

LGBT PARENTING SERIES

The *Real* Modern Family . . . Can Be Real Complicated

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The author describes, based upon her first-hand experience, running a program providing services to lesbian, gay, bisexual, and transgender (LGBT) parents, families, and their extended families; some of the complexities of gay parenting; and some of the unique challenges faced by LGBT families. Throughout this paper, she notes the relevant roles mental health providers may occupy in assisting such families.

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I have been working with and on behalf of lesbian, gay, bisexual, transgender, and queer (LGBTQ) parents, their children, and other family members for more than 20 years, both currently at the Ettelbrick Project for LGBTQ Family Recognition and, primarily, directing family programs at the LGBT Community Center in New York City. I am not a clinician, so I have not seen families in treatment, but I have fielded dozens of phone calls every week from people seeking referrals to services, community support, and a safe space, as well as information on assisted reproduction, adoption for same-sex couples, dealing with school bullying, partnership recognition, and much more. It has been these conversations, and conversations at our social networking events and in our support groups, that have served to inform my thinking. I am grateful to these hundreds of families for the inspired, courageous example of their lives.

I am always a little reluctant to frame a discussion about LGBTQ families in terms of our “issues.” We are a community historically and,

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unfortunately, fairly relentlessly presented as problematic, if not pathological. Maybe a stronger, more positive start would be to think in terms of challenges—challenges in addition to the usual endless list of the same challenges that all partners and parents face during the course of family life. Or we could call them “stressors” or just “stuff that comes up.” So, the following is a list of situations commonplace in our community that are likely to result in visits to psychotherapists’ offices.

LACK OF LEGAL AND SOCIAL VALIDATION FOR COUPLED RELATIONSHIPS

When considering the arc of the family life cycle, I think it makes sense to start the discussion with the commitment of the couple. Though substantive progress has been made in recent years, same-sex couples still lack much of the support of the institutions that exist to validate, honor, and cement romantic relationships. We have created our own “commitment ceremonies” outside the mainstream, but those, along with celebrating engagements, bachelor parties, christenings, and other ritualized milestones, are often not recognized by the broader culture. The overwhelming majority of newspapers across the country still refuse to post same-sex union announcements.

As part of a community forced to live for generations outside of state-sanctioned systems, LGBT couples have developed their own methodology when it comes to creating kinship. Among those time-honored traditions are serial monogamy (particularly in lesbian relationships), with couples remaining together and committed for three, seven, and more years before breaking up and moving on to the next significant commitment; or the open relationships common to gay men, where the primary spousal relationship resides at home, and outside sexual partners are permitted and acknowledged. I would argue that these commonly accepted practices might, in some ways, represent an improvement over traditional marriage models, but that is a discussion for another day. However, there are no socially approved rituals and attendant ceremonies and social supports for *these* particular models of coupling that are so commonplace in our community.

Without ritual, legal recognition, or social approval, relationships are not shored up and supported, and this can result in fragility. Therapists often see couples seeking to “keep it together” and couples coming apart.

DECIDING TO PARENT

Our families are formed in all sorts of ways, including the usual: mom and dad make a baby—only later, mom or dad comes out of the closet. In the

newest scenario, a gay or lesbian couple makes a deliberate decision to start a family, which involves overwriting decades of negative societal messaging that has resulted in internalized homophobia, messaging that says we are dangerous around kids, our example is bad for kids, we are not designed (literally) to parent, and, especially for men, we are pedophiles and recruiters to the “lifestyle.” Much as our staunchly held politics (not to mention all legitimate social science research) dictate that none of this is true, lesbian and gay people have to hack through deeply imbedded hostile voices—voices they themselves are often unaware still reside within them—before gaining the confidence to make the move to become parents.

ANNOUNCING TO EXTENDED FAMILY

Coping with the underenthusiasm of extended family members, particularly grandparents-to-be, can be deeply dispiriting. Parents of LGBT people who had come to some level of peace and grudging acceptance of the sexual orientation and/or gender identity of their offspring can suddenly rear up in alarm when it is suggested a child will be entering the picture. “How can you do this to a kid?” “It’s bad enough when it’s just you two, but this is too much!” “They’ll be teased about it.” These and similar sentiments create discord and unhappiness when celebration and support are most needed and should be most naturally expected.

HELPING PROFESSIONALS WHO ARE LESS THAN HELPFUL

Heterosexist, heterocentric family service professionals—professionals who are absolutely indispensable to creating a family (e.g., gynecologists and obstetricians, reproductive endocrinologists, midwives, pediatricians, birth and lactation coaches, adoption caseworkers, family law attorneys)—are still present in the marketplace and can be overtly hostile to openly LGBT clients. Navigating the complications of reproductive technologies and the requirements of adoption laws and skirting incompatible practitioners are challenging under the most supportive circumstances. When same-sex couples are refused service altogether or provided service grudgingly, based on religious or political prejudices, an ordinarily joyful and exciting process can become much less so.

REVERTING TO THE CLOSET

Although few states remain that explicitly prohibit gay people, or “unmarried” couples, from adopting, those that do pose major hurdles for LGBT people residing within them. Adopting internationally still necessitates a

return to the closet for same-sex couples. There is no “sending” country that will knowingly place its children in the homes of LGBT applicants. The well-intentioned and largely positive Hague Convention on Intercountry Adoption, drafted to establish “best practices” in adoption across borders and meant to interrupt baby stealing, selling, and trafficking, has created a platform for conversation between countries about adoption practices. As a result, more nations have become aware that LGBT people in the United States are interested in adopting overseas, and much more heightened scrutiny of candidates has resulted in more frustration and disappointment on the part of prospective LGBT parents.

NEGOTIATING RELATIONSHIPS WITH DONOR DADS

Though many lesbians create their families through sperm banks (with no contact with sperm donors, at least until offspring turn 18), some are drawn to the option of working with a male friend to make their babies. When no intermediary such as a sperm bank or doctor is involved, parties are left vulnerable to questions around legal parentage and custody. Many sperm donors acquiesce to terms set forth by the mother(s)-to-be, with the women determining the amount of access to the baby the donor will have, what he will be called, whether his extended family will be involved, and how much say he will have over travel, schooling, or relocation. Then the baby arrives, as do powerful, often unanticipated feelings. Though many men and women draft and sign “sperm donor agreements” and although these are highly advisable as tools to help parties think through contingencies and for judges to consider in custody disputes, they are not recognized as legally binding in the same way as wills or guardianship agreements. Therapists are often enlisted to help both in negotiating terms of these agreements and in guiding mediation when discord arises over roles, responsibilities and access over the years. They are often also turned to for emotional support when these agreements go awry.

PARENTING PARTNERSHIPS: COMPLICATED, AND INCREASINGLY COMMONPLACE

In the early days of gay men and lesbians seeking to create families openly and deliberately as gay people, there was a fair amount of wariness between parties. Lesbian couples seeking sperm donor dads often preferred a sperm-drop followed by no contact with the donor, or a distant, avuncular relationship with him. They wanted to define their families as two moms and a baby without the complexities of a third parent. This was understandable. At that time, there were no “second-parent adoptions” permitted

(where the same-sex partner of the woman bearing a child is permitted to legally adopt the baby), so nonbiological mothers were vulnerable to paternity claims by sperm donors. Though this remains true in many jurisdictions, it has become far less likely that children will be removed from lesbian households and placed with sperm donor fathers. Advances in family law and the understanding and recognition of the real complexities of modern families have made a difference, as have the experiences of thousands of co-parenting LGBT families that have matured successfully and served to relax LGBT prospective parents sufficiently for them to consider co-parenting in all manner of nontraditional arrangements. Lesbian singles and couples are increasingly receptive to co-parenting agreements with gay men, gay men with straight women, and other combinations of adults eager to share the responsibilities and joys of raising a child without being sexually intimate partners. These arrangements can work beautifully—there are many families to prove it—but this “committee approach” to parenting almost invariably requires a great deal of negotiation, mediation, and often struggle between parties involved, not only before the baby arrives but also throughout the childrearing years, often with the assistance of a therapist.

EGG DONORS, GESTATIONAL CARRIERS, AND THE EVER-EXPANDING THANKSGIVING TABLE

The creation of families through surrogacy has been an explosive trend for gay men over the past 10–15 years. Surrogacy agencies specialize in service to gay clientele, and there are plenty of egg donors and, especially, women willing to carry pregnancies for gay men for a fee. As a community social service provider, I expected men would visit surrogacy agencies, sign contracts for the services of egg donors and carriers, make the required payments, and once the baby was born shake hands and part ways permanently, with perhaps an agreement to send photos of the kids at holiday time. Instead, gay fathers have overwhelmingly demonstrated an interest in ongoing relationships with the women who made their offspring possible. Because (in the case of gestational carriers) women are required to have had children of their own before becoming surrogates, the addition of their spouses and children make ongoing contact with surrogates a package deal. So children are in relationships with donors and carriers, and families become expanded and redefined in provocative and profound ways. Members of these families often need help figuring out how to navigate these waters, these unanticipated longings for relationship. Likewise, the powerful and positive trend, informed by the voices of adult adoptees, toward open adoption poses similar challenges and rewards in establishing ongoing relationships with birthmothers and their families.

MASCULINITY AND MOTHERHOOD

Getting and being pregnant, delivering a child, or being a nursing or primary care mother as a gender nonconforming (GNC) person can stir up issues around gender identity, gender presentation, and social validation. GNC people who have been regarded with discomfort, suspicion, and hostility all their lives can suddenly find themselves on the receiving end of social approval and inclusion. Though that may sound like an improvement, it is not necessarily an entirely welcome or trusted form of attention. It can actually be disorienting, challenging the parent's own sense of herself and her gender identity. It can be confusing around what behaviors get reinforced, validated, and applauded in the culture and her unfamiliarity with that experience.

AND BABY MAKES . . . DISEQUILIBRIUM

Once the baby comes, same-sex couples have roles to negotiate vis-à-vis that baby. For all the changes occurring in the definitions of modern motherhood and fatherhood, there is still a template that is relatively fixed and unchanging—mothers recovering from childbirth and breastfeeding stay home, fathers are far less often the primary baby caregivers. For same-sex couples, the roles are not as clear, even when the children are biological. Nonbiological moms might feel sidelined and second-best, and in a culture that elevates the role of mother to iconic, revered levels, a world where all girls are raised to expect primacy in relation to their children, how do two women share the role of mother? Bonding, naming (who gets to be called Mommy, etc.), exclusive breastfeeding, and parental leave and breadwinning can be hot-button issues for new parents already stressed by the demands of a newborn.

WHERE IN THE WORLD ARE GRANDPA AND GRANDMA?

A common narrative for young LGBTQ people involves relocation to communities that represent higher ground for queer people, notably, big coastal cities. Even if they remain in their home towns close to extended family, there may be emotional distance generated over lack of acceptance of “the gay thing” on the part of their parents. Under these circumstances, once LGBT individuals become parents, the distance from extended family can be acutely felt by new parents in a way not experienced by childless people. Without access to enthusiasm, advice, and support of all kinds (particularly trusted babysitting), new parents can feel isolated and stressed.

HAVING A CHILD IN A CHILD-FREE COMMUNITY

The loss of child-free networks of LGBT friends in a community that is, despite the “gayby boom,” still to a large extent childless, combined with a lack of community understanding and support or accommodation from LGBT institutions, can further isolate new LGBT parents until they can locate and integrate into new social support networks.

COMING OUT WITH CHILDREN

Those coming to awareness of LGBT identities later in life, following conventional marriage and parenting, come to counseling with the multiple stresses of divorce, loss of old friends before having the chance to make new ones, unhappy kids, custody challenges from angry spouses, and all the attendant issues that come with the coming out process itself. In addition, he or she may also be involved in a first same-sex relationship with a new partner and possibly negotiating a step-parenting relationship with the partners’ children.

UNPLANNED PREGNANCY

Contrary to popular LGBT family mythology and messaging, not all of our families are planned and wanted. Our families arise out of all kinds of conditions—sex work, young LGBTQ people having survival sex, opposite-sex experimentation and play, bi or poly sexual identities and practices, coerced sex, or adolescents involved in opposite sex relationships—sometimes in an effort to prove to worried or hostile parents that they are not gay.

CONTAINING DIFFERENCES WITHIN FAMILIES

More often than in heterosexual households, our families are formed across differences in race (because they are often formed through adoption), gender (men raising daughters, and women raising sons), nationality and culture (mixed relationships, often with the additional stressors that come with binational couplehood without the immigration protections that come through marriage), and sexual orientation (gay and lesbian parents raising straight children). Differences can enrich and deepen, but they also can cause misunderstanding and distance, and families are likely to benefit from skilled support in bridging those differences.

AND MORE

Indeed, there are more issues specific to our families likely to involve the assistance of a mental health professional, including not fitting the qualifying definitions of “family” when attempting to access public assistance and shelter; the ongoing stress of coming out, particularly when connected to concerns about the safety and well-being of our children; the unaffordability of “gay” neighborhoods, where their relative safety comes at a price; navigating social tensions in schools; bad breakups involving custody disputes, when the law favors biological and/or legal parents, leaving some parents without legal standing; the pressures on us, as parents, and particularly on our kids, to be exemplary in order to prove the Right Wing wrong; and our children as they come of age seeking contact with their sperm donors and donor siblings—a potential rich source of new family relationships but possibly challenging for parents and siblings at home.

But as the kids say, it’s all good. As we, as a community, press forward, insisting on creating families in courageous new ways, and insisting on societal recognition of a world where all kinds of families are valid and valued, “issues” tend to diminish and disappear. In the meantime, we are grateful for the skilled assistance of our therapists and counselors.