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Clinical Themes in Gay- and Lesbian-Parented Adoptive Families

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ABSTRACT

When gay and lesbian people choose to create families by adoption, there is a complex intersection of issues relevant to the work of clinicians treating such families, especially their children. This article identifies identity and responsibility as two clinical themes emergent in the confluence of these issues and gives special attention to those themes' importance to clinical work with children and adolescents in families, as they form and continue through their post-adoption years. The changing face of gay and lesbian parenting demands that researchers, educators, clinicians, and policy makers explore the issues of gay and lesbian adoptive parents and their children in their own right, not assuming that they are necessarily the same as those faced by other lesbian and gay families.

KEYWORDS

adoption, children, families, gay and lesbian, parents

ADOPTIVE FAMILIES FACE a variety of special challenges as they form themselves and face the world together. Families led by lesbian and gay parents also have a unique place in the world. When gay and lesbian people choose to create families by adoption, there is a complex intersection of the issues relevant to the work of clinicians treating such families, especially their children. This article identifies identity and responsibility as two clinical themes emergent in the confluence of these issues and gives special

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attention to those themes' importance to clinical work with children and adolescents in families, as they form and continue through their post-adoption years. As an adoptive gay father, who has clinical experience with lesbian and gay adoptive parents and their children, and as a member of an extensive, long-term network of adoptive gay- and lesbian-parented families, this author's perspective is personally and professionally informed and concomitantly limited.

Most of the research done on gay and lesbian parenting has not specifically addressed the clinical concerns of adoptive parents and their children. Although this is understandable in the early research, as openly lesbian and gay people were unable to adopt children, the changing face of gay and lesbian parenting in Europe and the United States of America (US) demands that researchers and clinicians explore the issues of gay and lesbian adoptive parents and their children in their own right, not assuming that the issues are necessarily the same as those faced by other lesbian and gay families. The American Psychological Association (APA) (2000) supports this notion with guidelines that encourage such exploration (see <http://www.apa.org/pi/lgb/guidelines.html>). It should be noted that these guidelines implicitly and explicitly address the continued problems of prejudice and ignorance in the therapeutic community. Sadly, lesbian and gay adoptive parents and their children may still have difficulty finding accepting and knowledgeable professionals to support them.

A context for themes

The growing literature on gay and lesbian adoptive families is beginning to increase our understanding of the salient issues. There are similarities between children raised in such families and children raised by mixed-sex couples and single heterosexual parents (Binder, 1998; Crosbie-Burnett & Helmbrecht, 1993; Fitzgerald, 1999; Patterson, 1994). There has also been growing attention to the experience of gay and lesbian adoptive parents on a variety of issues. 'Coming out' processes for adoptive and stepparents (Barret & Robinson, 2000; Binger, 1996; Lynch & Murray, 2000) and parental identity concerns (Dalton & Bielby, 2000; Dunne, 2000) are being addressed.

The experiences of children of such parents are also being reported. Allen and Burrell (1996) offer an early review of the literature on the effects of having gay and lesbian parents on children. Bailey, Bobrow, Wolfe, and Mikach (1995) and Golombok and Tasker (1996) report on the influence of lesbian and gay parents on the sexual orientation of their children. Patterson (1997) explores a wide range of developmental issues for children of biological and adopted lesbian mothers. The stories of such families are also reaching the professional literature (Drucker, 1998; Pollack, 1995). Recently, Stacey and Biblarz (2001) have added an important review of the gay and lesbian parenting literature which begins to identify not only the advantages children of lesbian and gay parents may enjoy (in gender development and social awareness), but also ways that heterosexism has previously influenced the profession's interpretation of relevant research.

Social and policy issues have begun to be addressed in ways that are relevant to adoptive lesbian and gay families. The McLeod and Crawford (1998) article on psychosocial and legal perspectives is illuminating in this regard. Ricketts and Achtenberg (1987) gave what is probably the first review of the legal issues relevant to therapists working in the adoption and foster care industry. Patterson (1995a, 1995b) has provided the field with a number of thoughtful reviews of the literature concerning lesbian and gay parenting, of all sorts. And there have been attempts to begin to explore the clinical and ethical issues relevant to therapists working with gay and lesbian prospective parents (James, 2000; Martin, 1993).

Even the perceptions of those outside these families is studied in both the US and UK. Psychologists' attitudes toward lesbian and gay adoptive parents have been researched in the US (Crawford, McLeod, Zamboni, & Jordan, 1999). Hicks (2000) reported on British social workers' views of adopting lesbian women and their impacts on adoption assessments. Court opinions were reviewed (Connolly, 1998) for an understanding of the perspectives of US judges on same-sex second-parent adoptions. Undergraduate college students have even been asked for their attitudes toward gay fathers and their adopted children (McLeod, Crawford, & Zechmeister, 1999). But in the current literature, there is precious little on clinical issues being faced by therapists working with these families in Europe or elsewhere. Rohrbaugh (1992) and O'Dell (2000) have offered cogent overviews of clinical issues specific to lesbian families and the use of narrative approaches with lesbian and gay families, respectively, but there has so far been no attempt to codify or organize the experiences of these families, particularly for the children, in a way that builds on trans-theoretical principles and clinical applications. It is in this context, one of an incipient view of the distinct perspectives of lesbian and gay adoptive parents and their children, that this article offers the following clinical themes.

Themes as lenses

As research continues on the particular experiences of gay and lesbian adoptive parents and their children, there will undoubtedly evolve new ways of describing their special strengths and challenges. Different schools of thought will advance particular perspectives that may improve our work with such parents and children. For now, I offer the two interconnected themes of identity and responsibility as lenses through which we may begin to organize the experiences of lesbian and gay adoptive parents and their children, and work across our theoretical differences. Of course these are not the only themes one could identify as organizational motifs for the issues facing the populations in question, but they serve well as a starting point.

Identity

The fact of being part of an adoptive lesbian or gay family raises issues of identity in many ways. Issues common to adoptive families (loss, attachment, family reorganization, and differences in sexuality, gender, class, race, etc.) are, of course, immediately present as the family forms. But unlike their heterosexual peers, gay and lesbian adoptive families face these in the context of being part of a sexual minority in an often hostile dominant culture. Gay and lesbian families with biological links between parents and children have the social, interpersonal, and intrapersonal products of those links to use for whatever support they may offer, where purely adoptive lesbian and gay families do not. This presents such parents and children with what can seem to be a groundless beginning (especially for the older heterosexual child who is presented with gay or lesbian prospective parents) and can reasonably raise the question in everyone's mind, 'What can we have in common that isn't trivial?' But this situation also presents such folk with some interesting opportunities that social workers and other clinicians can help to exploit as these families begin to develop their relationships.

Although the support literature for adoptive families contains many ideas for activities that support productive exploration of merging identities as these families form, life books have been seen to offer a flexible format for owning and sharing family members' stories. Life books are self-made albums incorporating photos, drawings, and other artifacts that their authors identify as important to their life journeys. Each individual

begins by making their own life book (there are even kits available commercially that make the task simpler for those needing help) and then taking turns telling the story represented in the book to the other family members. The books are often kept in prominent places in bedrooms or common areas. Once the family is formed, a family life book can be created collaboratively. This can be shared with close friends, extended family members, and other families with whom the family shares important interests (e.g. other families of adopted children from China). Life books are often more than mere scrap-books, taking on powerful reassuring and stabilizing properties in times of stress. Because of the personal nature of these repositories, it is important that family members respect the differences between them about how and when life books are shared with others.

Precursors to challenge: Shared strengths and vulnerability

By many paths children arrive at the point of meeting with prospective adoptive parents who are gay or lesbian in many ways. A thorough description of the many paths to such a meeting is beyond the scope of this article and has been examined elsewhere (James, 2000; Martin, 1993). Even if the family is formed when the child is very young, there will come a time when issues of membership in an adoptive family led by lesbian and gay parents are examined for their impact on the child's identity. If that process begins after years of being parented by gay and lesbian adults, then there are traditions of relationship with the parent(s) for the child to draw on (ones hopefully of love and support); perhaps these are more akin to the processes experienced by biological children raised by gay and lesbian parents. In any case, an older child comes to consider his or her membership in such a family with whatever values and attitudes developed along the way. In what persists as heterosexist cultures, children in adoption processes in Europe and the US are likely to carry some measure of prejudice. It is here that an opportunity opens, one that may not be readily apparent to the prospective adoptive family members, but one that could be introduced by a clinician.

Prospective gay and lesbian adoptive parents have had to face a wide range of heterosexist assumptions and prejudices on their way to being accepted by private or public agencies as eligible to adopt. Add to those experiences whatever other opportunities they have had to constructively respond to heterosexism and homonegativity, and we can identify a journey of vulnerability (and hopefully one with successes at creating safety, self-esteem, and an optimistic world view, at least enough to see them through the typical adoption application, interviews, and waiting processes). The journey of coming out regularly includes issues seen in adoption stories, such as loss (of family and friends), attachment (the need to belong to a welcoming community), and family reorganization. Also, the experience of being seen by our society as 'less than' is familiar to children placed into the adoption pool, regardless of their birth families' reasons. If prospective parents can share with their children their own stories of surviving their journey of vulnerability, in ways appropriate for the age and development of the child, then it is possible for them to begin a dialog of great importance to the future of their relationship. They can begin to be vulnerable with each other, each recognizing and celebrating the strengths in themselves and the other, and exploring ways to combine those strengths in a new family. Although this process of recognition of common ground between people is not unique, using it to start a family can be an effective clinical intervention, and serves as an example of the kinds of opportunities available for such families. It can also be used to help an older child of color to better appreciate common ground with Caucasian gay men and lesbian women.

In a family known to the author, two gay, adoptive fathers began to conflict over their

differing reactions to their daughter's fanciful explanations about the two men living in her house. In response to the 10-year-old girl's describing one of the fathers as an 'uncle' to some of her friends, one dad (the one identified as 'uncle') went along with the lie and the other refused to do so. The acquiescent father argued that their daughters' relationships with her friends were her own, to manage as she saw fit and that he saw his job to be one of unquestioning support. The other father argued that their daughter's fear was better addressed by telling the truth and finding new friends if need be, that his job was to teach her to be proud of her family and not to split it apart for fear of others' reactions. The daughter had come to feel guilty that her friendships were causing trouble between her dads and she was increasingly afraid of her friends' reactions, based on what she perceived as their power to upset her fathers. Once they sat down to a family meeting about these issues (a result of the daughter's request for a slumber party and that the acquiescent dad sleep in the guest room that night), they were able to identify the daughter's misconceptions about the power of her friends on her fathers' feelings, the differences between the fathers' perceptions of the central issues, and their shared commitments to each other. It was during this conversation that the fathers realized that they had not shared their own coming-out stories with their daughter out of a desire to protect her from the pain they experienced. They decided to share their stories and did so over the course of a couple more family meetings.

In telling their stories, both men were very frank about the fears and losses they experienced as they came out to family and friends. Some of these parts of their stories helped their daughter to make sense of long-standing tensions and absences in her extended family. These fathers were careful to identify things they learned along their journeys, as well as people and things that helped them to make it through. They talked about the strength they earned along the way and the pride and comfort they experience being with each other and how these experiences, even the toughest ones, helped bring them to the point of feeling ready to parent. At the same time, these men agreed between themselves to allow their daughter to decide about the slumber party and the sleeping arrangements (ironically, this compromise was now less satisfying to the acquiescent dad and at the same time less threatening to the dad originally resistant to the idea). The day before the slumber party, their daughter came home from school and announced that she had decided that she was going to be honest with some of her friends, but not all, and that she wanted to have a slumber party for only those friends who she 'came out' to and who responded well. While one of her friends who did respond well was not allowed to attend the slumber party because of her parents' reactions to the coming out, the party was otherwise a great success. Both dads were 'allowed' to stay in their own room that night, though little sleep was had by anyone, a slumber party of several 10-year-old girls being what it is. This case illustrates the value not only of parents sharing their stories with their children, but also the value of open compromise which may challenge the very lessons learned by coming out.

In the months following this series of events, the daughter began referring to this time as her own 'coming out' and began to explore ways of connecting with other children of gay- and lesbian-parented families.

It should be noted that in some countries and US states adoption by openly lesbian or gay parents is not legal. In these jurisdictions gay and lesbian people do adopt, but they have to lie to do so. This situation brings with it a variety of risks to the relationship between parent and child which are explored in the literature elsewhere (James, 2000).

The method of adoption (within family vs nonrelative, open vs closed, domestic vs international, etc.) can have a profound impact on the ways that each family member experiences the development of their identity over time. Children whose birth mother

or birth parents chose a sexual minority couple or single adoptive parent in an open adoption have a different set of issues to consider than children adopted internationally from an orphanage. Children adopted by a lesbian aunt or gay uncle are in a different kind of relationship with their adoptive parent than a child adopted without any prior connection (including race, language, etc.) to the adoptive parent. Each of these situations can be examined for its impact on the ways in which both parents and children experience the method of adoption intersecting with the issues brought by the parent's sexual minority status, and the child's reactions to it.

Being together, confronting guilt

The age of the child at the time of adoption will have an influence on a variety of identity processes facing everyone involved. One of the most interesting ways this factor is seen is in the expression of internalized homophobia by lesbian and gay adoptive parents as guilt for burdening their children with the shared stigma of the family living in a heterosexual society. This is the parental version of the old chestnut, 'Gays and lesbians shouldn't be allowed to adopt because their kids will be tormented because of their parents' perversion.' Regardless of the illogical foundations underlying this red herring (the same argument could be made against parenting by religious and ethnic minorities and the disabled) some lesbian and gay adoptive parents carry such guilt. Specific interventions may be needed in family therapy when adopted children use this against their parents. Techniques such as confronting an older child with the splitting behavior as a manipulation, helping the child to identify the appropriate target for his/her anger and fear, skills building to help the child more constructively face social pressures, involving the child in group therapy or activities with other children of lesbian and gay parents, and involving the child in other social justice issues (to learn about the nature of prejudice and ways of confronting it) are but some of the positive approaches to addressing the use of such guilt.

Similar rationalizations may also be used by gay and lesbian adults who are not willing to admit that they just don't want to be parents. Such use relieves these adults from the social pressures to parent, which, in comparison, may seem a greater source of guilt.

'I wasn't good enough for a regular family' is a thought that can underlie a wide range of emotional and behavioral issues for children adopted by lesbian and gay parents. In what might be described as 'hand-me-down internalized homophobia' such thoughts may deflect anger from birth parents, adoptive parents, or others with whom the child has a relationship. Self-doubts, social avoidance patterns, mistrust of others, and depression can also be related to such attitudes. While this reaction might be expected in a certain percentage of any children adopted by parents with social liabilities (ethnic or religious minority status or a disability), this, in combination with concerns of adolescents who are exploring their own sexuality in the context of a gay- or lesbian-parented household, can open a complex set of questions for such youth. Clinicians should be sensitive to the confluence of such issues when working with adopted children of gay and lesbian parents who present at risk for mood disorders, related co-morbidity, and self-destructive behavior.

With respect to those children questioning their own sexual orientation, a comprehensive review of the complex issues relevant to their identity development, as influenced by gay and lesbian adoptive parents, is beyond the scope of this article. But, in as much as lesbian and gay parents have their own coming-out experiences (that may both make them more sensitive to the needs of such adolescents and better able to share relevant experiences from their own stories) they may be better able to support these questioning adolescents than prospective parents whose journeys do not include such

struggles. In helping to create an atmosphere open and safe enough for parents to share their stories, clinicians are well advised to help the questioning youth to put their parent's stories in both historical and familial contexts. For parents, a questioning youth is just that, and not a lesbian, gay, or bisexual youth, and not all gay and lesbian parents are prepared to respect the time some youth need to question their identity. Thus, clinicians can help parents during this process as well as youth. Both such parents and youth can be assisted by therapists to explore the unstated expectations each has for the other in how they should respond to the prospects of the youth coming out, whether she/he ever does.

For gay and lesbian adoptive parents, relationships with birth family members must be considered in special ways. In some adoptions, members of the children's birth family may have contact with the adoptive family. Their reactions to lesbian or gay adoptive parents can be a source of support to the adoptive family or a cause for concern. While clinicians may make every effort to educate birth family members and to help them come to accept the gay or lesbian parents, their influence will be limited in time to a certain number of months before and after the adoption is finalized. Additional individual, couples, or family therapy may be needed to help the child(ren) and parents involved learn to cope with any continued tension or conflict. It is important for prospective adoptive parents to be reminded that there are times during the adoption process when they have control over this kind of risk. For example, if they choose to begin the adoption process with a child who has not had parental rights legally terminated by a court, then when that court date comes the judge could still order contact of some sort between the child and birth family. While that should not mean that every prospective lesbian and gay adoptive parent should never consider a child whose parental rights have not been terminated, therapists and social workers should be able to make clear these risks. Such birth family contact is not only an issue for lesbian and gay adoptive parents, but in a heterosexist society the impact of court-ordered contact with homonegative birth family members can put unnecessary strain on the fragile relationship forming between recently united lesbian and gay adoptive parents and their children.

Representing our reformation

The quality of learning of the gay and lesbian adoptive parents, as they journey through their own coming-out processes, will impact their influences on their children's experience of becoming members of a lesbian or gay family. It is by now well known that whenever a lesbian or gay person comes out their revelation begins a similar process for their relatives and friends. This ripple effect includes adopted children. As discussed above, older children will begin dealing with such issues at the time their social worker first presents the prospective parents' profile. Very young children will have time in the adoptive family before they must begin to wrestle with the tensions created by people who don't like their parents because of heterosexism and homonegativity. In any case, there is value in examining the quality of the experiences that lesbian and gay adoptive parents learn from as they come out and lead open lives. Their levels of self-acceptance, connection to the larger queer community, developed support from family and allies, optimism, and trust, as they relate to the trials of coming out and living an open life cannot help but effect the ways they present themselves to their children and the ways they teach their children how to live productive and enriching lives in a heterosexist society.

Therapists who work with such parents should be able to help them to explore the lessons they have learned, as gay men and lesbian women, in light of the examples they wish to set for their children. The issues relevant to such work and a counselor's ability

to provide a setting supportive of such work are addressed in the APA (2000) guidelines for treatment with lesbian and gay clients. Beyond that, this work can take several forms. Therapeutic groups for adoptive gay and lesbian parents can focus on how the coming-out processes they experience as adults have influenced them as parents of children in lesbian and gay families. Individual therapy can help a parent review her/his coming-out experiences in light of the issues facing the child(ren) and the goals she/he has for sharing those experiences. Couples therapy can help parenting couples to negotiate boundaries on what levels of detail to share from particularly traumatic coming-out experiences and to address the possibility that there may be psychological issues of concern raised by revisiting such events from the past. In any of these venues, advantages enjoyed by children of gay and lesbian parented families can be explored (Stacey & Biblarz, 2001).

It should be expected that special situations, advances in research, and changes in social and legal issues relevant to lesbian and gay adoptions will alter and expand this list of factors that I have placed together under the theme of identity. This exploration is not meant to be exhaustive. It must be, by the nature of our current lack of understanding of all the relevant issues and processes, incomplete. But in as much as there are identity-related issues to be addressed clinically for the children and parents in gay and lesbian adoptive families, there are also issues related to how these people choose to represent themselves to others.

Gay and lesbian adoptive families, as a group and as individuals, have many choices about how to represent themselves to others. While the coming-out process is understood to include this concept as a reflection of gay and lesbian identity, and every adoptive family must confront the issue of living in a culture that puts a premium on biological links between parents and children, combining these issues creates some unique concerns for such families. There comes a time when children begin choosing to whom and under what circumstances they will reveal that they are adopted. Similarly children of lesbian and gay parents make like decisions about revealing their parents' sexual orientation. Both of these can invite conflicts within the young person and between the parent and child. Parents who have fought hard to progress through the adoption process may expect their children to share their sense of pride and accomplishment. When their children don't, and instead fear their adoptive status being revealed, conflicts can arise (see Tasker & Golombok, 1997). Some parents would rather keep their adoptive status a private matter, and can be disturbed by their child's willingness to share their 'secret' with friends. These same situations can occur for the issue of the parents' sexual orientation. When they become linked in the mind of a child or parent, or both, the perceived risks and investments in openness or secrecy may not merely be additive. Helping such families and individuals to separate these issues, and in doing so to explore the development of that linkage for meanings relevant to concepts of self and relationships to other family members, can be an important contribution made by a therapist sensitive to this unique overlap of issues.

Responsibility

Issues related to our sense of responsibility and allegiance to our families, to our roles within the family context, and to other social groups are impacted by the intersection of adoptive and sexual minority statuses. These issues are of concern to parents and children in adoptive gay and lesbian families in some unique ways.

Community agencies and schools can be challenging places for lesbian and gay people in general, but for gay and lesbian parents they provide special challenges and opportunities. One of the first issues of concern to school-age children is the idea that their

parents, by coming out to teachers, physicians, social workers, and other staff of these organizations, will also be 'outing' them too. In their zeal to educate others, represent the 'gay community', or merely to protect their children, lesbian and gay parents can sometimes be pre-emptively confrontational or otherwise set a standard for 'outness' that may not mirror their children's comfort level. While there is not a single formula for how to balance differing opinions within the family, increased sensitivity to these issues is required by parents and others in these settings. Similarly, family traditions about levels of privacy regarding adoption status are also challenged and highlighted by interaction with such agencies. People's reactions to either or both of these statuses can be hurtful, so, in order to best protect and support their children, lesbian and gay adoptive parents may need to look carefully at rules and traditions about communication concerning both issues so children are encouraged to discuss their experiences with staff and peers at school and elsewhere, and not to ignore or suppress information about discrimination of any kind.

As children enter school, issues of secrecy concerning their family's statuses can begin to create tension between parents and children. When parents are asked to have only one parent always do the driving to and from school or bus stop, so as not to reveal a second dad or mom, or to hide away the child's and siblings' life books, so as not to invite questions about adoption, feelings can be hurt, concerns raised or created, and old feelings associated with the parents' own issues surrounding loss, attachment, etc. may be raised. Addressing these reactions with their children can seem an impossible task. Counselors who are prepared to help such families need to understand the relationship between developmental processes related to coming out as lesbian and gay, and those related to being adopted and creating an adoptive family. Additionally, issues between siblings in these families need to be explored in the context of the individuals' developmental processes. Children of different ages, sex, ethnicity, and social experience can have very different perceptions and needs related to the coming-out processes mentioned. A child having more difficulty navigating the coming-out processes, for whatever reasons, can be isolated when siblings have less difficulty and are more supportive and responsive to parents' support and in turn enjoy more positive interactions with the parents. While this dynamic can be seen in any family in which coping trajectories differ between siblings, the developmental issues impacted by the coming-out process can bring special concerns to which clinicians need to be sensitive.

Finding families that resemble one's own can be a helpful form of support for children and parents struggling with the synergistic effects of carrying multiple minority statuses of any form, but for families as relatively rare as lesbian and gay adoptive families it is even more important. Mental health workers will be better prepared to serve such clients if they are aware of local options for such support (APA, 2000). Strategies for professionals and parents to collaborate in such efforts have been reviewed elsewhere (Henning-Stout, James, & Macintosh, 2000; James, 1998).

Gay pride is not just a stage in the coming-out process. It is also a sword and shield for many lesbian women and gay men. It can cut memories of past discrimination to manageable size and can protect us from slights day-to-day. It is also something that children who are straight may not easily understand. This is especially true if those children see their adoption status as making them vulnerable socially. While to some extent such vulnerability does exist, the attitudes lesbian and gay parents choose to teach their children about the importance of gay pride in their lives may have important corollaries in the life of an adoptive family. The development in the attitudes in adoption communities from shame to pride has been documented elsewhere (Reitz & Watson, 1992) and can serve both clinicians and parents well in drawing appropriate and constructive parallels.

Focusing on the struggles of both queer and adoptive communities for pride and equality necessarily raises issues of social justice. It should not be surprising then that children educated in these issues may take on a progressive perspective on other issues of social justice. To the extent that this raises inconsistencies in family members' attitudes toward other minority groups, clinicians may need to be prepared to help parents explore their experience of being confronted by their children with concerns about issues of racism, misogyny, ageism, misanthropy, etc. While this may not be a severe clinical issue, it is the kind of 'change-up' in roles and experience of power that can be particularly upsetting for parents already coping with very complex power dynamics.

Each of these examples of issues raised by concepts and perceptions of responsibility to family and other groups is meant to raise the reader's awareness of the complexity of the issues facing gay and lesbian adoptive families. Hopefully this has inspired more questions than it may have answered.

Next steps

As this area of our field is better studied, the clinical concerns of importance will come into clearer focus. Our knowledge of what is essential to such families and what we as mental health professionals can do to help their members to achieve their best, for each other and for our society, will but grow. That growth in our understanding and capability will be well served by a recognition that families of gay and lesbian parents created by adoption may have unique perspectives on issues already studied in family systems, family therapy, and elsewhere. By not making the assumption that these families must be like other families of gay and lesbian parents or like other adoptive families, researchers, educators, and clinicians may continue to positively contribute to that growth.

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