
Focus

The right to lesbian parenthood

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Author's abstract

The author argues that the minority homosexual section of our population – a larger minority than, for example, the ethnic minorities section – is more often than not excluded by the 'helping professions' from the right to be parents. The author appeals to the lack of scientific data supporting such exclusion and asks that homosexual parents and their children receive the same care from our institutions as other parents and children. Some instances of lack of care are cited. The paper was presented to the 1983 annual conference of the London Medical Group, 'Human Rights in Medicine'.

Anyone daring to address the subject of human rights faces both an appalling responsibility and being accused of an unnatural arrogance of utterance. I accept these risks not because I think myself expert on the subject of human rights, but because my experience is that human rights in the domain of parenthood are so very often denied existence.

I refer to a large minority in our population, that of lesbian women and gay men. Even at the most conservative estimate – which is that at least 1 in 20 adult people are homosexual – a group comprising 5 per cent – we are dealing with a group larger than the 4 per cent ethnic minorities group which already receives, as indeed it deserves to do, special attention. Lesbian women and gay men have to date, in all matters of social policy, been traditionally regarded as a deviant group.

It is the case, nonetheless, that the pathologising of this group is increasingly questioned, not only by members of the gay community themselves, but also by the agencies of our institutional life: that is, by medical practitioners, by teachers and social workers, and by working parties of religious and/or political orientation.

I am the co-author of a book about lesbian mothers (1). It is written for the general public, rather than for specialists, but is nevertheless the only book to date on the subject which I know of. It records the experiences of a selected group of lesbian mothers – selected to

range over the varieties of social existence these parents and their children experience – from divorced women to single women who have deliberately chosen to conceive their children by artificial insemination by donor (AID).

The question asked by many heterosexual professionals who are charged with the theory or practice of social policy, is whether lesbian women, for example, should be (a) allowed, and (b) aided, to become mothers.

Objections to lesbian women being *allowed* to reproduce can only be social, since no physiological studies seeking to find physical differences between lesbian and non-lesbian women have ever succeeded in demonstrating such a difference.

Social objections fall into two categories: (a) the extent to which the psychopathology of the lesbian mother is assumed or demonstrated to deviate negatively from the norm. No studies to date have demonstrated that lesbian mothering is either significantly different from heterosexual mothering or that the lesbian mother is psychologically inadequately equipped to mother (2); (b) the extent to which the children of lesbian mothers are assumed to fall victim to negative psychosexual developmental influences. No study to date has succeeded in demonstrating such a phenomenon (3).

There remain social objections issuing from prejudice, which in turn issues from ignorance. Since the medical profession forms a professional part of our social policy-making institutional life, it is required that medical practitioners do not form judgments based on ignorance. A mere assumption that because, historically, lesbian women have been pathologised this somehow proves that they are 'not normal' (and that in a negative sense) is, of course, unacceptable.

A good way of thinking about this is to begin with what is known about female sexuality. In the first place, it is clear that women, unlike men, are able to separate their sexual practice from their reproductive practice. It is possible, that is, for a woman (a) to become sexually aroused and reach orgasm without any possibility that she will become pregnant and (b) for a woman to be inseminated – either naturally or artificially – and become pregnant whether or not, at the same time, she experiences any sexual pleasure.

Key words

Rights; parenthood; artificial insemination; medical ethics.

Whatever might be thought, therefore, about lesbian sexual practice, it is clear that lesbian women are able to conceive and bear children in the same way as non-lesbian women do.

Hence, attempting not to allow them to do so would be highly problematic, even apart from the massive dilemma – were such a decision taken – of not being able to enforce the sanction. Contrary to popular prejudice, it is the case that lesbian women, like other women, are quite capable of engaging in sexual intercourse with a man and, like other women, often solely for the reason that they intend to become pregnant.

Prejudice is not only rife within what are called the 'helping professions', it is rife, too, in the courts. Lesbian mothers in dispute with husbands almost all lose custody of their children solely on the grounds of their lesbianism (4). Because of this, as well as for many other reasons, young women in the last decade have turned increasingly to the alternative of AID. They have found, by and large, that medical practitioners are not willing to provide AID for them, again solely on the grounds of their lesbianism. They have decided, increasingly, in response to this attitude, to conduct AID by themselves, with the assistance of sympathetic men. This is neither technically difficult nor is it illegal. Many AID daughters and sons of lesbian women are now in our nurseries and schools.

There are over two million lesbian mothers in the United States. Calculations for Britain are well-nigh impossible, owing to the professional non-recognition of the existence of the group, together with the mothers' reticence in the face of prejudice. They are rightly anxious to conceal their sexuality since, like nearly all mothers, they love their children and will not willingly give them up, either to the courts or to any other social agency.

We might consider one case in particular. A lesbian woman, of middle-class background and professional standing in her own right, decided that she wanted to become a mother. It was, for her, a natural fulfilment of her womanhood, just as it is for millions of other women.

She became pregnant, deliberately, but unfortunately suffered a miscarriage, accompanied by much distress and depression. The usual practice of the hospital treating her was that, following the customary D & C, the patient should report to her own general practitioner. This she did, some six weeks later, wanting very much to know whether there were any clinical reasons why she might suffer further miscarriages. She asked the GP whether the hospital had sent her report.

'Yes, why?' came the reply.

'I want to know whether there is anything wrong with me which explains why I lost the baby,' the woman explained.

'Why do you want to know?' persisted the GP.

'Because if there isn't, I want to become pregnant

again,' said the woman. 'It was so dreadful losing the baby that I wouldn't knowingly go through it again. But if I can have a normal, full-term pregnancy, I want to try.'

'But you can't have a baby,' replied the GP, appalled; 'you're not married!'

'What's that got to do with it?' asked the woman.

And so ensued an embarrassing session of moralistic instruction from the GP to the silent woman. Her question remained unanswered.

She asked a friend who was a GP in a different area to write to the hospital for the information. This was done. There was no clinical reason for the miscarriage and the woman was pronounced normal and healthy.

The woman became pregnant again. But instead of feeling she could be cared for by her GP, she felt forced to opt for ante-natal care in the impersonal atmosphere of the hospital, where hundreds of women attended the clinic and where the same practitioner hardly ever appeared twice. At each visit, she was seen by different staff, which was comfortless but which at least ensured minimal questioning.

When she was nearly three months pregnant, the sister-in-charge said she must see the social worker. It was 'hospital policy'. But only, of course, for the unmarried. The woman felt angry and hurt, but didn't want to be accused of 'making trouble'. The social worker was sympathetic. 'Just for the record, do you want your baby?' she asked. 'Just for the record,' the woman replied, 'I planned my baby.'

After delivery, she and her baby were not placed in an ordinary ward, but in one where mothers with handicapped babies were placed, together with mothers who had not had normal deliveries. In addition, she was 'strongly advised' to stay for the full period, rather than to go home after 48 hours. And yet both she and her baby were fit and healthy.

This mother keeps away from the 'helping professions'. She is not open with her present GP, her child's school or the para-medical services, either about the circumstances of her child's birth or about her own sexuality. When she is offered contraception during her cervical smear tests, she simply declines it, not daring to explain that she is one of thousands of lesbian women who don't need it.

This woman is a proud and independent mother (5). And her story is only one among scores. There is the mother who was refused AID by her local medical services and who then answered an advertisement in a lonely hearts column in order to find a man who would make her pregnant. She charted her ovulation cycle, and when she was fertile, dated the man, who only and clearly wanted casual sex. Her 'experiment' worked and she bore a healthy child. There is the mother who came home from work one day to find a weeping partner who had to tell her that both her children – a son aged nine and a daughter aged seven – had been taken into care, because someone had told the social worker that the two women were lesbians (6).

Hardly any histories of lesbian mothers and their children are on the record. But they are amongst us and they deserve the same care from professional carers as do other mothers and their children.

There are, too, gay men who parent and there are lesbian women and gay men who, though not biological parents themselves, are necessarily involved in child-care by virtue of their partners' parenthood. And there are men who donate semen for the insemination of women who take on themselves the responsibility of conception in order to exercise their right to reproduce and to bring up children. None of the considered and intricate planning undertaken by all these people is mentioned in the vast literature about the family, either in professional or popular publications. Hardly any of this material finds its way into discussions and seminars about family policy, about education, about poverty and so on.

In addition, cruel and heartless lobbying from powerful religious and political quarters – aimed against the human rights of adult homosexual women and men – is ongoing, despite its lack of scientific objectivity. Such pressure is also richly funded. The onus is therefore on the rational, well-informed and compassionate professionals in our caring institutions to consider how they will respond to those of our number born to homosexual parents. Removing the right to reproduce is both immoral and impractical. Neglecting the need of parents for normal support is both discriminatory and cruel. Removing their children from the natural custody of their parents – merely on grounds of the parents' sexuality – is a monstrous interference, with consequences for the children which are no better than the fate of children who are unwanted by their natural mothers. What is needed is education, not legislation.

There are no data – scientific, psychological, or social – which could support the thesis that homosexual

people should not have the right to reproduce and to bring up their children. There are only differing opinions and prejudices, which are not capable of sustaining the rigorous intellectual analysis upon which any given body of knowledge must rest. Hitler didn't like homosexuals. Or the handicapped. Or Jews. His answer was to attempt to exterminate them. Our cruelties are not so extreme. What we do is simply to ignore groups of people whose existence troubles us.

I submit, humbly but confidently, that using an argument to exclude adult people from parenthood which is based solely on the definition of an individual's sexual practice, is untenable and uncivilised. Adult people have in their gift the right to dispose of their own reproductive potential as they themselves think suitable. And the rest of us share, all of us, in the responsibility to care for all those committed to parenting and for the children for whom they care.

References and notes

- (1) Hanscombe G E, Forster J. *Rocking the cradle*. London: Peter Owen, 1981 and Sheba Feminist Publishers, 1982.
- (2) Green R. Sexual identity of 37 children raised by homosexual or transsexual parents. *American journal of psychiatry* 1978; 6: 692–697.
- (3) See project comparing the psychosexual development of lesbians' children with that of single non-lesbians' children, undertaken by Michael Rutter, Susan Golombok and Ann Spencer, of the Institute of Psychiatry in London. Not all the data is yet published – to my present knowledge – but see reference (1) 85–87.
- (4) In February of this year the Court of Appeal ruled in favour of a lesbian mother retaining custody of her two daughters. The case made newspaper headlines, not least because such rulings have been so rare.
- (5) Identity and details withheld.
- (6) Identities and details withheld.

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