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UNIVERSITY OF SAN DIEGO
Hahn School of Nursing and Health Science
DOCTOR OF PHILOSOPHY IN NURSING

MANAGING STIGMA IN PLANNED LESBIAN-PARENT FAMILIES

by

Natalie Cheffer, MN, CPNP

A dissertation presented to the
FACULTY OF THE HAHN SCHOOL OF NURSING AND HEALTH SCIENCE
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In partial fulfillment of the
requirements for the degree
DOCTOR OF PHILOSOPHY IN NURSING

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ABSTRACT

The gay- and lesbian-parent family is a family form becoming more prevalent in today's diverse society. Now, with advances in reproductive technology and a growing acceptance of homosexuality, gay men and lesbians are having, adopting, and raising children in record numbers.

The purpose of this study was to identify how parents and children in planned lesbian-parent families live in a homophobic society where they face social prejudice on a daily basis. Data were obtained from interviews with 12 planned lesbian-parent families. Data analysis included interviews with the parents as well as analysis of 48 of the children's drawings and the stories about their drawings. Data analysis using a qualitative approach through the use of grounded theory and projective drawing techniques led to a substantive theory to explain the process of managing stigma in planned lesbian-parent families.

Interactional strategies used by the parents and the children were identified. These strategies were influenced by experiences of homophobia and the family's social network. These findings have implications for further research, clinical practice, and education.

DEDICATION

To Debby, who has been my source of love, support, and encouragement.

To Delaney, who has enlightened me to what is really important in life.

To my parents, Charles and Mary, who through their love
and guidance have given me the confidence to dream.

In Memory of Joan Cheffer and Mildred Cheffer

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CHAPTER 1 INTRODUCTION

The gay- and lesbian-parent family is a family form becoming more prevalent in today's diverse society. These families are defined by the presence of two or more people who share a same-sex orientation or by the presence of at least one lesbian or gay adult rearing a child (Allen & Demo, 1995). In the past, most gay men and lesbians had children in the context of a heterosexual relationship. Now, with advances in reproductive technology and a growing acceptance of homosexuality, gay men and lesbians are having, adopting, and raising children in record numbers. Estimates indicate that there are 1 to 9 million lesbian, bisexual, and gay parents, which would suggest that about 1% to 12% of all children ages 19 or under in the United States live with a lesbian, bisexual, or gay parent (Stacey & Biblarz, 2001). The increased presence and visibility of lesbian-parent families have prompted researchers and others to characterize the phenomenon as a "lesbian baby boom" (Lewin, 1993; Patterson, 1994; Pies, 1988; Rafkin, 1990; Zeidenstein, 1990).

Just as diversity describes most of the heterosexual parent families found in today's society, diversity describes the variety of family constellations seen within the gay and lesbian community. Lesbians are deciding to have children through insemination either from a known or an unknown donor, heterosexual intercourse, adoption, foster parenting, and coparenting (Martin,

1993; Zeidenstein, 1990). Lesbians who decide to have children in the context of a committed lesbian relationship are referred to in the literature as constituting “planned lesbian-parent families” (Mitchell, 1995). Gay men are becoming parents through the use of a surrogate mother or through adoption and/or foster parenting (Martin). In addition, some gay- and lesbian-parent families are experimenting with three- and four-parent arrangements. It would not be uncommon to see a child being co-parented by a lesbian couple and a gay father or a lesbian couple and a gay couple.

Because of societal stigma and fear of discrimination or prejudice, many gay men and lesbians raising children are still not open about discussing their family constellation (Perrin, 1996; Singer & Deschamps, 1994). For many years, lesbian mothers have lost and continue to lose custody and visitation of their children simply because of their homosexuality. In 1995 Mary Ward lost custody of her 11-year old daughter to the child’s father when the judge decided that “the child deserves the opportunity to live in a non-lesbian world” (National Center for Lesbian Rights, 1997, p. 47). This decision was made in spite of the fact that the child’s father had been previously convicted of murdering his first wife.

In addition to losing custody of their children, many gay and lesbian parents fear losing their jobs, housing, and educational opportunities, as well as suffering rejection by families and friends, should their homosexuality become known (Bozett, 1988; Cavin, 1987; Falk, 1989; Herek, 1986; Logan & Kershaw, 1994; Lyons, 1983; Pagelow, 1980; Rohrbaugh, 1992). It is apparent that societal stigma makes it difficult to account accurately for the actual numbers of children in gay- and lesbian-parent families (Gershon, Tschann, & Jemerin, 1999; Meyer, 1992). Also, it is not clear how gay- and lesbian-parent families deal with issues related to the discrimination and prejudice that they are likely to

encounter as members of a stigmatized family. Researchers should examine the lives and experiences of gay- and lesbian-parent families. There is a paucity of research on the natural history of the lesbian-parent family (Arnup, 1995; Kaufman & Dundas, 1995). Research in the area of family processes such as role development, communication patterns, family adaptability, resources, stresses, and coping strategies is still very limited.

Theoretical Perspective

The paradigm, or worldview, that shaped the questions posed in this study is a combination of the naturalistic, interpretivist philosophy of symbolic interactionism with a feminist perspective. The interpretivist's goal is the understanding of the "meaning" of social phenomena. Interpretivists believe that, in order to understand meaning, one must interpret it (Schwandt, 1994). Symbolic interactionism is an interpretive approach to the study of human life and behavior that developed from the field of social psychology. According to Blumer (1969), symbolic interactionism rests on three fundamental premises:

[The first] premise is that human beings act toward things on the basis of the meaning that the things have for them. The second premise is that the meaning of such things is derived from, or arises out of, the social interaction that one has with one's fellows. The third premise is that these meanings are handled in, and modified through, an interpretive process used by the person in dealing with the things he encounters. (p. 2)

Understanding of the family and individual experiences through the stories of the participants is the best way to capture the richness and diversity of the subjective experience (Ford-Gilboe, Campbell, & Berman, 1995). The best way of understanding the lived experience is from the point of view of those who live it (Schwandt, 1994). Reality from an interpretive perspective exists through multiple mental constructions of everyday life experiences that are dependent on situation and context (Ford-Gilboe et al.).

Along with the paradigm of symbolic interactionism, a feminist perspective guided this quest for knowledge development. Feminist philosophy suggests that “there is no one truth, no one authority, no one objective method which leads to the production of pure knowledge” (Spender, 1985, pp. 5-6). With this in mind, this study listened to the voices of mothers and children as they experienced their lives in lesbian-parent families. Feminist knowledge is founded on the basis that the experience of all human beings is valid and must not be excluded from our understandings (Spender).

Purpose of the Study

The purpose of this investigation was to explore the experience of parenting in lesbian-parent families. Participants were members of planned lesbian-parent families. Planned lesbian-parent families are defined as a lesbian or lesbian couple who have adopted or borne via alternative insemination children after “coming out” in the context of a committed lesbian relationship, single mother, or co-parent experience. Children between the ages of 6 and 10 years and their lesbian mother(s) were included in the study.

For the purposes of this study, specific lines of inquiry were as follows:

1. Analyze the process by which members of lesbian-parent families disclosed or kept secret information about their family constellation, and the value or risk that they placed on such disclosure.
2. Analyze the strategies utilized by planned lesbian-mother families to manage the interactions that they encountered as members of a stigmatized family.
3. Describe and analyze the specific context and conditions under which these strategies were utilized.

4. Describe and analyze through their drawings and conversations how children in planned lesbian-mother families perceived communication within the family.

5. Describe and analyze through their drawings and conversations the self-image of children in planned lesbian-mother families.

6. Describe and analyze through their drawings and conversations the emotional health of children in planned lesbian-mother families.

Significance of the Study

More qualitative research is needed to understand fully the lives of lesbian-parent families, including their strengths and weaknesses (Allen & Demo, 1995; Harris & Turner, 1986).

Qualitative research can help capture the meaning and purpose of the wholeness of family experiences within the context of society and it is this knowledge of the lived experience that enhances nursing practice and thus the health of families and society. (Phillips, 1993, p. 113)

In addition, qualitative research seeks to understand the participant's view of health and illnesses experiences (Barnes, 1996). Laird (1993) suggested that "ethnographic research is the most urgent research direction at the present time, needed to generate detailed, holistic accounts of the daily lives of gay and lesbian families" (p. 320). In addition, social psychologists are urging researchers to conduct less defensive and comparative research and start focusing on the "exploration of the interactions of gender, sexual orientation and biosocial family structures on parenting and child development" (Stacey & Biblarz, 2001, p. 164).

In a profession that emphasizes the importance of culturally sensitive or culturally competent health care, health care providers are well advised to have some knowledge of the nature and problems of parenting by gay parents (Bozett, 1984). In fact, Meleis (1996) suggested that providing culturally com-

petent care requires health care professionals who value diversity and have a philosophy of providing care that is congruent with diverse populations.

This study attempts to provide for health care professionals information needed to improve the health care provided to lesbian-parent families. This study provides information on family communication patterns, family and individual adaptability, resources, and stresses. In addition, it reveals strategies utilized by these families to manage stigma, prejudice, and discrimination that is often encountered by these families.

Through the children's drawings and the stories that they told about their drawings, this study also examined the impact of stigma, discrimination, and prejudice on the school-age child developing in a lesbian-parent family. School-age children are exposed to the attitudes and behaviors of others in their environment. Unfortunately, many of the attitudes and behaviors to which they are exposed outside of the home are not positive. While there is some research on adolescents of lesbian parents with respect to stigma, there has been very little research on school-age children. Only when health care providers have a better understanding of the family processes of planned lesbian-mother families can we begin to conceptualize the effects of stigma on the child developing in this family form.

CHAPTER 2

REVIEW OF LITERATURE

Research on lesbian-parent families grew out of an urgent need to provide empirical evidence that would assist in judicial decisions during child custody litigation as well as public policy decisions regarding adoption and foster care. Most of the research to date on lesbian-parent families has focused on children born in the context of a heterosexual relationship in which the parents subsequently divorced as the result of one or both parents identifying themselves as gay or lesbian. Past research was aimed at addressing four major assumptions about the effects of lesbian parenting: (a) Lesbians are unfit to be parents, (a) children of lesbians will show disturbances in sexual identity, (c) children of lesbians will be less psychologically healthy than children growing up with heterosexual parents, and (d) children of lesbians may experience difficulties in social relationships as the result of stigmatization, teasing, or other traumas from peers (Editors of the Harvard Law Review, 1990; Falk, 1989). The first part of this chapter addresses each of these concerns, based on the research findings in the literature. The second part of the chapter focuses on research related to stigma and the development of stigma in childhood.

Fitness of Lesbian Parents

Much of the empirical research conducted on the fitness of lesbian parents has demonstrated that lesbian parents are more similar than different when compared to heterosexual parents. A study by Harris and Turner (1986) compared 10 gay parents and 13 lesbian parents with 2 heterosexual single male parents and 14 heterosexual single female parents, utilizing a questionnaire. In addition to demographic information, the items on the questionnaires included questions about sex roles, relationship with their children, and willingness to participate as well as an open-ended question for any additional information they might want to share. Twelve of the gay and lesbian parents lived with partners, although the degree of parental involvement was not identified. Although the groups were not controlled for age, socioeconomic status, or ethnicity, few differences were identified between the gay and lesbian parents and the heterosexual parents. There were no significant differences in the relationships between the two sets of parents and their children.

Miller, Jacobsen, and Bigner (1981) compared 34 lesbian mothers with 47 heterosexual mothers. All participants were given a Home Environment Profile questionnaire and the Mothers' Caregiving Role instrument. All of the heterosexual mothers were married, whereas only 74% of the lesbian mothers stated that they had a partner. The findings on the Mothers' Caregiving Role instrument suggested that lesbian mothers demonstrated a more child-oriented approach in their responses to children than did the heterosexual mothers. Responses by the parents when shown a slide with two children "sword fighting" found that lesbian mothers gave more child-oriented responses than did heterosexual mothers (48.5 % vs. 38.3 %, respectively) with a chi-square at the 0.8 level, indicating significant differences between the samples. When shown a situation with the children building a "fort" in the living room, there was a sig-

nificant difference ($p < .01$) between the mothers, with 88% of the lesbian mothers giving child-oriented responses in contrast to 59.6% of the heterosexual mothers giving child-oriented responses.

In a descriptive study on the family lives of lesbian mothers, Lott-Whitehead and Tully (1992) identified major themes from the narratives of 45 lesbian mothers. They concluded that homosexuality was compatible with successful family life. In fact, they identified numerous strengths specific to lesbian-parent families. The strengths included an "open climate for sexuality, a healthy respect for difference, including but not limited to sexual orientation and an accepting, nurturing environment conducive to human growth" (p. 275).

Sex Role, Gender Identity, and Sexual Orientation

Sex role identity is the "emergence of behaviors, attitudes, and feelings that are labeled as male, female or neutral" (Dunn & Broering, 1996, p. 475). Gender identity, on the other hand, is the "internal belief or sense of being male or female" (p. 475). Sexual orientation refers to a "person's potential to respond erotically to either or both sexes (Cohen & Neinstein, 1996, p. 641). The following studies were conducted to identify sex role, gender identity, and sexual orientation of children raised by gay and lesbian parents when compared to children raised by heterosexual parents.

Hoeffler (1981) conducted one of the first studies on acquisition of sex role behavior, comparing 20 lesbian mothers and 20 heterosexual single mothers and their children ages 5-9 years. The two mother groups were matched on educational background and socioeconomic status. Although marital status was assessed in the heterosexual group, the involvement of a female partner in the lesbian group was not identified. The children were matched for gender and age. A modified version of Block's Toy Preference,

consisting of 28 pictures of sex-typed masculine, sex-typed feminine, and sex-typed neutral toys familiar to school-age children, was administered to the children. The modified version of Block's Toy Preference, which utilized pictures of toys versus the actual toys, was found to be highly correlated, $r = .86$, to the original and statistically significant, $p < .01$. Results indicated that there was no significant difference between the children from the two groups on measures of sex role behavior. Boys and girls from both groups preferred toys traditionally associated with their gender. The Toy Preference Test was given to the mothers. In addition, a modified version of Fling and Manosevitz's Parental Interview was given to assess six modes of encouragement relative to the child's favorite toys and activities. The results for mothers' encouragement of toy preferences indicated that lesbian mothers preferred a more equal mixture of sex-typed masculine and feminine toys for their children than did heterosexual mothers.

In another comparative study Kirkpatrick, Smith, and Roy (1981) studied 20 children of lesbian mothers and 20 children of heterosexuals between the ages of 5 and 12 years to determine the overall psychological functioning of the children with a particular interest in gender development. Methodology included evaluation by a psychologist and a psychiatrist on multiple standardized measures. These included a developmental history gathered from the mother, an evaluation of each child on the Wechsler Intelligence Scale for Children (WISC), Holtzman Inkblot Technique, and Human Figure Drawing, as well as a 45-minute semistructured playroom interview. Evaluation of these measures revealed no significant differences in gender development between children raised by lesbian mothers and those raised by unmarried heterosexual mothers.

A study by Golombok, Spencer, and Rutter (1983) produced similar findings, in that no differences were identified between 37 children raised in

lesbian homes and 38 children raised in heterosexual single-parent households with respect to gender identity, sex role behavior, or sexual orientation. A similar study conducted by Kweskin and Cook (1982) on sex role behavior and perceptions came to the same conclusion.

In a controlled study, Green, Mandel, Hotvedt, Gray, and Smith (1986) compared 50 lesbian mothers and their children with matched, divorced, heterosexual mothers. Analysis on masculinity and femininity scores on psychological tests, evidence of sexual identity conflict, rating of peer group popularity, and gender of the peer group showed no significant difference in boys or girls in either group.

A commonly asked question or concern raised by both health care professionals and the lay population is whether children raised by gay and lesbian parents are more likely to be gay or lesbian themselves. In one of the only longitudinal studies of lesbian-parent families, Golombok and Tasker (1996) compared 25 adult children of lesbian mothers to a control group of 21 adult children of heterosexual single mothers. Findings did not support the commonly held assumption that children raised by lesbian mothers might themselves grow up to be lesbian or gay. However, the findings suggested that children of lesbian mothers were more likely to consider the possibility of having gay or lesbian relationships, implying that these children were raised to be more accepting of diverse lifestyles.

The above studies provide empirical evidence that children of lesbian parents have developed "appropriate" gender and sex role identity and sexual orientation, as compared to children in heterosexual parent families. However, these studies perpetuate the very rigid definitions of male or female behavior in that they use measures of gender and sex role identity that society has determined to be "appropriate" male or female behavior. In addition, researchers

have studied sexual orientation in children of homosexual parents as if being a homosexual would be a negative finding.

Social Relationships and Psychological Health

Researchers have conducted many studies to determine whether children in gay and lesbian families suffer undue psychological harm as a result of their family structure. In an early qualitative study Lewis (1980) interviewed 21 children, ages 9-21 years, in lesbian-mother families. All of the children in this study had experienced the divorce of their parents. When questioned about their sense of "differentness," the children reported feeling separated from their peers because of the need for secrecy. They reported that they could not tell their friends about their mother because they feared that they would be ostracized. Upon discussion, Lewis suggested that "children of lesbians seem not to have peer support available to them, since most of these children have either pulled away from their friends altogether or maintained friends but with a sense of their own differentness" (p. 202).

A study by Huggins (1989) sought to examine whether children of lesbian mothers suffered from social stigma in peer group relationships. Utilizing a comparative design, Huggins used the Coopersmith Self-Esteem Inventory (SEI) to study 18 adolescents of lesbian parents and 18 adolescents of heterosexual mothers. The groups were not matched for age or socioeconomic status. The results indicated no significant differences between the SEI scores of the two groups of adolescents. These results suggest that the mother's sexual orientation does not appear to negatively influence the self-esteem of adolescent children. An interesting result indicated that the adolescents with the highest SEI scores from both groups lived with their mother and mother's partner or husband. Huggins also reported findings that self-esteem among

daughters of lesbian mothers whose lesbian partners lived with them was higher than among daughters of lesbian mothers who did not live with a partner.

In a comparison study of 23 gay and lesbian parents and 16 heterosexual single parents, Harris and Turner (1986) found no difference between the children in making and keeping friends, dating, being teased, academic difficulty, or psychological well-being. Tasker and Golombok (1997), in a longitudinal study of 25 children raised in lesbian-mother families, found that the children were no more likely than their counterparts from heterosexual single-parent families to experience peer stigma during adolescence. However, the adult children of lesbian mothers reported experiencing peer group teasing about their own sexuality because of their parent's homosexuality. Riddle and Arguelles (1981) surveyed 82 gay and lesbian parents to obtain information on 164 of their children. The children's ages ranged from 2 to 33 years; 160 of the children were under age 18. The majority (88%) of the children had lived in heterosexual families before the divorce of the heterosexual family. The researchers found that, in 63% of these families, children of the gay parents had received negative messages. The majority (79%) of these messages had come from peers regarding the parent's homosexuality. Peer rejection became more of an issue when the child entered junior high school.

McNeil, Rienzi, and Kposowa (1998) conducted a comparison study of 24 lesbian and 35 heterosexual mothers. Results indicated that, over all, lesbian and heterosexual mothers did not show mean differences on measures of dyadic adjustment, family awareness, or family relationships.

In the largest study to date on adolescents of lesbian mothers, Gershon et al. (1999) studied perceived stigmatization, self-esteem, disclosure, and coping among 76 adolescent children ages 11-18 years. The Harter Self-Perception Profile for Adolescents (Harter, 1982) was adapted to measure self-

esteem. A 10-item, 6-point Likert-type scale adapted from Link (1987) was administered to assess perceived stigma. Three subscales from the Wills Coping Inventory (Wills, 1986) were used to assess decision making, cognitive coping, and social support. For this study, the researchers developed and utilized another measure to assess disclosure about the mother's sexual orientation. Using the above measures, Gershon et al. identified several relationships between perceived stigma, self-esteem, disclosure, and coping. Those adolescents who perceived high stigma had lower self-esteem, even when they had more effective coping skills, $p < .01$. However, those adolescents with more effective decision-making coping skills had a higher self-esteem than those adolescents with less effective decision-making coping skills in the face of high-perceived stigma, $p < .02$. An interesting finding indicated that those adolescents who disclosed to more people about their mother's lesbianism had higher self-esteem in the area of close friendship, $p < .01$. Gershon et al. concluded that the "impact on a child because of societal attitudes about lesbianism should not be confused with the impact of a woman's lesbianism on her child" (p. 442). The problem is with societal attitudes toward the discredited individual, not with the individual herself. The solution is the awesome task of eliminating homophobia.

Research on Planned Lesbian-Parent Families

There is little research on the increasing number of lesbian-parent families who are having, adopting, and raising children after "coming out" in the context of a committed lesbian relationship (Patterson, 1995). Steckel (1985) conducted one of the first triangulated studies, comparing 11 children of lesbian couples with 11 children of heterosexual couples. Steckel looked at independence, ego functions, object relations, and components of

separation-individuation. It was important to look at these areas to examine how the presence of a female co-parent, rather than a father, might facilitate or hinder a child's intrapsychic separation. Her findings suggested that children of both lesbians and heterosexual couples fell within the normal range of the separation-individuation process. The findings also demonstrated significantly different experiences for lesbians' and heterosexuals' children. Lesbians' children had a more lovable self-image, $p < .05$; expressed more helplessness, $p < .01$; and were seen as more affectionate and responsive, $p < .01$, and more protective toward younger children, $p < .05$. In addition, data regarding gender differences suggested that lesbians' daughters were especially interested in developing relationships with others.

Another study of planned lesbian families was a qualitative project by McCandish (1987). The study's aim was to explore relational patterns from a family developmental perspective. Criteria for participation required that a couple's relationship exist prior to the birth of the child who was conceived via alternative insemination. Five families participated in the project, which required them to complete an extensive structured interview that included open-ended questioning. Ethnographic data gathered included observational information on family interactions, developmental appropriateness, and gender development of the children. Results indicated that all of the children were observed to demonstrate a healthy gender identity and developmental appropriateness. All families identified the "threat of censure from society" as a primary concern associated with their decision to raise children. The lesbian parents indicated that there was a constant threat of losing a job, should information regarding their family structure become known. In fact, two of the families in this study felt a need to keep a low profile and attempted to give the impression that they were two women living together, one of whom was the mother. The secrecy

identified in this study may have had a profound impact on the children in these families, although there is little research to determine the strategies these children utilized to minimize the effects or the degree to which they used these strategies.

The National Lesbian Family Study (Gartrell et al., 1996) is the largest study to date, providing longitudinal, descriptive data on 84 lesbian-parent families in which the children were conceived via donor insemination. The study was conducted while the mothers were in the process of insemination or were pregnant with the index child. The aim of the study was to learn about the homes, families, and communities into which the children were to be born. Qualitative analysis of the mothers' interviews revealed several common concerns related to stigmatization: raising a child in a heterosexist and homophobic world, raising a child in a nontraditional family, raising a child conceived by donor insemination, and the impact of multiple discriminations on non-White or non-Christian children. Most of the women in the study felt that they would be completely open about their lesbianism. One prospective mother indicated:

Our lesbianism is gonna be living with us, our child is gonna see it every day. We're not gonna hide anything. Hopefully, our child will be an open-minded person because of it, and will see that there are lots of people in the world, lots of kinds of people. (p. 277)

Another prospective mother committed to helping her child to cope with adversity stated, "The hard part is when they start going to school or socializing with other kids in day care and they find they're not the norm. But I think it's similar to any other kind of prejudice" (p. 278).

Most of the lesbian mothers in this study felt that it was important to be "out" in all aspects of their lives, and they valued honesty rather than secrecy with regard to their lesbianism. In an attempt to prepare their children for the discrimination that they might encounter as the result of their parents'

lesbianism, most mothers felt that it was important to educate their children about prejudice and diversity. Although this is one of the largest studies to date on planned lesbian-mother families, most of the participants were upper middle class, college educated, Caucasian women. Random sampling was not possible because of the social stigma associated with homosexuality.

Mitchell (1995) conducted a descriptive study on planned lesbian families to examine their similarities and variations of structure, functions, strengths, and vulnerabilities across the family life cycle. The sample included 32 women, each with a child under 10 years old. All of the children had been born or adopted in the context of a lesbian couple relationship. Through the use of standardized parenting measures, the findings suggest that the lesbian couple relationship exhibited equality and mutuality regarding household tasks, decision making, child care tasks, and child care time. In addition, content analysis of open-ended questions on perceived strengths and problems associated with two-mother families revealed several recurring themes. Most respondents perceived the quality of the child's experience as the principle strength of the two-mother family. The parenting experience was considered an asset for the child in that it "brought freedom from traditional models, a very close relationship with two people, and a first-hand appreciation of differences and diversity that were not tied to gender" (p. 88). Problems perceived by the mothers included prejudice, social pressure, homophobia, and social attitudes. Some of the mothers expressed a concern about the lack of male role models or a man's perspective as a potential problem for the child in a two-mother family. These findings should be considered in light of the fact that it was a small sample, with the majority of the women Caucasian and highly educated. Therefore, these findings cannot be generalized to other ethnic or socioeconomic groups.

In a comparative study, Chan, Raboy, and Patterson (1998) studied 55 lesbian-headed families and 25 heterosexual families with respect to relations among family structure, family processes, and psychological adjustment of their children who were conceived via donor insemination. Results indicated that, despite the use of new reproductive technologies, both groups of children were developing in a normal manner and were found to be socially competent by the teachers and parents. The researchers concluded that their findings did not support the idea that only heterosexual parents can raise healthy children.

Critique of the Literature

The majority of the above studies were conducted on lesbian-parent families in which the child was a product of a heterosexual relationship. In order to match the groups, researchers felt that it was necessary to compare lesbian mothers and their children with single, divorced heterosexual mothers and their children. Unfortunately, many of the researchers failed to acknowledge that most of the lesbian mothers had female partners living in the home. It is important to note that, although it was imperative to provide empirical evidence on lesbian parental fitness, the methodology of comparing homosexual parents to heterosexual parents implies that heterosexual lifestyles are the "ideal" norm. Stacey and Biblarz (2001) conducted a review of the findings from 21 studies on gay and lesbian parenting and found that researchers downplayed findings that might suggest that children in gay- and lesbian-parent families were different from those in heterosexual families. "Defensive" research and heterosexism has impeded progress in the study of gay and lesbian families.

The stigmatized nature of homosexuality has led to difficulty in recruiting study participants. As a result, most of the studies have been conducted on

small, self-selected samples that have included a narrow range of socioeconomic, racial, and educational backgrounds (Patterson, 1996; Perrin, 1996; Stacey & Biblarz, 2001).

Conclusions based on the above research suggest that lesbian parents make fit parents, at least when compared to heterosexual parents. In addition, the research has determined that children raised in lesbian-parent families show no greater disturbances in gender identity or sexual identity than children raised in heterosexual families and are no less psychologically healthy than children growing up with heterosexual parents. The literature does suggest that children raised in lesbian parent homes may experience some difficulties in social relationships as the result of stigmatization, teasing, or other traumas from peers.

Stigma Theory

In order to explore stigma and the effects of prejudice and discrimination in children in planned lesbian-parent families, it is important to look at the work that has been done in the area of stigma theory and the development of prejudice in children. The classic work on stigma by Goffman (1963) defined stigma as a powerful discrediting and tainted social label that radically changes the way in which individuals view themselves and are viewed by others. Birenbaum and Sagarin (1976) added that stigma describes the “entire field of people who are regarded negatively, some for having rules, others just for being the sort of people they are, or for having traits that are not highly valued” (p. 33). When an individual possesses a particular attribute, it is important to consider the culture in which the mark is possessed. Goffman referred to this as a “language of relationships.” He theorized that a given attribute that is stigmatized is not inherently pathological, immoral, or “deviant” but is derived from culturally embedded

meanings. What are seen by society as stigmatizing attributes represent the value judgments of a dominant group (Coleman, 1986).

Childhood Stigmatization

Developmental theorists have attempted to determine how stigmatization develops in children. Psychoanalytic, social learning, and cognitive-developmental theories have attempted to explain children's reactions to human differences. Psychoanalytical theory, originated by Freud, suggests that stigmatization reflects internal personality conflicts rooted in early childhood experiences. Stigmatizing others results from the child's inability to cope with these internal personality conflicts (Sigelman & Singleton, 1986).

On the other hand, the social learning perspective suggests that learning occurs when a child observes behaviors modeled by others in the child's social environment. A child's social environment includes the home, family, peer groups, educational, and recreational settings (Martin, 1986). With this in mind, social learning theorists believe that stigmatization occurs when a child observes behaviors of a stigmatizing nature and these behaviors are positively reinforced (Martin; Sigelman & Singleton, 1986).

Cognitive-developmental theory, posited by Piaget, suggests that children develop their own understanding of the world rather than relying on parental understandings and behaviors. Based on this information, stigmatization is thought to occur as children develop the "capacities to discriminate among people, categorize them into groups, form one's identity in relation to others, and interpret the behavior of others" (Sigelman & Singleton, 1986, p. 190).

*Developmental Considerations
of Stigmatization*

What developmental milestones must be present before children have the capacity to exhibit negative responses toward children who are different? Sigelman and Singleton (1986) held that children must possess the cognitive, affective, and behavioral abilities that make stigmatization possible. Children must be able to distinguish between classes of people. They must be able to form beliefs or attitudes from the characteristics associated with different classes of people. Once a belief or attitude is formed, an evaluative judgment must be attached. The children must be able to determine whether this is a “good” person or “bad” person, based on the characteristics that the person possesses. The child must have the ability to act or behave differently toward members of a particular group, based on their evaluative judgment.

Preschoolers have been found to have the ability to notice differences and form a stereotype but to lack the ability to form a negative judgment or stigmatize people (Sigelman & Singleton, 1986). In fact, Sigelman and Singleton suggested that, when preschoolers form a stereotype, it is usually a positive one. However, school-age children have the ability to form both positive and negative stereotypes. School-age children’s improved cognitive abilities, combined with their increased exposure to others in their social environment, lead them to the development of stigmatizing behaviors.

Because school-age children are developmentally equipped to form stigmatizing attitudes and behavior, many social scientists believe that children learn social, racial, and religious prejudices by observing, and being influenced by, the social environment or culture in which they live (Clark, 1963). In fact, it was psychologist Kenneth Clark’s report on “The Effects of Prejudice and Discrimination on Personality Development in Children” that was instrumental in eliminating racial segregation in public schools. Goffman (1963) suggested that

school entrance is the beginning of stigma learning resulting in such negative behaviors as teasing, bullying, and fighting so commonly observed in the school setting. Once children leave the sheltered environment of the home, they are exposed to the attitudes and behavior of others in their social environment. A study conducted with 173 children between the ages of 7 and 13 years found that the children were more influenced by their peers than by their teachers (Clark). Therefore, it is essential to examine the impact of stigma, discrimination, and prejudice on the school-age children of lesbian parents. A major concern for lesbian parents relates to “when they start going to school or socializing with other kids in day care and they find they’re not the norm” (Gartrell et al., 1996, p. 278).

Stigma and Homosexuality

Homosexuality is considered a “powerful discrediting and tainted social label,” as defined by both Goffman (1963) and Birenbaum and Sagarin (1976). The stigma attached to homosexuality is prevalent throughout Western civilization (Fassinger, 1991; Fogel & Lauver, 1990). Homophobia, defined as negative attitudes toward homosexuals, is found in religious, legal, political, economic, medical, and psychological institutions (Zeidenstein, 1990). The lack of legal protection is evident, as only six states in the United States have civil rights legislation that includes sexual orientation (Blumenfeld, 1992).

Goffman (1963) identified three groups of stigmatized individuals: the discredited, the discreditable, and the person with courtesy stigma. The individual with the “discredited” type of stigma—a visible attribute—will experience stigmatization immediately, as the stigma is readily apparent. These attributes include racial differences or any visible handicaps (Gershon et al., 1999). “Discreditable” individuals possess attributes that are not readily apparent. These

individuals will become discredited only upon accidental or self-disclosure of the attribute. Homosexuality is considered a concealable social stigma, as a person's sexual identity is not usually visibly apparent (Herek & Capitanio, 1996). Goffman used the term "courtesy" stigma to identify the third group: those who are devalued solely based on their association with a stigmatized individual. Therefore, a child of a lesbian has a courtesy stigma by virtue of association with a lesbian mother.

Stigma and Disclosure

Disclosure is defined as "the act of telling one's stigmatizing characteristic" (Gershon et al., 1999, p. 443). Utilizing a similar framework of disclosure and stigma, Gershon et al. suggested that disclosure is closely related to stigmatization, as it is the act of disclosure that exposes a person with a discreditable attribute to stigma. Disclosure does not come without risks. Many gay men and lesbians choose not to reveal their sexual orientation for fear of discrimination and prejudice (Blumenfeld & Raymond, 1988). In addition, some gay and lesbian parents choose not to disclose their sexual orientation to others to avoid the risk of losing their children in a custody battle or to protect their children from homophobic responses (Lott-Whitehead & Tully, 1992). Others lack the self-esteem and acceptance of their own sexual orientation that would facilitate disclosure (Deevey, 1989).

Nondisclosure of one's sexual identity also does not come without risks. Concealing one's sexual identity is stressful and can result in internalized shame and guilt, with impaired physical and mental health (Blumenfeld, 1992). Research findings suggest that lesbian mothers' sense of psychological well-being was correlated with the extent to which they were open about their sexual identity with their employers, ex-husbands, and children (Rand, Graham &

Rawlings, 1982). In fact, "coming out" to family and friends is crucial to self-acceptance and self-esteem for lesbians (Murphy, 1989; Rand et al.).

Gay men and lesbians use "information management" as a protective strategy. Goffman (1963) described information management as the principle challenge facing persons with a concealable stigma, such as homosexuality. Stevens and Hall (1988) identified information management in 96% of the lesbians in their study of stigma and health care experiences of lesbian. They found that lesbians assesses every health care encounter for potential personal vulnerability. Lesbians who considered themselves identifiable and perceived the health care encounter as threatening attempted to minimize their lesbianism. Lesbians who knew that they had not been identified as lesbians and perceived the health care encounter as a personal risk did not disclose their lesbianism and, in fact, even attempted to hide it from the practitioner. Similarly, Gershon et al. (1999) found that, if a child perceived an environment of stigmatization in a school, the child might determine that it was unsafe to disclose and would most likely attempt to hide her/his mother's lesbianism. If the child perceived an environment of acceptance, she/he was more likely to disclose. While there is research on the impact of internalized homophobia and secrecy in lesbians, there has been little research on the impact of secrecy on a child in a same-sex family. In addition, research on the use of "information management" in children of gay and lesbian parents is limited.

In an exploratory design, O'Connell (1990) utilized an open-ended questionnaire guide to interview 11 adolescents/young adults who lived with a lesbian mother after experiencing the divorce of their parents. Common themes were identified in the area of "secret keeping" and friendships. All of the participants felt the need to be selective in sharing information about their mother in order to maintain friendships. The adolescents with mothers who felt comfort-

able with their sexual orientation were more comfortable in talking to someone about their family constellation. Many of them felt the need to lie about their mother's lesbianism but felt conflicted because they would be disloyal to their mothers. In addition, their sense of isolation was lessened when they met other children of lesbians.

In the study conducted on adolescents in relation to disclosure, Gershon et al. (1999) found that those adolescents who disclosed to more people about their mother's lesbianism had a higher self-esteem with respect to their ability to form close friendships. Bozett (1987) suggested that the possibility of peer group stigma is a major concern for children of gay and lesbian parents. Bozett found that children used multiple strategies in order to cope with peer group stigma. A coping strategy exercised by the children in Miller's (1979) study was the use of information management, as discussed by Goffman. The children were cautious in revealing their father's homosexuality in order to minimize the possibility of negative reactions. The impact of courtesy stigma on children raised in lesbian homes still requires more research, especially to identify how these children cope with or minimize the effects of courtesy stigma.

Fear of courtesy stigma is probably a major reason for avoiding stigmatized individuals. The courts have acknowledged that children cannot be protected from being victims of negative societal beliefs and have suggested that coping with these negative beliefs may actually strengthen the child's character (Kraft, 1983; Meyer, 1992). Miller et al. (1981) suggested that lesbian mothers may recognize the possibility of stigma and make conscious efforts to counteract its influence.

Summary

The review of the literature demonstrates that lesbian parents are fit to parent, that children of these parents have shown no greater disturbances in gender or sexual identity than other children, and that they are as psychologically healthy as children growing up in heterosexual parent families. However, the literature suggests that children of lesbian parents may experience difficulties in social relationships as the result of stigmatization, teasing, and other trauma from peers.

The literature also suggests that school-age children are developmentally capable of participating in stigmatizing behaviors or prejudice. When children leave the controlled environment of their families to attend school, they are exposed to the wider social environment and the values and beliefs found in that particular community. As an attribute becomes more acceptable in a community, the stigma once attached to the attribute lessens. Referring to Goffman's work: If a child of a lesbian-mother family is raised in community where gay- and lesbian-parent families are more prevalent, societal stigma and the need for disclosure may be diminished. However, if a child is raised in a community where it is uncommon to find other gay- and lesbian-parent families, the effects of societal stigma will most likely be greater. More research is needed to elucidate how children in lesbian-mother families manage the stigma, prejudice, and discrimination that they may encounter as members of a stigmatized family.

CHAPTER 3

RESEARCH WITH CHILDREN: THEORETICAL AND PRACTICAL CONSIDERATIONS

This study was a qualitative exploration of the lives of children and mothers in planned lesbian-parent families as they attempted to negotiate the stigmatization that they may encounter as members of their family. In order to give voice to the experiences of children as well as those of their mothers, it is important to identify issues specifically related to interviewing and studying children that enhance data collection and analysis. This chapter examines developmental and environmental issues and individual characteristics of children that influence research interviews with school-age children.

Issues Related to Interviewing Children

Interviewing is an adult form of inquiry and, as a result, it cannot be assumed that interviewing methods utilized with adults will work with children (Garbarino, Scott, & Faculty of the Erickson Institute, 1992). Most of what is known from the literature about interviewing is based on experiences with adults (Kanfer, Eyberg, & Krahn, 1992). In fact, it is a relatively recent phenomenon to use children as informants about their own feelings, behaviors, abilities, and social relationships (Edelbrock & Costello, 1984). The variability of emotional, cognitive, and linguistic development found in children makes it likely

that the interviewer must utilize a combination of techniques and resources to gain information about the children's perceptions and experiences.

The ability of the child to communicate with an interviewer is influenced by the individual characteristics of the child. A child's self-esteem may influence the way in which the child communicates. Self-esteem is the child's perception of her/his self-worth. When children have a positive self-esteem, they are more likely to be open to communication (Garbarino et al., 1992).

When utilizing various methods for obtaining information, the interviewer should consider the attention span of the child involved in the interview. School-age children can participate in an interview for approximately 30 to 45 minutes (Faux, Walsh, & Deatruck, 1988). Validity of the data may be compromised if the child becomes tired or bored during the interview (Yarrow, 1960). If the child is unable to pay attention or becomes uncomfortable, a second interview should be scheduled.

Developmental Considerations

In order to obtain information from children, the interviewer must have knowledge of the developmental characteristics of children. Unlike adults, children are in a state of rapid growth and development. Most children reach their developmental milestones at a predictable rate; however, some children reach their milestones earlier than others, and some reach them later. This variability in development requires that the interviewer assess each child independently. The child's ability to provide information is related to the child's cognitive, linguistic, physiological, and social development (Sattler, 1998).

Cognitively, school-age children are beginning to improve in memory, perception, and reasoning. They are better able to focus attention and remember an increasing amount of information. School-age children are in Piaget's

concrete operational period (Levick, 1983). Movement into concrete operational thinking leads to more highly organized and systematic thought processes. School-age children are able to produce mental representations of familiar objects, whether or not these are present in the environment. This concept is important in understanding and interpreting children's drawings produced during this stage (Levick). For example, when school-age children are asked to draw members of their family involved in an activity, they have the cognitive ability to reflect on past experiences to produce a mental representation of their family engaged in a particular activity.

In order to be interviewed, children must have the ability to understand and answer questions directly through language. Traditional interviewing techniques used with children require them to use language as a way of expressing their thoughts, feelings, and experiences. Research suggests that direct interviews can be effective with children age 4 years and older (Yarrow, 1960). However, it is not until school age that children are able to reflect on their process of thinking and their use of language to discuss the past, present, and future (Garbarino et al., 1992). Children age 5 to 7 years have over a vocabulary of over 2,600 words, with refinement of grammar and more complex and varied sentences (Stone & Lemanek, 1990).

Language is not always the easiest method of expression for young children, especially when it is used in the context of an unfamiliar relationship (Garbarino et al., 1992). Even though school-age children have developed the cognitive and linguistic ability to communicate during an interview, they have at this age an intensified resistance to revealing their feelings, concerns, and attitudes to adults (Yarrow, 1960). With this in mind, it is important for the interviewer to incorporate other methods of inquiry to gather information, such as drawings, play, or storytelling.

Extensive research has been done on the child's ability to draw. As children develop, their ability to draw also develops. Burt (1929) suggested that children begin to make scribbles at ages 2 to 3 years. He found that, by age 4, single lines replace the scribble, and by age 5 or 6, the child begins to draw crude symbols representing animals and people. Wohl and Kaufman (1985) suggested that children age 5 or 6 are in the third sequence of drawing, called descriptive symbolism. In this sequence, children are beginning to distinguish body parts. By ages 7 to 11, their figures and objects become more detailed. Based on the research by Burt and by Wohl and Kaufman, it would be appropriate to begin using drawings as a method to gather information from children when the child is 5 or 6 years old.

As school-age children become more involved with their peers, egocentrism progressively declines. As a result, school-age children have developed the capacity to consider differences in their own views and the views of others (Levick, 1983). School-age children are in Erikson's (1963) psychosocial stage of industry versus inferiority. These children want to engage in tasks and activities that they can carry through to completion. Interview techniques that require the school-age child to perform a task, such as drawings or storytelling, work well with this age group. Because the children in this age group are eager to please and to be successful, the interviewer should impress on the school-age child during the interview that there are no "right" or "wrong" answers or "good" or "bad" drawings.

Knowledge of normal child development and experience working with children are considered the principal assets when gathering information from children. Goodman (1972) stated that "talking with children in an attempt to gain information is a practiced art" (p. 753). Garbarino et al. (1992) explained that "the better one's knowledge of normal child development, the better

prepared one is to identify effective ways to communicate with children” (p. 10). Even though most children progress developmentally at a fairly predictable rate, there is often variability among children of the same age. Interviewers must be able to recognize different levels of development and adapt their interview techniques accordingly.

Environmental Considerations

Multiple environmental factors must be considered when conducting an interview with a child. Creating a trusting atmosphere in which the child feels secure cannot be overemphasized. The following considerations may contribute to creating an environment in which the child feels comfortable in providing information during the interview process: characteristics of the interviewer, the interview setting, and cultural considerations.

Characteristics of the Interviewer

Communication is enhanced when a positive rapport is established between the children and the adult interviewer. To help build rapport and decrease the anxiety that children often feel when exposed to a new experience, the interviewer should define the nature of the interview as well as the interviewer's expectations of the child and the role of the interviewer. Familiarity with the interviewer will enhance the communication process. School-age children may be reluctant to share feelings, concerns, and attitudes with interviewers who are unfamiliar to them (Sattler, 1998).

Cole, Dore, Hall, and Dowley (1978) found that children were far less likely to talk and reveal information when formal demands were placed on them, such as in a testing situation, a formal interview, or a structured adult-led conversation. In fact, school-age children were more verbal when engaged in

conversations in more relaxed, open-ended, and informal situations (Faux et al., 1988; Labov, 1972).

Interview Setting

The setting for the interview may contribute to the quality of nonverbal communication between the child and the interviewer. The instant the child enters the interview room, the child develops a notion regarding the interview. Children are more at ease in an environment that is familiar and expected. The interview that takes place at the home or in a playroom will likely build rapport and increase communication. The child should be allowed to explore and become familiar with the interview setting if it is not the home.

Cultural Considerations

In a multicultural society, an interviewer can compromise the data if he/she does not approach the interview in a culturally sensitive manner. Not only must the interviewer be sensitive to values, beliefs, and customs of a particular group; the interviewer must also appreciate individual differences within the group. Cultural identity affects how the child experiences the world.

Cultural sensitivity alone is not enough to ensure a successful interview with accurate interpretation of data. The interviewer must be aware of some of the barriers to cross-cultural communication, including racism, stereotyping and prejudice, and discrimination. If the child has experienced a negative reaction when disclosing family structure in the past, she/he may be hesitant to discuss her/his family structure during the interview.

Interview Techniques for Children

When working with children, it is important to consider the goal of the interview and the information needed. Kanfer et al. (1992) identified two

communication process goals throughout the interview that must be maintained: establishing a rapport and maintaining the child's cooperation. To achieve these goals with children and to provide various types of information, multiple interview techniques are often utilized. These methods or techniques include indirect questioning, play, storytelling, and drawings.

Indirect Questioning

Eliciting information requires methods other than direct questioning (Burgess, 1988). Direct questioning can discourage and often prevent children from having extended conversations with adults (Wood, MacMahon & Cranstoun, 1980). Direct questions usually prevent children from expressing their thoughts and feelings by focusing on one-word responses. Indirect questioning is utilized when the interviewer wants to gain information that might be potentially threatening. For example, the interviewer may begin the question with "I wonder . . ." (Tuma & Sobotka, 1983) or may use two questions separated by several minutes so that the question is not so obvious (Rich, 1968). Asking too many questions or asking closed-ended questions such as those that lead to one-word answers limits communication. When using closed-ended questions or more quantitative methods with children, it assumes the interviewer is aware of the child's frame of reference (Faux et al., 1988). Open-ended questions on the other hand, facilitates spontaneous, continued conversations and minimizes the possibility of leading the child to conclusions that are the interviewer's rather than the child's (Kanfer et al., 1992). Edelbrock (1985) found that the reliability of children's self-reports increase with age; it is lower for children between six and nine than for those who are ten or older.

Play

Interview techniques that utilized unstructured or semi-structured data gathering will facilitate children telling their own points of view or perspectives (Faux et al., 1988). Play is one method that naturally facilitates children to describe their point of view. Play can provide information about the inner life of the child. When interpreted by trained interviewers, play can provide information about how children feel about the people and events in their lives and how they perceive the world around them (Garbarino et al., 1992). Play as an interview technique allows for a completely non-verbal conversation (Rich, 1968). Anna Freud (1950) was one of the first psychotherapists to substitute play for verbal communication. Unlike direct questioning, play can be used with pre-verbal children or with any child who may be too fearful, angry, or upset to communicate the information directly. Children often reenact their own lives through play.

Storytelling

Storytelling can be structured by showing pictures to the children and asking them to tell a story about what is happening in the picture, or be less structured by presenting the child with a hypothetical situation and asking the children to tell a story about the hypothetical situation. Many view the storytelling of children as a way to understand the intrapsychic and creative life of children (Applebee, 1978; Mills & Crowley, 1986; Garbarino et al., 1992). Although storytelling has been attempted with preschoolers, it is more likely to be successful with more verbal children. Garbarino et al. suggested that storytelling be tried in situations where it is necessary to elicit information from a group of children about a shared experience.

Drawings

Lastly, a technique that has been utilized extensively with children both clinically and therapeutically by nurses and others is the use of drawings (Lynn, 1987). For many children, drawing is a natural, pleasurable mode of expression (Fleming, Homes, & Stephens, 1988; Bossert & Martinson, 1990; Malkiewicz & Stember, 1994). School-age children will usually produce and describe their drawings without much hesitation (Malkiewicz & Stember). Children's drawings provide information on how they perceive and experience the world (Burgess, 1988; Bossert & Martinson, 1990). Many children are able to provide more information about themselves, such as their self-concept, attitudes, conflicts and thoughts, through drawings than they would be able to provide verbally (Ryan-Wenger, 1998; Johnson, 1990). Nurses have utilized children's drawings to provide information on children's intelligence as well as a projective technique (Instone, 1996; Bossert & Martinson).

Projective Techniques

Following a summary of the history and use of projective techniques with children, this section focuses on the use of projective drawing techniques in research with children.

History and Use of Projective Techniques With Children

Poster (1989) described the concept of projection "as an unconscious externalization of aspects of one's personality such as feelings, thoughts, needs, conflicts and attitudes" (p. 26). Projective techniques are based on a psychoanalytical framework. Freud hypothesized that symbols represent forgotten memories and are likely to emerge through dreams or drawings, in response to intrapsychic stress (Oster & Gould, 1987). When projective

techniques are utilized, the child is presented with ambiguous material or stimuli and asked to respond either verbally or nonverbally to the material.

The projective response is assumed to be an accurate indicator of the child's attitudes, perceptions, values, feelings, needs, inner conflicts, or aspects of her/his personality (Lynn, 1987; Ryan-Wenger, 1998). Projective techniques are considered "response free," as the stimulus demands are not structured (Rabin, 1986). Lynn suggested that the success of projective techniques depends on:

(1) spontaneity of the interpretation of the responses received; (2) the subject's lack of awareness of the purpose of the technique so that biased and socially desirable responses are eliminated or maximally decreased; (3) the ambiguity or non specificity of the task or stimuli used; and (4) the nonleading or nondirective posture of the person administering the technique. (p. 407)

Projective techniques are effective when working with school-age children for multiple reasons. Projective techniques require no single "right or "wrong" answer. These techniques allow children to respond without fear that their response is unacceptable (Bellack & Fleming, 1996). Projective techniques allow the child the opportunity to provide information without giving a direct verbal response. School-age children may not have the vocabulary to express what can be obtained through projective techniques. In addition, in comparison to direct interviewing, projective techniques tend to be nonthreatening techniques for facilitating communication. In an extensive review of the research utilizing projective techniques, Bellack and Fleming found that projective techniques could be useful in obtaining children's perceptions of or feelings about health-related experiences.

A form of projective techniques commonly used with children is that of projective drawings. There are several types of projective drawing techniques, including Kinetic Family Drawings (KFD), House-Tree-Person (H-T-P), and

Draw-a-Person (DAP). The DAP is the most common technique employed (Lynn, 1987; Poster, 1989). With the DAP technique, the child is asked to “draw a person, the best person that you can.” Machover (1949) was the first to analyze human figure drawings with a view to measuring the projected self. Machover suggested that the child’s drawing was a self-image, portraying impulses, anxieties, conflicts, and compensations characteristic of that individual. However, Di Leo (1973) suggested that children express a concept of human-kind rather than just of the self. Di Leo noted that, when a child draws a person, that person most likely represents the significant adult in his/her world.

The H-T-P technique, developed by Buck, was first published in 1948 (Buck, 1948). With this technique the child is given a piece of paper and a pencil and is instructed:

Draw a picture of a house. You may draw any kind of house you wish, and do the best you can. You may erase as much as you like. You may take as much time as you need. Just do your best. (Buck & Warren, 1992, p. 4)

The child is instructed in the same manner to draw a tree and a person. If time allows, the child is asked to draw a person of the gender opposite to the one in the first drawing. The H-T-P is thought to reveal the child’s general conflicts and concerns as well as specific aspects of the environment that are troublesome (Buck & Warren).

The K-F-D technique, developed by Burns and Kaufman (1972), is used to assess the child’s self-concept and perception of family relationships. With this technique the child is told to “Draw a picture of everyone in your family, including you, doing something. Try to draw whole people, not cartoons or stick people. Remember, make everyone doing something—some kind of action” (Burns & Kaufman, p. 5). It was felt that the addition of movement to the drawing would help to mobilize the child’s feelings related to the self as well as to the

child's interpersonal relationships (Bossert & Martinson, 1990; Burns & Kaufman).

Use of Projective Drawing Techniques in Research

Pediatric nurse researchers utilize projective techniques to obtain information that might otherwise be difficult to obtain by standardized interviews. Bellack and Fleming (1996) suggested that projective techniques allow the investigator to obtain information, including a child's thoughts and feelings, that may be impossible to determine by more direct measures. Instone (1996) conducted a qualitative study utilizing grounded theory and projective drawing techniques with children with human immunodeficiency virus (HIV) to explore what parents said about the illness and how children responded socially and emotionally. Analysis of the drawings and the stories they told about their drawings suggested that these children showed signs of social isolation, poor self-esteem, and severe emotional distress.

Bellack and Fleming (1996) studied the extent to which projective techniques had been utilized in nursing studies of children from 1984 through 1993. Twenty-seven studies were reviewed. Fifty-six percent of the studies reviewed described children's thought content, such as perceptions, memory, stress, anxiety, or coping strategies. Thirty percent of the studies determined the validity and reliability of one or more projective techniques. Fifty-six percent of the studies utilized expressive techniques, such as drawings or puppet play. Of the drawings that were utilized, DAP and K-F-D techniques were used most often. The investigator analyzed the drawings in six studies and an independent evaluator analyzed the drawings in six other studies. Of the studies that sought to assess reliability and validity of a projective technique, all findings supported the techniques as valid and reliable measures of the constructs that they were

designed to measure. After review of the study findings, Bellack and Fleming determined that projective techniques could be useful in “ascertaining children’s perceptions of or feelings about their health related experience” (p. 15).

A critique of the use of projective drawings in research is related to issues associated with reliability and validity. Subjective interpretation of the drawings by the investigator threatens the validity of the technique (Instone, 1996). However, to improve the reliability and validity of projective drawing techniques, it is suggested that projective tests be used in conjunction with other measures or sources of information (Lynn, 1987; Poster, 1989). Incorporating children’s stories about their drawings into the interpretation by the investigator can increase understanding (Di Leo, 1973). Poster suggested that validity is enhanced when someone other than the investigator or test administrator analyzes the drawings. In addition, researchers should use the technique only after adequate training (Lynn). Projective drawings can enhance both the quality and quantity of the information obtained (Bellack & Fleming, 1996).

Summary

Obtaining information from children can be challenging in any situation, whether in clinical practice or in a research study. Because of the developmental difficulties in collecting data from children, researchers and clinicians should incorporate multiple methods and techniques to assist in data collection. Projective techniques, specifically drawings, have been reported to be valid and reliable methods of data collection. It is useful for pediatric clinicians and researchers to incorporate interview methodologies that are more suited to the needs of children. Such techniques may provide better access to children’s thoughts, ideas, and concerns that are important to their well-being.

CHAPTER 4

METHOD

This study incorporated an interpretive paradigm and methodology utilizing grounded theory and interpretive drawings to assist in the development of theory related to normal family processes of planned lesbian-mother families.

Grounded Theory

Grounded theory, developed from the field of social psychology, is based on symbolic interactionism to study human life and behavior (Charon, 1998). Social psychological fieldwork studies prior to 1967 were criticized for the lack of explicit methodological procedures used to derive the theoretical explanation (Robrecht, 1995). In 1967 Glaser and Strauss introduced a method of developing theory from qualitative data known as grounded theory. The term "grounded theory" connotes that theory is "derived from data, systematically gathered and analyzed through the research process" (Strauss & Corbin, 1998, p. 12). Theory developed through the use of this method is thought to emerge from the data, or "reality," rather than from personal experience of the researcher or speculation (Strauss & Corbin).

Grounded theory was chosen as the method of analysis for this study for several reasons. First, the aim of this study was to understand the meaning or nature of the experience of lesbian-parent families. This could be accomplished

only by listening to the voices of those who are experiencing the phenomenon. Through the constant comparative analysis of grounded theory, the investigator identifies, develops, and relates concepts that emerge from the data. Because there is very little known in the area of family processes of planned lesbian-parent families, qualitative inquiry, based on a grounded theory method, was one way to elucidate their reality and to develop a substantive explanation about these interactions.

Participants

The participants for this qualitative inquiry were 12 planned lesbian-mother families. Planned lesbian-mother families were defined as a lesbian or lesbian couple who had borne children via alternative insemination either after “coming out” in the context of a committed lesbian relationship or as a single mother. Twenty self-identified lesbian mothers and 12 children were interviewed. Eleven of the mothers were the biological mothers, and 9 were the nonbiological parents. Of the 12 families, 5 had experienced a separation since the conception of the index child. Three of these families were now blended families, with stepparent involvement. One mother was raising the children as a single lesbian parent. The other family was attempting to raise the children in a shared-custody relationship. Two of the mothers had been in a heterosexual marriage prior to their current relationship. One had three children in the previous marriage and one child with the current partner. The other mother did not have children in the previous heterosexual marriage. Four of the nonbiological mothers had completed the legal steps for second parent/stepparent adoption. Sixteen of the mothers self-identified as Caucasian, 2 as Hispanic, 1 as Eastern Indian, and 1 as Japanese. The majority of the mothers in the sample were

highly educated and professionally employed; 3 were not employed. Appendix A provides demographic information regarding the participants.

All 12 children had been conceived via alternative insemination. Eight of the mothers had been inseminated in the physician's office, and 4 had been inseminated without physician assistance. The majority of the mothers had used sperm from unknown donors, but 3 had used sperm from known donors. Seven of the children were girls and 5 were boys. The mean age of the children was 7 years.

The sample of participants was both purposeful and one of convenience. The 12 families were recruited via word of mouth. Contacting local gay and lesbian support groups and networking within the gay and lesbian communities in the southwestern United States led to identification of a couple of key families. These families contacted other families and obtained consent for the investigator to contact them to explain the purpose of the study.

Role of the Investigator

The principle investigator for this project was well qualified to conduct this qualitative inquiry. The investigator is a lesbian researcher who identifies with feminist philosophy. In addition, as a pediatric nurse practitioner, she has knowledge and experience in pediatric growth and development and in interviewing children and their parents. To prepare for conducting the study, the investigator completed additional course work on interviewing children and administration and interpretation of children's drawings. The investigator's motivation for this particular study grew out of a personal desire for information on lesbian parenting and the impact of societal stigma associated with a parent's lesbianism on the child's development.

Members of the investigator's dissertation committee added extensive qualifications, improving the credibility of the study. The dissertation chairperson and mentor was Dr. Susan Instone. Dr. Instone was asked to participate because of her expertise in pediatrics, qualitative inquiry, grounded theory, projective drawings, and working with marginalized populations. Dr. Diane Hatton was selected as a committee member because she has extensive expertise in qualitative inquiry, grounded theory, and working with marginalized populations. Dr. Tamar Gershon, a behavioral developmental pediatrician, has studied adolescents in lesbian-parent families and worked in a pediatric clinic specifically for children with lesbian, gay, bisexual, and transgendered parents.

The investigator served as participant observer during the study. Consistent with a feminist philosophy, the investigator self-disclosed to the participants as both a lesbian and a feminist. Through self-disclosure, the investigator created a "true dialogue" rather than "an interrogation" by allowing the participants to become "co-researchers" in the study (Bristow & Esper, 1988). Because of the stigma associated with homosexuality, self-disclosure by the investigator created an atmosphere of safety and trust. When researchers use themselves as the instruments for data collection, their experiences, values, and perspectives become part of the work (Wilcox, 1982). Consequently, it was important for the investigator to acknowledge that her experiences as a lesbian might influence the dialogue, thus having an effect on interpretation of the data. With this in mind, the investigator encouraged feedback from the participants to provide the investigator with the opportunity to continuously modify the interview procedure and interpretation of the data.

Data Collection

Multiple methods were utilized to gather data. The procedure was carried out in the following manner. Approval for the investigation was obtained from the Human Subjects Committee of the University of San Diego. The purpose and design of the study were explained to the parents. The investigator self-disclosed at that time that she was a lesbian interested in lesbian parenting. The investigator met with the parents first to discuss the appropriate terminology that would be used when discussing the purpose of the research with their children. Most of the children were told that the investigator was interested in learning about what it is like to be members of a family with two mothers. However, for three of the families, the expression of the purpose of the study was modified at the request of the children's parents. One child had recently begun to feel self-conscious about having two mothers; for that reason, the parents did not want him to know that he was being asked to participate because he had two mothers. The parents told the child that the investigator was interested in children's art and would be asking questions related to his drawings. Two of the children had never been told that they had lesbian mothers; these children were told that the investigator was interested in learning about what it was like to be members of their family. Written consent was obtained from the parents (appendix B). When feasible, written assent was obtained from the children as well (appendix C).

Parental Interviews

Interviews were scheduled with either one parent or both parents, depending on their availability and their desire for involvement. Parenthood has been described as a "shared construction of reality" (Daly, 1992, p. 107). Berger and Kellner (1970) suggested that new roles within a relationship involve an ongoing process whereby "each partner's definitions of reality must be

continually correlated with the definitions of the other” (p. 58). Raising children in the context of a lesbian relationship requires this ongoing process, thus creating a “shared reality.” Most of the parent interviews occurred without the child/children present, except for one interview in which the child remained in the room and participated during the parent interview.

The interviews took place in the participants’ homes. Demographic information was collected via an investigator-designed instrument. Open-ended, semistructured interviews were conducted using the following questions to elucidate their reality.

1. How did you come to the decision to have children? What is it like to be lesbian parents in today’s society?
2. What concerns do you have raising a child in a lesbian-parent family? Have these concerns changed throughout the parenting process?
3. What have you done to help your child learn about differences in families?
4. Tell me about whom you’ve told about your family structure. Tell me about the people in your lives who you have decided not to tell about your family structure. What effect did parenthood have on your beliefs or values about “coming out” to family, friends, peers, co-workers?
5. Tell me about any positive or negative experiences that you have had being lesbian parents.
6. Tell me about any positive or negative experiences that your child may have had as a result of his/her family structure.
7. Tell me about the transition to grade school as a lesbian-parent family.
8. Tell me about the experiences you have had with your child’s health care practitioners.

After written consent, each interview was audiotaped, with the investigator taking extensive field notes during the interaction. The audiotapes were transcribed, reviewed for accuracy, then erased. The written transcripts were coded without the use of the participant's name.

Children's Interviews and Projective Measures

A separate interview was scheduled with each child in the family eligible to participate in the study. The interview was conducted in the area of the home in which the child felt most comfortable. Most of the parents were present in the home but in another room of the house. At times during the interview with the child, the parents would stop in to "check how things were going." After a brief description of the study, the child was asked whether a tape recorder could be used during the interview. After consent, each child had the opportunity to become familiar with the equipment by "practice" recording before the interview began. A tape recorder was not used with the child who was told that the investigator was interested in children's art.

At that point, the KFD and HTP drawings were administered, utilizing the specific directions identified in the literature (Buck & Warren, 1992; Burns, 1982; Burns & Kaufman, 1972; Spinetta, McLaren, Fox, & Sparta, 1981) and described above. The children were given a set of 10 colored pencils from which they could choose in order to complete the drawings. The children were asked to tell stories about their drawing immediately after it was completed to help clarify the content. The following questions were used as a guide:

1. Tell me a story about your family. Who is in the picture? What is everyone doing? I wonder what everyone is thinking and feeling. What is it like being a member of your family? What do you like most about being in your family? What do you like the least about being in your family?

2. Tell me a story about this house. How many stories does it have? If it is your house, which room belongs to you? Who would you like to have live with you in this house? What's the weather like? What does this house need most?

3. I wonder what kind of tree this might be. About how old is it? Is it alive? What is the weather like in this picture? Is the wind blowing? What does the tree need most? Tell me a story about this tree.

4. Is this a boy or girl? Tell me a story about her/him. How old is he or she? I wonder what this child is doing. Does this child have friends at school? What does she/he remind you of? What does this child need most? Describe the clothes this child is wearing.

If the child refused to draw the picture asked, the investigator moved on to another picture and came back to the first picture later in the interview. All of the children cooperated when asked to draw the pictures and they attempted to tell stories about their drawings. During the interview the investigator observed and recorded their behavior. At the conclusion of the interview the investigator gave the child the opportunity to show the parents what he/she had drawn. No comment by the investigator was given to the parents about the drawings except to say how wonderful the drawings were. Observations were made during the parent-child interaction.

After a typist transcribed the audiotapes, the investigator reviewed the transcripts for accuracy, then erased the tapes. The written transcripts were coded without the use of the participant's name.

Data Analysis

Throughout the process of interviewing the parents and the administration and analysis of the projective drawings and the stories that the children told

about their drawings, the investigator utilized the grounded theory method of constant comparative analysis described by Strauss and Corbin (1998) to analyze the data.

Analysis of the data occurred at four levels. Tier 1 was the analysis of 48 individual drawings by the children and their stories about the drawings. Tier 2 was an overall analysis of all of the drawings, children's stories, observations, parental interviews, and demographic information for range of typical patterns of interaction. Tier 3 was the analysis of the parental data. Tier 4 was the analysis and synthesis of all of the children's data and the parents' data to develop a substantive theory.

Parent Interviews

Parent interview transcriptions and field notes were analyzed through the analytical process of coding as described by Strauss and Corbin (1998), in which the "data are fractured, conceptualized and integrated to form theory" (p. 4). Open coding was conducted through microanalysis of the data to identify categories, including their properties and dimensions. Memos, code, and theoretical notes were made throughout the entire analysis. Through comparative analysis, the data sharing the same properties and dimensions were placed in the code. Relationships were identified through axial coding. The process was continued until no new categories were identified, which is defined as theoretical saturation. Selective coding was used to integrate and refine the theory (Strauss & Corbin). Consistent with the purpose of the study, analysis of the parental data focused on defining their situation, communication within and outside of the family constellation, as well as strategies utilized to manage stigma.

Children's Interviews and Drawings

Interpretation and analysis of projective drawing techniques can range from the psychoanalytic perspective, in which clinicians attempt to analyze every aspect of the child's drawing in order to reach the "child's inner or unresolved feelings or attitudes," to "eyeballing" the drawing for in-depth analysis (Spinetta et al., 1981, p. 89). Spinetta et al. warned against both overinterpretation and underinterpretation when analyzing drawings for research purposes. With this in mind, the interpretation of the children's drawings and their stories focused on three areas of concern: family communication patterns, self-image, and emotional tone. These areas of concern or domains have been used in research studies on families with children with cancer (Spinetta et al.) and children with HIV (Instone, 1996). These domains were chosen to identify the child's feelings and attitudes.

Utilizing the criteria described in the literature, the drawings were analyzed by the presence or absence of particular styles or characteristics in the drawings (Buck & Warren, 1992; Burns, 1982; Burns & Kaufman, 1972; Spinetta et al., 1981). Communication within the family was examined through evaluation of characteristics or styles in the KFD and the House (HTP) drawings. Barriers between family members or compartmentalization, in addition to exclusion of family members, could be considered problematic. Sitting or lying position of either the child or the mother as well as side position of the head of either the child or the mother can be interpreted as poor communication within the family or between particular family members.

Similarly, self-image was examined through evaluation of characteristics or styles of the KFD and the Person (HTP) drawings. Drawing a picture of a child of the opposite sex or drawing a person with many missing body parts was

considered problematic. In addition, drawing a very small person on the page or utilizing multiple crossouts was suggestive of poor self-image.

Emotional tone was examined through evaluation of characteristics and styles of both the KFD and H-T-P drawings. Poor emotional tone was identified when the children's drawings had indications of harsh weather, used limited color such as black or gray, and/or utilized limited space on a page. Facial incompleteness was also considered problematic for poor emotional tone.

The stories that the children told about their drawings and the conversations that they had with the investigator helped to clarify or even added information to the analysis. Children often use evasive techniques when they do not want to answer a question or tell a story. When children respond to a question or request by the investigator with "I don't know" or fail to draw a particular drawing, they are attempting to avoid the question or drawing. The children may be uncomfortable with the topic or request and are attempting to avoid the request or situation.

The chairperson of the dissertation committee reviewed and validated selected drawings for consistency of interpretation. Transcriptions from the interviews with the children and the interpretations of the drawings were analyzed as a group, utilizing the same process of constant comparative analysis of grounded theory as described above for the parent interviews.

Planned Lesbian-Parent Families

In order to obtain information and develop theory related to planned lesbian-parent families, data from the parent interviews as well as data from the children's drawings and their stories were evaluated collectively. In hopes of identifying themes related to family processes of communication patterns, family and individual adaptability, resources, and stresses as well as strategies

utilized to manage stigma, prejudice, and discrimination often associated with these families, the same method of constant comparative analysis as described above was utilized.

Summary

Twelve planned lesbian-parent families participated in the study, including 11 biological and 9 nonbiological mothers and 12 children between the ages of 6 and 10 years. Multiple methods were utilized for data collection, including demographic information, parental conversations and interactions, child observations, conversations and drawings, and analysis of interactions among family members. The data were analyzed independently and collectively, using the constant-comparative method of grounded theory.

CHAPTER 5

FINDINGS

The findings of this qualitative inquiry resulted from the analysis of multiple data sources: (a) observations of and conversations with lesbian mothers; (b) observations of and conversations with children in lesbian-parent families; (c) 48 children's drawings; (d) observations of the parent dyad and the child-parent relationship; and (e) experiences, values, and perspectives of the investigator as a pediatric nurse practitioner, lesbian mother, and feminist.

From the data, a substantive theory emerged to explain the process of managing stigma in planned lesbian-parent families. In this study, societal stigma and a child's developmental level were identified as dynamic and inter-related. Parents in this study reported that they felt that society determines what is "right" or "wrong." As children move into a wider social network, parents lose control over who influences them and how they are affected. Most of the decisions made by the mothers about raising their children took into consideration societal stigma related to homosexuality and the relationship to the child's developmental level at the time of the decision.

The data suggest that this process was influenced by the family's constellation and social network as well as the homophobia experienced by the family. In addition, the interactive strategies used by the children may be influenced by the child's age and perception of communication within the family,

self-image and emotional health. Analysis of the data resulted in the identification of practices used by the parents as they raised their children. Interactive strategies used by the children were also identified as the children attempted to negotiate their place in the family and within society. With this in mind, the core category that emerged from the data was *managing stigma in planned lesbian-parent families*.

Parenting effectively requires knowledge of the child's developmental progress. This study revealed that lesbian parenting requires understanding of the child's development and acknowledgment that social stigma associated with homosexuality can impact the child's development. Two strategies used by the parents were identified: "managing information" and "parenting defensively." Parents used these strategies differently. Two factors identified in the data influenced the parents' ability to use the strategies effectively: experiences of homophobia and support from the family's social network. Again, societal stigma and the child's developmental level impacted parental disclosure, parenting practices, and, in the end, the interactional strategies used by the children.

The children's drawings and the stories that they told about them, along with the data obtained from the parents, led to the identification of three interactional strategies utilized by the children: revealing, concealing, and pretending or covering. These strategies explain how these children managed information related to their family. Similar communication patterns were identified by Instone (2000) in her research with HIV-infected children and their families. The interactional strategies used by the children were influenced by multiple factors, including social stigma, their developmental level, and parenting practices.

Figure 1 depicts the relationship of the core category of managing stigma and the child's developmental level with the influencing factors, the parenting practices, and the child's interactional strategies. How this process was grounded in the data is discussed in the following section. Children's pseudonyms are used to identify their mothers, drawings, and conversations. A descriptive summary of these families is presented in Table 1.

Homophobia

Previous experiences of external and internal homophobia impacted the interactional strategies used by both the parent and the children.

Kimberly's mother explained:

Becoming a parent changes your life, gay or straight. It's not easier being lesbian parents, it's only easier being heterosexual, middle class, wealthy, and White. It's always easier being the middle class norm.

Ian's mother agreed:

Raising kids in the first place is hard, but then add the pressures of being a lesbian-parent family and it can be very difficult.

Fear of Discrimination

Parenting in general is stressful at times, but for lesbian parents there seems to be an underlying stress that their children will experience some form of discrimination just by virtue of their family structure. This threat was evident as the women discussed the possibility of becoming parents.

Is she going to be stigmatized because she has two moms? Is it going to be harder for her? Are we being selfish? (Elaine's mother)

Because the parents felt that they had little control over society, there was a fear of violence and discrimination.

My major concern is that my children will be discriminated against and not given opportunities because of someone else's bigotry. It was a concern we had before we had kids, and it will be a concern until the day

Managing Stigma in Planned Lesbian Parent Families

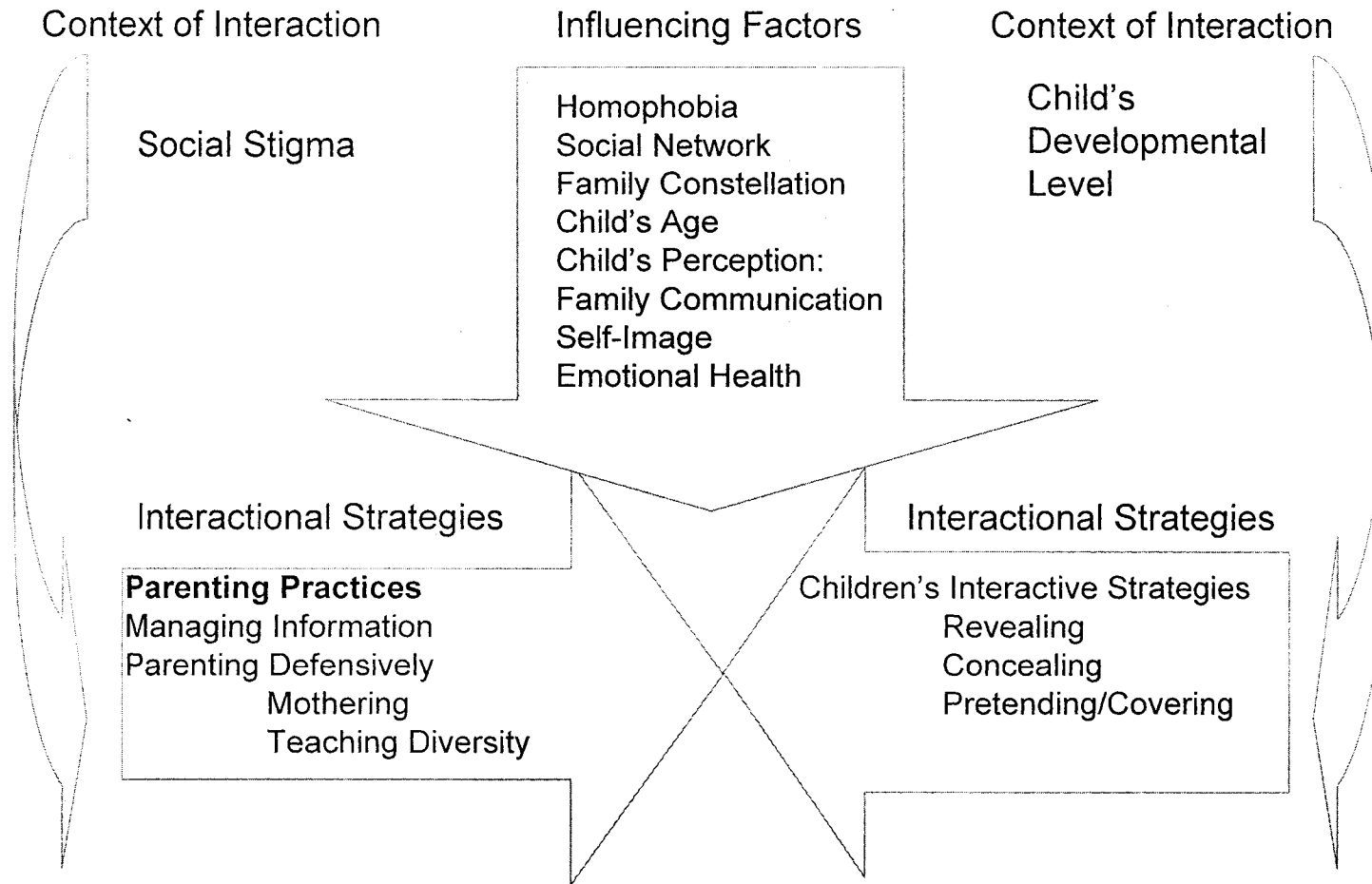


Figure 1. Conceptual model of the study.

Table 1

Descriptive Summary of Families

Child ^a	Age	Descriptive summary
Alicia	6	Biological mother recently separated from nonbiological mother; had lived with mother, new stepmother, and two stepsisters in blended family for past year; saw nonbiological mother once a week
Brittany	6	Lived with biological and nonbiological mother, who had been together for over 9 years
Courtney	6	Biological and nonbiological mother recently separated; shared custody, with Courtney living 1/2 of week with biological mother and her new partner and the other 1/2 of week with nonbiological mother, stepmother, sister, and stepsister
David	6	Lived with biological mother and nonbiological mother, who had shared custody of three children from a previous heterosexual marriage
Elaine	6	Lived with biological and nonbiological mother, who had been together for 13 years
Fred	7	Lived with both biological and nonbiological mothers in same house; however, parents had separated from their relationship about 1 year ago; had a biological younger sister
Greg	8	Lived with both biological and nonbiological mothers, who had been together for 19 years
Hailey	8	Lived with both biological and nonbiological mothers, who had been together for 16 years; had a younger nonbiological sister.
Ian	7	Biological and nonbiological mothers separated when Ian was 2; he was raised by a single lesbian mother since; had a younger biological sister
Janet	8	Lived with biological mother and stepmother; saw nonbiological mother about 1-2 times a week; had a younger biological brother
Kimberly	9	Lived with biological and nonbiological mothers, who had been together for 19 years
Larry	10	Lived with biological and nonbiological mothers, who had been together for 19 years

we die. My fear would be that the kids would be discriminated against simply because of our lifestyles and not because of anything they've done or have chosen. (Hailey's mother)

My main concern is that our kids will be teased or discriminated against because of us. We're always afraid of negative repercussions. (Alicia's mother)

The parents were fearful and distrusting of society.

My only concern would be the impact of society on my children. I don't have faith in society to be tolerant and accepting of people who are different. (Ian's mother)

We can't protect and nurture her forever. (Elaine's mother)

The perceived fears escalated when the parents felt that they had little control over the situation. Hailey's mother remembered that, after the delivery,

I didn't care how they treated me, but in that particular instance, they had taken Hailey away, and what if they didn't give her 110% because they didn't like us? I was always worried about her. I mean, what if we offended somebody, how were they going to react?

The only concerns I have is the kids getting teased. You know, it's the stuff I don't have control over. (Janet's mother)

Hailey's mother illustrated this point:

Sometimes it is kind of scary because of our society and what our society says is right and wrong.

In addition to the perceived external threats from society, there was evidence of internal threats that might come from the child. These internal threats became more apparent as the child's developmental needs changed or evolved.

There is also the overlapping issue that she will be embarrassed or ashamed of her family. (Alicia's mother)

My main concern is that she will not have the confidence in our family structure to always feel good about it. (Elaine's mother)

Elaine's mother explained that, developmentally, Elaine had no idea that some in society would consider her family an inappropriate family form:

She'll just go up to people and introduce us. And part of that is really nice, and part of that is still a little bit scary. I try not to let Elaine see me

go [frightened gasp] and I have to hold back from saying, "You don't need to do that" [introduce us], but then she's going to turn around and say, "Why not?"

Another family felt that it was better to tell their daughter that some people in society were not accepting of lesbians.

She used to tell everybody, "I have two moms" and I had to start telling her that, when you go to a hotel and you are with people for 5 minutes, they don't need to know you have two moms. We told her to be careful. She needs to protect herself. Especially with people we don't know and we don't necessarily have to have a good relationship with, there is no reason to come out. There is no reason to come out to every stranger that we meet, because society as a whole is not supportive to our situation. (Kimberly's mother)

Hailey's family also felt the need to warn their children:

We've always told the girls, "There will be people in this world who will not agree and will not like our lives the way they are and they may take it out on you in some nasty way by saying nasty and bad things, but just remember that those people are few, that they are out there because they don't understand."

The parents hoped that they would be able to provide the children with a good foundation so the children would always have confidence in their family structure.

I just hope that she has the strength, courage, and confidence to say, "It's not wrong, it's absolutely fine and normal." (Elaine's other mother)

There was evidence in some families that, as the children's developmental needs changed from interaction within the family to involvement with peers, there was a shift in the child's confidence in his/her family.

It was a lot simpler when he was younger, but he's starting to feel peer pressure and it's starting to cause him some personal conflicts. I think it is more of his process, that he's embarrassed now; we never experienced that when he was in preschool, kindergarten or first grade. He's very self-conscious. He doesn't talk about his moms or his two moms, and he's told us that he doesn't want them to know that he has two moms, and he's embarrassed about that. And he doesn't want to write about his family; assignments that have to do with describing his family, he wants to find other ways to write it, you know, using "relative." He says, "I'm the only one with two moms. Nobody else has two moms. Everyone else has a mom and a dad." He just doesn't want to be different. (Greg's mother)

Developmentally, Kimberly has had different stages in the way she's dealt with the lesbianism. I mean, when she was very young, she didn't understand the difference; and then, at some point, when she was 5, she was aware of it and she wanted to be accepted. (Kimberly's mother)

Even though the majority of the parents lived with the constant fear of discrimination and violence for their children, with the exception of a few incidences, most of them had found that their children had experienced very little discrimination as a result of their family structure.

We have two girls at the same school now and, in terms of the parents and other kids, we have not felt much in the way of any negative impressions or problems. (Courtney's mother)

We've always had neighbors who were friends, and their kids would come swim in our pool. (Alicia's mother)

The kids have always played at our house, and the parents understand that there are two women living here, and there just never, ever seemed to be a problem. (Hailey's mother)

Experiences of Homophobia

I think at some level, we all have a degree of internalized homophobia. (Janet's mother)

Many of the women in the study were raised to believe that homosexuality is wrong.

Even dealing with my own sexuality growing up, I definitely thought it was wrong. I mean, that is how I was raised, and thought it forever." (one of Elaine's mothers)

The process of coming to terms with one's sexuality is very individualized, and where the parent is in the process affects the parenting practices used by that parent. In addition, prejudice, discrimination, and homophobia experienced by the mothers affect the way in which they parent their children. The majority of the women in this study had experienced some type of discrimination and prejudice as the result of their sexuality.

In the department where I worked, there was a lot of discrimination towards me. I'm not sure if it was because I was a woman or if it was a combination of being a woman and a lesbian. It became really tough

when I got pregnant, because I got pregnant without a man and I was not married, and oh, man! I really took a beating.

Some of the women in the study felt a need to be silent about their sexuality at work because of the fear that it would hurt them professionally.

In business situations, I don't bring it up. It's hard enough being a woman, but then add to that that you're a lesbian! (Courtney's mother)

Brittany's mother, who is a schoolteacher, was not "out" at work for fear that parents would accuse her of sexual abuse. Elaine's mom discussed a situation in which she experienced discrimination where she teaches.

There was one parent who took her child out of the school and talked another parent into taking her child out of my class because I was gay.

Larry's parents related an experience that they had when they went to a meeting to explore the adoption process. Larry's mothers remembered:

It was humiliating and embarrassing. Everyone looked at us, smirked, and joked around. And I thought, "Oh my gosh, this is the biggest mistake we've made."

There were a few instances in which families had experienced negative repercussions as a result of their family structure. Homophobia in one community forced Larry's family to move to another community in search for more acceptance. Unfortunately, they felt that they had moved into a neighborhood that was even more homophobic.

In our old neighborhood the prejudice was masked; here, it's pretty plain, you can really see it. (one of Larry's mothers)

They discussed an incidence of discrimination that impacted their parenting early in Larry's life.

We're pretty much open to everybody, except we learned our lesson early when Ian started school, a Christian school. We took him out; we were asked to take him out because of us. They said that the school teaches that homosexuality is not accepted and they'd be teaching the children that the gay lifestyle is wrong. So, since then, he's gone to public school. If we ever find a Christian school that we really feel comfortable with, because I don't want any school teaching prejudice, we would put him back.

Because Larry's mothers were asked to take Larry out of the Christian school and because of their perceptions of homophobia in their new neighborhood, they have chosen to remain "closeted" in Larry's new school. The biological mother attends all parent teacher conferences alone. One of Larry's mothers discussed who does not know about their family structure.

I think just the school, because if they don't like us at church, we could leave, but Larry is really stuck at this school right now.

Larry's family feels that they have no control over the situation and have chosen to remain closeted rather than risk harm to their child or themselves.

Fear of discrimination for their children and perceived or actual experiences of homophobia are factors that have impacted the parenting practices used by the parents as they attempt to parent their children. The degree of fear and perceptions of homophobia determine how they manage information related to the family structure and the type of parenting that they practice.

Social Network

The social network identified by the families in this study included families of origin, community, and health care providers. The degree of support provided by a family's social network was variable.

Families of Origin

After a period of adjustment, most families of origin were very supportive of the families in this study. In fact, most women said that extended family members were now an integral aspect of their child's life. Courtney's mother explained what it was like when she came out to her own mother:

It took her awhile to get comfortable with it, probably 2 years. Her big concern was what the neighbors would think, what the relatives would think. That was her primary concern.

Alicia's mother described the loss that her mother felt when she told her that she was gay:

When I let my family know that I was gay, one of the first things my Mom said was "Oh, now I'll never have a grandchild." When I told her I was pregnant, she worried about not having a typical family and the negative repercussions, I think, for the child. After Alicia was born, my mom really came around and now my mom is a big, big part of my daughter's life.

Alicia's mother thus illustrated that, when a lesbian daughter decides to have children, the extended families also have to "come out" to their friends or co-workers. She asked, "What was my mom going to tell her friends?"

Courtney's mother remembered the process that her mother went through when Courtney was born:

The night before the scheduled c-section, I called to tell her everything, and the next day, she went to work and I thought, "That's kind of weird, she went to work instead of coming to the hospital." She wasn't quite open with her co-workers then, but she sat at work and thought, "What the hell am I doing? It's my first grandchild being born and I'm sitting here at work." My mom left work and came to the hospital.

Greg's mothers explained that their families of origins had different opinions about their family. Greg's nonbiological mother was raised in a very traditional conservative Italian Catholic family. Greg's biological mother stated:

Her parents are probably one of the few people that we haven't explicitly sat down and talked with about the family dynamic. Just over the years, they have come to their conclusions and levels of acceptance. Now, my mom is one of these Jewish mothers who loves all of our friends and comes with me to the gay Temple.

Janet's grandmother had some reservations at first when Janet's mother discussed with her the idea of having children. Janet's mother remembered:

After Janet was born, my mom apologized to us. She said, "You will be a great mom and, of course, you should do this. It's the best thing I ever did, and who am I to say that you shouldn't do it?"

For Kimberly's mother, it was a little different. It was Kimberly's biological mother's family of origin that encouraged her to have a child. Kimberly's mother thought, "We have one problem already out of the way because my

family is supporting the idea.” In this family, it was the nonbiological mother’s family that was not enthusiastic about the idea. Kimberly’s mother recalled:

Her mother was really upset when I told her, and her sister was upset and they thought we were crazy. Now, her family adores Kimberly. They send her presents, and they love her and are close to her.

Most of the families communicated that their families of origin were very involved in their child’s life. However, there were several examples in which this was not the case.

My dad remarried a woman who was very homophobic and she’s also very prejudiced, so Larry’s mom was known as “the Jap woman.” It was really nasty when she was alive. (Larry’s mother)

Ian’s mother’s family of origin was not very supportive of her family.

The worst experiences have been from my family. I had more negative responses and feelings from my family than I have had from society as a whole. (Ian’s mother)

It is important for these families to be able to count on their families of origin for emotional support. Children in today’s society need extended family members involved in their lives. Courtney’s KFD (Figure 2) illustrates how important extended family members are in her life. When Courtney, age 6 years, was asked to draw a picture of her family doing something, she started drawing a bunch of circles across the page. Then she started drawing faces on all 17 circles. When she got to drawing their eyes, she kept asking her mother, “What color eyes does Grandpa Bill have? What color eyes does Nana have?” Courtney drew herself on the bottom of the page next to her new stepsister, also 6 years old; her biological sister, age 4 years; and her cousin, age 2 years. When asked who was in her picture, she stated, “Great Grandma, Uncle Fred, Aunt Kathy, Uncle Rick, Aunt Tina, Grandma Kaye, . . .” Courtney’s mother said, “Our social set and who we hang out with, most of it’s our family.”

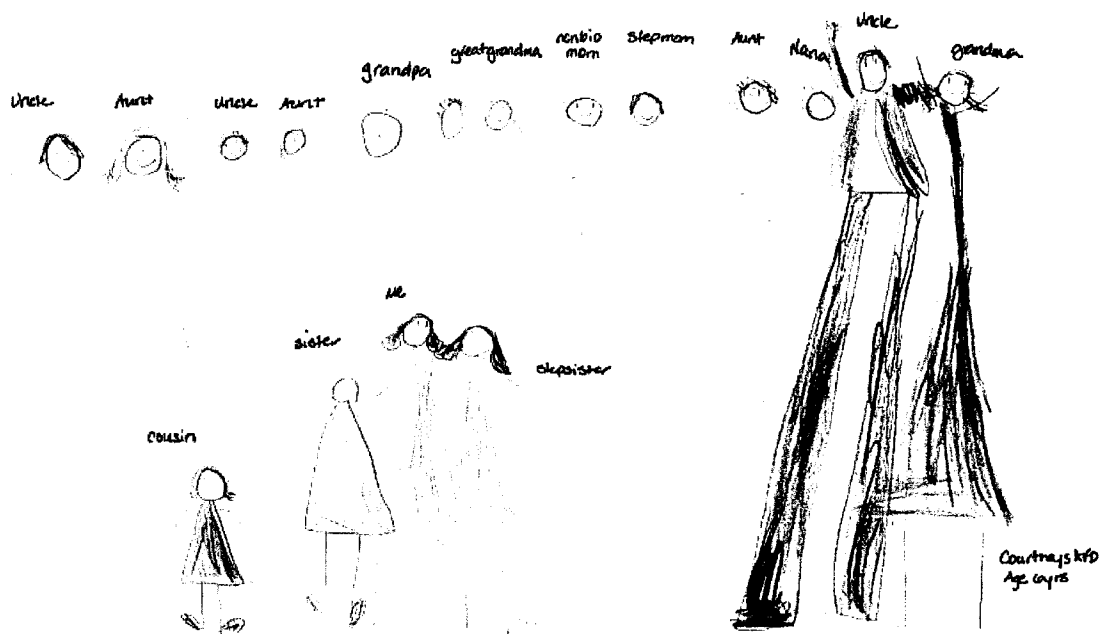


Figure 2. Kinetic Family Drawing by Courtney (age 6 years).

Extended family members were also important in Janet's life. Janet, age 8 years, included her grandparents and her uncle in her KFD (Figure 3). Janet drew herself in the center next to her brother. Janet's mother said, "My parents' lives are these kids; they live for these kids." It is interesting that Janet also included her new stepmother and her nonbiological mother from the initial relationship in which she was conceived.

Community

The community in which the child is being raised was identified as an important social network for the lesbian-parent family. Families that were able to pick the neighborhood or the schools that their child attended felt that they had more control over who interacted with their child. David's family chose to live in a community that was known to be very accepting of the gay lifestyle.

David's mother commented:

We don't live in society, we live in Laguna. It's a idyllic situation.

Kimberly's mother concurred:

We could be living in the Valley more comfortably, but we like living in a gay community.

We have it better because we can afford to pick the neighborhood our children are raised in and we can pick the schools we enroll the children in. (Courtney's mother)

The ability to choose the school that the children attend or at least speak with the teacher or principal at the child's school was important to these families. It gave the parents some sense control.

I think it's important to be active and always meet with the teacher and school to discuss Alicia's family structure. I feel like I've tried to run a little protection for her up front and, so far, the schools and teachers have been very supportive. If I get any sense that there's a problem, I will change teachers or schools. (Alicia's mother)

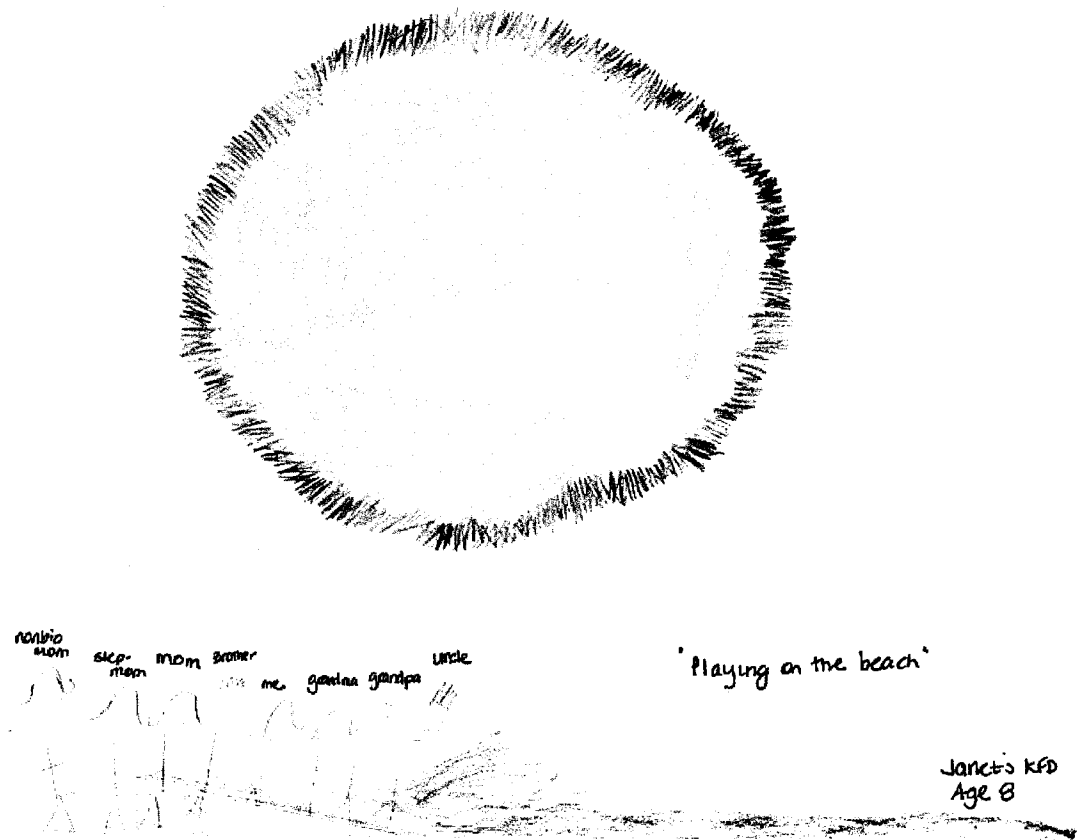


Figure 3. Kinetic Family Drawing by Janet (age 8 years).

We've always made sure she's in the right environment. Kimberly never went to a school where we were not able to say, "Kimberly has two moms" right from the beginning and feel really comfortable about it. (Kimberly's mother)

Health Care Providers

Health care providers were identified as an important component of the social network for these families. Most of the time, the families chose who would be involved in their family's health care needs. Most of the parents were proactive in their health care choices. Many of the families had been referred to practitioners who were known to be accepting, or they had interviewed practitioners prior to accepting services to ensure that their family would be treated respectfully. The experiences that were of most concern for the parents were situations over which they had no control, such as the birth experience in the hospital. In that situation, the parents did not feel that they could choose the nurse or other hospital staff who cared for them, which left them vulnerable.

I wasn't impressed with the hospital staff. They were not very inclusive. It wasn't like how they would have treated the dad. It was nothing blatant, but I didn't feel very comfortable. (Alicia's mother)

Most families felt that getting respectful health care had never been an issue.

We don't make it complicated. You know, like even taking our kids to the doctor. I mean, it's never been an issue. My gynecologist knew up front that we were lesbians and she turned us on to a great pediatrician and she's totally cool. The dentist knows and it's never been an issue. (one of Hailey's mothers)

Another family felt that health care was a business just like any other service.

I don't give a damn what the doctor thinks; it's a service and they are going to get paid. It's their livelihood. (Hailey's mother)

In summary, the interplay between perceived or actual societal stigma associated with lesbian parenting and the stress of raising a child in this

environment and the child's developmental level at the time or in the future will affect the interactional strategies of both the parents and the children.

In addition to the ordinary stresses associated with parenting, lesbian parents have an intense fear of discrimination for their children because of the societal stigma related to their family structure. Previous experiences of hate and hurt as the result of prejudice and discrimination leave parents fearful of society. They protect their children by preparing them for the world that they are about to enter.

For some families, their families of origin, gay-friendly communities, and health care workers were seen as integral components of their social network. For other families, the lack of a supportive social network affected the family's ability to cope with the homophobia that they face and affected the mothers' parenting practices, which in turn affected the child's communication pattern. Again, the degree of societal stigma experienced by the family and the child's developmental level affect both of these processes.

Parenting Practices

According to Darling and Steinberg (1993), parenting practices are the mechanisms through which parents directly help their child to attain socialization goals. Socialization goals identified by the lesbian mothers in this study were the need for their child to possess good self-esteem, self-confidence, and acceptance of diverse lifestyles. It was felt that attainment of these goals would help to prepare their children to function in a society that might not be accepting of their family form. Parenting practices that were used by the parents to meet these goals included *managing information* and *parenting defensively*. Some parents used these practices more effectively than others. Each of these practices is discussed in this section.

Managing Information

Communication within the family and outside the family is important for the development of healthy families. Parents in this study were constantly making decisions with regard to who should know about their family structure. Past experiences of homophobia as well as internalized homophobia, in addition to the social networks available to these families, impacted the decisions that they were making about disclosure.

“It’s ‘outing’ to have a kid.” The majority of the mothers repeated these words, spoken by David’s mother, throughout the interviews.

Having kids requires you to disclose in settings that you otherwise wouldn’t. It is important to be out because you want your child to feel good about her family. (Alicia’s mother)

Most of the mothers in the study felt that the ability to be “out” is a very difficult but important process that must be addressed at some point before or early in parenthood. One family described it as a process that they went through before having a child.

It’s important for them not to sense any shame, hiding, or embarrassment. If you are going to raise a child in this type of family, you need to be out, because your kid cannot go to the store with you and your spouse and then you pretend that you are not together. (Elaine’s mother)

One of the most important decisions that lesbian mothers must make is what to tell their children and when this communication should take place. Many parents in this study felt that having open, honest discussions about their family structure from the beginning was imperative for the psychological development of their children. Other parents in the study had reservations about the extent of the discussions and exactly what to tell the children about homosexuality and their family structure.

Alicia knows that a friend of ours helped me have her, and she’s very clear with people about the fact that she has two moms and she doesn’t have a dad. (Alicia’s mother)

Very early on, we talked to them about where they came from and why they're here. They know they have a biological father but they do not have a dad. (Courtney's mother)

We've always been very open. We explained to them from a very early age that this is the way it is. We've always been honest, we've never lied to them. (Fred's mothers)

These families believe that their children need information based on their developmental level.

When they ask for information, you need to answer them honestly. (Fred's mother)

We have always been honest with the kids. We've never tried to hide or be secretive about anything. We have always been ourselves. We've never said, "Oh yeah, you have a daddy but he's not here." (Hailey's parents)

Even before I decided to have kids, I had to make sure that I was okay with who I was so I could tell them and let them see that it's okay. I do know lesbian couples and single lesbian parents who don't talk to their kids about it; it's a big secret. (Courtney's mother)

I would never hide it, because if you are embarrassed about your own sexuality, it goes down to your kids. (Fred's mother)

I think if you're not prepared to be open, proud, and a stellar role model for your kids, then don't do it. I don't think it's fair. (Janet's mother)

Janet's mother also talked about many lesbian moms whom she knew who were not "out."

There are a lot of lesbian moms out there who aren't out. Many of them had kids with a husband and they are worried about custody issues or they are worried about the paternal grandparents. Many of these women have their children in private religious schools. They're Catholic and they have them in Catholic schools and they are afraid.

The majority of the planned lesbian-mother families in the study were "out" in the sense that anyone who was important in the child's life knew about the family structure. Unfortunately, some of the mothers, who were still coming to terms with their own internalized homophobia and perceived external homophobia, struggled with "coming out" on a daily basis.

Two families in the study felt a need to be "closeted" about their family structure with respect to the child, the child's schoolteachers, and the child's

friends. Ian, his teachers, and his friends saw Ian's mother as a single mother, not as a lesbian who was also a single mother. When Ian asked about his father, his mother told him that she did not know where his father was, instead of discussing the fact that his father had donated sperm in order for him to be born. Ian's mother has never discussed with him the fact that she is a lesbian.

I don't think Ian sees me as a lesbian. He doesn't. He knows I don't see men. He knows that Terry was my girlfriend. But what does that mean to him? I don't know.

She continued regarding how she corrected a remark that Ian made about his father when he was 5 years old:

Ian was playing with a neighbor down the street and the little girl asked Ian about his dad. Ian replied, "He's dead." The girl's mom phoned me and I went there to talk to both of them. When the neighbor girl asked, "Where's his dad?" I just told the truth: I said, "I don't know. I think he lives somewhere in Washington. When the little girl asked if he comes to visit Ian, I said, "We just don't know where he lives.

Larry also had not been told about his family and how he came to be.

In his family, he was told that his nonbiological mother is his godmother. When asked whether Larry knew that he had two mothers, his godmother replied,

He knows that she's the mom. I don't think he recognizes us as having a relationship. He knows he has two moms—his godmother and his mom.

She said that, when Larry asks about his father, his mother tells him that he does not have a father. The mothers have overheard him talking to his friends, saying that his father is dead.

Even though most of the mothers felt that it was important to be "out," they all felt that it was important to respect the wishes of their children, if it did not compromise their own values or beliefs.

You have to respect your children. You just can't "out" them everywhere. They did not choose to be born by me. I don't need to inflict this [lesbianism] where it does not matter. Janet having a friend in the neighborhood is more important than me making a political statement. I had to realize that I had to take her needs into account. (Janet's mother)

Other mothers agreed:

This is not her war. It wasn't her choice to be born into a lesbian relationship. She doesn't have to fight our war. (Kimberly's mother)

When Hailey's sister was in middle school, she asked me to take a rainbow sticker off my truck and I did to respect her. (Hailey's mother)

Withholding information or telling lies about a child's family structure are parenting practices used by some parents because they believe that they are protecting their children from the stigma associated with homosexuality. This type of parenting practice will affect the child as he/she attempts to manage information in his/her own life.

Parenting Defensively

The lesbian parents in this study reported the need to protect their children from others in society who might victimize them simply because of their stigmatizing characteristics. "Parenting defensively" includes parenting practices intended to protect children from society. With these practices, parents attempt to promote a positive self-esteem, instill confidence, and promote acceptance of diverse lifestyles.

The lesbian parents in this study felt that, if they could just instill enough confidence in the children's self-esteem, then the children would be able to protect themselves when their parents were not around to do it for them.

We just hope that we instill enough confidence and assurance and love in them that they understand that, "So, what? I have a different family than you. So, what? My family loves me and that is more important than anything." (Hailey's mother)

Hailey's parents reported that they believed that Hailey was developing a strong sense of self. Last year, Hailey told her parents this story about a boy at school:

Joey was like just telling me I had to have a father and I said, "I don't. I don't have one and that's the way it is. I have two moms. I have a mom and a mom. I don't have a mom and a dad."

Elaine's mother was comforted by the fact that her daughter was able to express what she thinks and how she feels. This developmental milestone showed Elaine's mothers that Elaine had the confidence and strength to take care of herself.

Prior to them being able to express themselves, you just worry about what is she going to do the first time someone says, "Do you have a dad?" You worry until you actually see them saying, "Hey, I don't have a dad. I have two moms." (Elaine's mother)

Self-esteem was seen by the parents as a means of self-protection.

Many of the parents felt that, if they could give their children a good foundation and a positive sense of self, they could protect them in challenging situations.

Mothering

Mothering was seen as a parenting practice that was intended to influence the child's self-esteem and build confidence. Mothering in planned lesbian-parent families is unique, or at least different from heterosexual families, because of the increased maternal involvement in the parenting experience. The fact that two women intentionally planned to have the child and are now parenting the child together demonstrates the commitment that they share in the socialization of the child. In the data, recurring themes of this partnership were identified.

We're somewhat unique because it is such a planned thing and such an intentional thing that being active in our child's life and very involved in their school is typical. (Alicia's mother)

Parents discussed how both were very involved in the entire parenting experience.

We really share the core basic stuff about what makes a family. We do things together for our children. It wouldn't occur to us for just one of us to go to Back to School Night. (David's mothers)

Both of us are very involved in Janet's life. We both go to school parties or parent teacher conferences. We are not bound by the typical roles

where the dad works and the mom goes to the school functions. I usually never see other couples at school events. (Janet's mothers)

On field trips, both of us are there. How many kids have two parents there? Some children never get any of their parents there. In our household, we are lucky. We both put in 100%. We both do housework. We both bring in income. Both of us take care of the kids, take them places, and do things for them. (Hailey's mothers)

Many of the women felt that the characteristics that commonly describe a mother were twofold in a planned lesbian-parent family. These maternal characteristics described by the women included "nurturing," "caring," "hovering," "doting," and "showing affection and being overprotective."

I think this [the home] is the more warm and fuzzy place. (one of David's mothers)

You have a lot maternal stuff going on. I think the affection, caring, and love is really compounded. (Alicia's mother)

In addition to these traditional characteristics, many of these mothers felt that their children were being exposed to strong, independent, successful role models.

We are both very strong and Elaine is becoming very independent, strong, and self-sufficient. Elaine has no concept that somebody has to do it for her. (Elaine's mothers)

I think we are "good" parents. I think the children are very proud of who we are. I run a large company with over 300 employees, and her other mom is a physician. So, they've got fairly successful women role models for parents. (Courtney's parents)

In addition to successful role models, these children are also learning about the diversity of role functions that each member of the family plays. Many of the mothers reported that it was important to teach their children that, regardless of gender, they can do anything. The parents felt that their children were not tied to the stereotypical male or female roles found in more traditional families. In planned lesbian-parent families, roles change, depending on the needs of the family and the abilities of each family member. Caretaking roles changed in the family, depending on the economic and personal needs of the mothers.

Roles just naturally seem to show up and the kids see it. I'm not here all the time, so their other mom is more of the "traditional" mom. But things may change and she may go back to work full time, and I will be home with the children. (Courtney's mother)

Many of the mothers talked about trying to be accepted as a "normal" family by neighbors, the school community, and society. They reported that, if a parent could prove to others that she is a "good" parent, her sexuality would not matter.

We've always been well accepted. A lot of our friends are actually straight couples with kids the same age, and they can see we take good care of our kids, we love our kids, and we participate in their lives. We've had other parents make statements such as, "When my kids are with you guys, I know that they are safe." (Hailey's mother)

The last thing anyone really cares about is the gender of your spouse. Teachers know that our kids come to school, dressed appropriately, with their homework done. They can count on me to volunteer for class activities. Kimberly's friends' parents know that, when their children spend the night at our house, they are well cared for and safe. Neighbors know they can trust me with their house keys because my house always looks nice and well cared for. (Kimberly's mother)

Once they see you are just like everyone else, they see you love your kids and you treat them well and you help them with their homework and you do all the things any other parent would do, then their misconceptions go away. (Fred's mother)

Ian's mother stated that she tries even harder to be a "good" parent because she knows that things are working against her: "I have all that extra pressure from society judging me."

Parental involvement, exposure to traditional and nontraditional roles and role models, and providing the children with a "normal" family were practices that parents used to help their children to survive in society. They felt that, if they could help their children to achieve positive self-esteem and confidence, their children would be better prepared for what society has in store for them.

Diversity

Teaching children about diversity and tolerance was identified in the data as an important socialization goal to be achieved by the children in planned

lesbian-parent families. Within the concept of diversity, parents felt that it was important to teach self-respect. Knowing that their children were at risk for discrimination and prejudice because of their own family, most of the parents felt that it was important to begin these discussions early in their child's development. The majority of the parents in the study felt that open communication and respect within the family were key to helping their children to learn about differences. One family began their discussions early in their child's life.

We started talking about different families when he was preverbal. The content of the discussions changed as his development changed. We've always talked to him about diversity. (Greg's mother)

In addition to open communication, exposure to different family forms was important in learning about diversity.

Just exposing her to as many different family constellations as we can and telling her what we feel are the important values of a family and none of it has to do with gender or race. (Elaine's mother)

These families not only exposed their children to other families with two mothers or two fathers but also to different people, religions, cultures, and ethnicities.

Being gay, you have to deal with the stuff from society. So, I do think we are more tolerant of differences in general. I think our children are exposed to a lot more and I think they're more open, accepting, and tolerant than other children. (Janet's mother)

They're raised much more openly than a lot of families which means they're going to be more open to other cultures. (Fred's mother)

Many of the mothers felt that just being in their own family exposed the children to differences.

She has it all in one family. We are of two different religions, we are foreigners, and we are gay. (Kimberly's mother)

Our social contacts are two women, some with kids and some without. So, our kids think our family is the "norm" and it's not a big deal. (Alicia's mother)

The concept of tolerance has enabled several of the children in the study to feel comfortable in discussing their own sexuality with their parents. Hailey had a conversation with her mother one afternoon in the car. Her mother asked Hailey if she had any boyfriends. Hailey responded, "No, I really want to focus on my education and career." Then Hailey added, "Maybe I'm a lesbian." Her mother responded by saying, "It's okay to be who you are, but I don't think you have to worry about that right now." She commented in the interview:

It is amazing to think that we are raising a kid who can make that type of a comment and be comfortable with it. I knew I was a lesbian probably since birth, but I didn't know what it was and I always thought there was something wrong with me. There was nobody to talk to.

Kimberly's mothers reported that she sometimes says to them, "Maybe I'll end up being a lesbian." One of her mothers cautioned her, "It is up to you, but I'm not recommending it. It's not an easy life."

Children's Perceptions

Forty-eight drawings were analyzed individually to identify the child's perceptions of communication within the family, self-image, and emotional tone.

Communication

Information management by the parents with others and with the child may affect the perceptions that the child has about his family and the way in which the child interacts with the wider social world. The children's perceptions of communication within the families in this study were analyzed from their KFD and House drawings. Five of the children exhibited characteristics in their drawings that suggested closed communication within the family. Factors that may contribute to this perception were present in each of their families. These factors are discussed after the descriptions of the child's drawings.

At 7 years of age, Ian's KFD (Figure 4) and House drawing (Figure 5) contain characteristics suggestive of closed communication within the family. Ian's KFD contains compartments for each of the family members. There are barriers between family members. The swing that Ian is on separates him from his mother and sister. His sister serves as a barrier between his mother, and the computer is a barrier between his mother and the children. In addition, each of the family members is involved in a separate activity. The side view of the mother's face contributes to this analysis as well. Ian's House drawing shows some additional characteristics. Ian drew a strange-looking house without windows and without color. The squares drawn inside the house represent elevators. His stories revealed that his room is located in the back of the house. When questioned about who he would like to live in the house, Ian replied, "I don't know," which is a form of evasion (Buck & Warren, 1992).

Ian's actual family communication appears to be consistent with Ian's perceptions. Ian's mother is a single lesbian mother raising two children. A male family friend co-parents Ian when his mother is at work. Ian's mother has not disclosed to Ian or to other significant individuals in his life that she is a lesbian and that he was conceived via an unknown donor.

Larry's KFD (Figure 6) contains characteristics that would suggest closed communication within the family. In the KFD, Larry, age 10 years, drew himself sitting down, facing sideways, playing a computer game. He drew his mother cooking and his nonbiological mother working at the computer. All family members are involved in their own activities. The computer serves as a barrier between the nonbiological mother and the rest of the family. The stove serves as a barrier between the mother and Larry. The sitting position of the nonbiological mother and Larry and the side view of all of their faces contribute to the analysis of closed communication within the family.

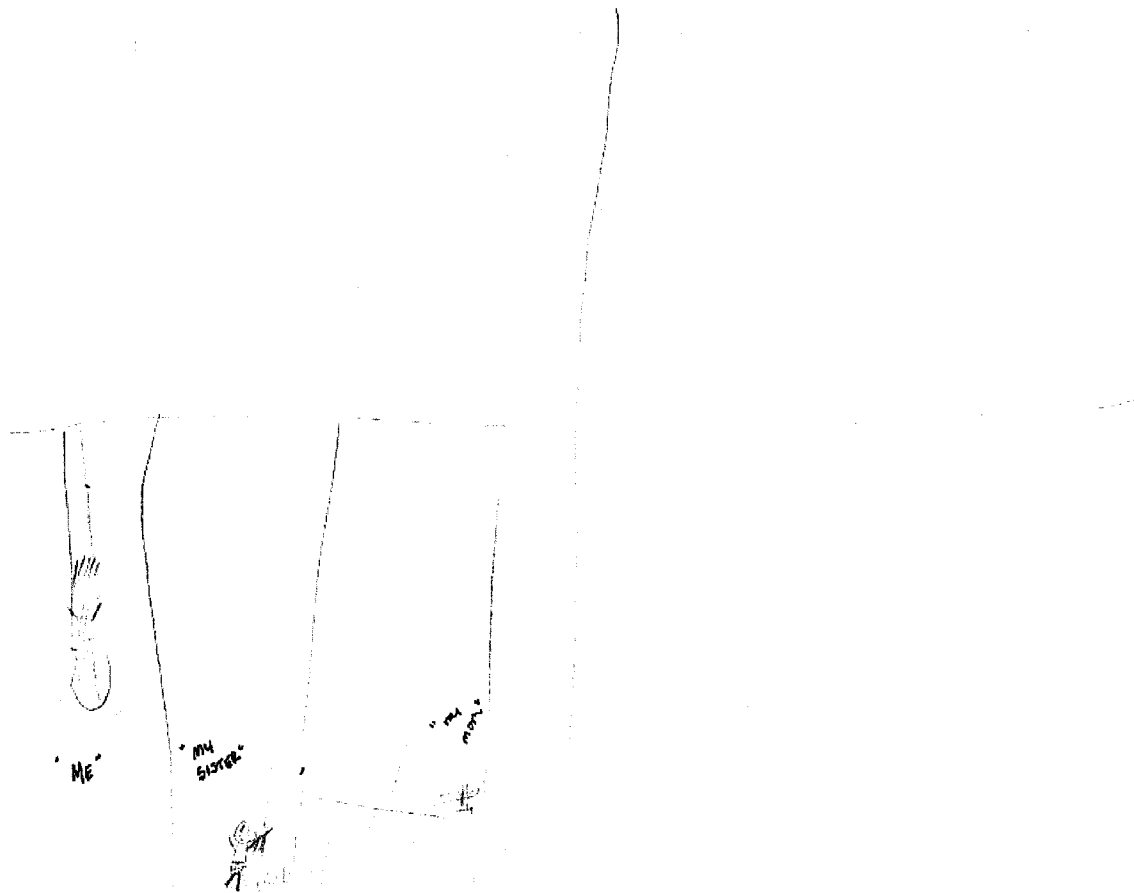
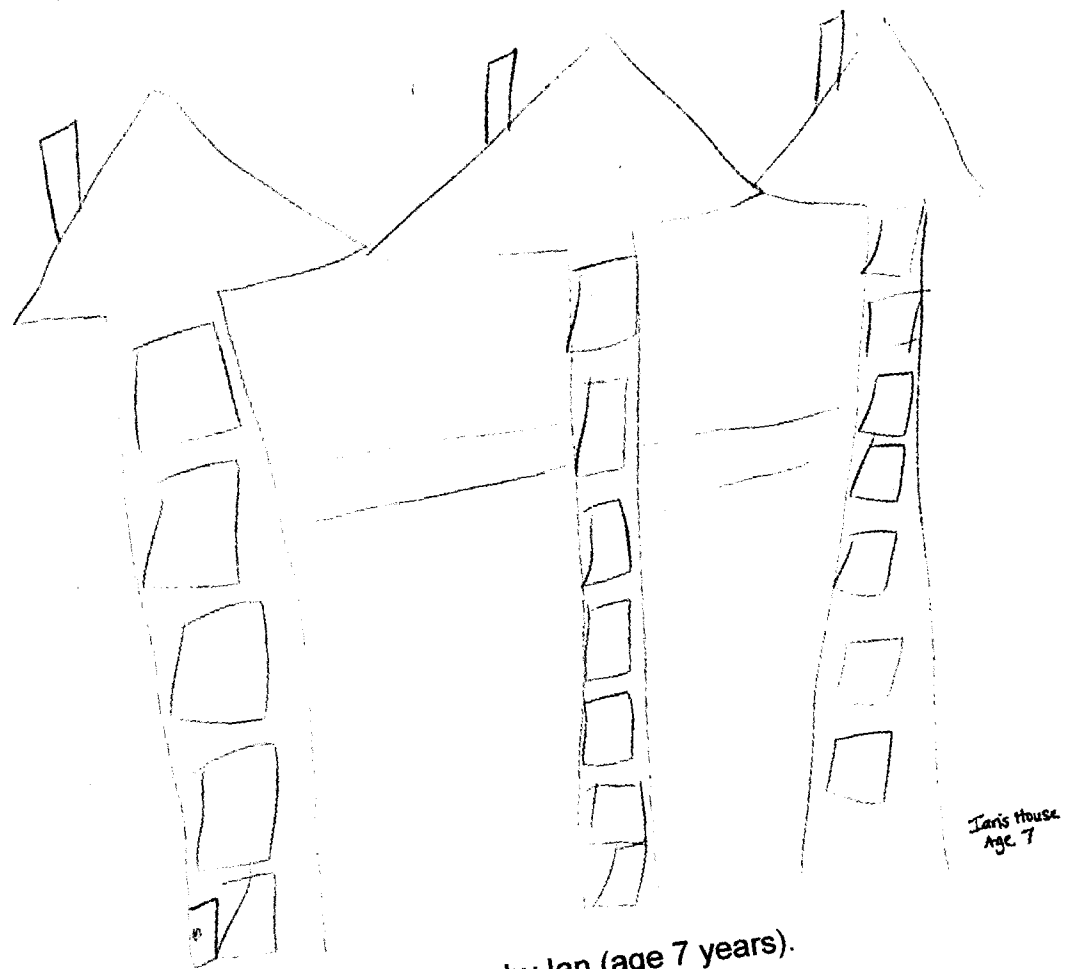


Figure 4. Kinetic Family Drawing by Ian (age 7 years).



Ian's House
Age 7

Figure 5. House by Ian (age 7 years).

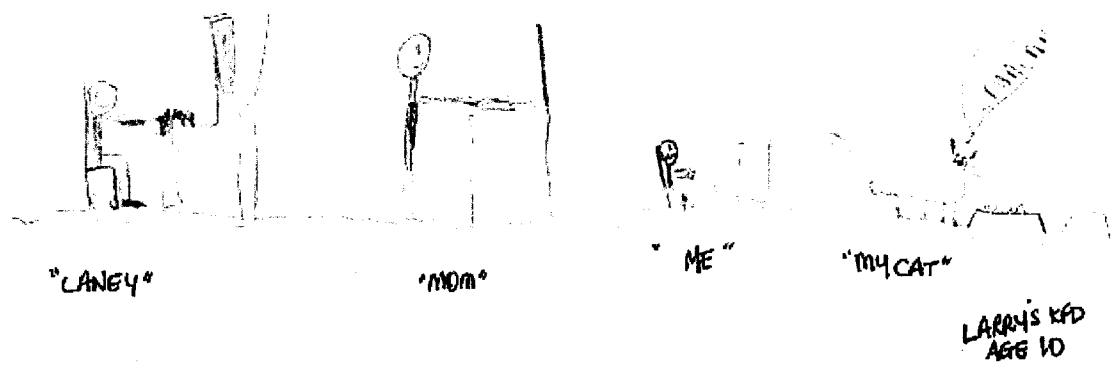


Figure 6. Kinetic Family Drawing by Larry (age 10 years).

Larry's House drawing (Figure 7) is well proportioned, with normal perspective. All essential details are present. The stories about this drawing were more informative. When asked with whom he would like to live in the house, he replied, "My Dad, my Mom, my sister, and my cat." When asked to tell a story about his house, he replied, "Once upon a time, there were some new people moving into this house. As they lived on, their family made new friends and the dad got a new job and they lived happily ever after." When asked about the members of the new family, he replied, "There was a Dad, Mom, and a sister and brother." He made references to the traditional heterosexual family in his stories.

Larry's perceptions about family communication are consistent with the communication that he is receiving about his family structure. Larry has not been told that his biological mother and godmother (nonbiological mother) are really in a committed lesbian relationship and that he was conceived via an unknown donor. In turn, the interactional pattern that Larry is using with his peers demonstrates his lack of knowledge regarding his family structure.

Fred's KFD (Figure 8) and House drawing (Figure 9) exhibit characteristics of closed communication within the family. In the KFD, Fred, age 7 years, drew himself but excluded all other family members. The absence of significant family members suggests a sense of isolation and being disconnected from those who should be a source of supportive information. When asked what he is doing in his picture, he stated that he is playing his "game boy," a very isolating activity. Fred's House drawing shows excessive shading of the roof, which could indicate some adjustment problems, with an attempt to maintain control of his family situation (Buck & Warren, 1992). Fred's parents separated about a year ago but have continued to live together until a new house is completed, at which time one parent will move and they will share custody. His perceptions of

LARRY'S HOUSE
AGE 10

Figure 7. House by Larry (age 10 years).



Figure 8. Kinetic Family Drawing by Fred (age 7 years).



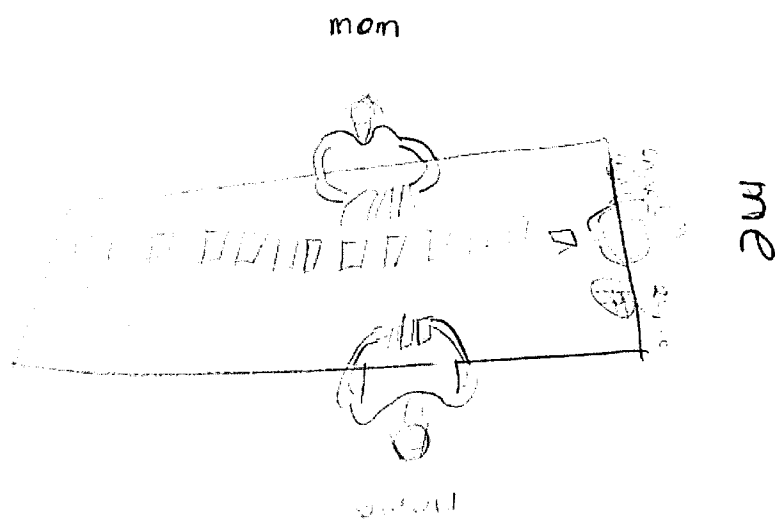
Fred's House
Age 7

Figure 9. House by Fred (age 7 years).

communication within the family may be due to the recent separation and the inconsistencies with regard to parenting practices.

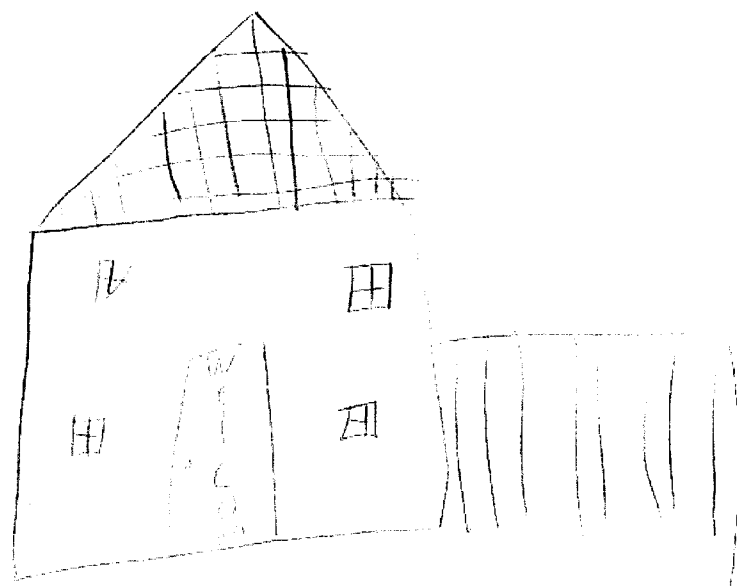
At age 9 years, Kimberly was one of the older children in the study. Her KFD (Figure 10) contains characteristics that might suggest closed communication within the family. She drew her family sitting at a table, playing a card game. The table serves as a barrier between family members. Kimberly drew everyone sitting, facing inward, and away from the viewer; all are considered indicators of closed communication among family members (Burns & Kaufman, 1972; Spinetta et al., 1981). In addition, she drew herself next to her cat and her hamster, which could be considered barriers between herself and her mothers (Burns & Kaufman; Spinetta et al.). However, Kimberly did draw her family involved in an activity together. When asked what everyone is feeling in her KFD, Kimberly replied, "Everyone's happy." When asked about what it is like being a member of her family, Kimberly replied, "It's fun." Kimberly's House drawing (Figure 11) is less conclusive of communication problems within the family. Her House drawing is well proportioned, with a normal perspective. When asked about whom she would want to live in the house with her, Kimberly replied, "My Moms and my cat and hamster." Kimberly's mothers have always been very open about the nature of their relationship and honest with Kimberly from a very early age about her conception.

The KFD by Greg, age 8 years (Figure 12), shows some indications that there maybe closed communication within the family. Greg drew himself sitting between his mother and his nonbiological mother. The chairs serve as barriers, separating the family members. Greg and his mothers are drawn in sitting positions, each involved in her own activity. When asked what everyone is feeling in the drawing, Greg replied, "Happy." When asked what it is like to be a member of his family, Greg replied, "It feels good." Greg's House drawing



Kimberly's KFD
Age 9

Figure 10. Kinetic Family Drawing by Kimberly (age 9 years).



Kimberly's House
Age 9

Figure 11. House by Kimberly (age 9 years).

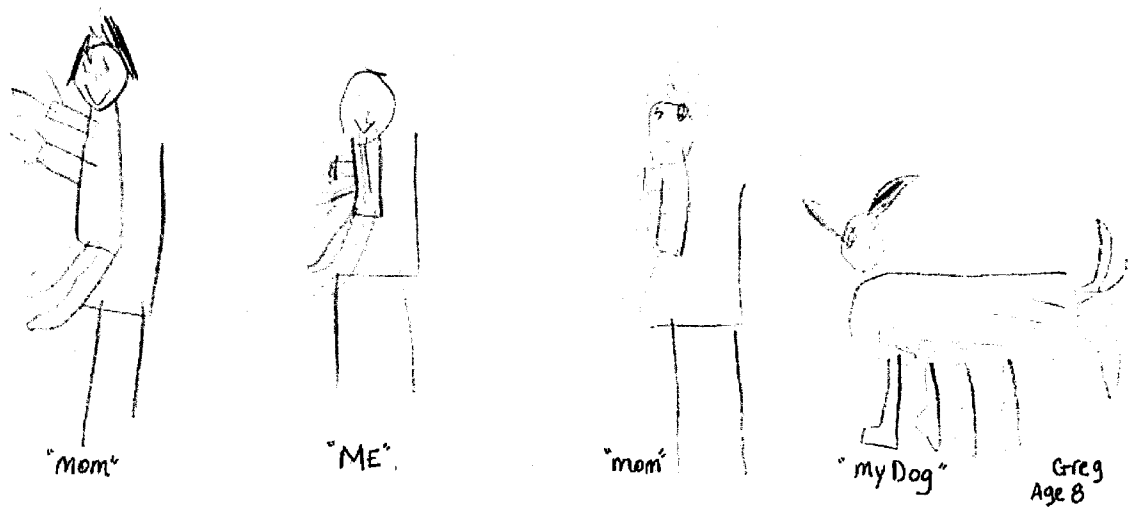


Figure 12. Kinetic Family Drawing by Greg by (age 8 years).

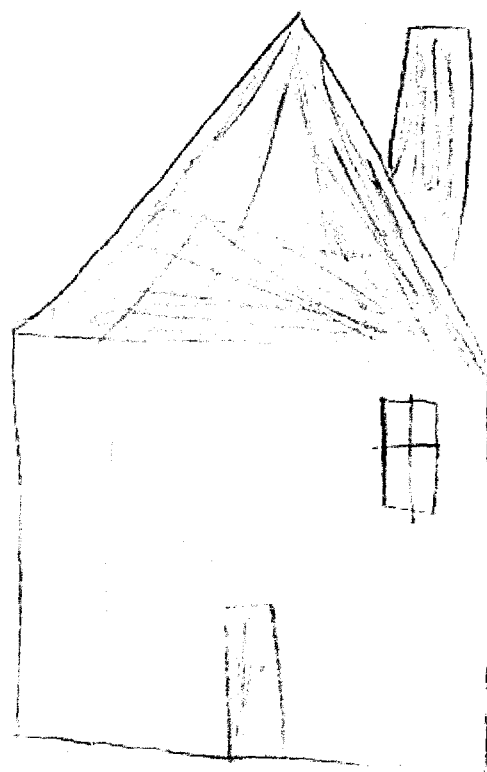
(Figure 13) is drawn on the center of the page, well-proportioned, and with good perspective. The shading could indicate some tension and the clouds mild, generalized anxiety (Buck & Warren, 1992). When asked whom he would like to live with him, Greg replied, "John, my friend." Greg's parents have always been very forthcoming about their lesbian relationship and the fact that Greg has two mothers. However, it was not until Greg was 7-1/2 years old that his mothers felt that he was developmentally ready to understand human reproduction and his own conception. Greg's mother explained:

Prior to that, it's just, "I have two moms, I have two moms." Now we're sitting down saying, "Yes, you have two moms, but part of your biology came from this anonymous unknown man."

Greg's parents reported that he is still processing the information.

Someday he'll start integrating it and, certainly, when he's more like 10 or 11, I fully anticipate that may change some of the dynamics of the parenting relationships.

Elaine, the youngest child in the study, was just 6 years old. Analysis of Elaine's drawings and the stories that she told about her drawings demonstrate her perceptions of communication within her family to be supportive and connected. In Elaine's KFD (Figure 14), all of her family members are present and involved in the same activity. Both mothers and Elaine are standing and facing forward. However, the table may be considered a barrier between the biological mother and Elaine. It was her responses to the questions that contributed to an interpretation of supportive communication. When asked how everyone is feeling in the drawing, Elaine responded, "Everyone is feeling happy." When asked what it is like being a member of her family, Elaine responded, "helpful, loving, and understanding." When Elaine was asked what she likes most about her family, she responded, "Both of my moms love me and I love them back." Elaine's House drawing (Figure 15) is well proportioned, with normal perspective. All essential details are present. Elaine used extra firm



Greg
Age 8

Figure 13. House by Greg (age 8 years).

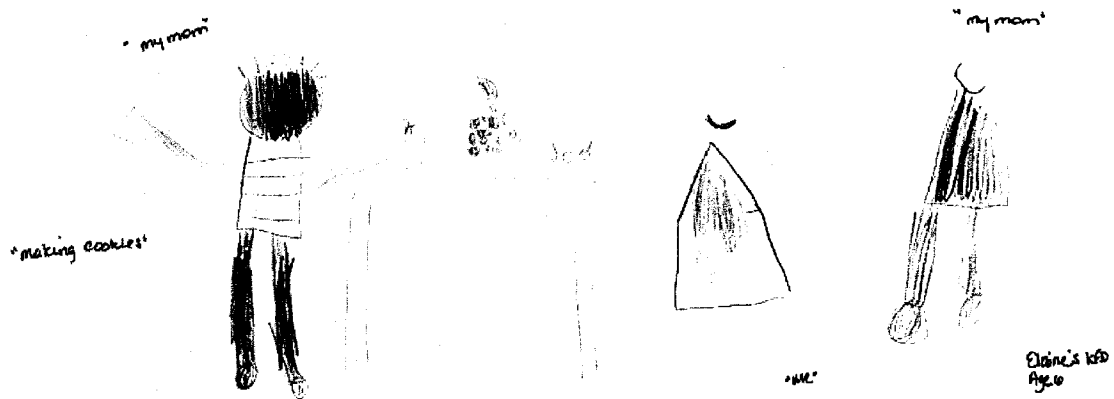


Figure 14. Kinetic Family Drawing by Elaine (age 6 years).

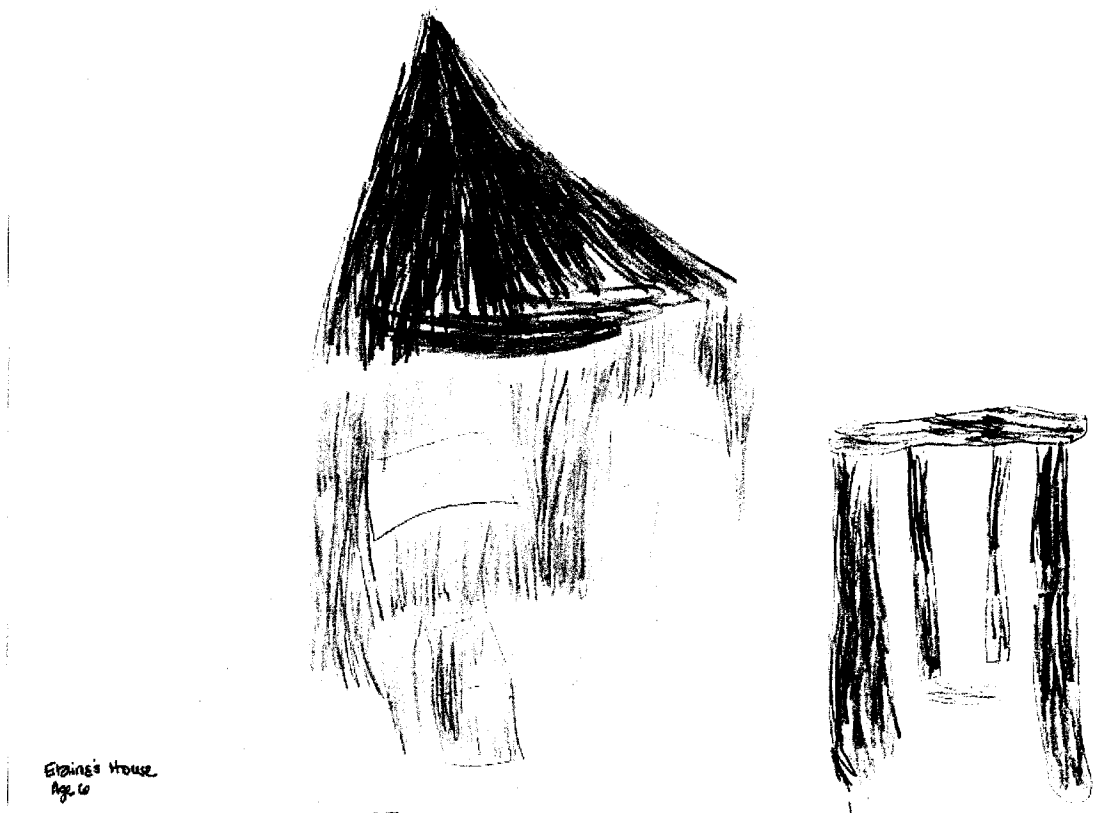


Figure 15. House by Elaine (age 6 years).

strokes for shading, which could suggest anxiety (Buck & Warren, 1992).

Elaine has been told that her family consists of two mothers but has not been told how she was conceived.

Alicia, age 6 years, included her new blended family members in her KFD. Her KFD (Figure 16) includes her biological mother and her new stepmother and two stepsisters. However, her drawing does not include her non-biological mother. Basketballs, considered barriers, were drawn between both mothers and the children. The children could also be considered barriers between the mothers. Alicia drew herself the same size as the new stepmother and taller than her new stepsister, who is the same age as Alicia. The subjects are standing and facing forward, with all essential features present. The heavy shading in the KFD may suggest some anxiety. In addition, the grass that lines the entire bottom of the page is typical of children who feel instability in the home and are trying to maintain stability by creating a very solid foundation (Burns & Kaufman, 1972). Alicia drew each family member with the same facial and body features and clothing. This type of drawing is described as a "cookie-cutter" drawing, often drawn by children who are eager please others (Burns & Kaufman, 1972). When asked "What is it like being a member of your family?" Alicia responded, "being treated like a princess." When asked what everyone is feeling in the drawing, Alicia responded, "Everyone is happy."

There is some concern noted in Alicia's House drawing (Figure 17) and her stories about the house. The heavy shading and the lack of color suggest some tension. When Alicia discussed the drawing, she said that it is green because that is Momma's (her nonbiological mother) favorite color. In addition, the sun on the top of the house was from her previous house. When asked, "Who would you like to have live with you?" she responded, "Momma." Alicia sees her nonbiological mother on Sundays, and there seems to be a great deal

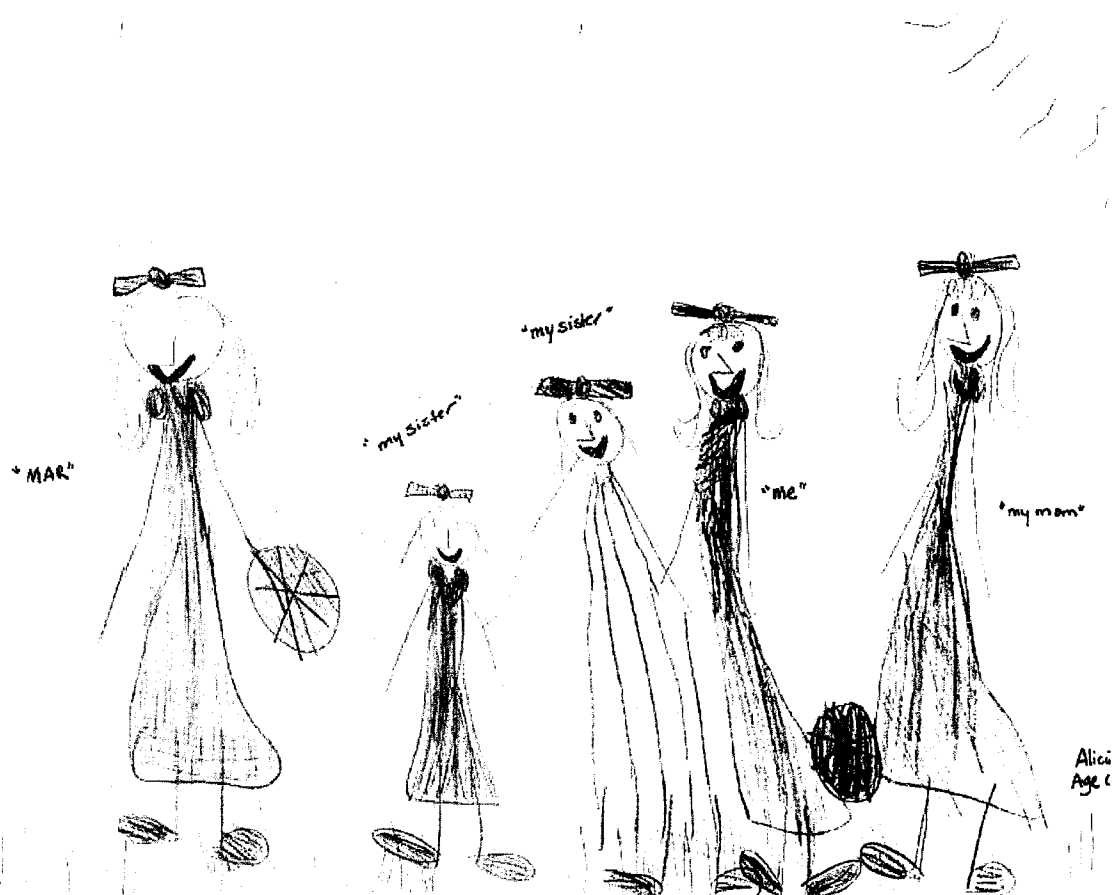


Figure 16. Kinetic Family Drawing by Alicia (age 6 years).

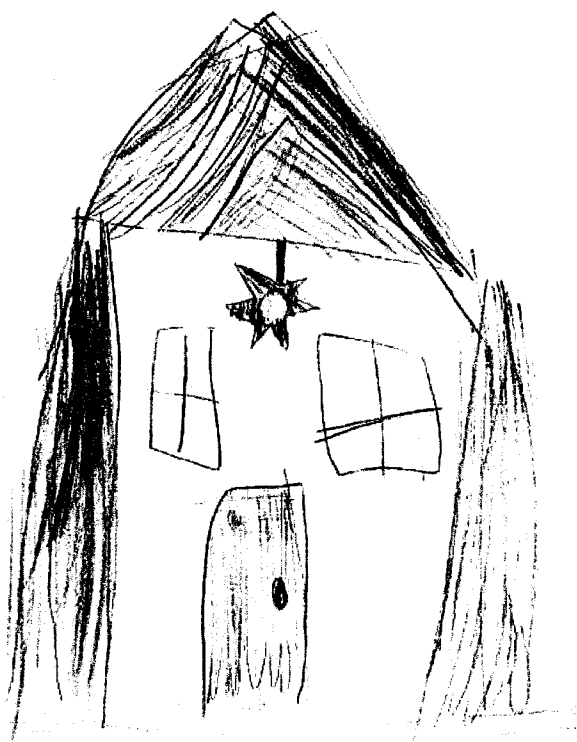


Figure 17. House by Alicia (age 6 years).

of tension between the biological and nonbiological mothers since their disunion.

Brittany, another 6-year-old, drew her KFD (Figure 18) without compartments. The nonbiological mother could be considered a barrier between Brittany and her biological mother. All family members are present, standing and facing forward. Despite these characteristics that suggest open communication, there does not seem to be any sense of connectedness or attachment between the family members. The drawing also has a cookie cutter appearance, with all family members with the same facial and body features. The excessive shading over their heads could indicate some anxiety. The grass along the bottom of the drawing is typical of children trying to maintain stability by creating a very solid foundation (Burns & Kaufman, 1972). When asked, "What is it like being a member of your family?" Brittany responded, "You have fun, spend time with them, play with them, talk and eat with them." When asked why she calls her biological mother "Mommy" and her nonbiological mother by her first name, Brittany responded, "She's not my real mommy. A real mommy means you have a child and it's really yours."

Brittany's House drawing (Figure 19) is well proportioned, with normal perspective. All essential details are present. She drew stairs leading directly to her own room, for which a key is required to enter. When asked whom she would like to have live in the house with her, Brittany responded, "My friends and family." Despite the appearance of lack of attachment and connectedness between family members, Brittany's perception of the communication pattern within the family is an open pattern.

Hailey, one of the older children in the study, is 8 years old. Her KFD (Figure 20) and House drawing (Figure 21) exhibit open communication within the family. All family members are included. There are no compartments. Her

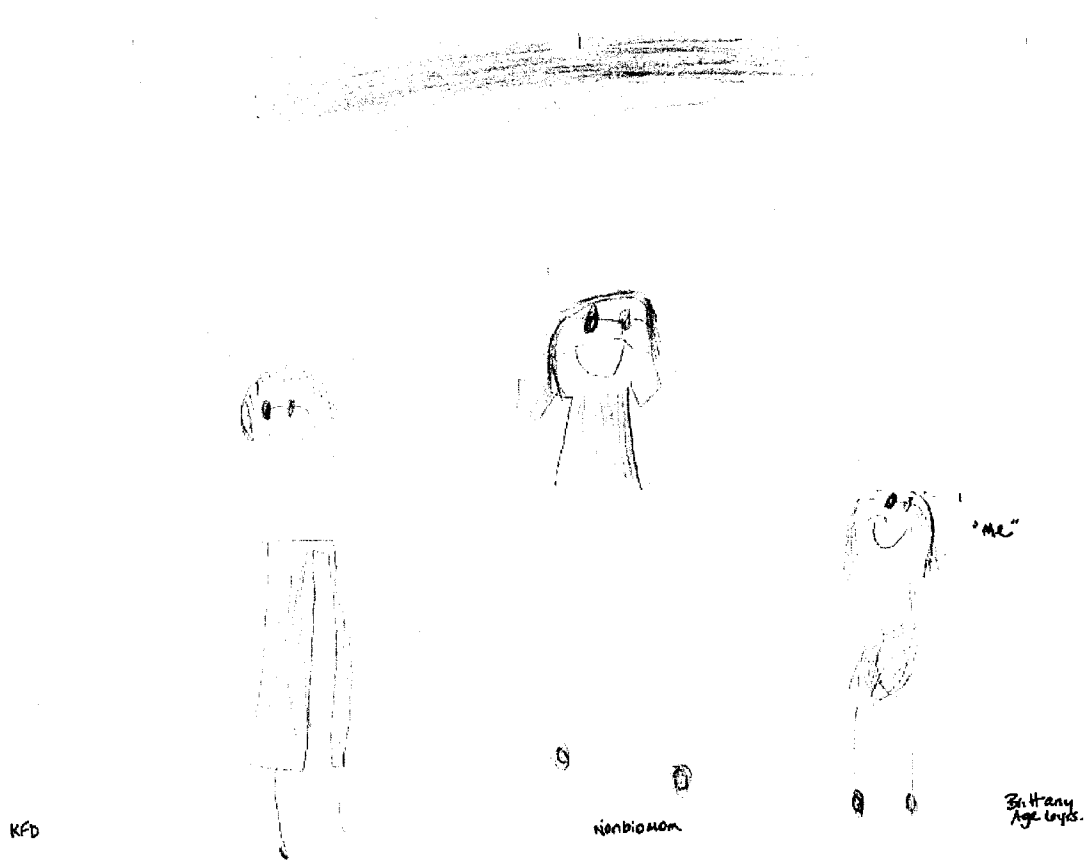
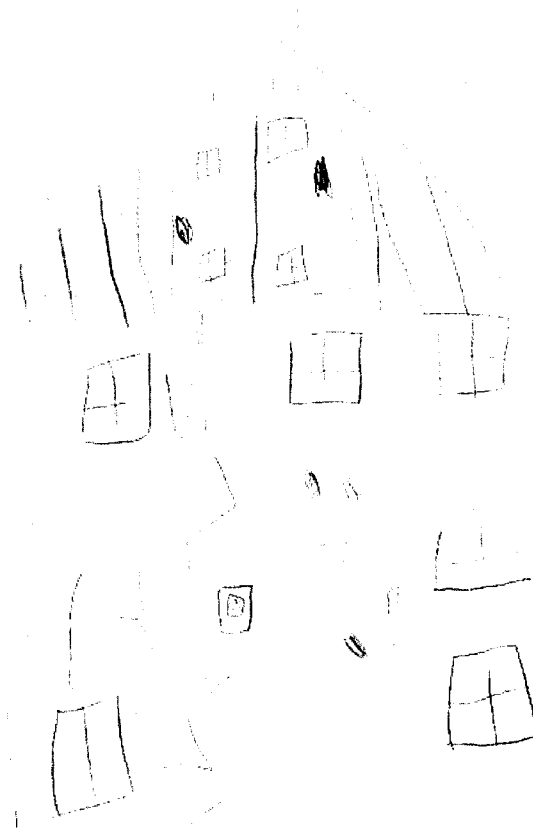
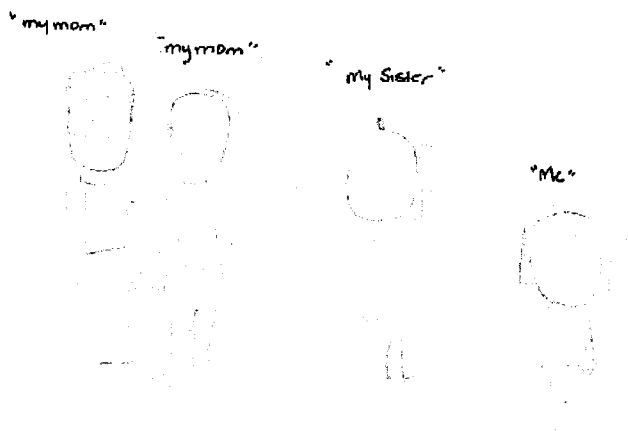


Figure 18. Kinetic Family Drawing by Brittany (age 6 years).



Brittany's House
Age: 6yrs

Figure 19. House by Brittany (age 6 years).



Hailey's KFD
Age 8

Figure 20. Kinetic Family Drawing by Hailey (age 8 years).

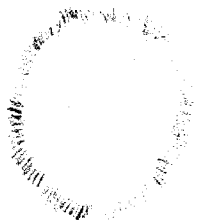


Hailey's House
Age 8

Figure 21. House by Hailey (age 8 years).

older sister could be considered a barrier between herself and her mothers. Her mothers are drawn very close together, while her sister and she are drawn off to the side. Everyone is standing and facing forward. When asked what everyone in the family is doing in the picture, Hailey responded, "standing." This response is considered a form of evasion (Burns & Kaufman, 1972). When questioned further, Hailey told an elaborate story about the family choosing a family pet prior to the drawing. Hailey's House drawing is well proportioned, with normal perspective. All essential components are present. When asked "What is it like being a member of your family?" Hailey responded, "It's neat." When asked what she liked the most about being in her family, Hailey responded, "Not living with any boys because I don't get bossed around by any boys."

Janet, age 8 years, is a member of a blended family. Her biological and nonbiological mothers separated when she was 6 years old. Her stepmother joined the family around the same time. She was very reluctant at first to draw and to tell stories about her drawings. Despite directions not to use stick figures, Janet used stick figures for her KFD (Figure 3), which is a form of evasion. The responses to most of the questions were "I don't know," which is another form of evasion. However, Janet's KFD (Figure 3) and House drawing (Figure 22) exhibit some characteristics of open communication within the family. Her KFD has no compartments or barriers. All of her family members, including her biological and nonbiological mothers, stepmother, brother, grandparents, and uncle, are present, standing and facing forward and involved in the same activity at the beach. A very large sun is drawn on the center of the page. A sun drawn in a child's KFD could indicate a need for warmth and acceptance (Burns & Kaufman, 1972). Her House drawing also elicits concern. Janet drew a very small house, far away on a hill. This type of drawing could



Janet's House
Age 8

Figure 22. House by Janet (age 8 years).

indicate a desire to withdraw from society or to not be accessible (Buck & Warren, 1992). While Janet's perceptions of family communication may be open, she may have some concerns about her place in society.

In summary, the children's KFD and House drawings and their stories suggest that most of the children in the study perceived open communication within their families. However, several children demonstrated, through their drawings and stories, perceptions of closed communication between family members. For most of these children, patterns of closed communication regarding their family structure could be identified in the parent interview data as well. However, it is difficult to identify the exact etiology of the children's perceptions.

Self-Image

One-way to assess the child's self-esteem is to take a look at the child's self-image. Self-image is what a child knows about himself (Houck & Spegman, 1999). School-age children are developing a stronger sense of self in addition to a sense of how others perceive them (Stern-LaRosa & Bettmann, 2000). Analysis of the children's KFD and Person drawings revealed that most of the children in the study seemed to be developing good self-concept. Elaine's Person drawing (Figure 23) and story about her drawing gives the impression that she has a good self-concept. Elaine drew a very feminine-looking girl, wearing a dress and high heels, with a bow in her hair. The girl is drawn low on the page, with all essential body parts and with appropriate choice of colors. The girl appears happy. When asked to tell a story about this girl, Elaine said, "She's very happy and she's a happy girl." When asked of whom the girl reminded her, Elaine, replied, "Me." When asked what this girl needed the most, Elaine replied, "Jesus."

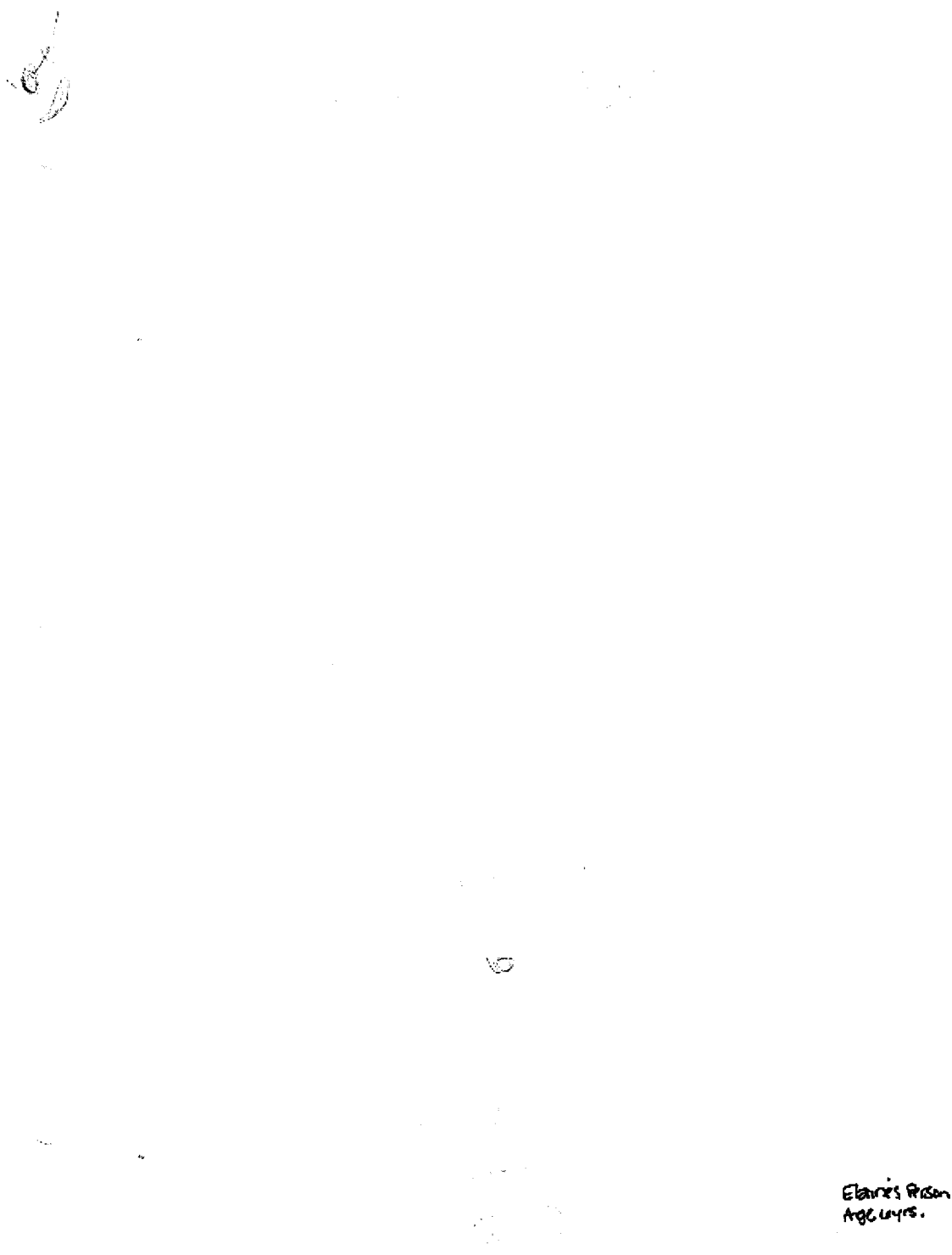


Figure 23. Person by Elaine (age 6 years).

Hailey's Person (Figure 24) drawing is also suggestive of a good self-concept. Hailey drew a girl facing forward, with all essential body parts. The girl is smiling. Hailey told a story about how the girl loves animals. She said that the girl has "a lot of friends" and even a "best friend." However, she did not use color in her drawings, which may suggest depressive tendencies.

Courtney, age 6 years, is a member of a newly formed blended family. Her Person drawing (Figure 25) shows some indicators that there may be concern with her self-concept. She drew a girl, standing and facing forward. She drew a semi-stick figure, with no shoulders or hands and small arms. These characteristics may suggest feelings of inferiority or inadequacy (Buck & Warren, 1992). Her story about the drawing made up for those characteristics. The little girl in the story is her new stepsister, Alicia. Courtney revealed that Alicia is smiling and having fun. Alicia has "lots of friends in school." When asked to describe the clothes that Alicia is wearing, Courtney said that Alicia has on a new blue dress that is really pretty and she is posing for the camera.

For his Person drawing, Fred, age 7 years, drew a picture of himself playing soccer (Figure 26). Fred's mothers separated about a year ago but continue to live in the same house to provide consistency until a house is built next door, at which time one of the mothers will move into the other house. Despite the unique living situation, Fred's Person drawing and his stories about his drawing suggest that Fred is developing a positive sense of self. The boy in the picture is facing forward, smiling, with all essential body parts. Fred used extensive shading in his drawing, which could suggest some anxiety (Buck & Warren, 1992). When asked whether he has many friends at school, Fred replied, "Yes." When asked to discuss his Person drawing, Fred replied, "I'm playing soccer and I saw a raccoon in the tree and the sun is happy."



Hailey's Person
Age 8

Figure 24. Person by Hailey (age 8 years).



Figure 25. Person by Courtney (age 6 years).



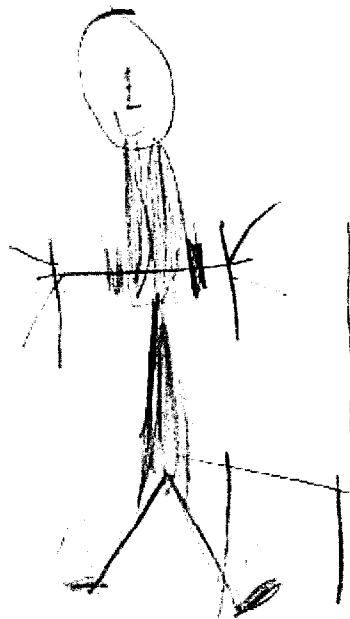
Figure 26. Person by Fred (age 7 years).

Fred's Person
Age 7

The rest of the boys in the study seemed to be having problems with how they perceived themselves within the family and their community. Greg is 8 years old. Greg's KFD (Figure 12) and Person drawing (Figure 27) have characteristics that may cause concern for Greg's development of his sense of self. His parents are also concerned about self-concept; they believe that he is beginning to experience significant anxiety as the result of his family structure. All subjects in his KFD are in sitting positions. Greg drew a man for his Person drawing, but he drew a very rigid person with spiked fingers, which may suggest hostility (Buck & Warren, 1992). His story revealed that the man in the picture is a 55-year-old man who does not have friends. Greg's parents reported that he has friends at school but that he tells them incorrect stories about his family structure.

Ian's KFD (Figure 4) and his Person drawing (Figure 28) also have characteristics that suggest concerns about his self-concept. Ian, age 7 years, failed to draw both essential and nonessential components such as noses, ears, feet, and hands. Failure to draw hands may suggest feelings of inadequacy; lack of shoulders may suggest lack of strength and or power. Ian drew a picture of a boy that he described to be himself at the beach. The sunglasses covering his eyes may be a way to withdraw from society (Buck & Warren, 1992). Ian's parents separated when he was 2 years old. His biological mother is raising him as a single lesbian. His nonbiological mother has since married, has children of her own, and is no longer involved in Ian's life.

Larry's KFD (Figure 6) and Person drawing (Figure 29) also have some characteristics that may indicate problems with his developing self-concept. The KFD subjects are small and are drawn facing sideways in a sitting position. The Person drawing is also drawn small, with no use of color. Larry drew a picture of a boy, but the boy is rigid, missing a nose and ears, and with very



Greg
Age 8

Figure 27. Person by Greg (age 8 years).



Ian's Person
Age 7

Figure 28. Person by Ian (age 7 years).



LARRY'S PERSON
AGE 10

Figure 29. Person by Larry (age 10 years).

large eyes, which may suggest anxiety and a need to withdraw (Buck & Warren, 1992). Larry described the boy in the drawing as his 11-year-old best friend from Japan. When asked whether the boy in the drawing has friends at school, Larry replied, "Yes."

David, age 6 years, is the youngest member of a blended family. He has three older stepsiblings who were born to his nonbiological mother in a previous heterosexual relationship. David's KFD (Figure 30) and Person drawing (Figure 31) have characteristics of problems with his self-image. David's KFD suggests a sense of domination by other family members. David drew a picture of a boy in his Person drawing, but the boy is missing hands and feet, which may suggest feelings of inadequacy. He drew a boy with a very large head, which may indicate that David uses fantasy as a source of satisfaction. The boy in the Person drawing is portrayed negatively. The story that he told about the drawing reveals that the boy is being hit in the face by a meteor. David said that the boy got really mad and hurt. In order for the boy to feel better, David said that he made everybody "do stuff for him."

Lesbian parents in this study felt that, if their children had a good sense of self and confidence in their family structure, these characteristics would help their children to protect themselves from society. Most of the female children in the study seem to be developing a positive self-concept; the majority of the male children were having difficulty with their perceptions of self. This could be related to several factors for each boy. Larry and Ian lived in families that remained "closeted" with regard to their family structure. Greg was becoming uncomfortable with the difference associated with his family structure. David was the youngest member of a blended family. With three older children in his family, David may not be getting the attention that he needs to foster his self-

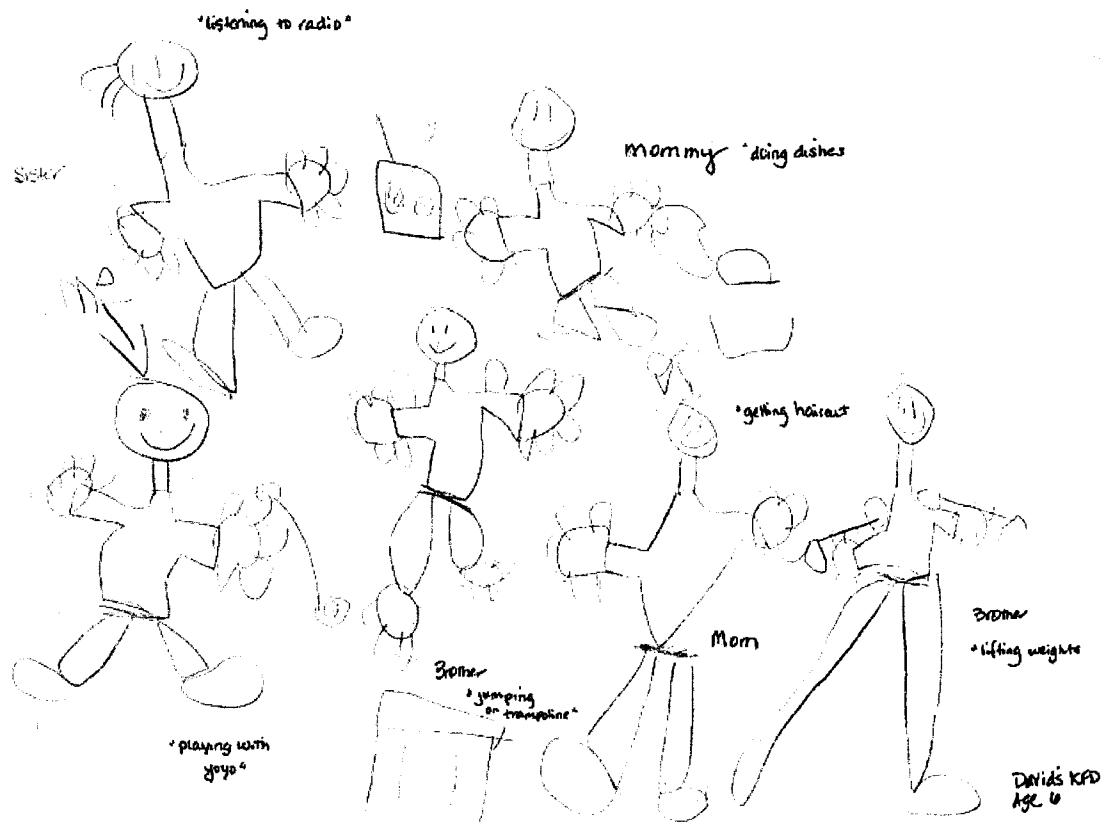
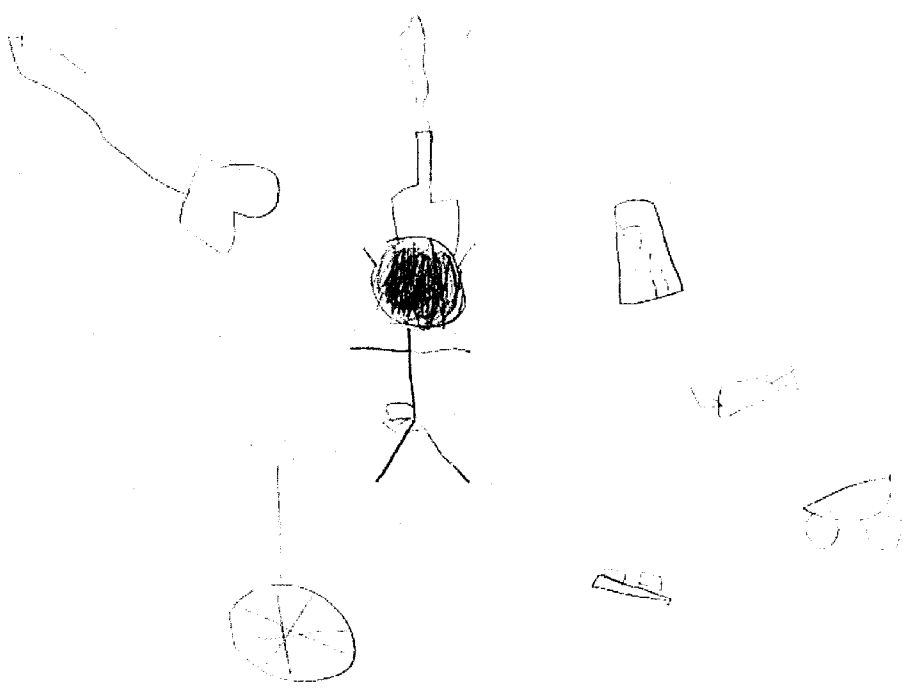


Figure 30. Kinetic Family Drawing by David (age 6 years).



David's Person
Age 6 yrs

Figure 31. Person by David (age 6 years).

concept. This area will required further examination before a clear conclusion can be reached.

Emotional Health

Each drawing was analyzed to identify indicators of the child's emotional health. The majority of the children in the study did not have obvious indicators of extreme emotional distress in their drawings, such as harsh weather, themes of violence, or death. Only one child exhibited multiple themes of harsh weather, themes of violence, and death in his drawings. Most of the other children's drawings had just a few characteristics in them that might suggest concern for their emotional well-being.

Collectively, Alicia's drawings (Figures 16, 17, 32, and 33) have no indications of harsh weather. In fact, she drew a sun to indicate that it is sunny and warm outside. She used a variety of acceptable colors throughout her drawings. Her drawings were developmentally appropriate and used most of the paper. Facial features of the subjects are complete. The only area of concern was discussed in the section on communication. Alicia seemed to be experiencing anxiety as a result of the recent separation of her nonbiological and biological parents. The extensive shading in all her drawings supports this finding.

Collectively, analysis of Elaine's drawings (Figures 14, 15, 23, and 34) indicates good emotional health. Her drawings do not contain any indications of harsh weather. In addition to multiple colors used throughout her drawings, Elaine demonstrated appropriate use of the paper for her drawings. Her drawings were developmentally appropriate. Her House drawing and Tree drawing have excessive shading, which could suggest anxiety. However, the source of this possible anxiety is unclear.

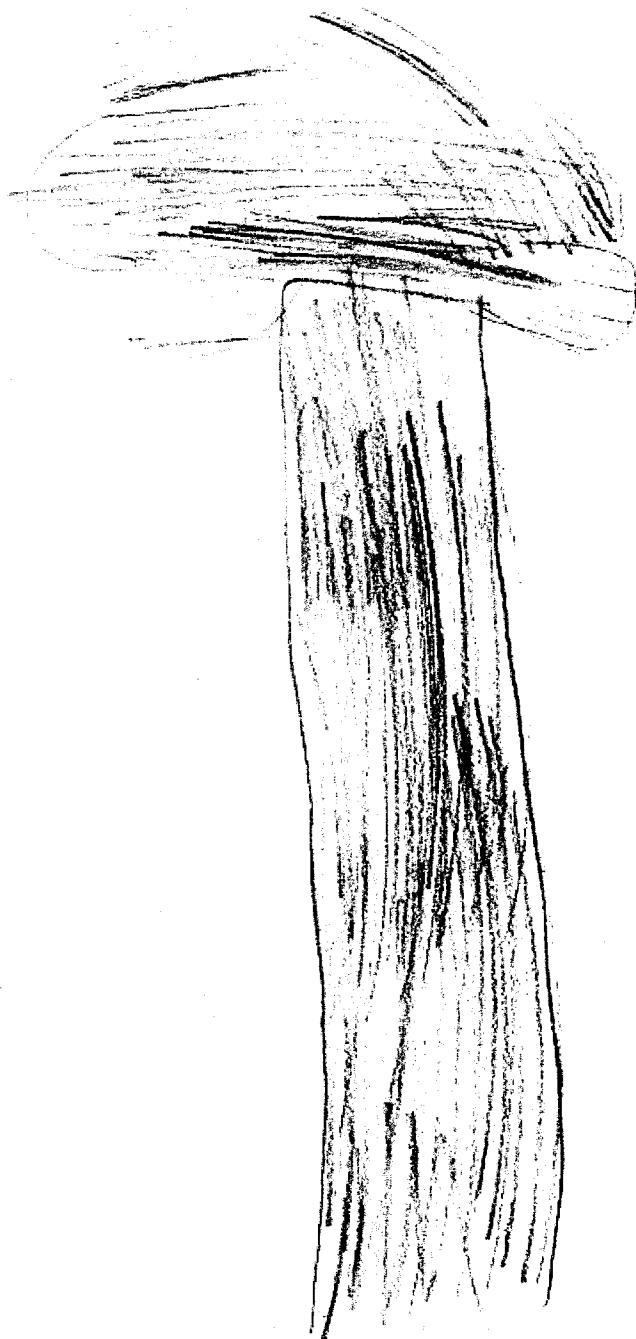


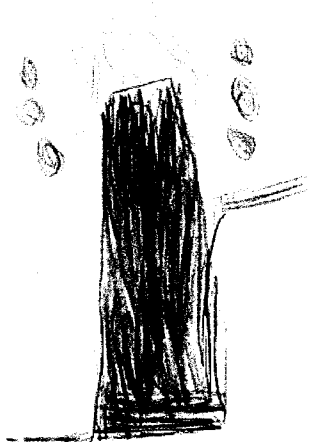
Figure 32. Tree by Alicia (age 6 years).



PERSON
DRAWING

Alicia
6yr.

Figure 33. Person by Alicia (age 6 years).



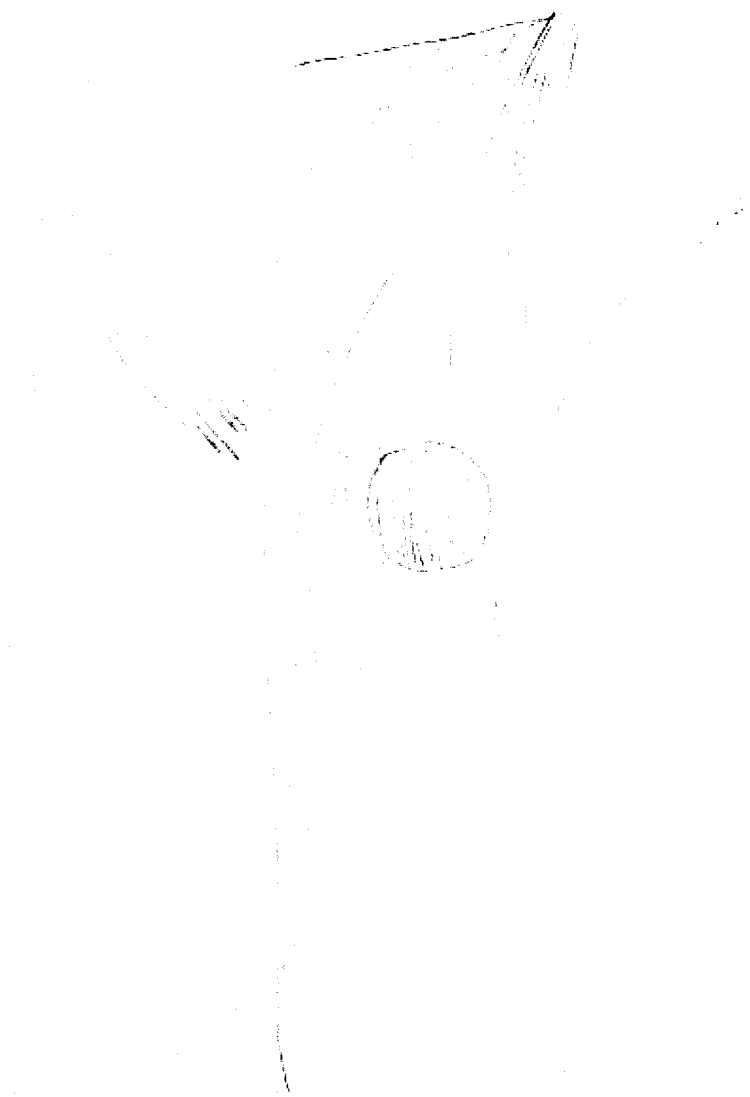
Elaine's Tree
Age 6 yrs.

Figure 34. Tree by Elaine (age 6 years).

Each of Brittany's drawings (Figures 18, 19, 35, and 36) has indicators that collectively suggest emotional difficulty. Brittany described the weather in her Tree drawing as windy and cold. She also drew a knothole in the tree that she described as the home of an owl that lived in the tree. In general, knotholes on trees are suggestive of some type of emotional trauma. Brittany described the weather in her House drawing as dark and cold. When asked to describe her House drawing, Brittany explained that her room is at the very top of the house and that she has her own stairway and key to get to her room. Brittany's room is isolated from the others. In addition, Brittany's Person drawing shows a girl drawn inside a house, which is also an indication of isolation (Burns & Kaufman, 1972). The girl is drawn floating, which could be a sign of insecurity (Buck & Warren, 1992). The source of her emotional distress is unclear at this point. Her parents are very open about their family structure and have not seen any indications that Brittany is experiencing any emotional distress as the result of her family structure.

Courtney, age 6 years, is a member of a new blended family. She currently spends half of the week with her nonbiological mother and her new stepmother, sister, and new stepsister; she spends the other half of the week with her biological mother and her new partner. Courtney's drawings (Figures 2, 25, 37, and 38) may suggest some problems with this relatively new living situation. She described the weather in her Tree drawing as being cool, with just a little wind. Although she used appropriate colors in her drawings, it appears that she used excessive shading, which may indicate some anxiety (Buck & Warren, 1992).

Fred's drawings (Figures 8, 9, 26, and 39) appear to demonstrate appropriate emotional characteristics, with a just couple of concerning characteristics that may be related to his family situation. He described the weather in his Tree



Brittany's Tree
Age 6 yrs.

Figure 35. Tree by Brittany (age 6 years).

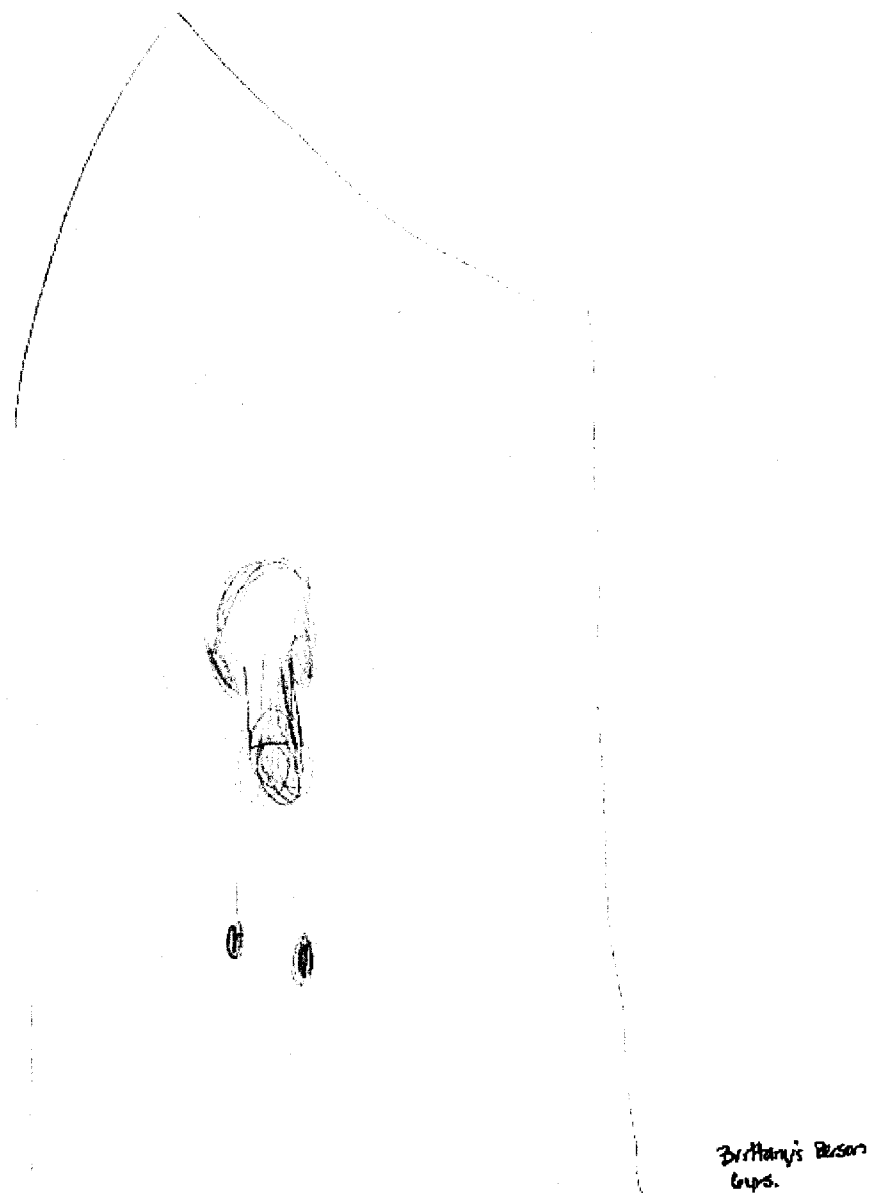


Figure 36. Person by Brittany (age 6 years).

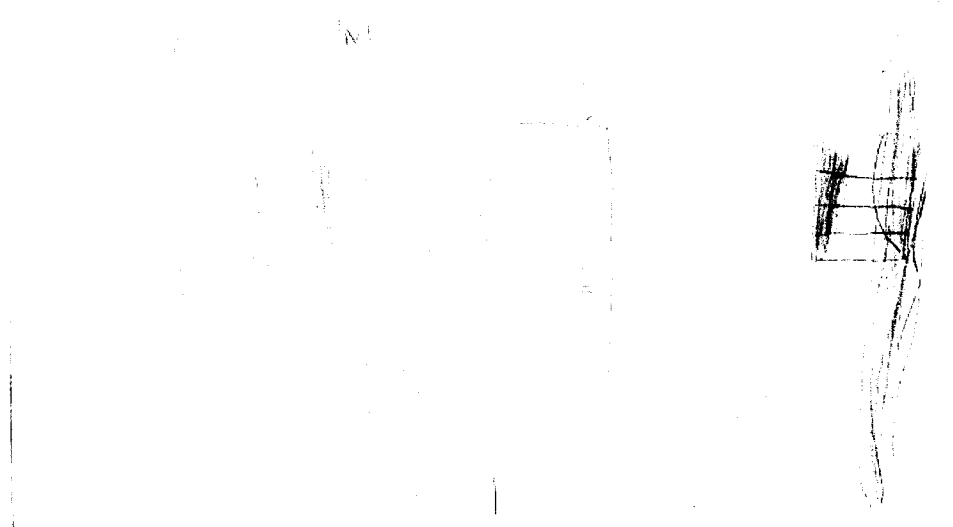
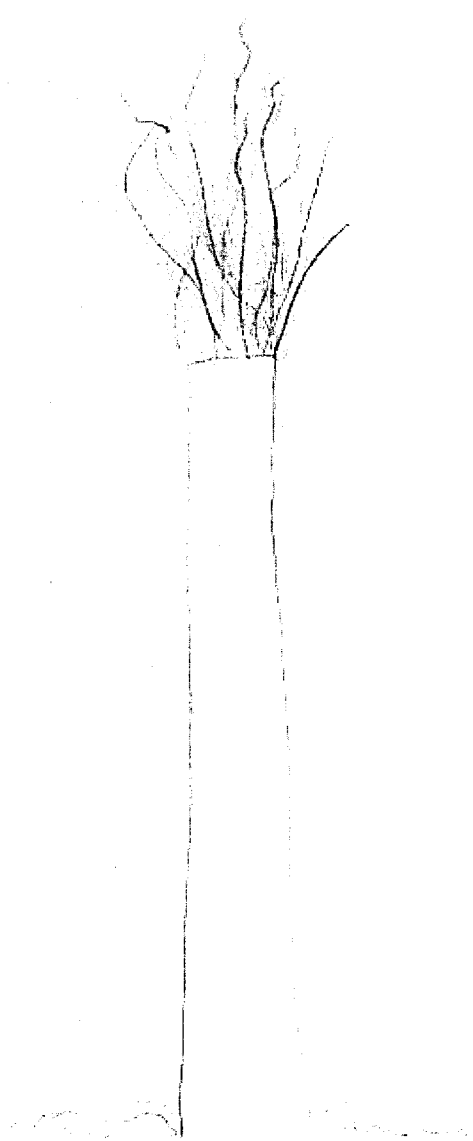
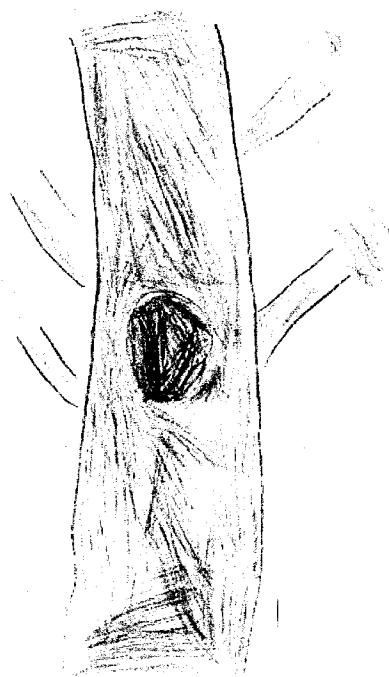


Figure 37. House by Courtney (age 6 years).



Courtney's tree
Age: 6 yrs

Figure 38. Tree by Courtney (age 6 years).



Fred's House
Age 7

Figure 39. House by Fred (age 7 years).

drawing as sunny, with wind blowing “just a little.” The tree is drawn disproportionately, with the broad-base trunk not proportioned to the top of the tree. In addition, the tree is drawn with the edge of the paper used for the bottom. These characteristics may suggest that he needs more support from his environment (Buck & Warren, 1992). He uses color and space appropriately throughout his drawings. His drawings are developmentally appropriate.

Ian’s drawings (Figures 4, 5, 28, and 40) have several concerning characteristics pertaining to his emotional tone. There was no evidence of harsh weather. However, he did not use any color in his House drawing (Figure 5) and minimal color in his other drawings. His House drawing is very strange-looking, with very harsh characteristics. His house has no windows. He said that his room is located in the back. The tree in his Tree drawing (Figure 40) is well proportioned, with normal perspective. He drew a hole in the tree trunk. When asked about the hole, Ian said that it was a squirrel hole for a squirrel family that lived in the tree. When asked about the squirrel family, Ian responded, “There are four squirrels. There is a mom and a dad and two children. One’s a girl and one’s a boy. The boy is older.” His Person drawing (Figure 28) is a picture of himself. He drew himself without hands or feet and with sunglasses covering his eyes. Omission of hands may imply feelings of inadequacy, while absence of feet may imply strong feelings of constriction (Buck & Warren, 1992).

Analysis of Larry’s drawings (Figures 6, 7, 29, and 41) for emotional tone revealed several characteristics that may suggest some problems. Larry used very little of the paper and all of the subjects were drawn small on the page. This characteristic may suggest feelings of inadequacy in coping with his environment. He used only pencil for his Person drawing (Figure 29) and one

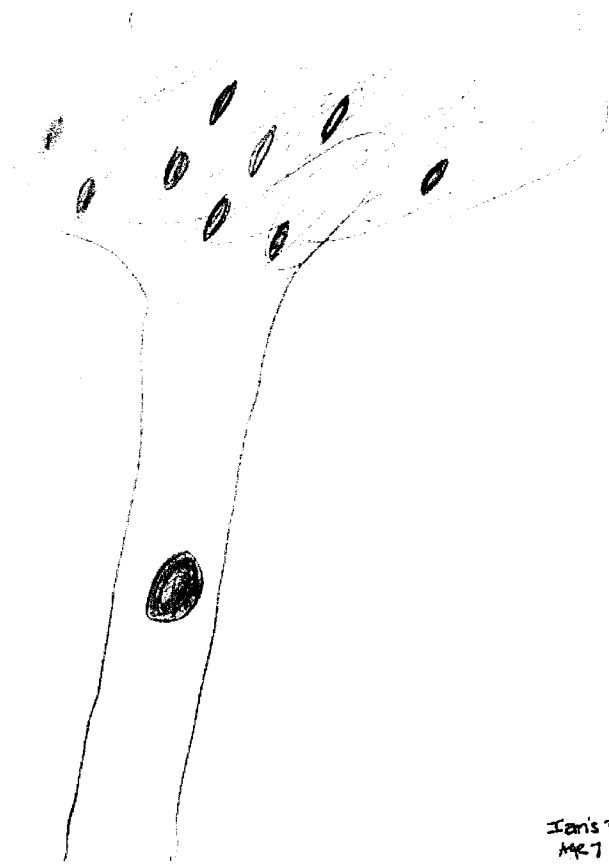
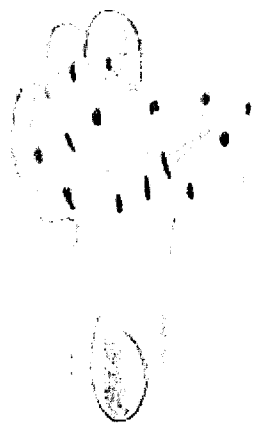


Figure 40. Tree by Ian (age 7 years).



LARRY'S TREE
AGE 10

Figure 41. Tree by Larry (age 10 years).

color each in the other drawings. There is no indication of bad weather in his pictures, but Larry said that it is a little windy in his Tree drawing (Figure 41).

David's drawings and his stories about his drawings were the only drawings that collectively had themes of death, violence, or harsh weather. David described the weather in his Tree drawing (Figure 42) as raining with a gusty wind and a tornado. The tornado often suggests that, despite extreme environmental pressures, the person resists and maintains balance (Buck & Warren, 1992). The small size of David's Tree drawing may suggest inadequacy in coping with his environment (Buck & Warren). His story about his tree began with a tree that fell on someone's head. His story about his House drawing (Figure 43) revealed a house that is about 146 million years old. He said that all of the people in the house were dead and, because the house cared so much about the people in the house, he brought in some friends of his and they blew air into the people and made them alive again. He did not use color in his KFD (Figure 30). The only color that was used in his Person drawing (Figure 31) was the red color on the person's face because the person got "smashed in the head by a meteor." The recurring theme of violence and death in David's stories and drawings may suggest that David is having emotional difficulty with some aspects of his life. David is the youngest child in a blended family. His parents are very open about their relationship and their family structure. David's family lives in a community that, on the whole, is very accepting of the homosexual lifestyle. David's parents are not aware of any negative experiences in David's life as a result of his family structure. David's drawings and his stories about his drawings seem to be unique. It is difficult to determine the source of his distress.

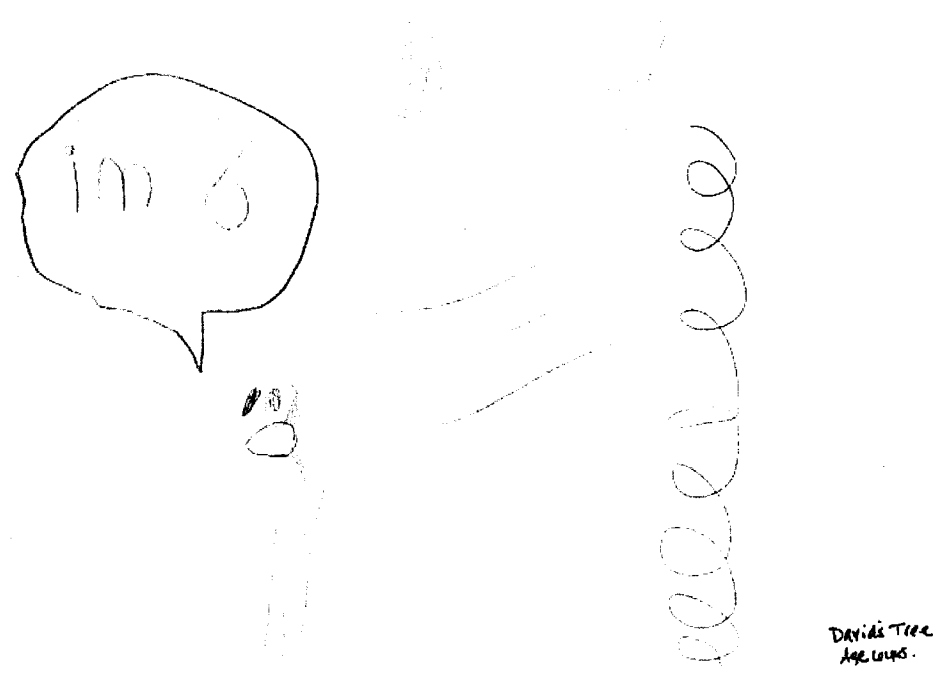


Figure 42. Tree by David (age 6 years).

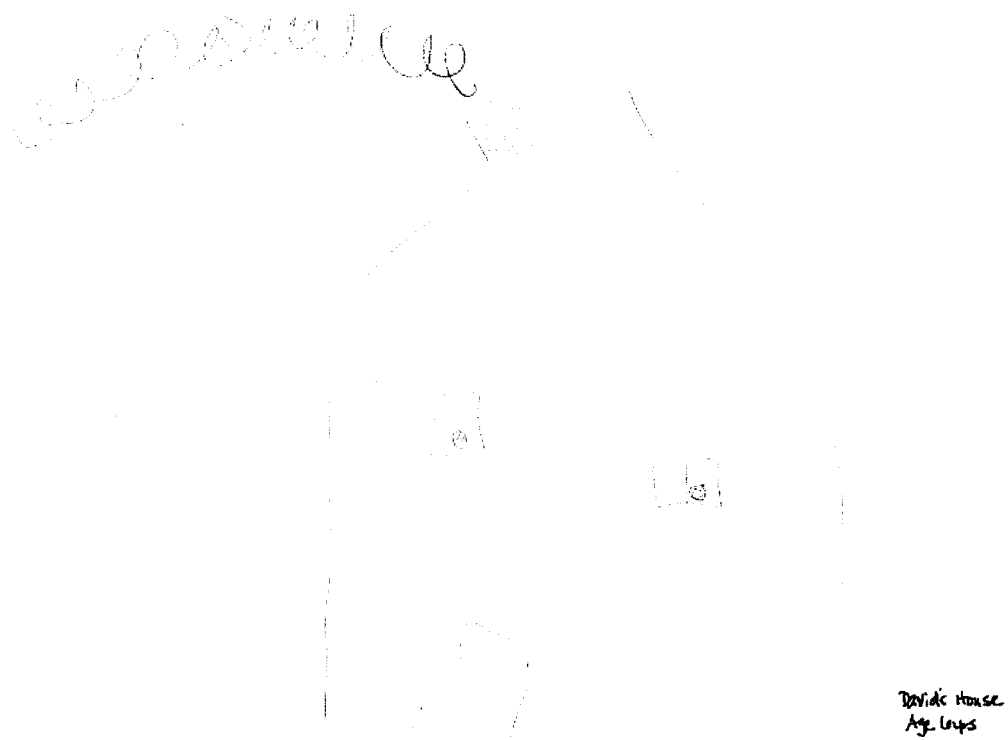


Figure 43. House by David (age 6 years).

David's House
Age 6 yrs

Children's Interactional Strategies

The data identified three strategies used by the children as they interacted with society: revealing, concealing, and pretending or covering. The strategies used by the children were found to be related to the individual child's developmental level, communication within the family, self-concept, and emotional health.

Revealing

Most of the children in the study used the revealing strategy as they interacted with their peers and society in general. These children were very proud to have two mothers and did not hesitate to tell anyone and everyone. Many of the children's peers were reported to feel that it was a "neat" thing to have two mothers. Hailey's mothers remembered that, when their older daughter was 3 years old, they took her to get her hair cut and she told the woman, "I have two moms." Alicia's mother stated, "I think she's kind of proud about being unique; she's big on making the announcement. At the beach she will not hesitate to go over to the next towel group and say, "There's my two moms." Brittany's mothers said that she tells everyone, and Courtney's mother revealed, "We will be in the grocery store and the kids tell perfect strangers they have three moms." Fred's mothers agreed: "They will tell everybody they have two moms and the other kids seem to be really interested. It's not a negative thing." Hailey's mothers remember when their older daughter was named "Star of the Week" in the third grade; she got to bring in her parents. One of her mothers stated, "She was just so proud when we walked in and even some of the kids were, 'Oh, that's so cool, you have two moms.'"

These children did not realize that some people outside of their families might see them differently, in a negative sense. They saw the difference as

positive. The developmental age of these children seemed to play an important role in the way these children perceived their families. Most of the children who used revealing as an interactive strategy were 6 years old. Fred and Hailey were two of the older children, 7 and 8 years old, respectively, who used revealing as an interactional strategy.

Concealing and Pretending and/or Covering

Three of the children who had previously used the revealing communication techniques were currently using either the “concealing” or “pretending” techniques as they interacted more with their peers. These children had begun to realize that their families were different and they were uncomfortable with the idea of being different. Greg’s mother said, “He used to be, ‘Well, I have two moms’ and it was matter of fact, and now he’s aware that he’s the only one.” Greg said, “I’m the only one with two moms. Nobody else has two moms. Everybody else has a mom and a dad.” Greg, age 8, was “concealing” his family by not talking about them or ignoring the facts as a way of dealing with the issue. In addition, he was telling “cover stories” or “pretending” to his peers. His nonbiological mother gave an example:

I was picking Greg up from school and John’s mom came over. She wanted to set a play date for the boys. I said “I will have (his mom) call you. She’s the one who schedules play dates.” And she says, “You’re not Greg’s mom?” And I said, in front of both kids, “Greg has two moms.” Later, I asked Greg, “How did you feel about me saying you had two moms?” He said, “Not good. John didn’t know I have two moms.” I said, “He didn’t? How could he not know you have two moms? I drop you off at school every morning and Mommy picks you up. So he’s seen me every morning. Who does he think I am?” He said, “I told him you are my grandmother.” So, in addition to not telling people, he comes up with a cover story. He also says that he has a Dad who just works late all the time.

According to his parents, Greg does not feel uncomfortable with his family structure when he is around friends with whom he has grown up or with other children at church. His self-consciousness began when he went from first

grade to second grade with 18 children in his class whom he was meeting for the first time. There were no other children in the class with gay or lesbian parents. One of his mothers said, "I think it's very simple; he doesn't want to be different."

Janet was currently "concealing" her family structure. Janet's mother shared a similar story about how Janet, age 8, had changed.

Last year Janet had written a story about herself and it said something about her two moms. And then this year, she rewrote the story and did not mention her two moms. When I asked her about her rewrite, she said she didn't want her teacher to know she has two moms.

Janet's mother said that this was the first time that she had seen Janet change something or hide something related to her family structure.

Kimberly's parents remembered, "She used to tell everybody, 'I have two moms.' Lately, she started realizing people reacting not necessarily in the right way, so she is careful." Kimberly's parents told Kimberly when she was young that she did not need to tell everyone she met that she had two mothers. Her mothers told her, "There is no reason for us to come out to every stranger that we meet, because society as a whole is not supportive to our situation." Due to her parents' warning and her own experiences, Kimberly started assessing the situation before disclosing her family structure. Kimberly remembered when she traveled to Israel: "There was this 11-year-old girl behind us on the plane and I asked her, 'Do you like gay people?' And she said, 'No.' And I said, 'Neither do I.'" When asked why she said that, Kimberly replied, "I don't know, I just wanted to be her friend because she was the only other kid on the plane."

Hailey's nonbiological mother said that Hailey was still very proud of her family, but she remembered an incident with their older daughter when she started "pretending."

Hailey's sister was in middle school when she started to be more aware of being different. I remember her school had a Parent Tag Along Day

where a parent could tag along for the day, and I went. She introduced me to all her friends as her Aunt. So, I didn't say anything. Later that evening, I said, "Hey, I noticed you were introducing me as your Aunt. What's going on?" At first, she said, "I just don't want to have to explain." Later, she said, "I'm just afraid people won't like me, they won't be my friend."

Hailey's sister has not only begun to realize that her family is different but she determined that some in society are not accepting of her type of family.

The parents' reactions to their child's "pretending" or "concealing" communication patterns seemed to be very consistent. The parents seemed to feel that their children had not asked to be raised by lesbian parents and that it was up to the child to decide how he/she wanted to deal with it in his/her own life.

This is his process and he needs to find a way to deal with his process. We are very accepting of the process. We won't change our family dynamics for him or his friends. We won't pretend to sleep in two rooms. We won't tell parents that there's a father, or we won't tell parents that we're not a lesbian couple, but the way he deals with friends has to be his arena. We are not going to cover up but what he does is his arena. (Greg's mother)

Many of the lesbian mothers felt that every child is born with his/her "issue" and that being born into a lesbian-parent family is the child's issue. It is up to the child to work through how he/she will deal with the issue. This process changes as the child develops and as the child interacts with society. Respect on the parents' part was identified as a key concept related to helping the child manage the issue. Parents in the study supported the child's process by giving the child alternatives and examples that demonstrated to the child that, regardless of their family structure, the child had friends and family who loved them and supported him/her. Hailey's mother said, "I pointed out to her about eight of her friends that know about her family and are totally okay with it." Having experienced the same type of ambivalence with their own sexuality and what society says is acceptable, the mothers in this study understood how difficult it can be for their children to work through the process.

Two of the children were using the “pretending” communication technique for different reasons. Ian and Larry were “pretending” because they had not been told the correct information about their family structure or how they had come to be. Ian, age 7, knew that his mother was a single mother but he did not understand that she was also lesbian, nor exactly what that meant. Due to his lack of information, Ian was overheard saying that his father is dead. He did not know that he was conceived using an unknown donor in the context of a lesbian relationship that dissolved when he was 2 years old. Ian’s mother had told him that she did not know where his father lived. Analysis of Ian’s drawings suggests that his perceptions of the communication with his family, his sense of self, and his emotional tone may be indicators that he may be having a problem with his place in his family and society. His KFD (Figure 4) and House drawing (Figure 5) suggest poor communication within the family. He used compartments and barriers. The side-sitting position of the mother also leads to this interpretation. Ian’s House drawing is very different; there are no windows and only one door. Ian’s room is in the back of the house. These characteristics may suggest a need to withdraw from society. Ian’s Person drawing (Figure 28) is missing essential and nonessential parts; he does not include hands, feet, ears, nose, or shoulders. Lack of hands may suggest feelings of inadequacy; lack of shoulders suggests decreased strength and power. The sunglasses cover his eyes, pointing to a need to withdraw from society or his environment. He used no color in his House and Tree drawings (Figure 40). When asked about the hole in his tree drawing, Ian replied that it is a hole for a squirrel family. The squirrel family consists of a mom, a dad, and a boy and a girl. It is interesting to note that, when Ian’s mother works 24-hour shifts, Ian spends the night with a male friend and his wife. This person is so involved in Ian’s care

that he attends parent-teacher conferences or takes Ian to the dentist if Ian's mother is not available.

Larry, age 10, was also "pretending" because of his lack of correct information. He knew that his mother and godmother were raising him. However, Larry had not been told that his mother and godmother were in a lesbian relationship and that he was conceived using an unknown donor. When Larry has asked about his father, his mother has told him that he does not have a father. Larry has been overheard saying that his father is dead or that his mother is divorced. Larry's drawings suggest that this secrecy may have had an impact on his perception of communication in the family, his sense of self, and his emotional health. He used only one color for each of his drawings, except for his Person drawing (Figure 29), in which he used only pencil. His Tree drawing (Figure 41) is well proportioned, with good perspective, but a knot drawn on the trunk may indicate some type of emotional scar. In his KFD (Figure 6), Larry drew barriers between family members. In addition, the side view of the family and sitting position of Larry and his nonbiological mother is problematic. The arms on his Person drawing are very tense—a characteristic that may suggest rigidity. He did not include ears or a nose. Analysis of his drawings (Figures 6, 7, 29, and 41) for emotional tone reveals several characteristics that may suggest problems. Larry used very little of the paper, and all of the subjects were drawn small on the page. This characteristic may suggest feelings of inadequacy in coping with his environment. There is no indication of bad weather in his pictures, but Larry said that it is a little windy in his Tree drawing.

The stories that Larry told about his drawings are interesting. When asked who he wanted to live with him in his House drawing, Larry replied, "My Dad, my Mom, my sister and my cat." In his story about the apple tree that he

drew, Larry talked about an owl family that keeps moving from tree to tree, year after year. When asked about the owl family, Larry replied that there was a father owl, a mother owl, a small owl, and a sister owl. Larry's recurring reference to the traditional family may suggest a longing to be in a typical family structure. But when asked what it was like to be a member of his family, Larry replied:

It feels good. It's just because there's this kid across the street. His dad doesn't treat him really well. So, I feel happy that I have a family that's not really, that's not really mean like his dad, but he's a nice kid.

When asked what he liked most about being in his family, Larry replied, "that my parents are nice." So, even though he has been told that the nonbiological mother is his godmother, he regards her as one of his parents. Larry's own family had recently moved from a perceived homophobic neighborhood in search for a more accepting neighborhood. Unfortunately, the parents did not feel that their new neighborhood was any more accepting of their family structure than their last neighborhood.

In summary, the data revealed three interactional strategies used by the children as they interact with peers or with society in general: revealing, pretending, and concealing. The younger children in the study felt comfortable with or even proud of their families. As the children began to interact more with their peers, they began to realize that their family structure was different from that of other families in their school. These children were uncomfortable with being different. A couple of the children realized not only that their family was different, but that this difference was not acceptable by some in society. These children began to assess the situations before they disclosed. They started to ask questions: Will this person still be my friend if I tell them about my family? Will this person still like me? Two of the children were using the pretending communication pattern because they did not have the correct information

regarding their family structure and how they came to be. These two children's perceptions of the communication within their families, as well as their self-concept and emotional tone, were the most worrisome.

CHAPTER 6

DISCUSSION OF THE STUDY

Researchers have gone to great lengths to provide empirical evidence to suggest that children in lesbian-parent families are as psychologically healthy as children in heterosexual families and that lesbian mothers are just as “fit” as heterosexual mothers. What researchers do not know is how parents and children in planned lesbian-parent families live in a homophobic society where they face social prejudice on a daily basis. What stresses do they face and how do they manage the stress in their lives? How does social prejudice affect their relationships within the family and with society as a whole? What strategies are used by the parents as they attempt to raise their children, and what strategies do the children use as they begin to negotiate their place within their family and society? The substantive theory, managing stigma in planned lesbian-parent families, provides a beginning framework for understanding how these families function in society under homophobic conditions.

Techniques of Managing Stigma: Two Illustrations

Lesbian parents are faced with the challenge of raising children who might experience prejudice and discrimination as the result of their family structure. The degree of societal stigma associated with homosexuality and the developmental level of the child had prevailing impacts on the interactional

strategies used by both the parents and the children. Discussion of two families illustrates the process of managing stigma in planned lesbian-parent families.

Elaine

At age 6, Elaine was one of the youngest children in the study. Her parents had been in a lesbian relationship for 6 years prior to her conception. Before coming to the decision to have a child, they had spent several years making sure that it was the “right” thing to do. They wanted to be sure that they were financially stable and emotionally prepared. They wanted to be sure that the environment in which the child would be raised would be conducive. It was important to them to have the support of their families and the community in which the child would be raised. Spiritual support was identified as an important resource for this family. They wanted their child to be raised as a Christian, and that felt that it was important to be members of a church that was accepting of their lifestyle. At the time of Elaine’s birth, the parents were comfortable with the spiritual support that they were receiving from their church.

Although neither parent had encountered significant negative experiences as the result of her sexual orientation, they both lived with the constant reminder that homophobia still exists. Both parents had struggled with feelings of internal homophobia during most of their early adulthood and they felt that it was important to come to terms with their sexual identity before having children. Both parents felt that it was important to be “out” prior to having children. Prior to Elaine’s conception, her parents had sought out an obstetrician that was accepting of their lifestyle. After Elaine’s birth, the obstetrician recommended a pediatrician who was also accepting of their lifestyle.

Armed with support from their families, community, and healthcare providers and their ability to confront internalized homophobia and acknowledge

the constant fear of societal discrimination, Elaine's parents were ready to embark on the parenting experience. Their stated goal was to raise a child with positive self-esteem and enough confidence to feel good about her family and herself. In all aspects of their lives, it was important for Elaine's parents to be open and honest about their family structure. From the very beginning, Elaine knew that she had two mothers. Elaine's parents described their family as very "maternal." They described themselves as "overprotective" and "overdoting" parents. They described themselves as very strong women, with characteristics that they saw developing in Elaine. They said, "She's becoming very independent, strong, and self-sufficient." They hoped that they were providing Elaine with a "strong foundation" that would give her the confidence and self-esteem to feel good about her family structure. Part of this foundation was built on teaching Elaine kindness and respect for all people, regardless of gender or ethnicity.

Elaine's drawings and her stories revealed that she was developing a strong sense of self and appeared emotionally healthy. Her drawings and stories demonstrated her perceptions of communication within the family to be supportive and connected. These factors, combined with Elaine's development level, influenced Elaine's interactive strategy. Elaine was using the revealing communication pattern. Elaine was very proud of her family and told everyone that she has two mothers.

Larry

At age 10, Larry was the oldest child in the study. His parents had been in a relationship for 9 years before he was conceived. Larry's nonbiological mother reported that, several years into the relationship, she felt the need to have a baby. Unfortunately, before the idea was pursued much further, she

had to have a hysterectomy. Larry's biological mother was not comfortable in raising a child in a lesbian relationship; however, after some discussion, the couple decided that they would try adopting a child. They described the adoption process as "the biggest mistake we ever made . . . humiliating and embarrassing."

Still not convinced that it was the right thing to do, Larry's biological mother agreed to have the baby. Using an unknown donor, she conceived Larry after 9 months. Although Larry's biological mother's family was very accepting, the nonbiological mother's family was homophobic. Although Larry's parents were open with close family and friends about their family structure and lesbian relationship, they did not feel comfortable in "coming out" to everyone. Unfortunately, they experienced several incidents of discrimination as a result of their homosexuality that altered their parenting practices. They learned a lesson about disclosure when Larry started school. Teaching Larry about Christianity was important to his parents. They enrolled him in a private Christian academy. After learning of Larry's family structure, Larry's mother was asked to take Larry out of the academy. After that incident and several incidences of discrimination and prejudice in their neighborhood, Larry and his family moved to what they hoped would be a more accepting neighborhood and public school. Fearful of discrimination and prejudice for themselves and Larry, they remain closeted with the new school and church staff and with Larry and Larry's friends. Larry knew that he had two "parents" but he had never been told about his parents' relationship. He had been told that his nonbiological mother was actually his godmother. His parents had not told him about his conception.

These influencing factors and his parents' interactional strategies may have an impact of Larry's perception of communication within the family, his

developing sense of self, and his emotional tone. His drawings and the stories about his drawings reflected his perception of closed communication within the family, poor self-esteem, and concerns about his emotional health. Consequently, Larry's interactive strategy was consistent with his developmental level and his experiences. He was using the pretending communication pattern with his peers. He explained to his friends that his father was dead or that his parents were divorced. Unfortunately, his parents were not aware the affect that their secrecy might be having on Larry's development.

Despite the differences between these two families, it is obvious that both set of parents felt that the decisions that they had made with respect to raising their child in today's society were the best decisions for their family, based on their experiences.

Strengths of the Study

Conducting research with marginalized groups has always been challenging. The unique methodology of combining grounded theory with projective drawings in the qualitative study of planned lesbian-parent families provided data that might have been difficult to access via other research methodologies. Obtaining permission to interview the children in this study was an obstacle that required long discussions with the parents prior to obtaining parental consent. After explaining to the parents that their children would not be asked direct questions about the lesbian identity of their parents and that the investigator would be using drawings and stories to gather data, the parents seemed less apprehensive about exposing their children to the research process. In addition, the feminist philosophy of self-disclosure of the investigator as a lesbian to potential participants created an atmosphere in which the lesbian mothers felt safe in exposing themselves and their children to the research process. This

“insider” status of the investigator may have enabled her to gather particular pieces information that would not have been available to other researchers.

Many of the lesbian mothers reported that they felt that it was important to contribute to the growing body of research on lesbian-parent families. Throughout the interviews, many of the mothers wanted to send a message to other lesbians considering parenthood. Most notably, the majority of the mothers wanted lesbians considering parenthood to know how important it was for them to be “out” and to be comfortable with themselves before having children.

Limitations of the Study

The results of this study have several limitations. The qualitative nature of the study, combined with the small sample size, clearly limits the ability to generalize the results to all planned lesbian-parent families. In addition, the majority of the families in the study were well educated, Caucasian, women in the middle to upper socioeconomic class. The theory of managing stigma in planned lesbian-parent families will require expansion, modification, and extension through additional research projects with similar as well as different types of families who are experiencing societal stigma.

The children’s drawings might have been different if the children had been asked to draw on a different day. Several families had separated since conception of the index child. These families maintained a single-mother status, established joint-custody living situations, or became blended families. These changes in family structure may have affected the children’s perceptions, thereby affecting their drawings. Other factors may have influenced the child’s drawings. For example, when I arrived to interview one of the families, the children were down the street, playing at a neighbor’s house. Because the other

mother had not yet arrived, the present mother wanted me to interview the children first. She went to the neighbor's house to collect the children. I knew that it would be a complicated interview when all I could hear was crying and protesting as the children were coming into the house. It was challenging to get the children to draw and tell stories, because they would have preferred to be playing with their friends. Emotional factors may have also influenced the children's perceptions. One of the mothers and her daughter were having a conversation shortly before I arrived that seemed to upset the daughter. It was not until after the interview with the mother and the daughter that the mother informed me of the earlier conversation.

It is impossible to say how other outside factors, not related to the stigma associated with the family structure, influenced the children's drawings. Living in a planned lesbian-parent home influences a child's perceptions of the communication within the family, child self-concept, and emotional tone. However, it is difficult to separate this influence from other factors in a child's life that might also influence these domains.

It is important to acknowledge the role that the investigator plays in the research process. My personal experiences, values, and perspectives as a woman, lesbian, and mother may have influenced the data collection as well as the analysis. Having experienced situations similar to those described by the mothers in the study, I had to be careful not to interject my experiences on their stories. I reminded myself during the interview process to ask more questions or request explanations, even though I thought that I knew what they were talking about. This forced me to listen as they shared their experiences.

Synthesis of Findings to Relevant Research

There has been no research to date on how school-age children in planned lesbian-parent families manage courtesy stigma. Courtesy stigma, according to Goffman (1963), is applied to those having a spoiled identity because they share affiliation with the stigmatized. Goffman theorized that those experiencing stigma may respond to it in any of several ways. Many stigmatized individuals attempt to conceal the stigma or simply avoid situations that may require disclosure. Some of the children in the current study were attempting to conceal their family structures by telling stories to their peers that they knew their peers would find acceptable. However, the younger children in the study were not at the development point to realize that they were members of a stigmatized family; they were very proud of their parents and their families.

Bozett (1988) studied 19 children and adults, ages 14 to 35 years, raised by gay fathers. In a qualitative study utilizing grounded theory, Bozett identified social control strategies used by the children to manage their own identities. These strategies were behaviors that the children of gay fathers used so that others would perceive them as they want to be perceived, either gay or nongay. The three social control strategies identified by Bozett were boundary control, nondisclosure, and disclosure. In boundary control, the child engages in a behavior that controls who finds out about the father's homosexuality. The child intentionally controls the actions of (a) the father (asking the father not to demonstrate affection for his partner in public), (b) himself (not inviting the father to a school event), or (c) others (not inviting friends into the home). In nondisclosure, the child chooses not to tell others about the father's homosexuality. In disclosure, the child informs others about the father's homosexuality in order to prepare them for the eventual encounter.

The children in the current study used interactional strategies to manage information about their families that were similar to the social control strategies identified in Bozett's (1988) study. However, because of their age and developmental levels, they used them in slightly different ways. The younger children used the revealing interactional strategy, which is similar to the disclosure strategy identified by Bozett. However, the children in this study used the revealing strategy because they were proud of their families and they wanted to tell everyone about their two mothers. The nondisclosure strategy identified by Bozett is similar to the concealing strategy used by the children in this study. The children in both studies used nondisclosure or concealing strategies for fear of what others might think. The children used it because they did not want to be different and because they wanted other children to like them. The children in Bozett's study used nondisclosure because they were aware of the social stigma attached to homosexuality. The majority of the children in the current study were not aware of the social stigma attached to homosexuality; they just did not want to be "different" from their peers. Only one child used the concealing interactional strategy because she was aware of that some people in society might not think positively about homosexuality.

The effects of societal stigma on an adolescent's self-esteem was studied by Gershon et al. (1999). The researchers concluded that adolescents who perceived high stigma had a lower self-esteem, even when they had more effective coping skills. In the present study, most of the girls seemed to be developing a healthy sense of self; however, some of the boys seemed to have negative perceptions of self. Unfortunately, it is difficult to determine the nature of these perceptions. Based on the results of the study by Gershon et al., it would be important to study self-esteem in children in planned lesbian-parent

families to determine whether there is a difference between male and female children in their levels of self-esteem.

Implications for Clinical Practice

Health care practitioners involved in the care of children and their families will benefit from the results of this study. It is helpful to understand the stresses faced by planned lesbian-parent families and the social networks to which these families often turn for support and guidance. It is important to note that previous experiences of societal prejudice and actual or perceived experiences of homophobia affect the parenting practices of lesbian mothers. When parents have suffered hate and hurt as children or adults, these experiences shape the relationships and interactions that they have with their children and with others. When their children are the targets of hate, it becomes difficult for lesbian parents to separate their personal feelings from their concern for children (Stern-LaRosa & Bettmann, 2000).

This research can help health care practitioners to educate and prepare homosexual parents for the developmental changes that are specific to children in planned lesbian-parent families. Parenting in the lesbian-parent family, as in any family, requires open communication. It was clear that the families in this study wanted to have good communication with their children. Unfortunately, previous discrimination and perceived or actual social stigma often made open, honest communication difficult. Larry's parents wanted to tell their son about his conception but were fearful of his response and possible rejection. Unfortunately, these parents were unaware of the impact that their lack of communication might have on their son in terms of his developing self-concept and emotional health. Health care providers can stress the importance of open communication within the family and prepare the parents to look for develop-

mental signs of readiness for disclosure of complicated subjects such as conception. When parents miss opportunities to communicate with their children about important issues in the child's life, the children begin to fill in the gaps with their own stories. Two children in this study who had not been told about their own conception had made up stories about their fathers when asked by other children.

Health care practitioners can use findings from this study to prepare gay or lesbian parents for the possible interactional strategies used by their children at various developmental stages. Many of the parents in this did not know how to respond when their children used a particular strategy. For example, when Elaine's mother described how Elaine approached people and introduced her "two moms," her mother felt proud but a bit scared at the same time. She did not want her daughter to experience any negative reactions as the result of her disclosure; but, at the same time, she wanted her daughter to be proud of her family. Some parents stated it was important to warn their children of the possibility of homophobia, while others felt that this warning would imply that their family was not something of which to be proud.

If a child in a lesbian-parent family starts to conceal or even pretend that he or she is not part of a lesbian-parent family, how should parents respond? Parents in this study felt that it was important to respect the child's decision to manage the information in his/her own life (friends and peers) but that it was important for the children to know that the family would not change their lifestyle to accommodate the child's stories. Parents felt that it was important not to disrespect the child by displaying obvious signs of their lifestyle, such as rainbow stickers or outward display of affection between partners in the presence of the child or the child's peers.

Health care practitioners can discuss the various interactional strategies used by children and some of the possible parental responses. Health care practitioners can help the family to choose a response that best fits their values and beliefs as well as the needs of the child. It was obvious from the data that previous experiences of homophobia and discrimination may influence how parents respond to the child's choice of interactive strategy.

Implications for Education

Despite increased acceptance of nontraditional family forms by the general population, gay- and lesbian-parent families are still subjected to discrimination and prejudice. With the impetus to provide culturally competent health care to children and their families, nurse educators can use the findings from this study to prepare students to work with a marginalized family facing additional stresses and issues not inherent in other family forms. The theory can be used as a learning tool in the classroom to help students to visualize the family processes in planned lesbian-parent families. The theory can also be applied to other types of families to determine whether families experiencing various types of social stigma have similar interactive strategies.

In order to prepare students for their roles as health care providers in a society full of differences, educators must start by preparing students to value their own cultures and ethnic traditions. Understanding one's own culture and values helps students to appreciate differences in others. Ignorance and lack of correct information about those who are different can lead to hateful words and actions (Stern-LaRosa & Bettman, 2000). This study shares information about families who were trying to raise their children with the self-esteem and the confidence to stand up for their own values and beliefs.

Implications for Research

The theory of managing stigma in planned lesbian-parent families requires expansion, modification, and extension through additional research projects with similar or different types of families experiencing societal stigma.

Although the theory provides insight into the lives of planned lesbian-parent families, it also lends itself to additional research questions. There seemed to be some indication that the boys in this study may have more problems than the girls with regard to development of a positive self-image. This finding requires additional examination to determine whether there are gender differences with regard to self-esteem in planned lesbian-parent families. Does being raised in a home with two mothers affect the development of a positive self-image in boys?

Five of the families in this study had experienced separation of the women in the lesbian relationship in which the index child was conceived. How much did the separation influence the results of this study? Many of these families were living in blended-family situations, shared-custody arrangements, or single-parent families. Each of these new family structures comes with its own stresses and risks. How much did these changes affect the children's perceptions of communication within the family, their self-image, and their emotional tone?

Societal stigma and the child's developmental level were identified as pervasive issues in the context of the problem of managing stigma in planned lesbian-parent families. Additional research is needed to examine the extent of the relationship between the child's interactive strategies and the three domains of communication, self-image, and emotional tone. The results of this study seemed to indicate a possible relationship between the child's developmental level and the child's perception of closed communication in the family, poor self-

image, and poor emotional tone, as well as the child's choice of interactive strategies. Because of the qualitative nature of the study and the sample size, it is difficult to make that assumption at this point.

Conclusion

This theory provides the researcher, health care practitioner, and others involved in the care of children with information about the family processes in planned lesbian-parent families. The unique methodology involved in this research project allowed the investigator to gather data from children and lesbian mothers that might not have been accessible with other research methodologies or other researchers. However, it is important to acknowledge that this theory lends itself to the discovery of additional questions that require further inquiry.

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APPENDICES

APPENDIX A
DEMOGRAPHIC INFORMATION

Table A1

Demographic Information

Variable and characteristic	<i>f</i>
Family Statistics	
Average age of biological mothers (years)	45.0
Average age of nonbiological mothers (years)	45.3
Average age of children (years)	6.6
Number of girls	7
Number of boys	5
Families that had separated	5
Blended families	3
Conception	
Conceived with use of known donor	4
Conceived with use of unknown donor	8
Alternative insemination with MD	9
Alternative insemination without MD	3
Occupation	
Medical doctor	2
Teacher	3
Artist	1
Accountant	1
Business	8
Firefighter	2
Psychologist	1
Sociologist	1
Social worker	1
Homemaker	1
Religion	
Christian	6
Jewish	3
Episcopalian	2
Unitarian	1
Educational level of mothers	
Associate of Arts degree	7
Bachelor's degree	4
Master's degree	6
Medical degree	2
Doctor of philosophy	2

APPENDIX B
CONSENT TO ACT AS A RESEARCH SUBJECT

UNIVERSITY OF SAN DIEGO
CONSENT TO ACT AS A RESEARCH SUBJECT

Natalie Cheffer, a nurse and a lesbian, is conducting a research study to find out more about what it is like to be members of lesbian parent families, especially dealing with issues related to stigma, prejudice, and discrimination. My child(ren), my partner, and I have been asked to participate because we are members of a lesbian parent family.

If I agree to be in this study, I will be interviewed with my partner for approximately one hour at our home or at a place that is convenient for us. After our interview, Ms. Cheffer will meet with our child for about an hour alone. Our child will be asked to draw four pictures and tell a story about them. We will then be invited to join our child to look at the pictures. We may be asked to meet with Ms. Cheffer again for about 30 minutes to follow-up on any additional questions.

If I agree to talk with Ms. Cheffer, all conversations will be audiotape recorded. The conversations will be confidential and the audiotapes and transcriptions will not be identified by my name or my child's name. The audiotapes will be placed in a locked cabinet when not in use. After the audiotapes are transcribed, the tapes will be destroyed.

I understand that if my child or I reveal information about abuse or neglect that my child may have experienced, Ms. Cheffer is required by law to report this information to Child Protective Services.

There may be no direct benefit to me or my child as a result of our participation in this study. The researcher may learn more about what it is like to be members of lesbian parent families especially dealing with issues related to stigma, prejudice, and discrimination. This knowledge will help nurses and other health care professional understand the needs of lesbian parent families.

I understand that there is little risk to me or my child to being in the study. If there is anything my child or I do not wish to discuss, we may refuse to answer and we may end the conversation at anytime.

Participation in this study is entirely voluntary. My child or I may withdraw at anytime. I have had the opportunity to ask questions about the study before signing this form by talking directly with Ms. Cheffer, the researcher. If I have any additional questions at a later date, I can contact Natalie Cheffer at 714-537-7432.

I, the undersigned, understand the explanations given above and I give my permission and consent to participate in this research project. I agree to have my conversations audiotaped. I have received a copy of this consent document. There is no agreement, written or verbal, beyond that expressed in this consent form.

Signature of Participant

Date

Location

Signature of Researcher

Date

Signature of Witness

Date

APPENDIX C
ASSENT TO ACT AS A RESEARCH SUBJECT

UNIVERSITY OF SAN DIEGO
ASSENT TO ACT AS A RESEARCH SUBJECT

Natalie Cheffer is a nurse doing a study to find out what it is like for children to have two mothers. I have been asked to participate because I have two mothers.

If I want to be in her study, I will meet with her for about an hour at our home. My parents will be home but in another room. I will be asked to draw four special pictures and then answer questions about each picture. If I agree, Ms. Cheffer will use a tape machine to record what I say. She will not put my name on the tape.

If I get tired or I don't feel like drawing or talking anymore, I can stop anytime.

I agree to be in her study. I agree to talk in a tape recorder.

Signature of Child

Date

Signature of Parent

Date

Signature of Researcher

Date