

# Gay Men Choosing to be Fathers

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There currently are an estimated 1 to 3 million gay fathers in the United States (Gold et al, 1994), the majority of whom appear to have had children in heterosexual marriages prior to their coming out as gay (Bozett, 1993). This figure probably underestimates the true total because many gay parents are reluctant to reveal their sexual orientation. Bozett (1993) provides a comprehensive review of the literature on gay fathers, all of which describes men who had children in traditional marriages. This article is not about gay men who fathered children during a heterosexual marriage, but rather about gay men who become fathers after they come out and are living openly gay lives. Though some single gay men choose to father children, the focus of this article will be on male couples becoming fathers.

The most complete resource for both clients and clinicians interested in learning about the many complexities of gay or lesbian parenting is *The Lesbian and Gay Parenting Handbook* (Martin, 1993). One indicator that open lesbians and gay men are becoming parents is peer groups like "Center Kids" a program of the New York City Lesbian and Gay Community Services Center. Originally founded in 1988 by gay and lesbian parents seeking support and recreational activities for their families, the project began as an informal social network of 35 member families. It affiliated with the Center in 1989, and within the first year grew to 250 families. There are currently 500 active families who are either currently parents or who are considering becoming parents. Twenty five per cent of these families are headed by gay men. The mailing list now includes 1,500 lesbian and gay-parented families (Lesbian and Gay Community Services Center, 1994). Patterson (1994) reports that this kind of grass roots lesbian and gay parents group has sprung up in more than 40 locations in cities around the world.

As part of each initial interview with gay male clients in his psychotherapy practice, the author has found it useful to inquire about any feelings or desires about becoming a father. Raising this question provides a vast amount of useful information that is pertinent to completing a psycho-dynamic assessment that includes indicators about internalized levels of homophobia. Having a professional inquire about desires to be a father may be the first time a gay man has ever had these feelings normalized and validated. Many gay men do not even allow themselves to consider their dreams about becoming fathers to be actualizable since they are not heterosexual and have no desire to marry and form a traditional family. I have repeatedly had clients become incredulous and on several occasions become teary or begun to cry when in response to an expressed desire to be a father I replied "Why not?" Clients report that just having their feelings of wanting to be a father taken seriously by a professional is empowering and liberating for them. Some gay men have relinquished their dreams of fatherhood simply because their internalized homophobic stereotype that they can not and should not be a parent has never been challenged.

For many years gay men have sought counseling with the expressed goal of becoming parents and have discussed wanting to father children without pretending that they were heterosexual. In conversations with both clients and other gay men, numerous people have expressed feeling angry that the traditional privileges of being a man in contemporary American society inextricably linked to being a biological parent are denied to them simply because they are openly gay. Gay men who want to be parents are uniquely different from heterosexual men wanting to father children in a number of intrapsychic and interpersonal ways. It is common for gay clients not to know how to reconcile their biological and emotional needs to parent, with the reality of being homosexual. Exploring and resolving the conflict between these seemingly contradictory needs is one important task of clinical work. Most heterosexual men experience their need and desire to be fathers as normal and an inevitable part of being an adult that will be realized once they marry. It is not unusual for a gay man to doubt the normalcy and even appropriateness of these same needs and desires. In contrast to heterosexual men, many gay men do not see how their need to be a father can ever be actualized. Using problem solving techniques in counseling is an example of how the dynamic of hopelessness can be challenged and restructured in a creative ego-syntonic manner.

Certain themes and issues are unique for two men who decide to become fathers, not the least of which is the absence of a woman. Not having the biological capacity to carry a child creates interesting challenges for men who wish to be biological parents, the first of which is to locate and contract with a woman to become inseminated and carry a child.

When interviewing male couples who are parents they report that it is often difficult to separate issues that are related to their sexual orientation from those that arise from the fact that they are two men raising a child or children without a woman. One male couple discussed how difficult it has always been to feel subjected to a scrutiny that wouldn't exist if they were heterosexual. They constantly felt on guard and under a microscope regarding their parenting skills. Another male couple stated that "even some lesbians involved in Center Kids express concerns related to their preconceived notion that men can not adequately parent without a woman."

There has been very limited research on the impact on children of "never married" gay or lesbian couples who create their families after coming out. Children growing up with gay fathers have been studied less than those growing up with lesbian mothers. The literature on gay fathers focuses predominantly on the fathers parenting attitudes rather than on their impact on child development (Gold et al, 1994). In his review of the literature, which included more than 20 studies, Bozett (1993) compared parenting between gay and heterosexual fathers and found no differences between the two groups in problem solving, providing recreation for children, or in encouraging autonomy. Gay fathers were found to be less traditional, demonstrated greater nurturance, had more investment in their parental role, and viewed their paternal role more positively than did heterosexual fathers.

This article is based on clinical work with ten male couples seen in private practice in Manhattan over the past fifteen years, and on interviews conducted with members of fifteen other male couples who are either considering becoming fathers or have done so as openly gay men. The non-client couples were chosen initially because of the author's social relationship with them, these couples referred me to other couples with whom they are friends. In all cases the couples were asked to describe their reasons for wanting to become fathers; their feelings about the difficulties encountered in the process because they were gay; what if anything did they feel was unique in their experience of parenting because they were gay and how could social service professionals have been or be more helpful to their families.

Many male couples interviewed for this article reported feeling that they had to be better than the equivalent heterosexual couple to qualify as foster or adoptive parents. As one man put it "It's like being a minority executive in a large corporation. You have to perform much better than your white colleagues simply to receive the same evaluations and promotions as them. You feel that you're always being subjected to unfair scrutiny, and thus you strive to become the hypervigilant, over-achieving super-parent."

Gay men wish to have children for all the reasons that anyone else wants to become a parent. Some want to share their loving relationship and affluence with a child who would not otherwise have experienced this privilege. Recently this has taken the form of gay men adopting orphaned inner city infants with AIDS. Some wish to give to another generation all the love and blessings of a nurturing and devoted family that they experienced in their own upbringing, and still others wish to provide a child with the kind of loving environment that they themselves never received. As illustrated in an example below, some wish to parent for wrong, narcissistic or inappropriate reasons. The skilled worker must be able to interview prospective parents in such a way as to ascertain how realistic and prepared they are for the new responsibilities inherent in parenting. When dealing with gay men, the worker has to be aware of any bias he or she might have about two men's capacities to be loving and complete parents to a child of either sex.

## **BEGINNINGS**

My first exposure to a gay man wishing to be a parent occurred in 1975. A single affluent African-American client was becoming a foster parent to a troubled African-American adolescent from a broken and abusive home. He was honest with the worker at the agency about his sexual orientation, but was advised not to share this information with anyone else. He was approved to be a foster parent and eventually legally adopted the child two years later. Much of our work prior to his becoming a foster parent revolved around how important it was for him to provide a stable home for a disadvantaged child in order to help break the cycle of poverty and hopelessness so prevalent among inner city children. Once the adolescent was placed with him sessions often focused on difficulties he experienced as a single parent, coping with his frustration as his foster son tested him and acted out in normal adolescent fashion, and adjusting to the changes of becoming a parent.

Wayne and Sal had been together for twelve years when in their capacity as adult advisors to the peer support group, Gay and Lesbian Youth of New York, they met Joey. Joey was a 17 year old with a severe hearing impediment who had been kicked out of his family home in upstate New York when his mother found out he was gay. He had been supporting himself as a prostitute since arriving in New York City, was too old for foster care, and too young and irresponsible to become an emancipated minor.

Wayne and Sal offered to let Joey live with them in an informal arrangement where they would attempt to function as foster parents. Joey lived with Wayne and Sal for approximately one and a half years, during which time he got

his high school equivalency diploma and went to trade school where he completed a program that allowed him to qualify for the licensing exam as a hairdresser. Once he was financially supporting himself he moved out of Wayne and Sal's apartment into his own place. He is still in close contact with Wayne and Sal who he considers parental figures, but not actual parents since his mother is still alive.

In 1986 Wayne and Sal approached a New York City funded adoption agency in Brooklyn as a male couple wishing to adopt a child. They met and fell in love with Hope, an inter-racial girl abandoned at birth. After the normal series of interviews and investigations Hope was officially placed with them in the capacity of a legal pre-adoptive foster placement. Wayne and Sal felt that they had to be super applicants because of their openness about being a male couple. A year later Wayne and Sal approached the courts as a couple petitioning to adopt Hope. Though the judge acknowledged that in fact Hope had two fathers, he did not feel there was any legal precedent for him to be able to appoint both Wayne and Sal as parents. Sal became Hope's legal parent and Sal has made provisions that in case anything happens to him Wayne is named Hope's legal guardian.

Wayne and Sal decided not to enroll Hope in their neighborhood elementary school when during the "Children of the Rainbow" curriculum controversy they learned that it was their community school board's policy to refer any child who wished to discuss gay or lesbian headed families to the guidance counselor. Thus they interviewed guidance counselors and administrators at prospective schools, explaining that they were both Hope's fathers and would be jointly involved in all decisions pertaining to her. They are very involved in the parents' association and with the community school board in the district in which Hope was enrolled, and take active roles in Hope's classroom whenever parents are invited to do so. They feel that they need to expend more energy in these areas than non-gay parents in order to both protect Hope and to prove themselves as competent and caring parents. This need to prove themselves as loving and more than adequate parents is a common dynamic for gay and lesbian parents. It is especially strong for male couples who are parents.

The specter of HIV and AIDS is another unique stressor facing male couples thinking about parenting. Cleve and Thomas consulted me because of the fears and feelings they were experiencing around wanting to take the HIV test. They had been a committed couple for five years at the time of the initial consultation. Their reasons for wanting to be tested centered around their desire to have children. Neither wished to raise children as a single parent, and before they took any steps towards becoming parents they wanted some assurance that both were healthy, and long term planning for children was realistic. Both men tested negative for the HIV antibodies. Cleve has since donated sperm to a single woman friend who wanted to experience having a child but had no desire to be a mother. She became pregnant, and gave birth to a girl who lives with the male couple.

In contrast, Bruce and Alan, a couple for twelve years, decided to adopt a baby precisely so that there will have been an important shared project that would outlive Alan, who has had full blown AIDS for the past five years and that would be part of his legacy. Alan is a psychiatrist and Bruce a banker. Though openly gay as a couple wishing to adopt, they have felt it necessary to keep Alan's illness a secret so as not to create any unnecessary complications. Since their son Nikoli was born in Russia and is not yet a citizen, they plan to remain circumspect about Alan's health at least until Nikoli is legally a U.S. citizen. Bruce has mused about how his being a single parent will affect his finding a new partner once he is a widower.

A major focus of the clinical work where one of the partners is HIV positive or has AIDS has to be explicit discussions about the potential impact on the child of having the focus shift off of him or her and onto a parent who is critically ill. Similarly, helping these couples explore the impact on the child of losing a parent at an early age must be taken into consideration when they consider becoming parents.

Another male couple began treatment in the third year of their relationship with numerous problems. They were experiencing severe communication difficulties and their anger at each other was so intense that they often became physically abusive with each other. One of the men wanted very much to have a child in the hopes that it would cement their failing relationship. His partner was extremely hesitant and understandably ambivalent about the impact a child would have on their already strained relationship. Counseling helped them see the inappropriateness of having children at least at the present time, and ultimately they terminated their relationship without having a child.

## **ADOPTION**

For men who wish to parent but who have not had any direct experience with children I often suggest that they move slowly and explore some options for part time parenting. This can take the form of becoming a big brother to a child or adolescent. Some agencies are seeking good gay role models to function as big brothers to troubled or acting out gay youth. The obvious advantage to this arrangement is that it introduces the prospective parents to limited doses of what it's like to have some parental responsibilities, prior to making a permanent commitment.

If this is a satisfactory experience, I then suggest that the couple consider becoming foster parents. Again this gives them the opportunity to try parenting without making a life long commitment. This trial run is helpful training when the foster child begins to behave in the normally difficult ways that tax any parent of a child or adolescent. In some cases these "trial runs" evolve into long term placements or adoptions.

Becoming foster parents or adopting a child as a male couple poses some difficulties in a number of different areas. The first is that a majority of foster care and adoption agencies have not yet confronted their heterosexist bias about gay men's abilities to be parents. Only Florida and New Hampshire statutorily prohibit gay men and lesbians from adopting. New Hampshire also prohibits placing foster children in homes with homosexuals, and Massachusetts has regulations intended to prevent gay men and lesbians from becoming foster parents (Harvard Law Review, 1989). No state has laws that allows two parents of the same sex to both adopt a child. As of January, 1993 courts in California, Washington state, Minnesota, Vermont, Oregon, Alaska and New York decided that it was in the best interest of specific children to have two legal parents of the same sex and granted joint adoptions by lesbian and gay couples (Curry et al 1993). Where a same sex couple can not both legally adopt a child, this legal inequity has the potential to place strains upon the relationship.

One solution to the inability of a same sex couple to jointly adopt a child has been second parent adoptions recently approved by courts in New York, Vermont and the District of Columbia. An adoptive co-parent becomes a legal parent of a child, but the parental rights and responsibilities of the biological parent are not extinguished (Rubinstein, 1993). On June 8, 1994 a statute that blocks gays and lesbians from adopting their lovers' biological children was upheld 4-3 by the Wisconsin state supreme court (The Advocate, 1994). This kind of legislation has serious consequence for any lesbian or gay couple considering becoming parents.

Workers at adoption agencies considering a placement with a male couple need to explore with the couple how they plan to deal with the reality that only one of the men is the legal parent. Pre-adoption counseling must address this issue in depth in order to help the men prepare for whatever strains this inequality may cause. The inter-personal issues that need discussion pertain to trust, security and power dynamics when only one partner is the legal parent. In addition social service professionals should urge the couple to draw up an agreement or contract that spells out custody and visitation contingencies if the legal parent dies or the couple should separate with the knowledge that these contracts may be legally contested. Even with these documents, the surviving or non-custodial father faces the real risk of having the child he has helped raise from birth taken from him by his deceased partner's parents or the child welfare authorities, or being denied access to his child. These issues represent a serious danger to the child's ongoing relationship with one of his or her parents, and social service professionals need to counsel same sex couples to take every avenue to protect their child's emotional well-being and access to both of his or her parents.

## **BIOLOGICAL PARENTINGS**

There are a number of options for men who wish to biologically father a child. Some male couples have arranged with a woman friend to be the surrogate mother who is inseminated and carries the baby to term. Some men have paid the medical expenses of a surrogate mother who then relinquishes all involvement with the child after birth. Some male couples become co-parents with a single woman or lesbian couple, one of whom has been the biological mother to their child. This is a complicated arrangement emotionally and logistically and one that benefits from ongoing counseling in order to help navigate the many complexities. Despite the complexities of negotiating co-parenting from different households, many families have created loving co-parenting arrangements which provide a child with the richness of several devoted and responsible parents. The least desirable arrangements are informal agreements with a woman friend to carry the baby. Counselors should urge extensive pre-insemination discussion and a written contract that explicitly spells out all the specifics pertaining to medical expenses and access to the child after birth. There are currently eleven states in which surrogacy is not a crime, but the laws explicitly state that paid surrogacy contracts are not legally recognized. Five states go one step further and void unpaid contracts as well (Martin, 1993).

Ron and Josh had been together five years when they began to hypothetically discuss becoming parents. The first time a lesbian couple approached them about becoming biological parents they had not been tested for HIV, and felt that they were not then ready to take the test. They had been friends with Sally and Judy, two women who live in Boston, prior to Sally and Judy becoming a couple. When the women approached Ron and Josh the men had been a couple for fifteen years, had both tested negative for HIV and felt ready to become parents. Ron and Josh live in Philadelphia.

The two couples met about once a month for a year to discuss issues pertaining to their joint parenting including the specific contractual arrangements they would have. Before attempting to inseminate Judy, they reached impasses several times about specific issues. They felt that either mediation or counseling would be so unwieldy that they

eventually resolved all their differences just in discussions among themselves specifying access to the child and ongoing shared financial responsibilities.

Ron donated sperm and their daughter Sarah was born on October 25, 1992. She lives with her mothers full time. About once a month the men go to Boston to spend a week end with Sarah. It took Sarah about six months to become comfortable with Ron and Josh and now talks to both of them on the phone regularly and calls Ron "Pappa" and Josh "Daddy". Though Josh is not the biological parent, the agreement drawn up by the two couples guarantees him access to Sarah and spells out that he also has responsibilities for parenting.

Sarah has four loving parents, two of whom she lives with, and the other two who take an active but long distance role in parenting. Ron and Josh consider themselves the non-primary care-giving parents or remote parents. As Ron put it "in terms of parenting responsibilities and child care our arrangement is almost identical to a family where the parents have separated or divorced and yet both have regular contact with the children." At the time this article was being written, Judy was again pregnant with a child conceived with Ron's sperm.

## **PROVIDING SOCIAL SERVICES TO GAY PARENTS**

The history of services to gay and lesbian parents is one of grass roots community organizing. An underserved population organized to meet its own needs with groups forming all around the country to run peer support groups, and seek out sympathetic professionals for assistance when needed. The support groups each have a specific focus. Thus lesbians and gay men contemplating parenthood may choose from support groups on adoption, alternative insemination, and other options for biological parenthood. There are groups for those who are in the process of adopting a child. Ongoing groups are provided for single parents, adoptive and foster families, older children of gay parents, and families that have separated (Lesbian and Gay Community Services Center, 1994).

Lesbian and Gay social service agencies have responded to the growing interest in parenting by developing specific services. The two premier examples of this are the Whitman-Walker Clinic in Washington, D.C. and The Lyon-Martin Women's Health Services in San Francisco. The Lyon-Martin Clinic sponsors a Lesbian/Gay Parenting Service which provides psycho-social supports, parenting classes and obstetrical care for lesbian and gay headed families with children as well as prospective gay and lesbian parents. The support groups that are offered are led by professional health educators (Patterson, 1994).

A clinic affiliated with the University of California San Francisco Medical Center has opened to treat the children of lesbian and gay parents. The doctors who opened the Rainbow Clinic feel that pediatric care will improve when a family knows it can be open about who they are without feeling stigmatized or ostracized. The clinic provides routine and emergency pediatric services, and as it grows, intends to offer discussion groups for gay and lesbian parents, a resource library and services for gay and lesbian adolescents (Curry et al 1993). Whitman-Walker provides support groups, legal seminars, and parenting classes both for prospective and actual parents. Center Kids representatives have been active advocating for gay and lesbian parenting rights at many levels of state and city government, including the New York City Child Welfare Administration, the New York State Department of Social Services, the New York City School Chancellor and the Mayor's Office on Children and Families. Groups like Center Kids also sponsor forums and panels on topics such as legal concerns for lesbian and gay headed families, child development issues, choosing a pediatrician, sex roles and gender expectations in lesbian and gay headed families, men raising daughters and women raising sons, and empowering children to live in and cope with the wider world. In addition, dozens of smaller discussion groups are held each year covering such topics as "Divorce: What to Do When It's Over." (Lesbian and Gay Community Services Center, 1994).

The variety of ways that gay men become parents create new challenges for social service and child welfare professionals who are faced with the reality of working with, and in some cases helping create, additional nontraditional families in contemporary America. Since many social service and mental health workers are resistant to the concept of homosexuals becoming parents, sympathetic professionals employed in adoption, child care and mental health agencies need to seek out opportunities to call in outside consultants from groups like Center Kids, Whitman-Walker, Lyon-Martin or other local organizations to do inservice trainings about lesbian and gay headed families. Because two men parenting a child may encounter hostility (see case example in Weinstein and Rothberg chapter in this volume) when interacting with schools, clinics or the parents of their child's friends, social service professionals should be prepared to educate colleagues about gay-headed families and to serve as advocates for them. Professionals doing talks to community groups about families, adoption and foster care can include examples of gay and lesbian headed families to increase awareness of these families within local communities. In addition, social service professionals can seek out opportunities to educate members of the lesbian and gay communities about opportunities to and methods of creating families. Mental health and social service professionals working within the lesbian and gay community need to inquire about any feelings their gay male clients may have about becoming parents, and design specialized programs for gay men and lesbians who wish to become parents or who have already created families.

## Summary

Much of contemporary American society has difficulty seeing men as sufficiently nurturing to parent without a woman. Gay men experience discrimination and difficulty in becoming fathers both as men and as part of an acknowledged male couple. There is an absence of support even within the gay community for men wishing to parent. Thus those gay men who have deeply felt needs to father children feel alienated from both mainstream society (which tells them that gay men aren't fit to be parents), and from gay society (that to a large degree, has not matured enough to normalize and value its members' desires to have children). In response to the lack of existing supports, gay men have participated in peer support systems organized by them and by lesbians to meet the unique needs of the families they are creating.

Social service professionals in private practice, health care, educational and child care settings need to be alert to opportunities to help gay men explore and articulate any desires to become fathers. In addition, workers need to be aware of the existence of families composed of two men and their children, and should be prepared to work with them. Professionals investigating the appropriateness of placing a child with a male couple must be able to assess the strengths of the potential placement and home life without using the sexual orientation of the prospective parent as the sole determining factor in disqualifying someone. Workers should seek ways to advocate for qualified male couples seeking to become parents within their institutions. They can simultaneously offer these couples and families the opportunities to benefit from professional interventions when appropriate, without stigmatizing or pathologizing either these men or their children.

## References

- The Advocate, Issue 660, (1994). Around the nation. Los Angeles, Ca., p.13.
- Bozett, F. W. (1993). Gay fathers: A review of the literature. In L. Garnets & D. Kimmel (Eds.), Psychological perspectives on lesbian & gay male experiences (pp. 437-458). New York: Columbia University Press.
- Curry, H., Clifford, D. & Leonard, R. (1993). A Legal guide for lesbian and gay couples. Berkeley, Ca.: Nolo Press.
- Gold, M., Perrin, E., Futterman, D. & Friedman, S. (1994). Children of gay or lesbian parents. Pediatrics in review, 15(9), 354-358.
- Harvard Law Review, (1989). Sexual orientation and the law. Cambridge, Mass.: Harvard University Press.
- Lesbian and gay community services center, (1994). Annual Report 1994-1995. New York, N.Y. p.17.
- Martin, A. (1993). The lesbian and gay parenting handbook: Creating and raising our families. New York: Harper Perennial.
- Patterson, C. (1994). Lesbian and gay couples considering parenthood: An agenda for research, service, and advocacy. Journal of Gay and Lesbian Social Services, 1(2), 33-55.
- Rubenstein, W.(ed) (1993). Lesbians, gay men and the law. New York: The New Press.
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