Supporting Same-Sex Couples in the Decision to Start a Family

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Abstract

Although accurate statistics have been difficult to ascertain, current estimates indicate there are between one and four million same-sex couples raising children in the United States. Many same-sex couples face significant systemic barriers such as laws and policies that may complicate and prolong the process of becoming parents. Even when they are able to successfully navigate such systemic barriers, same-sex couples engage in a series of decisions including biological and non-biological pathways to having a child, identifying support systems, and establishing parental roles and identities. Counselors are in a unique position to support same-sex couples in the decision-making and longer-term process of becoming parents. Common challenges, societal and systemic barriers, and opportunities to inform and advocate for this population are discussed.

Keywords: same-sex, gay, lesbian, parenting, advocacy

Introduction

Over the past decade, the mainstream media has given the world a glimpse into the lives and families of same-sex parents. In this sense, same-sex parented families are more visible now than they ever were before. Despite the greater availability of their stories, the choice to become parents is often more complicated than it appears in the media (e.g., The Kids Are All Right, Modern Family, The Fosters, The New Normal). Same-sex parented families continue to face social stigma, systemic roadblocks, and political and legal tangles. Against the backdrop of these barriers, research and anecdotes from same-sex couples continue to illuminate their strengths, their uniqueness, and their determination to create families that foster the best in each member (Biblarz & Stacey, 2010; Farr, Forssell, & Patterson, 2010; Patterson & Wainright, 2012; van Gelderen, Bos, Gartrell, Hermanns, & Perrin, 2012). As counselors who may work with same sex-
couples considering parenthood, it is essential that we become educated about this process—the complications as well as the benefits—of choosing to form a family. We offer this article as a primer for counselors and supervisors who are interested in increasing cultural competence to work more effectively with this population.

The Same-Sex Parenting Boom

Research reveals that same-sex couples are increasingly making the choice to become parents. While reliable statistics remain problematic, it is estimated that the number of lesbian mothers ranges from 1 to 5 million; the number of gay fathers ranges from 1 to 3 million, and the number of children of same-sex parents from 4 to 14 million (Lambert, 2005). Many organizations and advocates for same-sex parented families state that more lesbian couples became mothers in the past 20 years than in years prior to that (Ryan & Berkowitz, 2009). In a report from the Williams Institute (Gates, 2011), data revealed as many as 30% of same-sex couples are raising children in their household, with a higher percentage of lesbian couples raising children as compared to gay couples.

What explanation is there for the increase in gay and lesbian couples choosing to start families? Researchers suggest that the reason for the increase is simple: it has become easier for same-sex couples to form families. One major mechanism fueling the same-sex baby boom is the ready availability of advanced forms of artificial insemination and assisted pregnancy. Shifting state laws are also opening the door for more adoptions and foster care parenting. For instance, states in the Northeast, West, and Midwest (Minnesota, Indiana, Illinois, and Iowa), allow same-sex parents to jointly petition for custody. A joint adoption involves a couple adopting a child from the child’s biological parent or adopting a child who is in the custody of the state. Same-sex couples are prohibited from adopting in Mississippi and Utah. While in Michigan, Kentucky, Nebraska, North Carolina, Nebraska, and Ohio state courts have ruled that unmarried individuals may not jointly petition to adopt. Statistics for each of these subgroups tie strongly to state-specific laws and policies on adoption and custody (Human Rights Campaign, 2013). For this reason, the number of same-sex couples adopting or fostering children tends to provide only limited data as to actual numbers or percentages of families represented.

While technological advances and the recent changes to the adoption and foster care system have made it easier for same-sex couples to start families, these couples face many challenges that are similar to heterosexual couples. Infertility or the inability to have their own biological children is also still a reality for same-sex couples. In 2009, Ryan and Berkowitz conducted a qualitative study on how lesbian mothers and gay fathers construct their families. The researchers noticed that even though heterosexual couples construct families through adoption, artificial insemination, or blended families, same-sex couples seem to experience more stigmas within our society. There seems to be a paradox: what is socially acceptable for heterosexual couples desiring to become parents may not be regarded as acceptable for same-sex couples seeking the same.

Ryan and Berkowitz (2009) explained this double standard by citing the Standard North American Family (SNAF), in which biologically related children are central features. Set against the SNAF, adoptive families and infertile couples, regardless of sexual orientation, fail to meet this normative standard. This can contribute to a sense that
They are somehow inferior to other families. In the context of relational infertility, in which a same-sex couple cannot produce genetic offspring of both members of the couple, gay and lesbian parents encounter more scrutiny. In other words, same-sex couples face many of the same challenges that confront heterosexual couples with the additional difficulty of not being biologically capable of creating a child together.

**Challenging the Traditional Definition of Family**

Before exploring the process of parenthood for same-sex couples, it is worth discussing some of the language and assumptions around the topic of ‘family.’ A traditional view of family usually involves either a connection of biology or the law. Traditionally, families form through children or by marriage. For same-sex couples, who may not have legal avenues for state-recognized partnerships or marriage, the latter has only recently become an option. In lieu of social institutions like marriage, families form primarily through the creation and sustenance of relationships. Of course, some same-sex couples establish family through biological ties by one partner electing to have a child. Other couples create family through non-biological means such as surrogacy, adoption, or foster care (Bergen, Suter, & Daas, 2006; Brinamen & Mitchell, 2008; Ryan & Berkowitz, 2009).

The (obvious gender) differences between a traditional nuclear family, typically configured man-woman-child, and same-sex families have been problematic for social, legal, and cultural recognition as ‘families.’ For instance, until recently, the U.S. Census Bureau did not use census questionnaires capable of counting same-sex parented families. Because they did not take the form of man-woman-child, these households went undesignated as families. For that reason, the exact numbers of families who define themselves as same-sex is unknown. Another factor that makes enumeration of same-sex families difficult is that family configurations exist consisting of three or more parents and/or various gender configurations, which lies outside of the traditional heterosexual dyad-based definition of a family recognized by the U.S. Census Bureau.

Societal bias in favor of male-female family configurations also makes same-sex family life less visible to the dominant society (Fitzgerald, 1999). Factors such as coming out, physical and psychological safety concerns, and isolation interact to impact the visibility of the family unit. In this sense, same-sex families end up with two obstacles hindering their visibility in a community. The first is the historic lack of being physically and numerically counted. The second is the possible absence of support systems that enable feelings of safety and security, which may vary regionally. Fortunately, both are changing.

It is highly likely same-sex families live, work, and serve in all communities, even if hidden. Many families choose not to reveal themselves or to come out publicly as a result of stigmas or perceptions within their community (Lambert, 2005; Oswald, 2002; Savin-Williams & Esterberg, 2000). If counselors examine the outreach, services, and climate of their respective communities, schools, and workplaces, they will likely be able to understand why coming out in the community might be difficult. Understanding these circumstances is an important aspect of culture competence, advocacy, and professional responsibility. Counselors should work to identify support systems, any groups or organizations that serve this population, and ways in which school systems identify and
support such families. Take time to assemble a list of national and local services for same-sex parents, as well as quality Internet resources (e.g., healthychildren.org, gayparentmag.com, APA’s Lesbian & Gay Parenting resource), the Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling Competencies for Counseling with Lesbian, Gay, Bisexual, Queer, Questioning, Intersex, and Ally Individuals (ALGBTIC LGBQQIA Competencies Taskforce, 2013), and become familiar with the issues these families face locally and nationally. Additionally, seek reliable and current information about local and state laws governing adoption, custody, and the rights of non-biological parents. Resources such as the state-by-state maps provided by the Human Rights Campaign (http://www.hrc.org/resources/entry/maps-of-state-laws-policies) can help counselors stay aware of the changing landscape of the law. The more counselors prepare themselves with a toolbox of information, resources, and knowledge about their communities, the better they will be able to serve the needs of these unique families.

The Unique Aspects & Strengths of Same-Sex Parented Families

Estimates on the number of children being raised by same-sex parents range from 4 to 14 million children (Goldberg, 2010). One of the more common and often subtle roadblocks same-sex couples face is an underlying assumption that same-sex parents will not be able to raise children appropriately or that children with same-sex parents will face judgment and marginalization throughout their lives, in multiple arenas including schools, churches, and medical facilities. So how do these children fare compared to those reared in male-female headed households? Research studies confirm that children raised by same-sex parents seem to do as well as, if not better than, their peers in almost every area of functioning and development (Biblarz & Stacey, 2010; Farr et al., 2010; Patterson & Wainright, 2012; van Gelderen et al., 2012). In fact, reports have found that children of same-sex parents tend to be culturally more well rounded, and free of some “hang ups” experienced by children in typical nuclear families (Murray & McClintock, 2005; Park, 2010). The children of same-sex parents present as more open to change; they are also more open to new experiences in their world.

In some cases, it appears the family unit created by same-sex parents is stronger than different-sex parents. A possible explanation for this phenomenon is that these families must protect against a larger, less accepting culture. The family’s ability to stand up to these external stresses allows for clearer and better boundaries than many typical families (Crowl, Soyeon, & Baker, 2008; Fitzgerald, 1999; Wainwright, Russell, & Patterson, 2004). Another possible explanation for the strength of the parental unit is that same-sex parents do not default to the traditional gender divisions of labor. This active process of negotiation of responsibilities, chores, and child rearing tends to lead to more satisfying, happier partnerships, which in turn improves the functioning of the children (Balsam, Beauchaine, Rothblum, & Solomon, 2008; Solomon, Rothblum, & Balsam, 2004).

Another unique aspect of same-sex parented families is the process of decision-making when it comes to whether or not to become parents. This process can be complex and varies drastically from couple to couple. Goldberg (2010) outlined three of these complex factors, which are important to keep in mind when working with same-sex
couples. Goldberg’s first factor is the *internalized homophobia/internalized heterosexism (IH)* experienced by each of the partners at this point in their relationships (Szymanski, Kashbuck-West, & Meyer, 2008). According to Goldberg (2010), sexual minorities growing up in a heterosexist society are confronted by the message that homosexuality is wrong and therefore there is something “less than” about their value. In this sense, the decision to parent involves a careful examination of each person’s own internalized homophobia as well as an awareness that these negative messages could be transmitted from parent to child. By no means is this a reason for same-sex partners to avoid becoming parents. It does mean, however, that part of the process of becoming parents should involve introspection about how their own experience in the world has been internalized and what that may mean for their children.

A second factor is the presence of an *equally motivated partner*. Not only is parenthood itself full of challenges, but the route to parenthood for same-sex couples is often quite complicated. The degree of access to practical resources, the political climate, and the extent of support systems in their community can influence the process. Goldberg (2010) stated that the most frequent avenues (aside from children born from heterosexual marriages or prior relationships) include artificial insemination, adoption, and foster care. It is also worth mentioning that these avenues to parenthood are expensive. Growing Generations (http://www.growinggenerations.com), founded in 1996, is a gay-owned surrogacy service agency. With surrogacy services ranging anywhere from $115,000 to $150,000, only a small number of more affluent gay and lesbian couples can consider this as an option. For many lesbians, the experience of pregnancy and birth is important (Hequembourg & Farrell, 1999). Therefore, options that allow for one or both partners to carry and give birth to biological children are often of primary consideration. The cost and associated complications again underline how essential it is that the partners are equally invested in becoming parents. Clinical mental health counselors can assist their clients with conversations navigating some of the challenges presented at this early stage.

Finally, Goldberg (2010) emphasized the importance of a *social network or support system* in influencing a couple’s decision on how and when to pursue parenthood. While families of origin can often provide a system of support through this process, they can just as often serve as a hindrance to the social interactions of the newly formed family. A supportive family of origin network can frequently provide a secure launching point. For many couples, the belief that their extended family may be more accepting of a child who is biologically related rather than one who is adopted or from foster care is a factor (Goldberg, 2010). In the transition to parenthood, the social support from family, friends, and others is often quite different from how heterosexual parents, particularly heterosexual mothers, experience it. Goldberg stated that heterosexual parents “receive significant validation from their families and from the broader society regarding their parenthood roles and identities” (p. 74). Same-sex parents “challenge and contradict the norms that govern heterosexuality, reproduction, and family” (p. 74) and may activate some “deep-seated moral resistance in some family members” (p. 74). Much like heterosexual couples, however, same-sex parents face the reality of changing roles, responsibility, and division of labor.

None of these factors, however, is a deficit. Instead, we encourage you to recognize these factors as unique aspects of the process of deciding to create a family. The same strengths that brought the couple together in a society, which is not always
supportive of same-sex relationships, are the same strengths that will sustain them as they navigate this process (Negy & McKinney, 2006).

**Creating a Family Identity**

Many same-sex couples are faced with large systemic barriers such as laws and policies that may complicate and prolong the process of becoming parents. Even things as seemingly small as forms that ask for “mother” and “father” or “single” or “married” can create perceived barriers to the process. Assisting families with the practical hurdles and then walking with them as they create meaning for their own family are tasks counselors and other mental health professionals may be privileged enough with which to assist. Bergen et al. (2006) studied the impact of symbolism and meaning-making in families formed through artificial insemination. Even though Bergen et al.’s (2006) research focused on same-sex parented families formed through artificial insemination, many same-sex families formed by other avenues share these same identified resources. The parental identity of non-biological parents can be challenging given legal limitations (Hequembourg & Farrell, 1999) and can lead to an almost non-recognition of their status socially. Address terms refer to addressing the nonbiological parent in a way that ‘honors’ co-parenthood. Examples may include the use of a parallel derivative (Momma/Mommy), identical derivative (Momma T/Momma M), or a simple derivative (Mommy/Ama). These derivatives serve to establish identity for the child, for the nonbiological mother/father, and are then generalized by others.

A second aspect of defining relationships and creating meaning in the roles of both parents includes the use of last names. Examples may include hyphenation to include the nonbiological parent’s last name or the use of the nonbiological parent’s last name as a middle name for the child. According to Bergen et al. (2006), this helps construct an identity through “a symbolic connection to the child,” enabling the nonbiological parents “to act as a legitimate parent in the social world” (p. 209) by attempting to make the nonbiological parent’s identity clearer to the biological parent’s family.

The third aspect associated with addressing terms involves the actual legal expression and intent. For the most part, the creation or decision about the child’s name is seen as more symbolic rather than actually creating any legal rights for the nonbiological parent (Bergen et al., 2006). This, of course, is going to vary state by state and underlines the importance of becoming familiar with the laws, statutes, and policies within your particular state. However, know that some parents may also opt for things such as a power of attorney, wills, parenting agreements, birth certificates, and various types of paper trails to provide evidence of the intent that both parents be seen as equal.

Socially constructed names to identify parents in gay and lesbian families – biological and nonbiological – continue to emerge and help shape the larger view of these growing families. Each term not only seeks to create a social narrative for the family, it also helps create a narrative for the family to define the meaning of the relationships within. Bergen et al. (2006) referred to this as symbolic interactionism and highlighted the notion that absent socially constructed definitions, families have the freedom and the privilege to create meanings that shape, reinforce, and validate their relationships.
Counselors can assist clients in understanding the influence of such decisions within their relationship as a couple as well as the future relationships with their children.

**Implications for Counselors and Supervisors**

As we begin examining the implications for counselors and supervisors, the first step each practitioner needs to take is a good look at *self*. This begins with a critical self-assessment about your own view of families, the messages you have received about what type of family is ideal, what conditions are optimal for the healthy development of children, as well as the types of families with whom you have worked and to whom you have been exposed. Once you take the first look, then look again. Explore your feelings, beyond your thoughts or ideas, about how children are best raised, about what your community, your family, your faith, or your values have taught you to this point. It is normal for counselors to encounter sticking points with regard to the intersections of our actual beliefs or feelings and our desired or optimal feelings as we enter our work. This critical look is necessary before you begin the step of working with families of any kind.

Next, at a basic level, it is important to educate yourself on fertility-specific terminology (e.g., ART, IUI, surrogacy, sperm donation) and the multiple ways that same-sex couples could choose to have a child, both informal and formal (Rimalower & Caty, 2009; Wykes, 2012). Become curious about the *process*, not necessarily the medical details, but time frames, success rates, cost, access, and resources. Being informed at the most basic level can go a long way in helping our clients prepare practically and emotionally for the road ahead.

Counselors must also increase their awareness of the messages within their communities and the greater culture directed toward these families. In other words, the same process of introspection on the part of the practitioner should be generalized to the organization or agency as well. Consideration should be given to sexist or heterosexist overtones that may appear in intake documents (such as terms like husband/wife, mother/father) and in the language used to promote the agency. Once counselors and supervisors have examined the heteronormative language of the facility, consider the ways that questions are asked during intake or assessment. This is important because insensitivity in these initial encounters can be alienating, and could ultimately affect the willingness of the same-sex couple to follow through with counseling or to seek any recommended healthcare. How can you as a professional find more sensitive ways to address gender or relationship status? (Erlandsson, Linder, & Häggström-Nordin, 2010). How do you inclusively phrase questions about co-parenting? (Wilton & Kaufmann, 2001). Finally, when performing assessments, clinicians should keep in mind that how the couple chose to become parents is important only to the extent that it might affect the health of the child or the biological parent (e.g., family history of sperm or egg donor, or assessing the possibility of sexually transmitted infections, particularly if informal impregnation). Ask only professional questions that are relevant to the health of the parents and/or child (Wilton & Kaufmann, 2001; Wykes, 2012).

There are several specific arenas mentioned in the literature that present uniquely alienating situations to same-sex couples. Prenatal classes are particularly excluding or marginalizing, especially to non-biological parents, since some divide the classes into gendered groups. Additionally, the questions and concerns that same-sex couples might
have could be very different (Erlansdsson et al., 2010; Rimalower & Caty, 2009; Wilton & Kaufmann, 2001). Examine the language and content of the lessons taught, and consider a same-sex co-parent pre-natal class and support group. Do not hesitate to be the voice of advocacy. It is possible the facilitators or those responsible for the curriculum could benefit from an empathic, informative, and problem-solving conversation with a supportive clinician.

Another such environment is the birth facility. While counselors are unlikely to be involved in providing direct patient care to same-sex parents in an acute care facility, counselors can advocate on behalf of their client and collaborate with other involved professionals in an effort to foster inclusivity. For instance, counselors can encourage their clients to talk to their health care provider about allowing the non-biological parent to cut the cord, being involved in prenatal visits, or viewing the birth itself. It is important to recognize all involved in the birth process, their unique role, and advocate for inclusiveness (Erlandsson et al., 2010.) Confidentiality issues can also be heightened for same-sex parents since there are so many providers in most healthcare settings. Therefore constantly disclosing relationship status to each new provider or educating health providers about co-parenting is an additional burden placed on same-sex parents. Wilton and Kaufmann (2001) suggest assessing each couple’s preference for disclosure, balancing continuity of care with the unfortunate reality that not all health professionals will be supportive of same-sex families. Even if your particular role does not extend to the hospital or acute care facility, counselors with knowledge of what their clients may face can help their clients navigate some of these things and become more effective advocates for themselves.

Finally, Laird (1996) reminded counselors that, in spite of attempts to mitigate such factors, counseling, social work, nursing, and other helping practices are political and value-driven and must always include a critical stance toward self and theory. Personal and familial narratives are shaped by larger cultural narratives, and in the case of our gay and lesbian clients, have often been problem saturated and unjust, which impacts the way gays and lesbians story their lives. Part of our job as counselors and supervisors is to be aware of the larger social discourse and the ways in which it empowers or inhibits gay and lesbian families as well as the ways such discourse has helped to strengthen their relationships and commitments.

One of the best ways for counselors to be supportive is to simply be knowledgeable about the unique issues that same-sex parents face. Pennings and Mertes (2012) reminded counselors to be careful not to present heterosexual families as a gold standard, and Chan and Ho (2006) noted simply that reproduction and human family creation is a basic human right. With these starting points, it is easy to envision advocacy and working towards systemic improvements as an important professional role through which to ensure quality care for same-sex parents and families.
References


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