

The Best Interests of the Child with a Lesbian Mother

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One concern of a court, with respect to the "best interests of the child," is the possible influence of a homosexual parent, usually the lesbian mother, on the sexual development of the child. The issue is whether having a homosexual parent increases the probability of a homosexual orientation by the child. Implicit in this concern is the belief that homosexuality is a second-best erotic orientation. This is not something I will debate here. It has been debated within psychiatry during and since the 1974 American Psychiatric Association referendum deleting homosexuality *per se* from its list of mental disorders. However, beginning with a presumption held by many that homosexuality is second best, I will address the issue of whether having one homosexual parent, or two homosexual adults in parenting roles, increases the probability of that outcome.

Etiology of a Homosexual Orientation

First, I shall discuss the major theories regarding the genesis of homosexual behavior and the prevalence of that behavior. Though 25 years old, the best estimates of prevalence stem from the work of Kinsey^{1,2} and his colleagues in their 1948 and 1953 textbooks. For males, 4 percent reported being exclusively homosexual throughout their adult lives. For females, about 2 percent reported being exclusively homosexual throughout their adult lives. The percentages for those persons who reported being predominantly homosexual for a considerable portion of their adult lives ran about three times these figures. Obviously these data account for a substantial number of Americans.

With respect to the best guesses behind the genesis of homosexuality, I will address four categories. The first is genetic. For at least two decades there has been a lingering theory that some degree of predisposition to homosexuality is inherited. The classic study was done by Kallman.³ He looked at presumably identical (monozygotic) male twin pairs. Thirty-nine men with a twin were located, all of whom were predominantly or exclusively homosexual. For all 39, the co-twin was also found to be predominantly or exclusively homosexual. This suggests, at the very least, some contribution from genetics. Following that dramatic finding there were single case reports in which one identical twin was found to be homosexual and the other heterosexual. Thus, while it is clear that there is not a 100 percent predictive rate for co-twins being homosexual, there may be some genetic influence behind sexual orientation. If in fact there is a genetic

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A modification of this paper was presented before the Family Law Division of the Allegheny County Bar Association in Pittsburgh, PA, Spring 1980.

loading behind sexual orientation, then the question of the future sexual orientation of the child in a custody fight is somewhat mooted. The die may have been cast by the child's genetic composition transmitted from the parents.

More recently, significant advances in neuroendocrinology and psychoneuroendocrinology have led to theories that altered prenatal levels of male hormones (androgens), for example, testosterone and its metabolites, influence sexual orientation. There are a few provocative studies. One looked at the effect of stressing pregnant females, because stress may lower the levels of highly androgenic substances reaching the fetus. This "finding" was first suggested in rats, which led East German researchers⁴ to attempt to find a human model of pregnancy stress. The hypothesis was that if one could find a sample of women significantly stressed throughout pregnancy, the sons born of these pregnancies would be less masculinized and have higher rates of homosexual behavior. The model sample consisted of women pregnant in Berlin or its surrounds during a five-year period of World War II, when the nights regularly brought air raids. The records at outpatient clinics in Germany showed that men born during those years of the Allied blitz were recorded as having higher rates of homosexual behavior compared to those born of pregnancies five years before or five years after. The conclusion was that levels of male hormone before birth influence the developing brain and affect later sexual orientation.

There are more sophisticated studies. Male-female differences exist in the hypothalamic-pituitary axis response to intravenous injections of the primary female hormone, estradiol. This pattern is believed to be prenatally determined. Reports suggest that male homosexuals show responses closer to the female-type pattern, and female-to-male transsexuals show responses closer to the male-type pattern, again suggesting that prenatal hormone levels may influence sexual orientation.^{5,6}

Again, with respect to concerns about the interests of children, if there is a prenatal phenomenon organizing postnatal behaviors, it, too, may moot a critical point. Being raised by a homosexual or heterosexual parent would have little influence on a child's sexual orientation.

Moving to the more classic theories regarding the early experiences of children, the psychoanalytic view is one principal model and the social learning model another. The psychoanalytic view looks to the resolution of what Freud eloquently called the "family romance," or the Oedipal conflict. Those who do not resolve the conflict may evolve a homosexual orientation. These are boys who do not give up their love for their mother and do not successfully identify with their father; or girls with the reciprocal Electra complex who continue to blame their mothers for their lack of a penis and identify with their father.

Social learning or "role-modeling" theories look at the adoption of sex-typed behaviors and have been used to explain the development of sex differences. Role modeling had a "revival" several years ago in the Anita

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Bryant "Save Our Children" campaign. What was presented was the rather simplistic idea (from the scientific viewpoint) that sexual orientation was primarily the result of modeling a significant figure in one's life, here adolescents modeling homosexual school teachers. There are no data to support such a notion. Further, with regard to modeling the behaviors of significant adults (for example, parents), consider that homosexual persons usually are not the children of homosexual parents. They are typically the children of heterosexual parents.

Indeed, psychological theories, whether embracing Freudian Oedipal conflict or principles of social learning, indict disordered relationships in the *heterosexual* couple as leading to a homosexual outcome in the child. No theory in the developmental psychology literature suggests that having homosexual parents leads to a homosexual outcome. Rather, heterosexual parents raise pre-homosexual children.

The Homosexuality Equals Mental Disorder Equation

This equation has gone through a remarkable scientific evolution during the last eight years. The earliest clinical reports on homosexuality were of troubled homosexuals who sought psychiatrists and psychologists because of emotional problems. Thus, the early clinical literature was replete with studies of troubled homosexuals. Parenthetically, one psychiatrist has suggested that if one were to look at his files that contain only heterosexual patients, one would conclude that heterosexuality is a mental disorder.⁷

As this fallacy became more evident, a series of scientific studies was conducted by psychiatrists and psychologists beginning in the early 1970s. One, at Washington University in St. Louis, looked at nonpatient heterosexual versus homosexual men, and lesbian versus heterosexual women.⁸ Subjects were interviewed by psychiatrists with an emphasis on a history of mental disorder and current conflict. What emerged from these comparisons of the men, heterosexual and homosexual, was that there were no significant differences on any dimension of psychiatric health. For the lesbians it appeared that they had more problems with drinking, but otherwise no evidence of psychiatric distinction. A significant portion of the men and women in both groups had consulted psychiatrists, typically because of the breakup of a romantic relationship. In another study, a psychologist from the City University of New York used psychological tests of mental health with a multitude of items. Essentially, no significant differences were found on a wide variety of personality and psychopathology dimensions between the heterosexual and homosexual men and women.^{9,10}

As this body of data was published and disseminated, it led to considerable rethinking by American psychiatry that had still, by 1973, listed homosexuality as a mental disorder. Over a period of many months American Psychiatric Association committees examined the homosexuality equals mental illness issue and found it wanting. Homosexuality did not meet the acceptable scientific criteria of a mental disorder *per se*, and in

1974 the Board of Trustees voted unanimously to remove homosexuality *per se* from the Diagnostic and Statistical Manual of Mental Disorders. In turn, a similar decision was reached by the American Psychological Association. Because of publicity it received, I will note another issue that is cousin to it.

In the APA bylaws of that time, if 50 psychiatrists out of a membership of about 20,000 signed a petition protesting an action of the Board of Trustees, a referendum could be put on the ballot at the next annual election. This occurred, and by referendum it was voted that homosexuality *per se* should remain outside the list of mental disorders. The new, revised *Diagnostic and Statistic Manual III* clearly states that homosexuality in and of itself does *not* constitute a mental disorder.

Court Evaluation: Adults

When I am asked to evaluate a custody situation in which the mother is homosexual, I first obtain a developmental history with special attention to the mother's relationships to siblings, parents, and peer group. I try to determine whether there were signals of emerging homosexuality during early childhood, for example, earliest crushes and erotic fantasies. Frequently there have been, during adolescent and adult development, signals of conflict over heterosexual, homosexual, or bisexual attractions. Often, because of considerable family and societal pressure, the woman initially sought what she felt to be the easier path: heterosexual marriage and childbearing. Only after years of continued conflict did she reconcile that dilemma and emerge as a lesbian mother. These histories of the development of a lesbian orientation provide a background against which to evaluate the emerging sexual identity of children.

Most lesbian women I have evaluated are involved in current same-sex relationships. I want to understand how that relationship is going to influence the welfare of the children. Thus, I inquire about the stability and quality of the relationship. I inquire as to the extent of the children's knowledge regarding the sexual orientation of the mother, what the mother has told the children and how the children have responded to this knowledge. I want to know about the relationship of the children to the mother's romantic partner because they constitute a household. I want to know about the extent of public involvement by the mother in "Gay Politics," because a concern of the court may be the possibility of promoting "celebrity status" for the children by participation in mass media or public demonstrations identifying the children. Such publicity may result in stigma.

I take a general psychiatric history and inquire about a history of emotional disturbance, psychiatric or psychological treatment, drug use and abuse, and educational and work record.

I inquire about the feelings of the women in the household toward men and the degree to which they may be "sexist." I believe the image of both

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men and women presented to the children ought to be balanced, rather than weighted toward being critical of all males. I do not think such a weighted image is in the best interests of either male or female children in terms of how they incorporate ideas about male and female people.

I ask the lesbian mother about her feelings regarding the emerging sexuality of her child and whether she would like her child to be homosexual or heterosexual. The usual response is, "I would like my child to be happy." If I press one step beyond, many mothers will say, "Well, I guess all other things being equal, in this society, it would be easier if he (or she) is heterosexual." Then I ask: "For a moment I would like you to assume that you would like to have your child turn out to be homosexual, and I would like you to tell me how you would go about doing that." I have yet to obtain a plan. Indeed, this lack is honest because no one really knows how to raise a child to be homosexual. We are not certain how to raise a child to be heterosexual.

Furthermore, I inquire about the developmental and psychiatric history of the mother's partner. If the partner is involved in what appears to be an ongoing liaison with the mother, I want to know the degree to which she feels committed to this relationship and her feelings toward the child(ren).

Court Evaluation: Children

In examining the children, I focus specifically on the development of sexual identity and possible sexual identity conflict. Sexual identity as used here includes three components: (1) the child's earliest self-awareness of belonging to one of two categories of human: male or female. Children, perhaps by the end of their first year, probably by the end of the second, are able to categorize themselves into one of two basic groups. This is basic sexual identity, what I call "core-morphologic identity";¹¹ (2) gender role behavior. This is what our culture calls masculinity and femininity, those behaviors that best differentiate male and female children of a certain age in a certain culture. Thus if, in 1982, most children age 5 who play with trucks are boys and most children age 5 who play with Barbie® dolls are girls, truck play and Barbie® doll play become sexually dimorphic behaviors. This second component appears to evolve during the third year and certainly by the fourth or fifth; (3) sexual orientation or partner preference is the last emerging component. When this emerges is of some debate, but data suggest that the first two components of sexual identity, particularly the second, may be related to the third. If a child is desperately unhappy being of the sex to which he or she was born and shows stereotypical cross-sex-typed behaviors, there appears to be a higher than average probability of later bisexual or homosexual behavior. However, it is not a perfect one-to-one fit. There are atypically sex-typed children who emerge as exclusively heterosexual and typical children who emerge as exclusively homosexual.

With the child (who is seen alone), the first thing I do is provide a piece of blank paper and a pencil and ask for a picture of a person, the Draw-a-Person Test. This is a good icebreaker; it relaxes the child. There is also evidence that persons identified as male, beginning in early grade school, are more likely to draw a male first and persons identified as female a female first.¹² However, one would skate on thin ice making a diagnosis of typical or atypical sexual identity solely on the Draw-a-Person Test.

Preferences for toys, games, role-playing activities, and peer group composition are then discussed. Children are very comfortable in talking about these aspects of their lives. They are asked about their favorite toys and games. If the child is being evaluated at home, I look around the room and obtain a visual impression of the toys and games that occupy the child. I look at posters that decorate the room. I ask about the composition of the peer group; most typically sex-typed children, age 4 through 10 or 11, congregate primarily in same-sex groups. Primarily heterosocial peer mixing often signifies sexual identity conflict, particularly for boys.¹¹ A good window into a child's fantasy life and identity is the role taken by the child in house games or other make-believe games. I ask: "Do you play mother/father games or house games?" and "Which roles do you usually take?" If they don't play such games, I ask if they imitate TV characters, book characters, or movie stars. Preferential portrayal of cross-sex characters can be another sign of sexual identity conflict.

I ask about their relative popularity and whether they have been teased. I am interested in whether the mother's sexual orientation has become neighborhood knowledge, and whether the children have been taunted. I ask about peer reactions at school and in the neighborhood. I ask whether they get called names by anybody—and why.

I may say to the child that boys who engage in a variety of activities that other kids think are girlish are sometimes called "sissy," and girls engaged in activities usually preferred by boys are sometimes called "tomboy." Then I ask: "Do you know any children like that?" Then: "What are they like?" After this it is easy to ask directly: "And how about yourself, have you ever been called that?" "If so, why?" "How do you feel about it?" Again, the goal is to look for signs of sexual identity conflict, not strict conformity to sex-role stereotyping.

I look for clues about emerging sexual orientation. Romantic eroticism does not blossom with the spring of puberty. We can obtain early clues to later eroticism by asking about crushes; most kids know what a "crush" is. If they do not, I define it for them: "It's a very special feeling you have toward someone, a feeling that maybe you're in love with that person." I ask whether they have had crushes. Most children by 5, 6 or 7 have had a "boyfriend" or a "girlfriend." So, while not taking an explicit sexual history, information is being generated about emerging eroticism.

If the children are older, I ask what they know about the nature of my visiting the family, and their understanding of what is transpiring between

their mother and father. Some older children are aware of the sexual orientation issue. They will candidly say: "My father wants us back because my mother lives with a woman" or "My mother is a lesbian" or "My mother is homosexual." I ask what their understanding is of those words, and usually get the response: "It's when a woman loves another woman." I ask: "How do you feel about that?" An older child's typical response is: "Well, that's their business, if they want to, I'm not particularly interested in that myself, but if they want to, it's fine." I ask: "How do you feel about your mother's friend?" Again, I want to know about the relationship of significant adults to the child.

I then ask how they think the court hearing will turn out. Sometimes it is not clear whether the children will have a chance to talk privately with the judge and express their views. I tell them that I may be able to convey their wishes to the judge. I ask if there is something they would like me to say regarding where they would like to live. The children usually have a preference and I ask the reasons for that. This helps me formulate an opinion about the children's primary affections.

Research Data

Briefly, I will describe the results of the research we and others have conducted on children being raised by lesbian mothers.

As I became involved in evaluating lesbian mothers in child custody cases, I gradually began generating a series. After a few years I had seen 21 children, 5 to 14 years of age, who had been raised in lesbian mother households for about 3½ years by the time these cases came to court. In all these families but one, the mother was living with her female romantic partner during the time of the evaluation. This sample is obviously unrepresentative. These were the children of mothers willing to go into court with the lesbian issue in the open and to fight for the custody of their children.

Five of the 21 were old enough to report sexual experiences. All of these were exclusively *heterosexual*. Those who were younger and not able to give direct answers to questions regarding interpersonal sexual experiences were not experiencing any conflict in sexual identity.¹³

More recently, Drs. Jane Mandel, Mary Hotvedt, Laurel Smith, James Gray, and I have conducted a controlled study. There is much less bias in the sample. Most of these mothers have not been involved in court litigation. Additionally, we have a matched group of heterosexual divorced mothers because one problem in evaluating the psychological status of children of lesbian mothers is that it is confounded by the fact that the children are products of a broken marriage and do not have an adult male in the household. It could be difficult dissecting out the consequences of being a child of a broken marriage or being a child not living with a father versus being the child of a lesbian mother.

We generated a sample of 50 lesbian mothers and their children and compared them with a sample of demographically matched divorced

heterosexual mothers. For a family to get into the study there had to be no adult male living in the household for a minimum of two years, so that the father-absence issue was matched. On the average, there had been no adult male living in the household for about 4 years. We evaluated 58 children, age 3 to 11, being raised by lesbian mothers and 43 same-age children being raised by 34 divorced heterosexual mothers.

Evaluation instruments included the Draw-a-Person Test, the It-Scale for Children, and questionnaire and interview items regarding sex-typed activity preferences at home and in school, peer group composition, popularity relative to other children, vocational goals, and plans for marriage and family.

Overall, regarding what we have analyzed so far, with respect to masculinity and femininity scores on the psychological tests, evidence of sexual identity conflict, ratings of peer group popularity, and gender of the peer group, we find no significant differences for the boys or the girls in either group of families. These data, presented at the 1979 Annual Meeting of the American Psychological Association and at the International Academy of Sex Research, 1980,¹⁴ are consistent with the other major scientific study in the United States, that by Kirkpatrick, Smith, and Roy of 40 children age 5 to 12.¹⁵ These researchers looked not only at measures of sexual identity but also at a measure of child psychopathology. Again, there were no differences between the children of lesbian or heterosexual mothers.

Conclusion

Difficulties experienced by children in lesbian mother households appear to stem from reactions to divorce and not from the mother's lesbianism. The quality of the mother-child relationship and not the sexual orientation of the parent appears to be the critical issue in evaluating the *best interests of the child*.

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