questions carefully and answer in the space provided below.

b) Check your answers with those provided at the end of this Unit.

1. What are common areas of conflict for young couples in the Indian context?

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2. List 2-3 guidelines used to assess marital conflict.

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6.3 SEPARATION/DIVORCE

The terms separation and divorce have definitions based on physical and legal parameters. However, in counselling, it is important to make use of the concept of dissolution-potential as well. Psychologically, any couple relationship can be rated for its dissolution potential. Over the decades, the dissolution-potential of the married population seems to have increased. There are more people deliberating about separation or divorce ideologically even without a major cause for unhappiness in a relationship. Many seem to feel that the idea of moving on to another relationship is what they owe to themselves when partner is unhappy with self. Many feel unskilled in negotiating relationship conflict and want to move away to make the partner feel better. Lastly, the counsellor must notice that all periods of separation are not confused as signs of ending the relationship. Many couples have separations ranging from few months to few years for work goals, children's education, or other family goals like caregiving responsibilities for other dependents.

6.3.1 Socio-Cultural Factors in Separation/Divorce

While there have been socio-cultural changes in our country that have a bearing on the attitude towards marriage and divorce, the stigma of divorce is still predominant. Couples sometimes prefer the option of staying in a household without any marital interaction to separation and divorce. Marital separation also does not often result in legal divorce, and the spouses just return to their respective families of origin for an indefinite duration. During a period of separation or divorce, the spouses become apprehensive to inform their current marital status to their extended family and friends. Masking the reality is an oft-preferred option. When conveyed, frequent advice giving by family members is common. This can hinder the divorcee's progress 'to move on' in other life domains as there is a continual reminder about their marital difficulties and status. These aspects lead couples to delay their decision about separation and spouses continue to stay married despite adverse marital difficulties and abuse. An additional conflicting factor prevalent in the society is the 'necessity' for society to do a post-mortem of the marriage and attribute blame. Responsibility for a failed marriage is often ascribed to the woman, who is viewed as dominant and aggressive and the cause of distress.

6.3.2 Psychological Factors in Separation/Divorce

While childlessness exerts a strong influence on the divorce rates in our country, there is an increasing proportion of divorces and separations among couples

with young children. This becomes an added strain for the woman divorcee. Childcare coupled with the responsibility of being the breadwinner prevents many women from divorcing their husbands. Psychologists perceive that women view divorce as a greater failure than men do, as women invest more in the family and take a larger responsibility for the marriage.

Infertility is often a cause for divorce in Indian and South Asian marriages. Here, the individual distress experienced by the spouses is aggravated by their frustrations with failed pregnancies. The extended family members become more resentful than being sources of support and the spouses turn to each other with blame and anger. Poor coping in these crises is a common cause of divorce, and other alternatives such as adoption are perceived with disdain. Providing counselling in fertility clinics and gynecological centers may help prevent separation and divorces due to this reason.

A divorce is one of the most stressful events that can occur in one's life and this period is associated with a risk for mental illness. Women are prone to depression while men can become dependent on alcohol and other addictive substances. A pre-existing psychiatric and/or medical condition can also flare up at this time. A counsellor must ensure that a mental health assessment is carried out for each spouse and regular follow-ups on the same are undertaken.

6.3.3 Complicating Factors in Separation/Divorce

In the present socio-economic scenario, one has started placing a higher emphasis on individual autonomy and less on familial dependence. Factors like urbanization, education and the influence of mass media highlight the concept of individual choice and self-related decisions. Distressed spouses are often torn between the decision to make an individual choice that may benefit them and facing the societal liability and stigma of divorce. This decision is aggravated by the following complicating factors:

- **Stigma about the single parent or divorcee:** The Indian culture stigmatizes single parenthood more than divorce and as a result, spouses who are parents may prefer being trapped in a marriage rather than the choice of a divorce. Women have additional difficulties in raising children single-handedly and society's condemnation of this behaviour is reflected in the difficulty of a single parent to obtain admissions for children in schools or colleges, arrange marriage for her son or daughter, etc. The fear of these discriminations increases the chances that divorce may be viewed as a better option but remains an unsought option for most wives.
- **Financial obligations:** Financial obligations (maintenance charges) for the husband become a burden that most husbands are uncomfortable to bear. The issues about these payments and the additional strain to contribute part of their income for several years becomes difficult if the husband has to provide financial support to his ageing parents as well. Hence, the marriage remains status quo for long periods of time.
- **Legal issues:** The divorce laws in our country are unfavourable for both men and women and the lengthy legal procedure of obtaining divorce adds to the psychological and financial strain already present from the beginning of separation. Legalities vary across couples and couples with children may experience biased legal outcomes. These issues increase the resentment and

anger of the spouses and prevent these individuals from progressing in other domains of life.

While legislations such as Section 498A and women's support groups are advocated to protect the rights of women, they have been occasionally misused in the Indian context. Husbands perceive the law as biased towards women whilst wives report that although legislations exist, the processes become too burdensome for them. The injustice in the legal system is an often-quoted complaint of most individuals in the process of divorce and this leads many individuals to remain separated, without going through the legal formalities of divorce.

- **Psychological difficulties:** In addition to the above, spouses can become revengeful and have mixed feelings toward their spouses. While most individuals seek to understand what happened and why it occurred, friends and family members encourage them to 'forget about their past and move on'. This becomes difficult for the husband and/or wife who spend hours vacillating in emotions and thoughts about their ex-spouses. Counsellors need to be sensitive to these distressed individuals and help them to prevent them from harming themselves and/or their ex-spouse and ex-spouse's kin.

6.3.4 Guidelines for Evaluating Separation/Divorce Issues

In general, divorce is the last option for marriage counsellors. However, when certain marital factors are present, divorce therapy becomes the focus of counselling sessions. The counsellor must be an expert with years of experience in marital issues and without reluctance to suggest divorce as an option, if the couple case indicates the same.

The factors that can be used to evaluate separation/divorce issues are discussed below:

- **Cohesion:** It is important to assess the level of connectedness that the spouses perceive between themselves or whether the spouses exist as independent members living within the same household without any interactions or with minimal interactions.
- **Abuse:** Emotional verbal and physical abuse is an indicator of a distressed marriage and the counsellor should examine the level of abuse present and educate the spouses on how to prevent the same. Verbal abuse is often minimized as unimportant and the counsellor must not be prejudiced to the same. Both forms of abuse have long-lasting repercussions on the individual. It is also important to note the prior level of forgiveness and trust present and the individual psychological resources to cope with this crisis. Physical abuse has become more pronounced in the recent decade and awareness on women's rights appears to have resulted more in family feuds than better coping strategies.
- **Extramarital relationships:** Couples often seek help when one spouse has had an extramarital relationship and hence, counsellors need to be attuned to dealing with the same. Betrayal of trust takes years to repair and the couple must be helped to strike a balance between allowing forgiveness, attempts to change, and to lower the overall level of suspicion. For example, if a husband has had an extramarital relationship but both

spouses still want to work together, the husband must indicate that he has ended the extramarital relationship and make further attempts to build his wife's trust in him. However, the counsellor must help the wife to contain her suspicion and provide the husband with opportunities for change whilst avoiding the blame and grudge-keeping game.

Overall, divorce can be considered as a good option if there is any evidence of irrevocable psychological harm to any partner. Family patterns that suggest unchangeable emotional distance or intense hostility or harmful family and social processes that prevent healthy goals for the partners are indicators that ending the marital relationship may be a better outcome for all concerned. Major obstacles in approaching this as an appropriate solution are: fear of being viewed as a failure in relationship, limited options for intimate relationships after divorce, custody and long-term parenting responsibilities for children, and men and women being deprived of understanding and support from their respective families as well as friends. It is also fairly common for some couples to remain trapped on divorce discussions in a very chaotic way but not follow legal procedures. When the couple has had any major episode where either partner has been humiliated or shamed, where police complaints have been made, or where neighbours or friends have witnessed fights, couple needs to recover psychologically from that humiliation in order to facilitate a smooth transition to single hood.

Divorce procedure is quite chaotic and painful not only because of the couple but also because of the unfamiliarity with the legal procedures, best options, mistrust of advices from professionals, inadequate information, added to the unique suggestions from each and every well wisher for the couple. Put together, these are enough to disempower the couple and prevent good conflict resolution. Any circumstances that empower the couple can help improve resolution style.

Check Your Progress Exercise 2

Note: a) Read the following questions carefully and answer in the space provided below.

b) Check your answers with those provided at the end of this Unit.

1. What are complicating factors in separation or divorce in the Indian context?

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2. What should a counsellor ensure to when she or he is doing counselling for a distressed couple that is on the verge of divorce?

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6.4 LET US SUM UP

In this Unit, we have learnt that marital conflict, separation, and divorce in South Asian marriages; including Indian marriages, cannot be approached from a simplistic perspective. The need for the counsellor to segregate her or his own value system from the couples' requirements and societal norms becomes imperative. The counsellor should not and cannot become just another societal instrument.

Young and older couples share many similar issues of marital conflict. If these issues are not resolved during the early years of marital life, they can resurface at a later stage as unresolved relationship anxieties. The level of marital conflict can be assessed through an examination of the processes and content of conflict resolution as well as an evaluation of core relationship dimensions of power, leadership, communication, cohesion, roles, expectations, and intimacy. The counsellor should also be able to discriminate and help clarify to the couple the differences between marital conflict that can be resolved from that which cannot and the counsellor must not be hesitant to help the couple with divorce therapy if required.

In India as well as other South Asian countries, separation is more prevalent than divorce and marriages can exist in interactional vacuums. Older couples may find that minimal need based interactions are more convenient options to separation and divorce. In order to assist couples, counsellors must be sensitive to these socio-cultural and psychological aspects and have adequate knowledge about the legal issues concerning divorce.

6.5 GLOSSARY

Abuse	: Physical or verbal mistreatments and insults that occur in a domestic context.
Cohesion	: Level of connectedness and 'we-feeling' that spouses experience toward the couple unit.
Communication	: The spousal exchange of information that should result in increased understanding and awareness about each other.
Divorce	: The final dissolution of marriage, leaving both spouses legally free to marry again.
Extramarital relationships:	Romantic relationship (with/without sexual relations) that occurs between one spouse and a third party outside the marital context.
Intimacy	: Verbal and/or nonverbal expressions of closeness, care and affection that are shared by spouses.
Leadership	: The pattern of decision-making and the distribution of power between the spouses.
Marital conflict	: Marital distress reflected from the incompatible needs and wishes of the spouses.

6.6 ANSWERS TO CHECK YOUR PROGRESS EXERCISES

Check Your Progress Exercise 1

1. Common areas of conflict for young couples in the Indian context are expectations, finance, and intimacy and communication.
2. To assess marital conflict, the couple's typical processes of conflict resolution and content must be examined in detail. The role structure, leadership, and communication styles must also be assessed.

Check Your Progress Exercise 2

1. Complicating factors in separation or divorce in the Indian context are stigma about single parenthood or divorce, financial obligations, legal issues and psychological difficulties.
2. The counsellor must make sure that she or he does not become prejudiced and judgemental. However, in cases of cruelty and abuse, the counsellor may need to break the neutral couple position and take the role of empowering one spouse to make important decisions. The counsellor should also regularly assess the partners for signs of mental illness.

6.7 UNIT END QUESTIONS

1. What are the common signs of marital conflict?
2. Distinguish between marital conflict in younger couples and older couples.
3. List the psychological factors arising from the social system that can influence marital conflict.
4. Why do certain marriages not dissolve despite severe discord?
5. How do socio-cultural factors and psychological factors affect divorce?
6. Elaborate in your own words the principles you will use to assess dissolution potential for a couple.
7. Is the increasing prevalence of separation and divorce a result of changing cultural acceptability?
8. How will you discriminate between marital conflict that can be resolved and marital conflict that cannot be resolved?

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UNIT 7 CONFLICT AMONG COUPLES IN NON-MARITAL RELATIONSHIPS

Structure

- 7.1 Introduction
- 7.2 Definition of and Statistics on Non-Marital Relationships
 - 7.2.1 Divorce
 - 7.2.2 Same Sex Relationships
 - 7.2.3 Cohabitation
- 7.3 Issues in Assessment of Non-Marital Relationships
 - 7.3.1 Issues in Assessment of Post Divorce Relationships
 - 7.3.2 Issues in Assessment of Same Sex Relationships
 - 7.3.3 Issues in Assessment of Cohabitation Relationships
- 7.4 Interventions
 - 7.4.1 Issues in Intervention with Post Divorce Relationships
 - 7.4.2 Issues in Intervention with Same Sex Relationships
 - 7.4.3 Issues in Intervention with Cohabitation Relationships
- 7.5 Let Us Sum Up
- 7.6 Glossary
- 7.7 Answers to Check Your Progress Exercises
- 7.8 Unit End Questions
- 7.9 Further Readings and References

7.1 INTRODUCTION

Non-marital relationships can be defined as stable adult relationships that are romantic or contractual, but not marital. As such, they include:

- Post divorce relationships
- Same sex relationships
- Cohabitation or live-in relationships

There is a need to address such relationships, as there is an increasing recognition that distress or discord occurs in all forms of interactions, and relationships not sanctioned by society may actually face more strain, and therefore, require more professional help.

The current scenario in the West indicates that for many younger men and women, marriage forms an element in their partnership history, rather than the sole event. Many individuals may live with one or more partners before marriage. Further, several marriages end in divorce, and amongst these, many divorcees form new cohabiting partnerships rather than remarrying. Same sex relationships are also fairly common and socially accepted. In India, acceptance

of these non-traditional relationships is much less, though there is growing recognition at both media and professional levels.

The focus of this unit will be to understand the unique characteristics of non-marital relationships, as well as to identify key issues in intervention with such relationships, that may occur over and above usual relationship issues.

Objectives

After studying this Unit, you will be able to:

- Identify and describe non-marital relationships;
- Assess the unique features of non-marital relationships; and
- Understand basic principles of interventions with non-marital relationships.

7.2 DEFINITION OF AND STATISTICS ON NON-MARITAL RELATIONSHIPS

In this section, we will learn about the definition and present scenario of non-marital relationships.

7.2.1 Divorce

Divorce refers to the legal separation of a (heterosexual) couple, who had previously been married. Traditionally, divorce has been seen as acceptable if one partner broke the 'marital contract, that is, could not fulfill the basic conditions of marriage. Early bases for divorce were largely limited to adultery, sexual incapacity, and desertion. In the USA, the 1969 Divorce Reform Act changed the whole philosophy on which divorce could be sought, as it enabled couples to file for divorce, simply because they no longer wished to be married to each other.

In India, grounds for divorce are different for each religion, and based on religious definitions of 'breaking the marital contract'. They include impotence, mental illness, being jailed for more than seven years, extramarital affairs, non-consummation, cruelty, etc. The Special Marriages Act of 1954 includes mutual consent as a ground for divorce, given that the application is made after one year of living together, followed by at least one year of separation. Thus, incompatibility is a recognised ground for divorce, and has been since the 1950s.

Currently, the divorce rate in the UK is around 13.4 percent, leading to a 3.6 million population of divorcees. Remarriage is common, and accounts for 18 percent of all marriages in 2002. These figures can be considered representative of divorce in the West. In India, formal statistics on divorce rates are hard to come by due to a large rural population and incomplete records. In 1990, the rate was estimated to be 1.1 percent (www.divorcerate.org/divorce-rate-in-India). In 2005, Nambi reports a divorce rate between 5 and 7 percent. Court records suggest a 200 percent increase in the number of cases filed for divorce in Bangalore, from 2003 to 2006 (www.rediff.com/news, Nanjappa, 2007). The increase in marital distress and separation appears to be an urban phenomenon, and has been attributed to factors like the break down of the joint family system, the essential loneliness and high stress of the

modern global environment, changing roles of women and higher expectations from marriage. Thus, while divorce rates in India are not as high as in the West, they are increasing at a rapid rate.

7.2.2 Same Sex Relationships

A *same sex relationship* can be defined as a romantic relationship, usually of a sexual nature, between two adults of the same sex. Two men who share a relationship are referred to as a *gay couple*, and two women who share a relationship are referred to as a *lesbian couple*. *Homosexual* technically refers to both lesbian and gay relationships. Another related term is LGBT, which refers to Lesbians, Gays, Bisexuals and Transsexuals or all sexual minorities.

In this unit, we will concern ourselves only with stable relationships between lesbians and gays, that is, those where the couple are living together, or have been committed to each other for more than two years. The time duration has been fixed arbitrarily to represent stability. However, this does not mean that relationships of shorter duration are not deeply committed or not deserving of help. Due to the level of societal disapproval for same sex relationships in India, often couples may not be living together though they are emotionally 'married'. If the individual or couple in question feel love and commitment to the relationship, and share aspects of their emotional and day-to-day life, they can be considered to be in a stable relationship and treated as such.

Data on the number of same sex relationships in India is scarce. There are no official counts, and they do not form part of the census. Information is available more from LGBT organisations and informal magazine surveys, and cannot be considered comprehensive. However, estimates suggest the following:

- More gay than lesbian relationships:- It is possibly due to men having more freedom to move out of the house, or establish modes of living independent from their families.
- More acceptance of such relationships in urban areas than in rural settings. In rural settings, they are often indulged in secretly.

Western literature suggests that gay and lesbian relationships are fairly common, with around 600,000 same-sex couples living together in the USA. Same sex marriage is also legal in many countries.

7.2.3 Cohabitation

Cohabitation refers to the concept of two individuals (for the purpose of this unit, only heterosexual couples will be considered) living together, sharing a household and sometimes even children, but without having a legal or religious marriage ceremony. In India, cohabitation is generally taboo. However, a small number of young couples in big cities are starting to prefer it. As in other places, people with conservative religious views are opposed to it (www.wikipedia.com).

In the UK, research shows that 3 in every 10 single women are cohabiting. For divorced men and women, the proportions are even higher. Amongst couples about to marry, living together before marriage has become the norm, rather than the exception, with 77 percent of couples applying for marriage already cohabiting. In the US, the number of cohabiting couples has increased

from around 50,000 in 1970 to nearly 5 million couples today. In some parts of Western Europe, notably France, Denmark and Sweden, cohabitation has become almost as common as marriage. In Sweden, nearly half of all children are born to unwed parents. Thus, although cohabitation is still a new trend in India, indicators from the rest of the world suggest that it may soon be an important and common form of relationship.

Check Your Progress Exercise 1

Note: a) Read the following questions carefully and answer in the space provided below.

b) Check your answers with those provided at the end of this Unit.

1. What is considered to be a non-marital relationship?

.....

2. How would you define the following relationships:

a. Same sex relationships

.....

b. Cohabitation

.....

c. Divorce

.....

7.3 ISSUES IN ASSESSMENT OF NON-MARITAL RELATIONSHIPS

In this section, we will discuss some important issues in assessment of non-marital relationships like post divorce relationships, same sex relationships and cohabitation relationships.

7.3.1 Issues in Assessment of Post Divorce Relationships

Now, Let us discuss about some important issues in assessment of post divorce relationships, which are as given below:

● Legal/Financial Implications

The no-faults divorce implies that men and women are equal, and that the decision to separate is mutual. Thus, there is no 'victim' for the court to protect and no 'criminal' to punish. This perspective can create problems for ex-wives who are no longer guaranteed the payment of alimony. By considering men

and women as equals, each capable of supporting themselves, the gender pay gap is overlooked, and divorced women suffer financially as a result (Weitzman, 1985). Moreover, women in the post divorce scenario are often the sole caregiver of children and thus face increased financial burden. It may be healthier for the couple to discuss such issues in a counselling session, with the counsellor acting as a neutral mediator, rather than fight it out in court. Counsellors should therefore always enquire about such arrangements, and offer their help in negotiating financial contracts.

- **Social Objections to Divorce**

Typically, divorce procedures are long drawn out and complicated in order to allow the applicants to reconsider their decision at every step (Schoenfeld, 1996). This reflects a general social stance that divorce is bad and can lead to societal breakdown. In India too, divorce meets with a great deal of social disapproval. The counsellor must be careful to neither blame the couple for wanting a divorce, nor to blame them for preferring to stay in a bad marriage. Each individual may marry for a different reason, and this reason often gets reflected in the decision to stay married or get divorced. Also, the couples' decision to divorce or stay together often reflects social and parental support, rather than their own desires. The counsellor must enquire about these reasons in an open and non-judgemental manner.

- **Adjusting to Single Life**

There are two views on the impact of divorce on an individual. The first is the 'crisis' view. It suggests that divorce is a temporary crisis to which most people adapt within two or three years. The second is the 'chronic stress' view, which suggests that being divorced is an ongoing stressor that can affect psychological and physical health. Longitudinal research supports both views (Lorenz, Wickrama, Conger, & Elder, 2006). Compared to their married counterparts, divorced women report higher levels of stressful life events, which lead to higher levels of depressive symptoms. Recently divorced mothers must often take on new jobs or increase their hours on existing jobs. Divorce frequently entails moving to an inferior residence, which may leave one vulnerable to costly home repairs. Children (who usually stay on with the mother), also are likely to experience change in residence and sometimes school, leading to psychological distress and behaviour problems. Thus, short and long term adjustment to a single life may be particularly difficult for divorced women. For men, the implications are psychological rather than financial, as they tend to be emotionally rather than financially dependant on their wives. They may experience loneliness and loss of meaning in life. Men and women who don't get family support may find themselves cast adrift. It would be worthwhile to enquire into the post divorce adjustment of both men and women. This should be done in separate sessions, as they may not wish to reveal about their lives to each other. Issues of confidentiality will need to be clarified, as discussed in the intervention section.

- **Visitation and Custody Arrangements for Children**

Couples are often advised to stay together 'for the sake of the children'. But what is the real impact of divorce on children? Research from the USA, Norway and China seems to suggest that the quality of the relationship between parents and level of parental distress is a more important predictor of children's well being than divorce status alone. Thus, divorced parents can protect their children

from negative effects like depression, anxiety and interpersonal problems; by maintaining a good relationship, not using the children to bargain, not speaking negatively about each other in front of the children etc. It is important that parents share in child rearing and decision making as far as possible. As far as possible, children should also continue contact with their grand parents, uncles and aunts, as these are valuable relationships for a child. Although custody is typically given to the mother, both parents should ensure that they continue to participate in their children's lives. An important task of the counsellor is to evaluate child related arrangements and advise couples that their responsibilities as parents do not end with the ending of the marriage.

● Grounds for Divorce

The couple's adjustment to their post divorce life, and their attitude towards each other, depends heavily on the nature of the divorce. Divorces by mutual consent are often the healthiest. This is especially so when both partners acknowledge their contribution to marital problems and feel that divorce was the best decision for both of them. Divorces where one partner left while the other wished to continue are more painful. Feelings of blame, hurt, anger and guilt are common and get in the way of good post divorce adjustment. Couples who don't share children may choose to cut off all contact. Other couples may continue to feel obligated towards each other. The counsellor needs to evaluate the grounds for divorce, and address implications of the same in intervention sessions.

Check Your Progress Exercise 2

Note: a) Read the following question carefully and answer in the space provided below.

b) Check your answer with that provided at the end of this Unit.

1. Fill in the blanks:

- a) Women have greater financial difficulties post-divorce due to the _____ gap and they find themselves as _____ to children.
- b) The two views on the impact of divorce on an individual are _____ and _____ model.
- c) Research seems to suggest that the quality of the relationship between parents and level of _____ is a more important predictor of children's well being than divorce status alone.
- d) The couples' decision to divorce or stay together often reflects _____ and _____ support for the decision.
- e) Post divorce adjustment often depends on the _____ towards the divorce.

7.3.2 Issues in Assessment of Same Sex Relationships

Homosexuals don't share any psychological characteristics other than preferring people of the same sex. So we can't 'profile' them or describe their typical personalities or pathways to homosexuality (Carson and Butcher, 1992). However, as a group, they face some common stressors which are as follows:

- **Perception of Mental Health Field and Role of the Same**

Treatment for gays and lesbians to change their sexual orientation has long been an activity of psychologists. This implies that homosexuality has been seen as a 'disorder' that needs to be 'cured', rather than a normal sexual variant. *Aversion therapy*, which consists of exposing (for example) gay men to pictures or sexually stimulating material involving other men, and simultaneously presenting them with an aversive stimulus like an electric shock, was one of the traditional 'treatments' for homosexuality! Thus, the mental health field has been often accused (and rightly so) by gay rights groups and others of spearheading the societal attack against homosexuality. However, since then the profession has done much to redeem itself. Davison, a prominent researcher, argued that the very existence of sexual reorientation treatment programmes strengthens prejudices against homosexual individuals and increases their self hatred and embarrassment. Therefore, the only ethical course is to stop offering this type of treatment –even to individuals who voluntarily seek it. Thus, homosexual clients may often mistrust the counsellor, and rapport may be difficult to establish. You will need to assess their doubts and misconceptions and clarify your role and position, early in the sessions.

- **Societal Pressures and Lack of Adequate Role Models**

Although same sex relationships have been found in all cultures and through the course of history, they are still less common and less accepted than heterosexual relationships. So same-sex couples usually do not enjoy the influence of adequate role models. They need to develop their own ideas of what a 'normal' relationship is. They might be left with the belief that questions or difficulties that they are experiencing are the result of their sexual orientation rather than mere relationship difficulties (MacDonald, 1998). Asking couples about their ideas of healthy relationships, and encouraging awareness of and contact with other same sex couples is important. 'Normalising' their relationship conflicts can be a useful tool in intervention.

- **Legal Status**

Most countries had centuries old laws against homosexuality. The UK repealed its laws in 1967. By the 1980s, most states of the USA had also repealed their laws, making homosexuality legal. In India, homosexual acts including anal and oral sex between two men, has long been held as a crime, punishable by up to ten years imprisonment, under Section 377 of the Indian Penal Code. This law has been contested by gay rights and human rights groups. Recently, the Law Commission of India (LCI) has examined this issue and recommended the repeal of Section 377. While this is a good first step, it has not done much to remove the legal and social stigma of being gay or lesbian in India. Being in an 'illegitimate' relationship can be an extra burden. Such couples may find it difficult to access medical and legal help, preferring to 'stay under the radar'. The secrecy and shame can further create psychological distress and strain the relationship. These phenomena should be explored.

- **Coming Out**

Another related issue is whether the gay or lesbian individual has 'come out', that is revealed their sexual preference to their family, friends and/or work colleagues. Those who have come out may find some acceptance, and therefore be happier with themselves and their lives. However, they are also at greater

risk for ostracism and discrimination as others are aware of their sexual preference. The counsellor should enquire whether the client has come out or not, and how this has affected them. They can be helped to evaluate their decision and deal with the impact of 'keeping a secret' versus 'risking social stigma'.

● **Gay Sub-Culture or Gay Community**

One of the effects of increasing exposure and openness of the 'gay' life in the 1970s, was the development of a 'culture' of homosexuality that rejected heterosexist norms about relationships. Specifically, the monogamous life-long commitment to marriage was rejected in favour of free sex with multiple partners. This can be considered a possible response to being rejected by the heterosexist majority and not being allowed to have open and committed 'married' relationships. Subsequent to the spread of the AIDS threat in the early 1980s, this movement has lost its popularity, as promiscuity became dangerous and indeed life-threatening. However, a sub section of the gay community continues to adhere to this norm, and this can pose an additional challenge to relationships. Cove and Boyle (2002) found that the rate of cohabitation and sexual exclusivity is lower in gay couples, compared with lesbian and heterosexual couples. In the past, monogamy rates for gay couples have been reported ranging from 0 to 18 percent. More recent research has found higher prevalence rates of monogamy in gay couples, with rates between 48 percent and 63 percent. The counsellor should enquire about membership to a particular ideology and its impact on the relationship. Remember that both partners can have different ideas about monogamy and sex, so ask each separately.

● **Self Esteem and Mental Health Implications**

Western research in the seventies proved that homosexual people as a group have similar rates of psychiatric disorders as heterosexuals. Clinical observation in India indicates that gay and lesbian individuals who seek the help of mental health professionals are often depressed and experience low self esteem. This seems more a reflection of their failure to find a place in society and a fulfilling and meaningful identity than a direct result of a homosexual preference. They often present feeling that they have let their family down, or that they can never share their true self with their family. Most of them experience pressure to get married, and indeed, most of them are married. Married individuals, who are gay or lesbian, may find it difficult to satisfy their partners sexually, and impossible to find sexual satisfaction themselves. Thus, their marital relations are often strained, leading to greater stress and depression. The psychological impact of their sexual orientation on self and interpersonal relationships needs to be assessed.

● **Sexuality**

The sexual aspect of a relationship is often difficult and embarrassing to enquire about, in both homosexual and heterosexual contexts. However, any professional interested in relationship work needs to address sexual concerns, as they are often core to relationship satisfaction. Research indicates that clients will not volunteer information about sex even if they have difficulties in the area, but are relieved when they are asked about it in a professional manner. Increasing closeness in a long term relationship between two women has been known to correspond with a decreasing interest in sexual activity, as emotional intimacy becomes more important. This phenomenon is less noticeable with gay or

heterosexual couples. Nichols (1995) attributed decrease in sex to be a result of cultural socialization where women are taught to be less sexually assertive, leaving the couple with no one to initiate sexual activity. If such is the case, open discussion of the same is warranted. A large amount of research has been undertaken with relation to gay sexual issues. Identified issues include negative psychological state during or after a sexual encounter and discrepancies related to the kind of relationship desired, and difficulties associated with masturbation and oral sex.

● Sex Roles

Sex role has been defined as behaviours and characteristics that are culturally associated with men or women. Traditionally, women's roles emphasize care taking, sensitivity to the needs of others, emotional experience and adaptability etc. In contrast, men's roles emphasise emotional stability, agency, self protection, self assertion etc. (Isaac & Shah, 2004). Cardell et al. (1981) reported several key findings regarding sex roles in relationships. They found that individuals in heterosexual relationships are more traditionally 'masculine' and 'feminine' in their behaviours and choices, particularly in the area of division of labour at home. On the other hand, same sex couples are more androgynous and endorse both masculine and feminine qualities. This does not mean however, that same sex couples report less conflict with regard to perceived financial, household and child-rearing responsibilities. While both partners may be playing some roles (for example, providing financially), neither may be playing other roles (for example, cooking). Thus the counsellor needs to examine the roles that each takes on, and the other partner's satisfaction with the same.

Check Your Progress Exercise 3

Note: a) Read the following question carefully and answer in the space provided below.

b) Check your answer with that provided at the end of this Unit.

1. Fill in the blanks:

- a) Lesbians and gays might believe that their conflicts are the result of their _____ rather than normal _____.
- b) The _____ and _____ caused by illegal status can further create psychological distress and strain in same sex relationships.
- c) In the 'gay' culture, _____ was rejected in favour of _____; a movement which has now lost its popularity.
- d) Gays and lesbians may experience depression and low self esteem as a reflection of their failure to _____ and a _____.
- e) Gay men may face sexual problems associated with _____ and _____.

7.3.3 Issues in Assessment of Cohabitation Relationships

Let us now study some important issues in assessment of cohabitation relationships. These are explained below:

● **Commitment or Insecurity**

Cohabiting relationships can be seen either as a step to marriage or as an alternative to it. When both partners agree on the reasons they are cohabiting and are comfortable with the same, it can be a secure and meaningful relationship. However, this may not always be the case. If one partner is looking for greater commitment, they may feel insecure in the relationship, and question the depth of the other partner's feelings toward them. Evaluating each partner's feelings about the current arrangement and plans for the future is essential, as many conflicts may surround this issue.

In this respect, it is interesting to note that traditionally, marriages following cohabitation were thought to be more likely to end in divorce. This belief was attributed to what Paul Amato and colleagues have called the 'inertia hypothesis', which states that couples are less choosy when it comes to cohabiting, and get so used to the partner, that they just drift into marriage. Psychologist William Pinsof disagrees, saying that we do not know if such marriages are worse off. It may be that those who had cohabited before marriage give less importance to tradition and are therefore unlikely to stay in unhappy marriages. Thus, it is important not to draw hasty conclusions about whether a cohabiting relationship is healthy or not, and not to assume that marriage is always a sign of forward movement from cohabitation.

● **Gender Differences**

Many consider cohabitation a more 'equal' relationship than marriage, as men and women generally have equal incomes and separate bank accounts. But recent research has suggested that cohabitation is tilted in favour of the man, as women may see cohabitation as a stepping stone to marriage while the man might view it as an easier and permanent option. Research by sociologist Susan Brown has shown that there is a greater chance that cohabiting couples will marry if the man wants to do so. Cohabiting men may carry their uncertainty forward into marriage, with destructive consequences. A 2004 phone survey found that men who had lived with their spouse pre-maritally were on average less committed to their marriages than those who hadn't. Women's feelings remained unchanged with respect to cohabitation. Again, it is important to examine each partner's feelings about cohabitation independently, and not assume that they are happy or unhappy with it.

● **Legal or Social Standing**

In Europe and the USA, live-in partners or 'common-law' wives and husbands, have the same legal status as married couples when it comes to finances, inheritance etc. Female live-in partners in India have economic rights under Protection of Women from Domestic Violence Act, 2005. The lack of social acceptance of cohabiting relationships may be a bigger burden than the legal status *per se*. Parents and other family members are unlikely to accept a cohabiting relationship, and are less likely to offer support in the case of relationship difficulties. Thus, conflicts which could have been normalised and handled with family support may become more intense. One or both partners may also feel both guilt and resentment towards their family. Guilt as they know that they are disappointing their family, and resentment, when the family does not understand and support their choice. It is necessary to evaluate the attitude of friends and family towards the cohabiting relationship, and the impact that this has had on individual well-being as well as relationship satisfaction.

● Cohabitation and Children

Paolo Scommegna (2002) points out that the number of children born to cohabiting parents has increased from six to nine per cent from 1984 to 1994. Children are another issue for couples to discuss and decide on, and one they are more likely to bring to the counsellor than a family member. The decision to have children implies an emotional and financial commitment that is long term. Thus, the meaning of this choice will have to be explored for each partner. Researchers are just beginning to examine how cohabitation affects children's lives and well-being. They note that parents who cohabit may find it difficult to argue effectively that their children should abstain from unmarried sex or cohabitation, leading to even more widespread acceptance and practice of cohabitation in the future. Child rearing plans can also be discussed with the couple.

It is important to note that issues like physical and sexual abuse are as common in same sex and cohabiting relationships as they are in heterosexual married relationships, and need to be addressed accordingly.

Check Your Progress Exercise 4

Note: a) Read the following question carefully and answer in the space provided below.

b) Check your answer with that provided at the end of this Unit.

1. Fill in the blanks:

- a) The _____ states that marriages following cohabitation are more likely to end in divorce as the quality of cohabiting relationships may be poorer.
- b) The counsellor should not assume that _____ is always a sign of forward movement from a cohabiting relationship.
- c) There is a greater chance that cohabiting couples will marry if the _____ wants to.
- d) Female live-in partners in India have _____ under Protection of Women from _____ Act, 2005.
- e) Cohabiting partners may feel both _____ and _____ towards their family.

7.4 INTERVENTIONS

In this section, we will discuss various issues that can arise during intervention with non-marital couples.

7.4.1 Issues in Intervention with Post Divorce Relationships

Let us examine various issues in intervention with post divorce relationships.

Process of Counselling for Divorcing Couples

The goal of marital counselling is not to keep all marriages together, but to maximize the satisfaction and happiness of both partners. Thus, pre-divorce

counselling is not aimed at saving the marriage but at helping partners come to a rational and caring decision about their marriage and selves. In 1994, Constance Ahrons introduced the phrase the 'good divorce' that put forth the notion that family could survive peacefully following divorce. Divorcees may come alone or together for post divorce counselling. Often, couples may be reconsidering the decision to get a divorce. At other times, they may be looking to minimize the negative impact of divorce on their lives. Individuals may need help to come to terms with the divorce and adjust with their new lives. The following processes should be involved in counselling divorced individuals and couples:

- a) Clearly frame the goal of counselling. Establish your neutrality as to the decision to divorce. Emphasise that it is the decision of the partners alone. Keep this open stance through counselling.
- b) Confidentiality should be maintained, even between ex-husband and ex-wife. The counsellor should clarify that they will not reveal content of individual sessions to the ex-spouse.
- c) Encourage the couple to go slow on any decision making about the relationship. Frame divorce as a big decision, and a process rather than an event. While a marriage need not bind one for life, it is also a major commitment that cannot be broken without an impact on self and family.
- d) Frame the assessment as the need to go over the relationship and understand what went wrong. Emphasise that both have something to learn about themselves from this exercise, and it will be useful in this or any other relationship they may have.
- e) Try to set an agenda for counselling a little later than usual, especially if the couple is ambivalent; that is, don't force them to decide if they want to talk about marriage or divorce immediately. Let the ambivalence emerge and deal with it first.
- f) If the couple is highly distressed, spend some time on 'soothing' interventions. Help them make mini contracts about daily activities and behaviour so that their lives are disrupted as little as possible.
- g) The partner who has chosen to leave may feel guilt or disappointment. Help them to move on by understanding if this is the best choice for both, even if it is currently painful.
- h) The partner who is being left may feel anger, hurt and betrayal. They may wish initially to 'take revenge' and hurt the other partner as much as possible. They might also respond with sadness, guilt and low self esteem. They may feel that their life is over and they have no choices left. Help them to connect with stories of healing and moving on. These could be from their friends, families, books, movies, popular culture etc. Help them to refocus on themselves and fulfilling their own needs, without reference to the partner. This is better done in individual sessions.
- i) Explore feelings of 'failure' that they could not sustain their marriage. Help them accept the past as a choice that made sense when it was made, but does not make sense now.
- j) If the couple decides that they wish to work on their relationship, and make a fresh start, then help them make this transition.
- k) Forgiveness for the hurt caused by each other is vital before they can come to terms with a new future.

- l) Help them to decide on division of assets. Emphasise that it is quicker and less painful to come to some mutual decisions rather than taking all their differences to court.
- m) Advise them on legal issues if they require.
- n) Protect the children. Help them evaluate their decisions based on the impact it will have on their children and encourage them to place the children's needs first. Block any patterns that triangulate conflicts onto the children. Emphasise the cruelty of making a child choose between its parents. Make arrangements for stay, financial support, decision making and visitation rights if possible. Emphasise the need to the continued presence of the father in the children's lives.
- o) Explore the possible fallout of a separation in terms of its impact on their social life and other relationships. Couples often have common friends and may fight over them as well. Discourage this.
- p) Post separation, either or both partners may experience a feeling of loneliness and lack of connection with society. Help them build a support network to replace the one they lost with their marriage.
- q) Encourage new and positive interests and activities. Clients may need to find new 'meaning' in life.
- r) Help them negotiate with their own families. Ensure that they do not accept being treated badly for their choice, but are able to communicate their position clearly. They may also need to rebuild family relationships that might have been ignored during the marriage.
- s) Provide practical information on resources for divorcees and help them do the tasks that the partner was doing for them previously. For example, wives may need to be taught banking or financial investing.

Check Your Progress Exercise 5

Note: a) Read the following question carefully and answer in the space provided below.

b) Check your answer with that provided at the end of this Unit.

Q. Mark as "good" or "bad" counsellor behaviours:

1. Counsellor remains neutral about divorce. ()
2. Information from wife should be shared with the husband. ()
3. Don't make mini-contracts that are short term. ()
4. Discourage couples from discussing their opinions of each other with their kids. ()
5. Help the distressed partner understand that the decision for divorce is 'for the best' though currently painful. ()
6. Help the hurt partner to take revenge. ()
7. Have financial matters be decided by the courts rather than mutual decisions. ()
8. Help negotiations with the families of each individual of the couple. ()

7.4.2 Issues in Intervention with Same Sex Relationships

Having got acquainted with the issues in intervention with post divorce relationships, now let us study some important issues in intervention with same sex relationships:

● More Support

Though research regarding sexual minorities is fairly new, there are several guidelines for clinicians to consider when working with this group. Same sex couples might need more support from the clinician than heterosexual couples as they have to deal with social, political and legal factors, apart from usual relationship issues. In addition to the clinician, gay and lesbian support groups can provide tremendous support.

● Non-Judgemental Atmosphere

Certain approaches have been identified as harmful in dealing with same sex couples: (a) indicating that a gay or lesbian identity is bad, sick or inferior; (b) pressurizing or advising the client to 'come out' to someone inspite of the fact that the client believes it is too risky; (c) not understanding or acknowledging the problems of societal prejudice against gay men and lesbians; and (d) not understanding or acknowledging your own prejudice against gay men and lesbians. The following approaches have been identified as helpful: (a) not making an issue of the client's sexual orientation when it is not relevant; and (b) helping them feel good about themselves as gay or lesbian. Thus overall, a gay-affirming atmosphere is important for the success of therapy (Lindle, 1995).

● Addressing Sexuality

In enquiring about sexuality, the professional should be sensitive to gender differences (that is, issues may differ between lesbians and gays), be calm and accepting, but not overly curious or judgemental. Focus on areas where the couple needs help. Remember that there is no defined 'normal' sexual act. So ask about what they usually do, and if they find it mutually satisfying. The counsellor can work on sex-enhancing techniques and improving sexual communication. Traditional techniques like sensate focus may not be useful, but there is no doubt about the value of openly discussing needs, preferences and expectations. Indeed, because there are fewer models of what 'healthy' gay or lesbian sex should entail, partners are often left to define this for themselves. Sex can be penetrative or non-penetrative, oral, or involving mutual masturbation. The counsellor needs to validate all these preferences, and encourage partners to try and fulfill each other's needs, without compromising their own integrity.

● Internalized Homophobia

Internalized homophobia refers to internalisation by sexual minorities of negative stereotypes and expectations held by the majority; that is, gay or lesbian persons do not like themselves, *because* they are gay or lesbian. This leads to guilt, self-hatred, self-doubting, and negative outlook regarding the possibility of maintaining a long-term relationship (Downey & Friedman, 1995). Clients may

present with negative feelings about themselves — What is wrong with me?; Why am I like this? or Why did this have to happen to me?; The counsellor will need to acknowledge the reality of their grief, and at the same time try and provide them with a conceptualization of alternate sexuality as normal. Seeing human sexuality as a difference in degree rather than type can be helpful. Inform clients that all human beings have a potential for homosexuality and heterosexuality, and each of us end up on a specific part of the continuum, based on our preferences and life experiences. Help them to see and appreciate positive qualities of their self, that may or may not be related to their sexual orientation.

- **Relationship Fusion**

Fusion or enmeshment in relationships may be particularly common among lesbian couples. This has been postulated for the following reasons: (a) as women, they are more likely to value and aim for intimacy and closeness in relationships; (b) being of the same sex, they may find more similarities in many aspects of life experience, making it easier for them to think of themselves as 'one'; and (c) as lesbians, they may face many common hazards like discrimination by society, alienation from family, sense of loneliness, minority issues etc., increasing bonding. In many ways, being each other's best and sometimes only support can be helpful as well as harmful. If the closeness of the couple prevents individual growth and leads to distress, the couple can be helped to separate in a healthy way, while retaining what was positive about their connection.

- **Extramarital Relationships**

As discussed, the meaning of sex outside the relationship may be different for gay and heterosexual individuals (though lesbians are more likely to have 'heterosexist' views on monogamy). Some gay couples agree to be in non-monogamous relationships. Though the HIV/AIDS epidemic has decreased this number considerably, the fact remains that casual sex is not viewed as a 'sin' or 'breach of contract' by many gay men. Jealousy however, can remain an unacknowledged issue as adherence to the gay culture may not 'allow' one to be jealous or want monogamy. This can lead to conflicts that may surface in therapy. Counsellors should be aware of possible ambiguities and help couples get in touch with their real needs, regardless of the mainstream or sub culture to which they belong.

- **HIV/AIDS**

Another issue clinicians might be presented with is a gay couple where one or both members are HIV positive. It has been found that in such relationships, gay men experience a decrease in sexual interest and satisfaction, as well as an increase in erectile difficulties and anxiety and fear of transmitting AIDS to their partner. Further, they may experience either blame or guilt, depending on who the virus originated with, and whether it was passed on from one partner to the other. The non-infected partner may wish to leave the relationship, but feel guilty about letting down their partner. The infected partner may feel extremely dependent especially as they are less likely to have support from friends and family. This dependence may be resented by one or both. The

counsellor may have to work with forgiveness interventions, deal with issues of grief and loss, validate and manage guilt and anger, as well as help them negotiate medical, financial and social support.

Check Your Progress Exercise 6

Note: a) Read the following questions carefully and answer in the space provided below.

b) Check your answers with those provided at the end of this Unit.

- 1) Name two approaches that have been found to be harmful and two beneficial approaches when dealing with same-sex couples.

.....

.....

.....

- 2) What is internalized homophobia?

.....

.....

.....

- 3) What are the issues to be considered when the clinician deals with same-sex couples where one or both partners are HIV positive?

.....

.....

.....

7.4.3 Issues in Intervention with Cohabitation Relationships

Let us consider the important issues in intervention with cohabitation relationships. These are as follows:

● Counsellor's Attitude

Similar to same sex couples, cohabiting couples also have to deal with the pressures of not conforming to society, and therefore having fewer role models of healthy relationships. These issues require more support in a non-judgmental atmosphere. In this context, it will be useful for the counsellor to examine their own views. If you feel that you are too prejudiced against same sex or cohabiting relationships to provide adequate care, it will be more ethical to refer them to someone else. Some types of relationships can make many people uncomfortable, and the same is true for counsellors too. It is okay to prefer not to work with certain groups of clients, but it is necessary to be honest with yourself and them about this preference.

- **Communication**

As with all relationships, communication remains a core aspect of healthy functioning. Problems in cohabiting relationships may be more often due to 'communication apprehension' than a skill deficit *per se*. *Communication apprehension* refers to fears about bringing up certain topics for discussion. As the couple occupies a vague middle ground between marriage and merely being boyfriend and girlfriend, they may not be sure what is legitimate to ask for and expect from each other. For example, is it okay to expect your partner to concern herself or himself with your parent's health? Or, is it okay to expect your partner not to have contact with an ex-girlfriend or boyfriend? The counsellor will have to provide a safe space to discuss these and other issues. The point to emphasise here is that the couple can define their own relationship, and decide between themselves what is okay and what is not okay. The freedom aspect of such relationships can be emphasised, and positive connotations of having no clear rules can be brought to the couple's notice.

- **Money Matters**

Whether we want it to or not, unfortunately, money does matter! Again, there are no clear rules as to how the financial burden should be shared. When both partners are working, responsibility for rent, payment of utilities, food and other common expenses may come up. Couples may decide to share all expenses half and half, or for the man to take on the traditional role of providing most of the money. Any arrangement that both are comfortable with is okay, but the counsellor should ensure that neither partner feels exploited or insecure. Experts advise that money and credit not be combined immediately, and separate finances be maintained as far as possible. Although some couples may construe this as an indicator of lack of trust or faith in the relationship, for many couples such an arrangement allows for greater feelings of security with self and more satisfaction with each other.

- **Division of Labour**

Who plays what roles at home can be another bone of contention. Couples, women particularly may enter such relationships expecting a more equitable division of labour. Western research suggests that this is in fact true, with men and women sharing more household and financial responsibilities in cohabiting as compared to married relationships. The counsellor should encourage a division of responsibilities that appears equitable to both, where both partners feel that they are getting a fair deal. A fifty-fifty division is often not possible and indeed, may not be necessary. What is more important is flexibility of roles, such that if one person cannot play a role for any particular reason, then the other one is able to take over, at least temporarily. Thus, if the woman is sick, the man can take over responsibility for making dinner.

- **Children**

Future plans in terms of having children and getting married or not may be a particularly difficult issue to sort out. As noted, it is more often women who wish to get married, and who face time constraints as far as having children goes. We can assume that more women are likely to be keen on being parents, as compared to men. Thus, discussing this issue can bring up strong emotions on both sides. The counsellor needs to acknowledge and validate each one's position. Having a child is a perfectly natural and legitimate need; at the same

time, the choice to be or not be a parent is an individual one, and cannot be imposed. Because the legal status of the child will be called into question if the couple is not married, the decision to have a child often amounts to the decision to get married. Both issues however, may have a very different emotional impact on the couple, and will have to be discussed as separate issues.

● **Social Pressures to Get Married**

Finally, even those couples who are perfectly happy with never getting married will have to deal with social pressures to do so. Everything from renting a flat to celebrating Diwali with the family is easier if you are married. Parents may beg, coerce or otherwise pressurise the couple to legitimise their relationship. Most religions consider sex before marriage to be a sin. Thus the legal, financial, social and religious system is harsh on unmarried couples. The counsellor will need to help the couple decide how they wish to face such pressures, and also help them to build a social support network of like-minded individuals. Within the family, siblings may be more supportive and understanding than parents. Mutual friends can also be extremely helpful. The counsellor can help the couple openly explore these difficulties, and make a rational decision.

Check Your Progress Exercise 7

- Note:** a) Read the following questions carefully and answer in the space provided below.
- b) Check your answers with those provided at the end of this Unit.
1. How should a counsellor respond if he or she is prejudiced against cohabiting relationships?
.....
.....
.....
 2. Describe communication problems in cohabiting relationships.
.....
.....
.....
 3. How are money matters resolved in cohabiting relationships?
.....
.....
.....
 4. What are some of the pressures on cohabiting relationships?
.....
.....
.....

7.5 LET US SUM UP

In this Unit, we have learnt about non-marital relationships, which can be defined as stable adult relationships that are romantic or contractual, but not marital. They include post divorce relationships, same-sex relationships, and cohabitation or live-in relationships. There is a need to address them, as relationships not sanctioned by society may actually face more strain, and therefore, require more professional help.

We studied that divorce refers to the legal separation of a (heterosexual) couple, who had previously been married. Traditionally, in almost all cultures and societies, divorce has been seen as acceptable if one partner could not fulfill the basic conditions of marriage. In India, grounds for divorce include impotence, mental illness, being jailed for more than seven years, extramarital affairs, non consummation, cruelty and mutual consent. In 2005, Nambi reports the divorce rate to be between 5 and 7 percent.

Further we learnt that a same sex relationship can be defined as a romantic relationship, usually of a sexual nature, between two adults of the same sex. Two men who share a relationship are usually referred to as a gay couple, and two women who share a relationship are usually referred to as a lesbian couple. Estimates of such relationships in India suggest that gay relationships are more common and visible than lesbian relationships, and there is more acceptance of the same in urban rather than rural areas.

The unit also described cohabitation. Cohabitation refers to the concept of two heterosexual individuals, living together, sharing a household and sometimes even children, but without having a legal or religious marriage ceremony. In India, cohabitation is generally taboo. However, a small number of young couples in big cities are starting to prefer it.

We have also learnt about the issues in assessment of post divorce relationships, which include considering the legal and financial implications, including alimony and child support, evaluating the social stigma and blocks to divorce; difficulties adjusting to single life for both men and women; visitation and custody arrangements for children, including role of the father and extended family and impact of the type of divorce on attitudes towards divorce and the ex-spouse.

Further, issues in assessment of same sex relationships include the perception of mental health field and preferred role of the same, which could interfere with the establishment of rapport and counselling process; societal pressures on homosexual individuals and the impact of lack of adequate role models (including awareness and acceptance by family members); the impact of their legal status on help seeking and other issues; characteristics and beliefs of the gay sub-culture or gay community; self esteem and mental health implications of being homosexual; sexuality in such relationships and sex roles in terms of masculinity and femininity.

The Unit also dealt with issues in assessment of cohabitation relationships which include level of commitment and consequent insecurity in the relationship, particularly for women; legal and social pressures to get married, and the couple's response to these; their position on having children and their plans

for child rearing, which also has implications for the permanency of the relationship.

The issues in intervention with post divorce relationships were also discussed in this Unit, which include being aware of your own attitude towards divorce, keeping a neutral stance and aiming for the 'good divorce'. The sometimes ambivalent feelings of the couple, their financial and child rearing plans and adjustment to a single life will have to be addressed.

Further, issues in intervention with same sex relationships include the counsellor providing more support in a warm and non judgemental atmosphere, openly addressing sexuality related issues, normalising and dealing with relationship conflicts, exploring and offering clarity and support in the case of internalized homophobia, sensitively addressing the unique problems related to affairs, and helping couples come to terms with HIV/AIDS if required. At the end of this Unit, we studied various issues in intervention with cohabitation relationships which include counsellors addressing their own feeling towards such relationships, addressing communication issues, specifically bringing communication apprehension into the open and validating the couple's needs, discussing money matters and division of labour by encouraging an equal and fair relationship, addressing plans for the future including having children and getting married.

7.6 GLOSSARY

Cohabitation	: Two individuals living together, sharing a household and sometimes even children, but without having a legal or religious marriage ceremony.
Communication apprehension	: Fears about bringing up certain topics for discussion.
Divorce	: The legal separation of a (heterosexual) couple, who had previously been married.
Inertia hypothesis	: The postulation that couples are less choosy when it comes to cohabiting and get so used to the partner that they just drift into marriage.
Non-Marital Relationships	: Stable adult relationships that are romantic or contractual, but not marital.
Same Sex Relationship	: A romantic relationship, usually of a sexual nature, between two adults of the same sex.
Sex-role	: Behaviours and characteristics that are culturally associated with men or women.

7.7 ANSWERS TO CHECK YOUR PROGRESS EXERCISES

Check Your Progress Exercise 1

- 1) Non-marital relationships can be defined as stable adult relationships that are romantic or contractual, but not marital. They include post divorce relationships, same-sex relationships, cohabitation or live-in relationships.
- 2)
 - a) Same sex relationships: A same sex relationship can be defined as a romantic relationship, usually of a sexual nature, between two adults of the same sex. Two men who share a relationship are usually referred to as a gay couple, and two women who share a relationship are usually referred to as a lesbian couple.
 - b) Cohabitation: Cohabitation refers to the concept to two individuals, living together, sharing a household and sometimes even children, but without having a legal or religious marriage ceremony.
 - c) Divorce: Divorce refers to the legal separation of a (heterosexual) couple, who had previously been married. In India, grounds for divorce are different for each religion, and based on religious definitions of 'breaking the marital contract'. They include impotence, mental illness, being jailed for more than seven years, extramarital affairs, non-consummation, cruelty and mutual consent.

Check Your Progress Exercise 2

1.
 - a) gender pay gap, sole providers
 - b) crisis model, chronic stress
 - c) psychological distress
 - d) social, parental
 - e) attitude

Check Your Progress Exercise 3

1.
 - a) sexual orientation, relationship difficulties
 - b) secrecy, shame
 - c) monogamous life-long commitment to marriage, free sex with multiple partners
 - d) find a place in society, fulfilling and meaningful identity
 - e) masturbation, oral sex

Check Your Progress Exercise 4

1.
 - a) inertia hypothesis.

- b) marriage
- c) man
- d) economic rights, domestic violence
- e) guilt, resentment

Check Your Progress Exercise 5

1.
 - 1) good
 - 2) bad
 - 3) bad
 - 4) good
 - 5) good
 - 6) bad
 - 7) bad
 - 8) good
 - 9) good
 - 10) bad

Check Your Progress Exercise 6

- 1) Following are the two approaches that have been found to be harmful when dealing with same-sex couples:
 - a) Indicating that a gay or lesbian identity is bad, sick, or inferior, and
 - b) Pressurizing or advising the client to 'come out' to someone in spite of the fact that the client believes it is too risky.

Two beneficial approaches when dealing with same-sex couples are as follows:

- a) Not making an issue of the client's sexual orientation when it is not relevant, and
 - b) Helping them feel good about themselves as gay or lesbian.
- 2) Internalized homophobia is a process that occurs when sexual minorities internalize negative stereotypes and expectations held by the majority; that is, gay or lesbian persons do not like themselves, *because* they are gay or lesbian. This leads to guilt, self-hatred, self-doubting, and negative outlook regarding the possibility of maintaining a long-term relationship.
- 3) Following are the issues to be considered when the clinician deals with gay couples where one or both partners are HIV positive:
 - a) Decrease in sexual interest and satisfaction, as well as an increase in erectile difficulties and anxiety and fear of transmitting AIDS to their partner;
 - b) Blame or guilt, depending on who the virus originated with, and whether it was passed on from one partner to the other.

- c) The non-infected partner may wish to leave the relationship, but feel guilty about letting down their partner; and
- d) The infected partner may feel extremely dependent especially as they are less likely to have support from friends and family. This dependence may be resented by one or both.

Check Your Progress Exercise 7

1. If a counsellor feels that she or he is too prejudiced against same sex or cohabiting relationships to provide adequate care, it will be more ethical to refer them to someone else. It is okay to prefer not to work with certain groups of clients, but it is necessary to be honest with oneself and them about this preference.
2. Problems in cohabiting relationships may be more often due to 'communication apprehension'. Communication apprehension refers to fears about bringing up certain topics for discussion. As the couple occupies a vague middle ground between marriage and merely being boyfriend and girlfriend, they may not be sure what is legitimate to ask for and expect from each other.
3. Couples may decide to share all expenses half and half, or for the man to take on the traditional role of providing most of the money. Any arrangement that both are comfortable with is okay, but the counsellor should ensure that neither partner feels exploited or insecure. Experts advise that money and credit not be combined immediately, and separate finances be maintained as far as possible.
4. Some of the pressures on cohabiting relationships are social, familial, religious and financial (any examples that are realistic are okay).

7.8 UNIT END QUESTIONS

1. What information is available on non-marital relationships in India?
2. What are the differences between same sex and heterosexual couples?
3. What are the issues that divorced individuals may bring to counselling?
4. Is cohabitation a sign of a healthy relationship? Why?

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UNIT 8 ISSUES IN EXTENDED AND JOINT FAMILIES

Structure

- 8.1 Introduction
- 8.2 Family In India
 - 8.2.1 Concept of Family in India
 - 8.2.2 Types of Family
 - 8.2.3 Definitions of Family
 - 8.2.4 Family Life Cycle and Role of Developmental Tasks in Families
- 8.3 Extended/Joint Family
 - 8.3.1 Characteristics of Extended/Joint Families
 - 8.3.2 Functions of Extended/Joint Families
 - 8.3.3 Problems in Extended/Joint Families
 - 8.3.4 Problems or Issues in Various Life and Family Domains
 - 8.3.5 Influence of Extended/Joint Family on Nuclear/Conjugal Family
- 8.4 Problems Faced by Family Therapist/Counsellor
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 - 8.4.2 Enlisting Key Members in Joint Family for Therapy
 - 8.4.3 Dealing with Resistant and Powerful Members of the Joint Family
 - 8.4.4 Dealing with the Third Force
 - 8.4.5 Negotiating Boundaries between Couple System and Family System
- 8.5 Case Vignettes
- 8.6 Let Us Sum Up
- 8.7 Glossary
- 8.8 Answers to Check Your Progress Exercises
- 8.9 Unit End Questions
- 8.10 Further Readings and References

8.1 INTRODUCTION

Society has been organized into various institutions and each of these institutions have been assigned some specific roles. These organizations bring an order, organize the society so that it functions smoothly and attains its goals.

Of these institutions, the most important and basic to any society is the institution of family. Home is where a family is housed and is designated as the first school of education where members learn to socialize, learn to behave and carry out their assigned social roles.

Family, which is still considered the central facet of any society, plays a very crucial role in an individual's life. It is often impossible for a person not to be affected or influenced by her or his family one way or the other. Perhaps it is this reason that has attracted researchers from various fields like anthropology, ethnography, sociology and mental health to study the family.

Changes in socio-cultural-economic-political scenario in this ever changing world often bring about changes in the family too. In order to understand and work with family, it is hence imperative to take into consideration the culture to which the family is closely associated with. Family inculcates into its functions, roles and values the characteristics of the culture to which they belong. A counsellor or therapist who works with family needs to have an in-depth understanding of this dynamics for her or him to succeed to 'join' or 'enter' into the family as a helping professional.

Objectives

After studying this Unit, you will be able to:

- Understand the concept of family in Indian context;
- Differentiate between the joint and extended families; and
- Delineate the problems faced by the counsellor or family therapist while dealing with joint and extended families.

8.2 FAMILY IN INDIA

In this Section, we will examine the concept of family in India with an objective of developing a comprehensive understanding of the family. This understanding is important for any practitioner.

8.2.1 Concept of Family in India

Dharma Sastras divide the life of an individual into four *ashramas* or stages: *Brahmacharya ashrama* — in which the boy, after the initiation leads a life of a student, dwelling in his guru's residence and completes his studies; after the completion of studies he enters the second stage called the *Grihastha ashrama* though wedlock; as a *grihasti* or the householder, he completes his *dharma* and then enters the *vanaprastha ashrama* when he begins to detach himself and finally, he leads the life of a mendicant thereby severing his ties with the material world in the *sanyas ashram* (Prabhu, 1963).

The *Grihastha ashrama* stresses on the importance of completing the role of a householder for an individual to move on to any other stage, thus indicating the status of family life in one's life.

The concept of family, the meaning it has for individual members, is different in the West when compared to the Indian concept of family. The family in the West is nuclear or conjugal whereas in India this is not so. When compared to the Western family, where emotional and material gain is an end to itself, the Indian family is seen as the means for the 'realisation of self', the goal of life. According to Prabhu (1963) the Hindu scripture describes that the real family life of an individual starts with the '*vivaha*' (marriage). The basis of marriage is the spiritual unification of the couple with the three basic aims: *Dharma* — rights and obligations; *Praja* — progeny and *Rati* — libidinal

satisfaction. From the moment a man accepts the bride's hand, he has to prepare himself to undertake and carry out all the tasks connected with the '*grihyam*' (house). It is his *dharma* to practise all the *vidhis* — rites, which are means for the preservation and continuity of the *kula* — the family.

A closer look at this description shows that the continuity of the family and through it the community and the society at large is one of the important functions of family. Based on this expectation, the society assigns status and roles to the members of the family. In a typical traditional Indian family, the husband or the male member is expected to be the bread winner and has the major say in the decision making while the women are assigned the task of taking care of the running of the household, mostly playing a surrogate role, being economically dependent on the men. At this juncture it should be mentioned that this does not hold fully true any more for every Indian family. With the growing emphasis on women's education, a large number of them are joining the work force, making them more independent economically. Number of Indian women employed in the semi-professional and professional sectors has increased. Changes that have taken place in the socio-political scenario, urbanization and industrialization and better educational and economic opportunities have contributed to these changes immensely (Roopnaraine et. al, 1992).

Concept of family and familial relationship is also slowly changing in tune with the societal and global changes. With these changes come the changes in the structure of the family. Family can be classified and divided into many types. The following section describes types of family. Let us now take a look at the various types of family.

8.2.2 Types of Family

There are different classifications of family. The criteria of this division depends on

the following basis

- 1) Marriage,
- 2) Nature of residence,
- 3) Ancestry or descent,
- 4) Nature of relations, and
- 5) Size and structure.

On the basis of marriage, family has been divided or classified into the following two major types:

- **Polygamous family:** The term *polygamous* means the practice of multiple of marriage. A person having multiple spouses is said to be in a polygamous marriage. Polygamous family can be *polygynous* where one man has multiple wives or *polyandrous* where one woman has multiple husbands. Polygyny is far more common than polyandry.
- **Monogamous family:** In this form of marriage an individual has one spouse. This is the most common and acceptable form of marriage.

On the basis of the nature of residence, family is classified into the following three main forms:

- **Family of matrilocality residence:** This is more common among matrilineal societies where the married couple stay near, or at the wife's maternal home.
- **Family of patrilocal residence:** In this form of family, the married couple stays with or near the husband's family of origin. This form of residence is seen more in the patriarchal family which is the most common system followed in India.
- Family of changing residence.

Family can be classified into two main types on the basis of their ancestry or descent, which are given below:

- **Matrilineal family:** A family is said to be matrilineal when the lineage or descent is traced through the mother's lineage or ancestors. Children carry the mother's family names and the daughters are natural successors of mother's property. Matrilineal families are more common in Kerala.
- **Patrilineal family:** In India most families are patrilineal. The lineage is traced through the father and his ancestors. Inheritance of property, names and titles are through the male line.

Based on the nature of relations among the family members, we have the following classifications:

- **Conjugal family :** The family includes the couple among whom exists sexual relationship. Nuclear family is sometimes known as conjugal family too.
- **Consanguine family:** The family which consists of members among whom there exists blood relationship like that of brother and sister, father and son etc.

Finally, based on the size or structure and the depth of generations, family can be classified into the following three main types:

- Nuclear or the single unit family,
- Extended family, and
- Joint family.

Check Your Progress Exercise 1

Note: a) Read the following questions carefully and answer in the space provided below.

b) Check your answers with those provided at the end of this Unit.

1. Answer the following in 2-3 lines:

1. On the basis of marriage how is family classified?

.....

2. What is the difference between matrilineal and patrilineal family?

.....

In this Unit we'll take a look into the extended and joint family. Let us familiarise ourselves with the definitions of these three types of family.

8.2.3 Definitions of Family

There is an often asked query — What came first; marriage or family? According to Sumner (1906), 'Marriage is an imperfect institution since it has no structure and the family is the institution and it was the antecedent to marriage'.

Let us now take a look at some of the definitions of family and then go on to explain the nuclear, extended and joint families.

Burgess and Locke (1953) have defined family as a 'group of persons united by ties of marriage, blood or adoptions, constituting a single household; interacting and communicating with each other in respective social roles of husband and wife, mother and father, son and daughter, brother and sister and creating and maintaining a common culture'.

MacIver and Page way back in 1949 saw family as a 'group defined by a sex relationship sufficiently precise and enduring to provide for the procreation and upbringing of children. It may include collateral or subsidiary relationships, but is constituted by the living together of mates, forming a distinctive unity with their offspring'. A simpler definition was given by Olson and Defrain (1994) who saw family as two or more persons committed to each other and who share intimacy, resources, decisions and values.

According to Carter and McGoldrick (1999), families comprise people who have a shared history and future. Families encompass the entire emotional system of multiple generations that are tied together by blood, legal and/or historical ties. The authors go on to state that as the family goes through the life cycle, the relationships among members change.

Let's now discuss the definitions of nuclear, extended and joint families.

Nuclear Family

Nuclear family can be defined simply as a family that consists of wife/mother, a husband/father, and their children. In other words, it is the smallest and most elementary kinship unit that consists of two parents and children who are dependent on them. Since nuclear family emphasizes relationship formed through marriage, it is a conjugal family system. The other aspect to note about nuclear family is also that it is short lived, dissolved when parents die or children launch out and hence the family traditions need not be strongly practised in these families (Olson and Defrain, 1994).

Extended Family

The concept of extended family is often misrepresented and misunderstood. It has been understood as 'kinship network of social and economic ties composed of the nuclear family (parents and children) plus other, less immediate, relatives' and is often interchanged with the term joint family. This interchangeability is not approved by all social scientists.

Extended family can be defined as a kinship network of social ties, made of multiple generations, sharing the same residence or residing in the same geographic vicinity without a joint ownership to property. The concept of extended family would be clearer when we examine the definition of joint family.

Joint Family

Joint family means two or more elementary families joint together (Shah, 1998). A joint family consists of many generations living under the same roof. In a simpler explanation it means, two or more nuclear families related through blood, living under the same roof. Money earned by members of the family is collected and spent for the entire family and all property is held jointly.

It is called a *patrilineal joint family* when the lineage is based on the patrilineal descent and *matrilineal joint family* when lineage is based on matrilineal descent (Shah, 1998). In a patrilineal joint family, usually all the male members are blood relatives. The head of the family is usually the oldest male, who makes decisions on behalf of all members of the family. The decisions could include financial as well as social domains of the family. This form of joint family system is more common in India. In a matrilineal joint family, the family members of the wife and mother's relatives stay together sharing the same food and property.

Whether it is a nuclear, extended or joint family, the relationships and dynamics of the family undergo changes as the families move through their life cycle. The next sub-section discusses briefly the concept of family life cycle and the role of developmental tasks in these families.

Check Your Progress Exercise 2

Note: a) Read the following question carefully and answer in the space provided below.

b) Check your answer with that provided at the end of this Unit.

I. Define the following:

1. Nuclear family

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2. Extended family

.....

3. Joint family

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8.2.4 Family Life Cycle and Role of Developmental Tasks in Families

Before discussing the family life cycle and role of developmental tasks in families, let us first look at the concept of family life cycle. Family life cycle approach is also known as the developmental approach. According to Hill (1986), family development approach is unique in its capacity to put concept of work over the natural history of family formation, expansion, contraction and dissolution. This approach surmises that, like that of an individual's development, most families make an orderly progression through some general stages (Tienda, 1980). According to this concept, at each stage, family members have to perform various

sets of tasks. It makes an effort to understand the family in its totality, its functions and dysfunctions and its impact on the individual's development. Out of the several family life cycle stages put forth by various authors, the most widely used one is that of Duvall's (1971). The family is divided into the following eight stages:

- Stage I : Married couple without children
- Stage II : Child bearing family (oldest child's birth to 30 months)
- Stage III : Family with preschool children (oldest child 2 ½ years to 6 yrs)
- Stage IV : Family with school going children (oldest child 6 yrs-13 yrs)
- Stage V : Family with teenagers (oldest child 13 yrs-20 yrs)
- Stage VI : Family as a launching centre (oldest child gone to last child's leaving)
- Stage VII : Family in the middle years (empty nest to retirement)
- Stage VIII : Ageing family (retirement to death of one spouse)

Though family life cycle is divided into stages, the progressions need not be orderly and there could be a disruption by events like divorce, remarriage, deaths, non-nuclear members moving into the nuclear system and unplanned conception.

Developmental tasks are the responsibilities that arise in each stage of life in a family, successful achievement of which leads to satisfaction and success with later tasks while failure leads to unhappiness in the family, disapproval by the society and difficulty with later developmental tasks (Duvall, 1962).

Duvall and Miller (1985) describe the following developmental tasks of various family life stages (See Table 8.1):

Table 8.1: Developmental tasks of the various family life cycle stages

S. No.	Stage of family life cycle	Developmental tasks
I	Married couple without children	Establishing mutually satisfying marriage, adjusting to pregnancy, fitting into kin network.
II	Child bearing family children	Having and adjusting to an infant, establishing a satisfying home base for parents and infants.
III	Family with preschool children	Adapting to needs of preschool children, coping with energy depletion and lack of privacy as parents.
IV	Family with school going children	Fitting into community, encouraging children's educational achievements.
V	Family with teenagers	Balancing freedom with responsibility, establishing post parental interests.
VI	Family as a launching centre	Launching youth into adults, maintaining a supportive home base.
VII	Family in the middle years	Refocusing on marriage relationship, maintaining kin ties with older and younger generations.
VIII	Ageing family	Coping with death and living alone, adjusting to retirement.

It is imperative that the family masters these tasks in order to transit into successive stages. Hence, attaining these tasks is one of the objectives of the family's development. Tasks in the Indian family system more or less are similar to the tasks outlined above. Women are expected to blend into and accept the spouse's family as her own. Typically in Indian families, the nuclear family has to learn to balance their relationship with the joint or extended family and carry out their developmental tasks without upsetting the dynamics in their extended and joint families.

When the families are unable to complete the expected tasks in each stage, it can lead to the family lagging in their smooth progression and this can often result in conflicts, distress and unhappiness in the family.

Check Your Progress Exercise 3

Note: a) Read the following questions carefully and answer in the space provided below.

b) Check your answers with those provided at the end of this Unit.

1. List out the eight family life cycle stages.

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2. Define developmental task.

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8.3 EXTENDED/JOINT FAMILY

Now that we have discussed the concept of family and defined extended and joint families, let us focus exclusively on these two types of families and understand the characteristics and functions of these families.

8.3.1 Characteristics of Extended/Joint Families

As discussed earlier, there are key differences between extended and joint family though these terms have been used interchangeably.

In this Unit, however, we shall use the terms joint and extended family synonymously henceforth. Whether joint or extended in nature, these families have a lot of influence on the 'elementary family'.

With this in mind, let us now examine the following main characteristics of the traditional Indian family as given by Ahuja (1993):

1. **Traditional joint family has an authoritarian structure:** The power to make decisions and pass judgements is vested in the hands of one person who demands immediate obedience. Here again you see differences in the way this practice is carried out in a democratic family vis-à-vis autocratic family. In a democratic family, the power is traditionally given to those members who are competent and able; and they usually make decisions in consultation with other members of the family. In a typically traditional and autocratic joint family, the eldest male member is vested with all power to make the decisions and need not necessarily consider the opinions of other members of the family.
2. **It has familistic organization:** In this type of organization, individual interests and goals cannot be different from the family interests and goals. This simply means that when it comes to choosing between individual needs and family needs, the member is expected to choose what the family wants and set aside her or his goals and interests.
3. **Status of members is determined by their age and relationship:** The status of members in the family is decided on gender — where males are placed in a higher position than females; on generation — where those in the higher generation have a higher status than those in the lower generation; on age — where members of the same generation who are older get more status than the younger ones. It should also be noted that the status of women usually depends on the status of their husbands.
4. **The filial and fraternal relationship gets preference over conjugal relationships:** This is one of the most notable characteristics of the joint family. Here, the husband-wife relationship stands secondary to the father-son and/or brother-brother relationships.
5. **The family functions on the ideal of joint responsibility:** It is the responsibility of all the members of the family to fulfill the obligations and debts of the family.
6. **The authority in the family is determined by the principle of seniority:** authority is usually centered around the senior most member in the family and delegation of authority is also based on this criteria.

8.3.2 Functions of Extended/Joint Families

The earliest function of family may have been reproductive or biological in nature, but over the years, it has developed into a primary social unit and has assumed a lot of importance for the human beings and the society at large. There are a number of ways in which family changes the society and influences the social structure. Family is capable of endless variations and in spite of that has continued and persisted through change. Being one of the prime and important social institutions, family has a wide range of functions.

Reproduction and rearing of children are the primary and most obvious functions of the family, be it joint or extended family. Some of the functions of extended/joint family are listed below:

- Procreation, care and nurture of the young members (children),
- Stable satisfaction of sexual needs of members,

- Sharing of a home and all that this involves,
- Provide economic security,
- Provide emotional and intellectual growth,
- Social development of the young members,
- Religious security for the members,
- Provide platform for learning and carrying out family tradition and culture,
- Protection against distress and unemployment among members,
- Security for the aged and the physically/mentally challenged members, and
- Regulate individual interests in order to suit the interests of the wider community.

In the joint family setup, day to day chores are shared among the members. The roles and responsibilities are often distributed based on the gender and the power. This sometimes creates an unequal allocation of roles and responsibilities. In a typically traditional family, men are expected to provide and contribute towards the common money pool. The women are expected to be the homemakers and cook for the entire family. The oldest male member of the family is the one who could decide the rules and regulations in the family. Decisions of individual family members are taken often in consultation with this patriarch of the family.

Senior members of the household are often in-charge of the infants and babies while the mothers are working. This is true when the mothers are employed outside of the family too. Women are also assigned the duty of teaching the children social etiquettes, family traditions, language and religion.

An ideal joint family system exhibits tolerance, cohesion, selflessness, cooperation, equality and mutual respect. Children reared in this nature are expected to learn these humanitarian values and thereby limit high individualism as they grow up. The members who earn lesser also get an opportunity to maintain a decent living and provide basic facility to their children.

The other function of joint family system is recreation. Joint time spent by members of different ages provide good opportunity for relaxation and recreation.

Although joint family offers a wide range of advantages like protecting and taking care of members who because of their physical, mental or economic status will not be able to live an independent life in the society; preserves family and community traditions and jointly share familial responsibilities, there are many disadvantages and problems that one comes across in this type of system. The following sub-section discusses this aspect.

8.3.3 Problems in Extended/Joint Families

You recall from the previous sub-section (8.3.2) that the extended/joint family plays a myriad of functions in order to perpetuate, protect and meet the needs to the family and family members as a single unit.

Carrying out these functions and living as a single unit that consists of multiple generations with varying values, attitudes, needs, emerging personalities and individuals and families in different life cycle stages are often ridden with problems.

The general problems seen in extended/joint families can be broadly listed as:

- Joint family system can often foster dependency since most responsibilities of earning usually rest on the earning members of the family who could be few in number;
- Social mobility could be prevented since members are urged to stay on in the family and are discouraged from launching out physically into a different geographical location;
- Problems can surface when there are fewer earning members in the family adding to economic and role strain among some members;
- Individual goals could be in conflict with the joint family goals which has the potential to result in conflicts and estrangement between/among family members;
- Intergenerational conflicts are also common in these types of families;
- There could be more than one authority figure in the family which induces more conflicts and discontent;
- This kind of joint living and decision making could stifle individualism which could have an adverse affect on the growing personality of a youngster; and
- When space is a constraint, lack of privacy could be a major problem faced by family members.

Check Your Progress Exercise 4

Note: a) Read the following questions carefully and answer in the space provided below.
b) Check your answers with those provided at the end of this Unit.

1. List four important characteristics of traditional joint family.

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2. Outline any five functions of joint family.

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3. Comment on the problems seen in extended/joint families.

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With this broad understanding of the various aspects that could lead to problems, let us now examine the specific problems or issues that are commonly seen in the various life and family domains.

8.3.4 Problems or Issues in Various Life and Family Domains

It is a well established fact that family influences each individual member's various domains of life. These domains can be divided into economic, marital and personal domains.

Economic Domain

In a traditional joint family, as discussed earlier, there are members who contribute to the common pool and those who do not. More often when it comes to allocating funds towards personal and family needs, conflicts are imminent. This happens most often when there is an autocratic patriarch in the family. When expenditure has to get the approval of the powerful members of the family, the weaker members find it difficult to make decisions of their choice in spending or saving their money.

Marital Domain

A joint family consists of multiple nuclear families or what is called the 'elementary families'. The term marital domain here stands for all those domains related to the elementary family.

It is often seen that the marital/parental dyad (husband-wife/father-mother) in these families struggle to make independent decisions when it comes to their immediate nuclear members. The joint family expects the newly wed couple to stay along with the family or take a residence close to it. When this expectation is not appreciable for the new couple then this can spark problems in the family.

The marital dyad is also confronted with a dilemma of when to plan for a child? Even if the couple wants to postpone pregnancy, sometimes they have to change their individual plans to accommodate the larger interests of the entire family. The problem could then extend to the child rearing practices of the parental dyad. The older generation may not approve of the way children are being disciplined or brought up. This is more evident when there exists an underlying distance or conflict between marital dyad (or one person of this dyad) and the older and powerful members of the family. For example, the father-in-law of the family may not approve of the way the daughter-in-law feeds her children or handles her children. This disapproval could stem from the fact that he does not approve of her family or her personality.

The elementary family may find it difficult to spend quality time together as a couple or as parents. This problem could be further worsened if only a few members of the family have more chores to carry out while others owing to their earning power or status tend to be less burdened by the daily duties. Members who find it difficult to verbalize their difficulties feel the strain and eventually this could affect their marital relationship.

Another factor that could contribute to the strain or distress in the marital dyad within a joint family is the conflicts that arise between the subsystem like the parents-in-law and the daughters-in-law or sons-in-law. The spouse who is left to choose between the partner and the family often finds it difficult to sustain

relationship with either or both. Many couples present this as a major problem when they come for family therapy or counselling.

The marital or the parent dyad at times finds itself incapable of making independent decisions for itself. This includes schooling of the child, socializing or even the diet of the child. It should be reiterated here that this difficulty is likely to be found in those families where there is a strong patriarch or older generation.

Personal Domain

Individual members in the family may find it difficult to make choices over their likes and families' dislikes. Personal goals have to be sacrificed for the benefit of the family. This could put tremendous strain on members who experience internal conflicts over this.

It is often seen that in some families, members are unable to marry the mate of their choice, for their choice may not get the approval of the powerful and the influential members of the family — joint or extended.

Career choices also seem to be influenced by the joint will of the family. In a family which has joint business ventures, the younger members of the family are at times made to toe the line of the elders and they are expected to carry the mantle of the family business.

Any deviation in that could be considered as being disloyal to the family. Intergenerational conflicts can be prominent in families where there are strong oppositions from older family members against the decisions and choices made by the younger members of the family.

The influence of extended/joint family is not limited to those members who reside under the same roof or vicinity. Families that have launched out to be nuclear also experience the strong influence of the joint/extended families. The next sub-section of this unit discusses this topic.

8.3.5 Influence of Extended/Joint Family on Nuclear/Conjugal Family

Over the years, Indian family has undergone a lot of changes. Urbanization and migration for better job prospects have brought about a structural change in the joint family system. Though members launch out to form nuclear units and choose to stay as a separate unit, they are still strongly influenced by the extended/joint families.

Ahuja (1993) explains that the changes in the structure of the Indian joint family have changed to 'locally functioning effective small units of small joint families with two generations or so' and at the same time, most of them continue to be 'joint' in their function.

Most Indian families may be structurally nuclear but functionally they are still joint. This means that the number of generations or the members of the family may be less and living separately from the immediate and prime relatives, in a different city or country for that matter, as a nuclear unit, but when it comes to taking major decisions, carrying out some of the traditional roles and responsibilities there is a dependency on the older members of the family. A husband and wife may be staying as a nuclear unit along with their sons/daughters. But they still rely on their parents and or siblings and in some cases

grandparents and other close relatives when it comes to certain important decisions.

A young couple starting out on their own after marriage could be still supported by their respective families economically. These nuclear units may have to consult the families in order to make investments on buying properties or shares too. Even if this marital unit is economically independent they do rely on their extended/joint families for guidance when it comes to making major financial investments.

The influence of the joint family can be sometimes seen in the nuclear couple's decision making as far as expanding their family is concerned. For many couples, this decision is made at the insistence of their respective parents or older and important members like grandparents.

Child rearing is also another domain that shows strong influence of the joint family. They are expected to bring the children up according to the traditions and customs of the family and community. Many parents may not have choice or say in their children's education or upbringing especially if this nuclear family is still a part of the joint business venture and have moved out to be nuclear to look after the business in a different city.

Marriage decisions of adult children in the nuclear family are often made in consultation with the patriarch and the other older generation members in the family network. Rituals and festivals and other celebrations are still heavily influenced by the traditional families.

It may be noted that by structurally launching out of the joint family, most nuclear units do not necessarily launch out functionally. Though there is a potential of changing family traditions and weakening of family ties with the other kin network, the immediate family members are still consulted and given importance out of respect and affection. Hence, it can be said that though the family ties, structure and functions are changing, the family therapist or counsellor should not underestimate the power the older members have in the nuclear unit. Overlooking this influence could be a big mistake the family therapist or counsellor makes, thereby effecting the therapeutic gains made in the sessions.

It is hence imperative that the family therapist/counsellor understands these dynamics and tries to incorporate these aspects in the family therapy or counselling process. This can be a daunting task especially for a beginning family therapist counsellor. Dealing with an independent nuclear family which has complete control over its decision making is different from dealing with a joint or extended family system and the structurally nuclear but functionally joint family system.

Check Your Progress Exercise 5

- Note:** a) Read the following questions carefully and answer in the space provided below.
b) Check your answers with those provided at the end of this Unit.

1. How does joint family influence the personal domain of individual members?

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2. What are structurally nuclear and functionally joint families?

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The following section focuses on some of the basic and pertinent problems a family therapist or counsellor could face while handling families structurally and/or functionally joint.

8.4 PROBLEMS FACED BY FAMILY THERAPIST/COUNSELLOR

Working with family in any capacity requires a thorough knowledge about the family, skills to handle multiple personalities and good professional training. Family therapist, especially a beginning therapist is likely to face a number of problems. A few of the problems are discussed below.

8.4.1 Understanding Joint Family Dynamics

One of the key aspects in therapy is to assess and understand the family dynamics. The beginning family therapist could find this a daunting task while dealing with the joint family system. Interactions and the relationships in the family system could be complex and a clear understanding of this could sometimes be difficult.

The intricate relationships, role allocations, unequal gender status and power centres in the family can be a challenge for a beginning therapist to fathom. The relationship among the daughter-in-law, son and parents-in-law can be sometimes a difficult equation for the family therapist to deal with.

An inexperienced family therapist can be easily swept into the politics of the joint family and this is something the family therapist has to guard against. The urge to take sides with the weakest and the exploited members of the family could be very high. It is important for the family therapist to remain absolutely neutral through out the therapy process.

The family therapist should spend time to assess and understand the family's socio-cultural background, their beliefs and value system and the interactions between family members. Without a clear understanding of this, the family therapist will not be in a position to help the family effectively. The family therapist should not hesitate to seek help from more experienced professionals if they find themselves in situations where they are unable to get a clear picture of the family which they are dealing with.

8.4.2 Enlisting Key Members in Joint Family for Therapy

The second problem a family therapist usually faces while dealing with a joint family system is enlisting key members for family therapy. It is often difficult to decide who in the family should be involved in family therapy. This could be due to family therapist's failure to identify the significant members and/or a reluctance to involve any one other than the nuclear family.

Eagerness to get on with therapy can result in failure to enlist family members who otherwise could sabotage the therapeutic gains made by the nuclear family. Hence the family therapist should be able to decide even during the initial phase as to who should or could be included in therapy.

This aspect could be dealt with partially if the family therapist could meet with the joint family members either during the intake session or during the initial sessions. During this meeting, the members could be requested to be available to come to family therapy if and when they are needed. This gives clarity to the family that their cooperation would be required in the family therapy.

8.4.3 Dealing with Resistant and Powerful Members of the Joint Family

Even if the therapist is able to identify and enlist key members of the joint family for family therapy, problems for the therapist could still persist. All members in the family need not be willing to be a part of therapy or cooperate in therapy.

These are usually the more powerful members in the family like the parents or in-laws, aunts/uncles who either are the decision makers or the ones who strongly influence the decisions made in the family. The family therapist is likely to face resistance from these members especially if there is a need for change in their interactions. If this change involves any threat to their authority or if they have to relinquish some of their power/decision making, the resistance can be expected to be very high.

Some amount of this resistance can be dealt with by enlisting these members early in the family therapy process so that their support can be ensured to some extent. One form of resistance can be seen as refusal to attend family therapy. Members are likely to drop out of family therapy when they feel their authority is being questioned or has to be relinquished.

8.4.4 Dealing with the Third Force

There exists a 'third force' in the family, that is often difficult to deal with. This 'third force' is the in-laws and relatives, who interfere in the couple interaction. It may be noted here that these members need not be necessarily staying with the index couple. A number of decisions made by the marital dyad is often heavily influenced by these members of the joint/extended families. For example, a mother-in-law may be the one to decide as to how a child should be brought up or whether the daughter-in-law should interact with her respective family of origin.

To get these members into family therapy and to change the dynamics is often very difficult for the family therapist to deal with. When the index couple is not powerful to deal with this 'third force' or one/both spouse(s) do not want to change this equation, the family therapist is likely to find it difficult to bring effective changes in this system.

8.4.5 Negotiating Boundaries Between Couple System and Family System

As discussed in the previous sections, the joint system has a strong influence on the couple/marital system. In a joint family, the boundaries between the couple system and the family system could often be enmeshed. The marital/couple system is unable to create a space for independent living; whether residing under the

same roof or not. In such a situation, the family therapist could find drawing a boundary between the couple and the family system a hard task.

The family therapist needs to help the couple negotiate with the larger family system in order to emotionally launch out of the family, to communicate their needs, to make decisions regarding their parental/marital system and thus, carve a distinct identity with the family system without causing much of a distress in the dynamics of the family.

The family therapist should remember that the index couple need to be willing to physically and/or emotionally launch out of the family system, and that this aspect should be their agenda rather than that of the therapist's.

Check Your Progress Exercise 6

Note: a) Read the following question carefully and answer in the space provided below.

b) Check your answer with that provided at the end of this Unit.

1. Outline the circumstances that pose difficulty for a family therapist in the context of a joint family.

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8.5 CASE VIGNETTES

Given below are two case vignettes. The objective of the case summaries is to acquaint you with the dynamics of joint/extended families. Case Vignette 1 describes the dynamics in a couple in a joint family system while Case Vignette 2 illustrates the case of a nuclear family with a strong influence of joint/extended family.

• Case Vignette 1 — Couple in a Joint Family System

Mrs. S is a 48 year old mother of two, working in a nationalized bank. She contacted the family therapist with a request to be seen for therapy along with her two young sons, elder aged 13 years and younger aged 7 years. The complaints were that the two children were fighting most of the time and it was stressful for the mother to control them.

A brief session with the children revealed that the children did not have any conflicts, and that they felt their grandparents were constantly shouting at them and they were not allowed to even play with each other. Based on this information when probed further, the mother broke down and revealed that she brought the children at the insistence of her in-laws. Her husband being the only son had the responsibility of taking care of his ageing parents. The father in-law placed a lot of restraints on her and her husband. They did not allow the children

to run around the house, or make any noise. She realized that the children are just fooling around when they fight, but her in-laws forced her to interfere in their fight. The father-in-law constantly criticized her and accused her of being an incompetent mother and lamented for having her as the daughter-in-law. This had put her into a stressful situation where she was forced to interfere in any exchanges her children had, serious or fun. According to her, her husband was understanding but was unable to stand up against his parents. Her husband and she were unable to spend time for themselves since the in-laws felt they were being neglected. She was unable to impose her way of disciplining the children or spend time with them fearing her parents-in-law's reactions.

Though she did not like the way children's social needs were addressed by the in-laws, her husband and she felt helpless and found that they did not have any freedom to exercise their right as parents.

- ***Case Vignette 2 — Couple in Nuclear Family with Strong Influence of Joint/Extended Family***

Mrs. J hails from a Muslim family in Kerala and lives in Bangalore along with her husband and three children. She was very concerned over the behaviour of her eldest child. His academic performance had over the past three years been poor. He also did not obey his parents and demanded that he be sent to his grandmother's house in Kerala. Mrs. J wanted help from the family therapist to handle the child's behaviour.

Assessment of this family revealed that the child for who she sought counsel was an adopted child. He was her sister-in-law's child who was the sole survivor of an accident that killed his entire family. He was three months old at that time. Mrs. J also had given birth to her eldest child around that time and the grand parents decided that the boy (henceforth called K) would be adopted by Mrs. J and her husband and would be brought up by them.

Mrs. J and her husband used to spend the vacations at her in-laws' house. During one such occasion, K was informed by his grandmother that he was adopted by Mrs. J after his parents' death. Whenever K broke any rule, grandmother used to support him and override Mrs. J's imposition of rules. K used to inform his grandmother if his mother was strict with him or took him to task over indiscipline. Mrs. J was not allowed to exercise any parental control over him stating that he was not her own child.

The family dynamics also revealed that Mrs. J's husband was looking after his family's business in Bangalore and had to send all the money made back to his parents. His monthly expenses then were met by them and he was not allowed to take any independent decision. The couple had to take consent of the parents-in-law, especially that of the grandmother (Mrs. J's mother-in-law) when they had to decide about anything to do with their children or themselves. If the couple wanted to consult any doctor for the children, particularly for K, or change schools, or buy any new article for the house, they had to get permission from parents-in-law.

According to Mrs. J, her husband had not completed schooling and was the most non assertive member of that family. He was completely dependent on the family business for his livelihood and could not stand up for his rights.

Mrs. J had not informed her in-laws about her therapy sessions and had come alone for therapy for two sessions. When it was suggested that K could be brought for assessment, Mrs. J was very apprehensive that her in-laws would come to know of this appointment. She had not informed them about this consultation and was afraid that they would not allow her to go through with the therapy sessions. Later, she contacted the therapist to inform that her in-laws had not permitted her to take K for therapy and had strictly warned her not to continue with the consultation.

8.6 LET US SUM UP

In this Unit, we have learnt about family in the Indian context. Family in India is basically seen as a means to realize one self than as a conjugal unit as in the West.

Families are usually divided on the basis of marriage, nature of residence, ancestry or descent, nature of relations and size and structure. The three types of families seen in the Indian context are nuclear, joint and extended.

Family life cycle is an approach that studies the sequential progression of families and outlines developmental tasks that families have to master for smooth transition from one stage to another. Unsuccessful completion of developmental tasks can leave the family way behind other families in the society and can often cause conflicts, distress and unhappiness.

We also learnt that the term extended family is often substituted for joint family and that both are distinct from each other. Joint/extended families carry out a variety of functions that include taking care of the children, aged and the physically and mentally challenged, providing economic security for economically weaker members and so on. There are a number of problems that exist in joint/extended family systems like intergenerational conflicts, lack of privacy, dependency, unequal role allocations etc. Joint family has a strong influence on the economic, marital and personal domains of the individual members.

We also saw that most Indian families are structurally nuclear but are functionally joint. And hence it can be seen that extended/joint families have a strong influence on the structurally independent nuclear family.

Dealing with joint/extended families throws up a few challenges to the family therapist, including difficulty in understanding the family dynamics, enlisting key members for therapy, dealing with resistant members — ‘the third force’, and negotiating marital boundaries with extended/joint family system.

8.7 GLOSSARY

Extended family	:	A kinship network of social ties, made of multiple generations, sharing the same residence or residing in the same geographic vicinity without a joint ownership to property.
Family Life Cycle	:	Family life cycle is an approach that studies the sequential progression of families and outlines developmental tasks that families have to master for smooth transition from one stage to another.

Family : Group of persons united by ties of marriage, blood or adoption, constituting a single household; interacting and communicating with each other in respective social roles of husband and wife, mother and father, son and daughter, brother and sister, and creating and maintaining a common culture.

Polygamous : The practice of multiple marriage.

8.8 ANSWERS TO CHECK YOUR PROGRESS EXERCISES

Check Your Progress Exercise 1

1. On the basis of marriage family is classified into two types, these are polygamous and monogamous families. In a polygamous family, the person has multiple spouses living under the same roof. In a monogamous family, an individual has only one spouse with whom he or she lives.
2. Matrilineal family is traced through the mother's lineage or ancestors. Children carry the mother's family names and the daughters are natural successors of mother's property whereas in patrilineal family the lineage is traced through the father and his ancestors. Inheritance of property, names and titles are through the males.

Check Your Progress Exercise 2

1. Nuclear family: Nuclear family can be defined as a family that consists of wife/mother, a husband/father, and their children. In other words, it is the smallest and most elementary kinship unit that consists of two parents and children who are dependent on them.
2. Extended family: Extended family can be defined as a kinship network of social ties, made of multiple generations, sharing the same residence or residing in the same geographic vicinity without a joint ownership to property.
3. Joint family: A joint family consists of many generations living under the same roof. In a simpler explanation it means, two or more nuclear families related through blood, living under the same roof. Money earned by members of the family is collected and spent for the entire family and all property is held jointly.

Check Your Progress Exercise 3

1. Following are the eight family life cycle stages:

Stage I	: Married couple without children
Stage II	: Child bearing family (oldest child's birth to 30 months)
Stage III	: Family with preschool children (oldest child 2 ½ years to 6 yrs)
Stage IV	: Family with school going children (oldest child 6 yrs - 13 yrs)

- Stage V : Family with teenagers (oldest child 13 yrs - 20 yrs)
- Stage VI : Family as a launching centre (oldest child gone to last child's leaving)
- Stage VII : Family in the middle years (empty nest to retirement)
- Stage VIII : Ageing family (retirement to death of one spouse)
2. Developmental tasks are the responsibilities that arise in each stage of life in a family, successful achievement of which leads to satisfaction and success with later tasks while failure leads to unhappiness in the family, disapproval by the society and difficulty with later developmental tasks (Duvall, 1962).

Check Your Progress Exercise 4

1. Following are the characteristics of traditional joint family:
 - Traditional joint family has an authoritarian structure,
 - It has familistic organization,
 - Status of members is determined by their age and relationship, and
 - The authority in the family is determined on the principle of seniority.
2. The functions of joint family are given below:
 - Procreation, care and nurture of the young members,
 - Social development of the young members,
 - Religious security for the members,
 - Protection against distress and unemployment of members, and
 - Security for the aged and the physically/mentally challenged members.
3. A few problems seen in extended/joint families are listed below:
 - Joint family system can often foster dependency,
 - Intergenerational conflicts,
 - lack of privacy for the marital system,
 - Individual goals could be in conflict with that of the joint family goals, and
 - Social mobility could be prevented stagnating individual growth.

Check Your Progress Exercise 5

1. Most often it can be seen that individual goals are sacrificed for family goals. Family members are sometimes not allowed to make choices that are contrary to the family choice. This influence is usually seen when making career decisions that are against the family's expectations. Marriage decisions are also usually made with the consent of powerful members of the family.
2. Structurally nuclear and functionally joint families are those wherein the number of generations or the members of the family may be less and living separately from the immediate and prime relatives, in a different city or

country for that matter, as a nuclear unit, but when it comes to taking major decisions, carrying out some of the traditional roles and responsibilities there is a dependency on the older members of the family. In other words, the family may be nuclear and staying independently, and they function as small units that are extensions of the larger joint family system. This family constantly consults the older members of the family who may be geographically located at another place but have a heavy influence on the decision making process of this family.

Check Your Progress Exercise 6

1. Following are the circumstances that pose difficulty for a family therapist:
 - Inability to understand the joint family dynamics,
 - Inability to identify, enlist and engage significant family members in therapy,
 - Dealing with powerful and resistant family members especially those who influence or control the marital system, and
 - Negotiating boundaries between marital and family system.

8.9 UNIT END QUESTIONS

1. Enumerate the differences between extended family and joint family
2. Discuss with examples, the concept of structurally nuclear and functionally joint family.
3. What are the problems faced by the family therapist when dealing with joint families?

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UNIT 9 DEALING WITH ALTERNATE SEXUAL IDENTITIES

Structure

- 9.1 Introduction
- 9.2 Gender Identity and Sexual Orientation
 - 9.2.1 Gender Identity
 - 9.2.2 Sexual Orientation
- 9.3 A Brief History of Mental Health's Engagement with Sexual Orientation
- 9.4 Heterosexism and Homophobia
 - 9.4.1 Heterosexism
 - 9.4.2 Homophobia
- 9.5 The 'Coming Out' Process and its Effects in and on the Family
 - 9.5.1 Coming Out
 - 9.5.2 Dealing with Families/Friends after Coming Out
 - 9.5.3 Dealing with Unsupportive Families
- 9.6 Building and Maintaining Satisfying Intimate Relationships
 - 9.6.1 Building Satisfying Intimate Relationships
 - 9.6.2 Maintaining Satisfying Intimate Relationships
 - 9.6.3 Intimate Partner Violence
- 9.7 Let Us Sum Up
- 9.8 Glossary
- 9.9 Answers to Check Your Progress Exercises
- 9.10 Unit End Questions
- 9.11 Further Readings and References

9.1 INTRODUCTION

In the earlier units of this Block, you studied the different ways in which people experience sexual attraction and behaviour.

This unit focusses on some of the common issues that same-sex desiring people face.

Objectives

After studying this unit, you will be able to:

- Define terms like lesbian, gay, bisexual, heterosexual, heterosexism, homophobia;
- Differentiate between gender identity and sexual identity, and between sexual behaviour and sexual identity;

- Explain the concepts of heterosexism, homophobia, ‘coming out’, family of choice, and gay affirmative therapy; and
- Describe the effects of heterosexism and homophobia on lesbians, gays and bisexuals.

9.2 GENDER IDENTITY AND SEXUAL ORIENTATION

9.2.1 Gender Identity

A seven year old asked her mother, “Mummy, what is sex?” The mother being an educated woman with liberal views, took a deep breath and sat her daughter down. She explained all about the ‘birds and the bees’. The daughter listened very patiently and when the mother finished, asked, “That’s okay, Mummy, but what do I put on my sports coaching form where below my name, it says ‘sex’?”

As you can see, the word ‘sex’ has different meanings, depending on the context in which it is used. **Sex** is used to describe physical acts of sex that include, but are not limited to, penetrative penile-vaginal intercourse, oral sex, anal sex, masturbation, kissing, and so on.

Sex also refers to the biological difference between females and males present at birth. These include anatomical differences such as the presence of a vagina or penis; genetic differences present in a person’s chromosomal makeup; or endocrinological differences that later lead to menstruation or sperm production. Gender is assigned on the basis of the presence (or absence) of these differences.

Gender is a concept that refers to how societies view women and men, how they are distinguished, and the roles assigned to them. On the basis of the sex that is assigned at birth, gender expectations and norms are imposed on people. People are generally expected to identify with the gender, that has been assigned (gender assignment) to them, and act in ways deemed appropriate for this gender. Each culture has some expectations and beliefs about how people should behave. A person who is biologically male is expected to behave ‘like a man’, and a person who is biologically female is expected to behave ‘like a woman’. This constitutes a person’s gender role.

Gender role expectations are influenced by the culture that one lives in. We are taught that there are only two genders. However, in some cultures, people believe that there are more than two genders. It is not uncommon in India, for instance to refer to *hijras* as belonging to the third gender. In the Indian Passport application form, there is a recognition of a third gender because there is a choice called ‘other’ that a person can mark if they do not belong to male or female gender. And in neighbouring Nepal, the Supreme Court officially recognized a third gender in December 2007. You might be surprised to know that in South Sulawesi, Indonesia, the gender system includes five genders (Davies, 2007) .

While gender roles are based on the expectations that a culture has of behaviour appropriate for a man or a woman, gender identity is an individual’s sense of belonging to the category of men or women or neither of the two.

Gender identity is understood to refer to each person's deeply felt internal and individual experience of gender, which may or may not correspond with the sex assigned at birth, including the personal sense of the body (which may involve, if freely chosen, modification of bodily appearance or function by medical, surgical or other means) and other expressions of gender, including dress, speech and mannerisms.

Gender identity is not always consistent with biological sex and the gender assigned at birth. Some people feel they are 'not in the right body'. You have perhaps heard of men who say, "I am a woman trapped in a man's body", or of women who say "I am a man stuck in a woman's body". These feelings are chronic and unpleasant and many people opt to change their body through hormonal or / and surgical techniques, if they can afford the high expenses.

People who do not identify with the gender assigned to them at birth are *transgender people*. Those who want to change from the gender assigned at birth to another gender are *transsexuals*. In the process of changing to the desired gender, they may undergo a variety of procedures, including hormonal and surgical procedures. There are male-to-female as well as female-to-male transsexuals.

In some cases, due to unique chromosomal characteristics, babies are born with genitalia that cannot be easily categorized as female or male. They are *intersexed*. Frequently doctors perform surgeries on the genitals of these intersexed infants to make them conform to a particular sex. When they grow up, they may not identify with the gender they were assigned. There is a growing movement to stop this practice of performing genital surgeries on intersexed infants.

Check Your Progress Exercise 1

- Note:** a) Read the following questions carefully and answer in the space provided below.
b) Check your answers with those provided at the end of this Unit.

1. What is the difference between sex and gender?

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2. What is gender identity?

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9.2.2 Sexual Orientation

We have already looked at the meaning of sex, gender identities and roles. Let us now examine what we mean by sexual orientation.

Sexual orientation and gender identity are two different concepts used to describe two different aspects of a person.

Sexual orientation refers to each person's capacity for profound emotional, affectional and sexual attraction to, and intimate and sexual relations with, individuals of a different gender or the same gender or more than one gender.

A person who is sexually attracted to people of the same gender is *homosexual*, one attracted to people of a different gender is *heterosexual*, and one attracted to people of more than one gender is *bisexual*. This attraction shows an enduring pattern. It is not an attraction to one on one day, and to another on the next day. Heterosexuality, homosexuality and bisexuality are each a sexual orientation. None is 'better' or 'worse' than another.

Remember that heterosexual is a sexual orientation as much as are homosexual and bisexual. Also, that man and woman are gender identities alongside transgender, intersexed and transsexual.

In popular usage as well as part of political identification, men who identify as homosexual are called *gay men*, the equivalent term for women who are homosexual is *lesbians*, and bisexuals are referred to as *bi*. The term *gay* is sometimes used to refer to both gay men and lesbian women.

It is important to differentiate between *sexual behaviour* and *sexual orientation or identity*. Behaviour does not equal identity. People may engage in same-sex sexual behaviour without identifying as being homosexual or bisexual. Homosexual people may also engage in heterosexual sex, but that heterosexual sex does not make a homosexual person into a heterosexual one. For example, a lesbian woman or a gay man may be forced to get married and have children due to social constraints; this means that though they *identify* as homosexual, they *behave* as heterosexual. Similarly, many men in India have sex with other men, but do not think of themselves as being homosexual. Also, because of sexual prejudice, often people are fearful of claiming a sexual identity that is different from what is valued in the mainstream.

Identity is what one feels oneself to be and what one claims as one's own. A person's sexual identity has to be felt and claimed, it cannot be imposed.

When speaking of people who sexually desire others of their own gender, it is better to say same-sex desiring people, rather than gay, lesbian or bisexual, unless they claim the term for themselves. That is why you will notice that in parts of this Unit, the term same-sex desiring people or same-sex desiring couples has been used to include those people who may not be willing to identify as gay, lesbian or bisexual, but are in relationships with others of the same gender.

Perhaps you are familiar with the term LGBTI? It stands for Lesbian, Gay, Bisexual, Transgender and Intersexed. The first three are sexual identity terms and the last two refer to gender identity. Because we are focussing on same-sex desiring people in this Unit, we will not be discussing transgender and intersexed people here anymore. Do keep in mind though, that they may be heterosexual,

homosexual or bisexual, just like any one else, but also have issues specific to their gender identities.

For example, Raja who was born biologically male always felt he was ‘a woman inside’. Raja successfully underwent sex reassignment surgery and is now called Rupa. Rupa has always felt attracted to men. Rupa’s sexual orientation is heterosexual. Remember, this is so because she is attracted to individuals of a *different* gender than the one she identifies with. If Rupa were attracted to women, she would be lesbian.

The terms sexual orientation and sexual preference are often used inter-changeably. We need to remember that sexual preference does not simply mean that someone has a preference in the sense of preferring vanilla over chocolate ice cream. Sexual orientation follows an enduring pattern; it is more deep-rooted and long lasting than a passing whim to eat ice cream of a particular flavour. Of course, sometimes heterosexual people have sex with someone of their own gender, or homosexual people may have a heterosexual sexual encounter, but if they are random events, they remain just that — random.

Now, here is another idea to ponder. Sometimes, the ‘enduring pattern’ of sexual attraction changes. It does happen that sometimes in the course of one’s adult life, a man who is married to a woman, finds himself strongly attracted to men, falls in love with another man, and has a long-term sexual relationship with him and claims a gay identity. Or, a woman who has been heterosexual thus far, begins to feel sexually attracted to a woman, has a relationship with her and starts identifying as lesbian. Or, a lesbian no longer finds women attractive and starts having relationships with men. This happens and there are no ‘reasons’ for it. In fact, science to-date, has not been able to find an answer to the question, ‘What causes homosexuality?’. Nor, for that matter, does it have a satisfying answer to the question, ‘What causes heterosexuality?’.

MYTHS to strongly confront about sexual orientation

- Gay men are effeminate
- Bisexuals are just plain confused
- Gay men are promiscuous
- Lesbians are oversexed
- Women become lesbian because they can’t find a man
- Homosexuality is a disease
- Lesbians are hairy and muscular
- Homosexuals are mentally ill
- Homosexual people are creative
- Marriage cures homosexuality
- You can tell if someone is lesbian or gay just by looking at them
- Bisexuals want the best of both worlds
- Lesbians and gays can convert you to homosexuality if you are not careful.

Check Your Progress Exercise 2

- Note:** a) Read the following questions carefully and answer in the space provided below.
b) Check your answers with those provided at the end of this Unit.

1. What is sexual orientation?

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2. Name some sexual orientations and say how they are different from each other.

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3. Fill in the blanks :

- i) A lesbian is sexually or romantically attracted to.....
ii) A gay man is sexually or romantically attracted to
iii) A bisexual man is sexually or romantically attracted to
iv) A bisexual woman is sexually or romantically attracted to

9.3 A BRIEF HISTORY OF MENTAL HEALTH'S ENGAGEMENT WITH SEXUAL ORIENTATION

Homosexuality is not a disease or an illness. You probably know that the American Psychiatric Association dropped homosexuality from its list of 'mental illnesses' in 1973, as did the World Health Organization in 1993, and Japan's and China's Psychiatric Associations in 1995 and 2001 respectively.

Responding to gay and lesbian rights activists demands, in 1973 the American Psychiatric Association removed homosexuality from its list of disorders in the second edition of the Diagnostic and Statistical Manual of Mental Disorders, or DSM-II. Ego-dystonic homosexuality was removed entirely from the DSM-III-R (APA, 1987, p. 426) because it associated homosexuality with pathology. Also, because of societal prejudice, almost all people who are homosexual go through some amount of distress which may make their sexuality feel ego-dystonic or distress-inducing for them. The problem lies not with the homosexual person but with the societal prejudices that create distress.

Since 1975, the American Psychological Association has urged psychologists to remove the stigma of mental illness associated with being lesbian, gay or bisexual.

Prejudice and discrimination lead to negative psychological effects. Counselling and psychotherapy are concerned with people's feelings of well-being and work towards promoting those feelings. Therefore it is important for counsellors and psychotherapists to counter the sexual prejudices that threaten lesbian, gay and bisexual people's well-being.

There are some harmful practices like 'reparative therapies' and aversion therapies that set out to 'change' or to 'cure' homosexuals. For example, in aversion therapy a person is subjected to electric shocks while looking at erotic pictures of people of the same gender. Not only do these not work, they may result in long-term psychological damage.

Therefore, in December 1998, the American Psychiatric Association (APA) issued a position statement on Psychiatric Treatment and Sexual Orientation in which it clearly states that "the APA opposes any psychiatric treatment, such as 'reparative' or 'conversion' therapy, that is based on the assumption that homosexuality per se is a mental disorder or is based on the a priori assumption that the patient should change his or her homosexual orientation".

In 2000, the American Psychological Association issued its Guidelines for Psychotherapy with Lesbian, Gay, and Bisexual Clients. The Guidelines talk about the need for mental health professionals to provide mental health services that promote the wellbeing of lesbian, gay and bisexual clients, and the ethical ways in which to do so.

9.4 HETEROSEXISM AND HOMOPHOBIA

In this section you will study two very important concepts; these are heterosexism and homophobia.

9.4.1 Heterosexism

Heterosexism is the assumption that all people are and should be heterosexual. It lays value on heterosexual romance, heterosexual sex, heterosexual families and other heterosexual ways of being, and devalues any other form of expression. Heterosexism leads to prejudice against people who do not conform to this assumption. Heterosexist biases also oppress heterosexual people because they assume that there is only one right way of being heterosexual (as in having only one relationship or using only certain sexual positions).

Heterosexism also leads same-sex desiring people to distrust their own feelings and be ashamed of their attractions. Being brought up in a society that teaches one that men and women are supposed to be attracted only to each other and have emotional, romantic and sexual feelings for each other, makes it difficult for lesbians, gays and bisexuals to accept their own feelings for people of the same gender.

Further, heterosexism also leaves heterosexual people discounting and even invalidating the legitimate desires of same-sex desiring people. This leads to stigma and discrimination. Often people who do not conform to the prevalent norms of heterosexuality are said to be practising an 'alternative' sexuality. Of course people forget that for same-sex desiring people, heterosexuality is the 'alternative'. Also, the usage of the word 'alternative' to describe the experience of being a lesbian woman, a gay man, a bisexual man, or a bisexual woman makes it seem as if

there is a choice between various ‘alternatives’, when quite simply there is none. Using terms like ‘alternative sexuality’ is also heterosexist.

It is very important for counsellors to be aware of their own heterosexist biases and assumptions, so that they don’t unwittingly inflict them on their clients.

9.4.2 Homophobia

There is another term that you need to be familiar with — Homophobia. The fear, disgust, revulsion or even disbelief that some people have about homosexuality is called homophobia. It is a result as well as a cause of prejudice against homosexual and bisexual women and men. *Internalised homophobia* is the term used to refer to the shame that same-sex desiring people feel about their own sexual orientation. It refers to the internalising of societal prejudices against same-sex desiring people.

However, the concept of homophobia has fallen out of favour with some people, because the word phobia denotes an irrational fear that causes dysfunction. Critics of the term point out that the prejudice against gay, lesbian and bisexual people is not an irrational fear, like claustrophobia or any other phobia, and moreover that anti-gay people display no dysfunctionality in organising anti-gay protests and attacks on lesbians, gays and bisexuals.

Psychotherapy that considers there is nothing wrong with being gay or lesbian and is affirming of gay and lesbian people is called Gay Affirmative Therapy. *Gay Affirmative Therapy* holds that it is society’s homophobia rather than a person’s homosexuality that is the problem (Malyon 1982) and facilitates clients to dispute and challenge society’s prejudicial views rather than continue to be limited by them. Of course, gay affirmative therapy does not blame all problems that same-sex desiring people have on heterosexism and also looks at emotional and mental problems that individual clients may have. It does not overrule psychopathology, but does not consider homosexuality per se as a pathology.

Check Your Progress Exercise 3

- Note:** a) Read the following questions carefully and answer in the space provided below.
b) Check your answers with those provided at the end of this Unit.

1. What is heterosexism?

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2. What effects does heterosexism have?

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9.5 THE 'COMING OUT' PROCESS AND ITS EFFECTS IN AND ON THE FAMILY

Because heterosexism assumes that everyone is heterosexual, same-sex desiring people are also assumed to be heterosexual until they publicly express behaviour or statements to the contrary. Because of the strong negative messages they get from society, they are often forced to keep their sexual identity hidden or a secret. Their own internalized heterosexism may make it difficult for them to accept their sexual attractions to others of the same gender.

The first rule of thumb in counselling is to not assume the client's sexual orientation. When the client's orientation is unclear to the counsellor, the counsellor needs to use gender-neutral language, avoiding the use of 'he' or 'she' and referring to the client's partner as 'your partner', until such time that the client discloses the partner's gender.

9.5.1 'Coming Out'

Keeping one's sexual orientation hidden is referred to as being in the 'closet' – quite akin to hiding in a cupboard. The act of voluntarily revealing one's sexual orientation is called 'coming out of the closet' or 'coming out', in short. If a person's sexual orientation is made public, without their consent, the person is 'outed'. As a counsellor, it is important that you not 'out' your clients, or reveal that they are same-sex desiring, lesbian, gay or bisexual to others, without their consent. This would not only be a breach of confidentiality, but might also endanger them in a society that discriminates against same-sex desiring people.

The person first comes out to herself or himself. Only after this does the question of coming out to others arise. Coming out is not a one-time affair, and lesbians and gays may need to come out continually. For example, at the workplace, it is not unusual for colleagues to share personal incidents about what happened at home, in their families, or with their partners. What one did over the weekend or while on vacation is also discussed. In such scenarios, what do same-sex desiring people do? They may adopt an attitude that their personal life is their own business, or they may share only parts of their experiences leaving out any mention of their partner, or they may gradually come out to their colleagues.

There are also circles of coming out. Gays, lesbians and bisexuals may come out to selective people. Some may be open with their families, but not at work; others may be out at work or to their friends, but not out to their families. It is always best to leave it to the person to decide to whom and when they want to reveal their sexual identity.

Various models of coming out have been proposed. The most popular one is the *Cass Identity Model* proposed by Vivienne Cass in which she posits six stages of successfully coming out. These are identity confusion, identity comparison, identity tolerance, identity acceptance, identity pride, and identity synthesis. However, critics point out that not all individuals go through a linear coming out process, and that one stage does not necessarily lead to the next, and that some individuals may go up and down different stages depending on what is happening in their lives as well as the social and political environment surrounding them.

It is also useful to remember that bisexuals find it particularly difficult to come out. They are stigmatised for their same-gender choices by heterosexuals, and for their

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