A Difficult Adjustment to School: The Importance of Family Constellation*

CASE

The parents of a 6-year-old boy whom you have known most of his life request a long appointment to discuss some recent troublesome behaviors. Apparently, the first-grade teacher is concerned about his being withdrawn and quiet in class and hanging back from his classmates in free-play time. Occasionally he is aggressive with the other children. This behavior puzzles his parents because he was an exuberant and outgoing child in the playgroup and kindergarten that he attended for 2 years, and there had been no reports of disruptive behaviors.

His parents are both professionals, one a nurse and the other a high school teacher. They live in a comfortable middle-class suburban community. Because they are lesbians, they took their son to a preschool playgroup and kindergarten in a neighboring town with several other gay- and lesbian-headed families. Many of their social activities have been with this same group of families. They are expecting another child in 3 months.

The boy has shown no worrisome behavior at home but has seemed increasingly unenthusiastic about going to school. In addition, recently he has been asking a lot of questions about his father, wanting to see pictures of him and demanding to know why he is not a part of the family. He has been reluctant to invite any of his classmates to play dates but prefers to visit with his friends from his former kindergarten class.

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The case to be discussed here is that of a school-aged boy who is raised by 2 lesbian parents. The issue of this particular family constellation is raised when, in the first grade, the teacher reports that the child is withdrawn in class, not participating with peers during free-play time, and occasionally being aggressive with other children. His parents remark that these behaviors are not seen at home or in a preschool playgroup and kindergarten that included the children of other gay- and lesbian-headed families. In addition, he recently asked about his father, who is not a part of the family.

Two clinicians from different professional backgrounds comment on a primary care pediatrician’s approach to this case. Dr Ellen Perrin is a developmental and behavioral pediatrician and Professor of Pediatrics at Tufts University New England Medical Center in Boston, Massachusetts. She directs the Center for Children With Special Needs. Dr Perrin has written articles in the pediatric literature about children raised by gay and lesbian parents. Recently, she published a book for clinicians, Sexual Orientation in Children and Adolescents: Implications for Health Care. Dr Jennifer Potter practices and teaches internal medicine in Boston. She is an Assistant Professor in Medicine at the Harvard Medical School, where she focuses her teaching on women’s health concerns and lesbian and gay health issues. Dr Potter comments on this Challenging Case from the perspectives of a physician and a lesbian parent.

INDEX TERMS: gay and lesbian parenting, nontraditional families, family structure, homosexual parents.

Dr Martin T. Stein

Knowledge about the families of our patients is a critical component of comprehensive pediatric care. That the “family is the patient” has been suggested as an effective guide to a deeper understanding of a child’s development and behavior patterns. However, contemporary families are packaged in many different ways so that clinicians are challenged to understand and evaluate behaviors in the context of different family constellations. How often are we surprised to discover that, after several years of providing pediatric care, a divorce has occurred and the child is living with 1 parent, or a grandparent or other relative is now caring for a child after a major illness or the death of a parent, or a child’s parent or parents are either gay or lesbian?

Dr Ellen C. Perrin

This child appears to be having some trouble making the adjustment from a small, informal preschool to a bigger, more structured classroom. His hanging back and withdrawal most likely reflect discomfort with the large group and perhaps some more boisterous play styles than he is accustomed to. His parents and his teachers could try to help him with this adjustment in a number of ways, including (a) pairing him with a “buddy” who seems to have a temperament and style similar to his, (b) dividing the class into smaller groups for some activities, and (c) finding some activity in which this child excels and allowing him to demonstrate this skill to others.

That his parents are lesbians has implications for understanding this child’s adjustment to school. Between 6 and 9 million children in the United States have 1 or 2 gay or lesbian parents.1–3 There is extensive scientific evidence that these children encounter no increased risks in their educational, cognitive,
emotional, or sexual development compared with children who grow up with heterosexual parents. Nevertheless, there are differences in the life experiences of these children, and these should be discussed openly with the child’s parents.

This boy may already have noticed some special curiosity about his family, or even disapproval, on the part of other children, their parents, or his teachers. Even if stigmatization is not overt, some common discussions in school might serve to isolate him. He might have felt awkward, for example, if there was a class discussion about the children’s families and the assumption was made that they are all heterosexual. Typically, forms that need to be filled out for field trips and special events call for signatures from “mother” and “father”—a dilemma for this child. The books first graders usually learn to read depict intact heterosexual families. His teacher and his parents could address these issues by ensuring that some of the books they read describe children whose parents are gay or lesbian and that some of the books they read describe children who were conceived via donor insemination. This child has spent most of his first 6 years of life among children whose parents are lesbian and their parents, he may be unfamiliar with the more boisterous styles of other children. The aggressiveness his teachers report may be his awkward way of trying to fit in with the other children, albeit ineffectively.

The structure of families appears to make far less difference to children’s development and adjustment than their functioning and communication styles. The equitable distribution of child care and household work, the security of the couple’s relationship, and the parents’ relationships with their extended family all seem to be important factors in children’s development. In contrast, the gender and sexual orientation of the parents do not seem to be important factors.

This child’s parents might do well to find a way to discuss their particular family structure with their son. If discussed openly in the family, he would have an easier time describing the fact that he has 2 moms and other aspects of his family in explanations to peers and teachers. Others would then be less likely to criticize and tease him, and he would also know that it is acceptable to discuss with his parents any concerns that do arise.

Also, it would be wise to describe in general the history of his conception and birth. Several good books for preschool children describe the process of alternative insemination. Exactly what this child’s family should tell him depends on the particular situation. If the family has used anonymous sperm, the child will have no way of knowing more about his biological father; whereas if they have used sperm donated by a friend or relative, this man might already be, or in the future might become, a meaningful part of the child’s family and life. The current pregnancy may be fueling this child’s increased interest in the circumstances of his own birth. Although many factors must be considered in deciding how much to tell children and at what age, ambiguities and secrets may be fueling this child’s curiosity and demands. Essentially all lesbian parents who have used donor sperm to conceive eventually tell their children about their decision and their experience. In contrast, few heterosexual parents who use donor sperm tell their children about their genetic paternity, thus creating a potentially toxic family secret. Suggestions for lesbian parents about how to talk to their children is available through the advocacy organization Family Pride (www.FamilyPride.org).

In summary, there is no credible scientific evidence that children whose parents are gay or lesbian are at a disadvantage in emotional, cognitive, or social functioning compared with children whose parents are heterosexual. There do seem to be some differences in their interpersonal skills and emotional expressiveness that may set them apart from some of their peers. Pervasive stigmatization of difference may lead to social isolation, teasing, and discomfort. Open discussion of these issues within the family will give children tools to use to counteract stigma and foster their inclusion among their peers.

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REFERENCES

Dr Jennifer Potter
Sarah and I are lesbian mothers of 2 daughters, Laura, age 9 years, and Danya, age 4 years. Although we have not encountered a situation akin to the case description, the experience of raising children in a nontraditional family means that we struggle with key questions. How do we inform our children about their origins? When is the best time to broach the topic? How do we help our children feel good about themselves and our family in a world that expresses disapproval? How can we help them handle negative social influences effectively? How do we balance our desire to be “out” with their right to privacy? It can be difficult to find open-minded teachers, counselors, and doctors to care for our children. Many professionals are unfamiliar or uncomfortable with lesbian and gay families. People ask often if children raised in lesbian- and gay-headed households are more likely to become lesbian or gay themselves. This question suggests that homosexuality is undesirable and implies that sexual orientation of parents determines that of children. Another prevalent belief is that normal child development requires the presence of a father. Lesbian friends consulted a therapist when their 3-year-old son developed angry outbursts and were surprised when told his behavior represented “a clear-cut case of father-longing,” because a number of possible explanations for his behavior existed. This anecdote highlights how important it is for professionals who evaluate children raised in lesbian and gay families to examine their personal biases. It is important to examine behavior in the context in which it occurs. The boy in the case develops his problems after moving from a sheltered preschool setting to first grade and learning that 1 of his mothers is pregnant. Perhaps this is the first time he has become aware that he is different from his peers. Overt teasing could also be a factor. The questions he asks about his father may be attempts to clarify confusion about his parentage or may simply represent a natural desire to “fit in.” To understand his behavior, we need to know more about his experience in class and the reasons for his reluctance to attend school. We also need more information about how his mothers chose to conceive him, their comfort with this decision, and details about how they have explained the facts to their son. Uncertainty about the validity of their choices or areas of disagreement could be sources of tension that compromise their ability to support him. My partner and I spent months talking about these issues. Which of us would try to become pregnant? Should we use sperm from a known or an unknown donor? If we chose a known donor, what part should he play in our children’s lives? Sarah felt strongly that we needed to find a known donor, but neither of us wanted him to be an active coparent, so we sought a man who was comfortable with the more limited role of family friend.

I am the biological mother of both children, because adhesions following a ruptured appendix prevented Sarah from becoming pregnant. Laura was conceived using sperm donated by an acquaintance; we now see him about 4 times per year. He was unavailable when we were ready to have a second child, and we eventually decided to use anonymously donated sperm to conceive Danya. The only information we have about this donor is a list of physical attributes and a taped interview. We feel uneasy about the difference between the children. I worry that Laura will interpret her donor’s limited involvement to mean that she is not worthy of his interest, much as adopted children may feel unwanted by their birth parents. Sarah worries that Danya will feel cheated or incomplete because she is unable to contact her donor. Perhaps these are only our fears, and our children will not be concerned at all. We speak honestly, in an age-appropriate manner, about each girl’s conception, and emphasize how much each child was planned for and wanted. Both girls have an extraordinarily mature understanding of their biological origins. When Laura was 4 years old, a fellow preschooler told her: “You can’t have 2 mothers; you need a dad to make a baby.” Aware that babies can be made in different ways, she responded: “You need an egg from a woman and a sperm from a man, but you don’t have to have a dad,” her confidence unshaken. Soon after she learned to read, Laura looked up the word father in the dictionary and found the definition, “a man who begets a child.” She explains the difference between the sisters accordingly: “I have a father by blood relation, but he doesn’t live with me. Danya has a father too, but we don’t know him.”

Like the lesbian mothers in the case, Sarah and I have worked hard to normalize our family in the eyes of our daughters by ensuring that they have ample contact with children in other lesbian and gay families. However, we also feel a responsibility to prepare them for the realization that our family structure is unusual and that some people disapprove of our lifestyle. Since our children were very young, we have spent a lot of time talking about different kinds of families, the importance of appreciating diversity, and role-playing responses to homophobic comments. Books and videotapes useful in these discussions are cited in a resource list below. Many schools operate on the assumptions that everyone is heterosexual and all families are traditional. Maintaining silence leads to shame and isolation. We find it productive to be open about our lifestyle and articulate our needs. We work with our daughters’ teachers to develop curricula that celebrate different kinds of families and address teasing and gender issues. We encourage immediate discussion of homophobic name calling, graffiti, and anti-gay jokes, the use of inclusive language in the classroom and on school forms (“parent/guardian” instead of “mother/father”), and sensitivity surrounding Mother’s Day/Father’s Day projects, fam-
ily trees, and the like. We also review library holdings and nonprint materials related to family diversity and suggest additions that we believe would be helpful.

Overall, our experience has been positive, albeit challenging. Our daughters have heard us called “lezzies” and “dykes,” and Laura lost a friend in first grade because her parents were uncomfortable with our lifestyle. However, both girls respond readily to questions like “who’s your real mom?” with comments like “some kids have a single mom; I have double moms” (Laura), and “I have 2 womens” (Danya). Adversity has taught our daughters real strength of character. They believe that all people deserve the basic right to be who they are. To quote my favorite stanza from a poem Laura wrote, called “Differences”: “There are all kinds of families, Some are straight and some are gay, Some adopt, some have their own, I think they’re all okay.”

RESOURCES FOR PARENTS AND CHILDREN

Books


Videotapes
Chasnoff D, Cohen HS. That’s a Family! Ho-Ho-Kus, NJ: New Day Films (201-652-6590); 2000

Organizations
Children of Lesbians and Gays Everywhere (COLAGE): www.colage.org

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*Pediatrics* 2004;114;1464
DOI: 10.1542/peds.2004-1721M

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