

# Families of the Lesbian Baby Boom: Maternal Mental Health and Child Adjustment

Charlotte J. Patterson, PhD

**SUMMARY.** This article reports a study of maternal mental health, household composition, and children's adjustment among 37 families in which 4- to 9-year-old children had been born to or adopted early in life by lesbian mothers. Results showed that maternal reports of both self-esteem and psychological symptoms were within the normal range. Consistent with findings for heterosexual parents and their children, assessments of children's adjustment were significantly associated with measures of maternal mental health. These results underline the importance of maternal mental health as a predictor of children's adjustment among lesbian as well as among heterosexual families. *[Article copies available for a fee from The Haworth Document Delivery Service: 1-800-342-9678. E-mail address: <getinfo@haworthpressinc.com> Website: <<http://www.HaworthPress.com>> © 2001 by The Haworth Press, Inc. All rights reserved.]*

Normative research on lesbian mothers, gay fathers, and their children has generally reported that children growing up with lesbian and

---

Dr. Charlotte J. Patterson is affiliated with the Department of Psychology, 102 Gilmer Hall, University of Virginia, P.O. Box 400400, Charlottesville, VA 22904-4400 (E-mail: [CJP@VIRGINIA.edu](mailto:CJP@VIRGINIA.edu)).

Support from the Society for Psychological Study of Social Issues for this work is gratefully acknowledged. Special thanks to Mitch Chyette, Deborah Cohn, Charlene Depner, Ellie Schindelman, and all of the participating families for their invaluable support and assistance. The author also wishes to thank Alicia Eddy, David Koppelman, Meg Michel, and Scott Spence for their efficient work in coding the data.

[Haworth co-indexing entry note]: "Families of the Lesbian Baby Boom: Maternal Mental Health and Child Adjustment." Patterson, Charlotte J. Co-published simultaneously in *Journal of Gay & Lesbian Psychotherapy* (The Haworth Medical Press, an imprint of The Haworth Press, Inc.) Vol. 4, No. 3/4, 2001, pp. 91-107; and: *Gay and Lesbian Parenting* (ed: Deborah F. Glazer, and Jack Drescher) The Haworth Medical Press, an imprint of The Haworth Press, Inc., 2001, pp. 91-107. Single or multiple copies of this article are available from The Haworth Document Delivery Service [1-800-342-9678, 9:00 a.m. - 5:00 p.m. (EST), E-mail address: [getinfo@haworthpressinc.com](mailto:getinfo@haworthpressinc.com)].

gay parents are as well-adjusted as their peers growing up with heterosexual parents (Falk, 1989; Green & Bozett, 1991; Kirkpatrick, 1996; Laird, 1993; Patterson, 1992, 1997; Patterson & D'Augelli, 1998; Perrin, 1998; Tasker & Golombok, 1991, 1997). Little is yet known, however, about sources of individual differences among children of lesbian and gay families (Patterson, 1992; 1995-b). In homes headed by lesbian couples, one recent study found that mothers reported feeling more satisfied and children reported a greater sense of well-being when mothers shared the labor involved in childcare more evenly (Patterson, 1995-a). Another study reported similar findings for mothers, but not for children (Chan, Brooks, Raboy & Patterson, 1998), and much remains to be learned in this area. To explore the diversity among lesbian mother families, the present study was designed to examine sources of variation among lesbian mothers, considered as individuals, in contributing to mental health among their children.

Among the predictors of children's adjustment, maternal mental health plays an especially prominent role in the psychological research literature. Research on heterosexual families has shown that when mothers are psychologically healthy and well-adjusted, their children are also likely to develop in a positive fashion (Belsky, 1984; Belsky & Pensky, 1988; Miller, Cowan, Cowan, Hetherington & Clingempeel, 1993). On the other hand, when mothers experience mental health problems such as depression or schizophrenia, their children are also more likely to experience difficulties (Downey & Coyne, 1990; Downey & Walker, 1992; Field, 1992; Gelfand & Teti, 1990). Therefore, factors that support maternal mental health may also be favorable for children's development. Although the existing research has focused primarily on heterosexual families, one might expect that associations between maternal and child mental health would also occur in lesbian mother families.

Another factor often believed to influence children's adjustment is household composition (Garfinkel & McLanahan, 1986; McLanahan & Sandefur, 1994). The existing literature has revealed advantages accruing the children growing up in two-parent households, and has shown that these are due at least in part to differences in the economic situations of one- and two-parent homes (McLanahan & Sandefur, 1994). Thus, when economic stress is statistically controlled, the differences between children growing up in one- and two-parent homes become less pronounced (McLanahan & Sandefur, 1994).

Applied to lesbian families, mainstream research on household composition suggests that two-parent lesbian mother homes may be more likely than single lesbian mother homes to support favorable development among children. Indeed, on the basis of clinical impressions of lesbian families that she worked with, Kirkpatrick (1987) reported her impression that “children in households that included the mother’s lesbian lover had a richer, more open and stable family life” (p. 204). On the basis of existing research, then, one might expect that children growing up in middle class two-parent lesbian-headed homes would be especially likely to show favorable development.

In contrast to expectations based on psychological research, the legal system in the United States has often operated on the basis of very different assumptions (Falk, 1989; Flaks, 1994; Patterson & Redding, 1996; Polikoff, 1986; Rivera, 1991). Judges have sometimes forbidden mothers to retain custody of minor children while living with lesbian partners; others have forbidden mothers from even so much as visiting overnight with their children in the presence of a lesbian partner (see Patterson & Redding, 1996). Such decisions would appear to reflect the view that whatever benefits a stable two-parent lesbian home might provide must be offset by the child’s exposure to the mother’s lesbian relationship, such that the net results for children in a two-parent lesbian home would be negative.

The present study was designed to evaluate contrasting expectations of psychological and (some) judicial traditions by assessing both maternal mental health and child adjustment among both one- and two-parent lesbian mother families. The sample was drawn from a group of families in which children had been born to or adopted early in life by lesbian mothers, i.e., from what have been called the “families of the lesbian baby boom” (Patterson, 1992; Lewin, 1993; Weston, 1991). Because the children had lived their entire lives in households headed by lesbian mothers, there was no possibility that results could be attributable to stresses associated with the break-up of a previous heterosexual family.

Studies of mental health among lesbian women have found lesbians to be very similar in their overall adjustment to matched groups of heterosexual women. Research has generally failed to reveal adjustment differences between lesbian and heterosexual samples of women, and both the American Psychiatric Association and the American Psychological Association have long rejected the notion that

homosexuality per se represents any form of illness or disorder (Gon-siorek, 1991). Also, previous research based on the present sample of families (Patterson, 1994) revealed that children's overall development was proceeding normally. For example, children in this sample did not differ significantly on standardized assessments of social competence or behavior problems from national norms for representative samples of same-aged children (see Patterson, 1994). Thus, it was expected that the present sample of lesbian mothers would also show generally positive mental health.

Based on extrapolation from the literature on heterosexual families, it was expected that well-functioning mothers would be more likely to have well-adjusted children. Because of questions about the sources of reported advantages for children growing up in two-parent over those growing up in one-parent homes, the extent to which household composition would be a valuable predictor in this sample was left as an open question. Associations between maternal and child mental health were thus expected, but no predictions were made about possible associations of household composition with the other two variables among the relatively affluent lesbian mother families who took part in the present study.

## METHOD

### *Participants*

*Eligibility and Recruitment.* To be considered eligible, a family had to include at least one child between 4 and 9 years of age, who had been born to or adopted early in life by a lesbian mother or mothers. Due to practical constraints, the family also had to live within the greater San Francisco Bay Area. Any family that met these criteria was considered eligible to participate.

Recruitment began when the author contacted friends, acquaintances, and colleagues who might be likely to know eligible lesbian mother families. She described the research and asked help in locating families who might be willing to take part. She then contacted each potential family by telephone, explaining how she had obtained their name, describing the research, and asking whether they would be willing to participate. If a family agreed, an appointment was arranged for a visit to the family's home. The process of discussion, decision making, and appointment setting required a number of telephone calls

in most cases, and in some cases, letters were also exchanged before an appointment was made. In all, contact was made with 39 eligible families, of whom 37 (95%) agreed to take part in the study.

*Participating Families.* Of the 37 participating families, 26 (70%) were headed by a lesbian couple and 7 (19%) were headed by a single mother living with her child or children. In the remaining 4 (11%) families, the child had been born to a lesbian couple who had since separated, and the child was in de facto joint custody (i.e., living part of the time with one mother and part of the time with the other mother). In this last group of families, one mother was out of town during the period of testing and so was not included in the study.

A total of 66 women took part in the study. Of these, 61 (92%) identified themselves as predominantly lesbian, and 5 (8%) identified themselves as predominantly bisexual. Their ages ranged from 28 to 53 years, with a mean age of 39.6 years. There were 61 (92%) self-described white or non-Hispanic Caucasian women, 2 (3%) African-American or black women, and 3 (4%) who described themselves as coming from other racial or ethnic backgrounds. Most were well-educated, employed outside the home, and relatively affluent (see Patterson, 1994 for details).

For the statistical analysis of data for this study, the biological or legal adoptive mother of the focal child was designated "Mother 1." If, as in most families, there was another mother, she was designated "Mother 2." No statement about the relative importance or behavior of either woman was intended by these labels; they were employed solely as a statistical convenience. In one family headed by a lesbian couple, the women did not wish to identify one as the biological and one as the nonbiological parent of the focal child; in this case, one was identified as Mother 1 and the other as Mother 2 by a coin toss.

In each family, the focal child was between 4 and 9 years of age (mean age: 6 years, 2 months); there were 19 girls and 18 boys. A total of 34 (92%) of the children were born to lesbian mothers, and 3 (8%) had been adopted by lesbian mothers. There were 30 (81%) children who were described by their mothers as white or non-Hispanic Caucasian, 3 (8%) as Hispanic, and 4 (11%) as another racial or ethnic heritage.

### ***Materials***

There were four principal assessments of adjustment. Mothers' adjustment was assessed using the Rosenberg Self-Esteem Scale and the

Derogatis Symptom Checklist. Children's adjustment was assessed using the Achenbach and Edelbrock Child Behavior Checklist, and with the Eder Children's Self-View Questionnaire. In addition, background information about the family was gathered in the context of a structured interview.

*Mothers' Self-Esteem.* Maternal self-esteem was assessed using the Rosenberg Self-Esteem Scale (Rosenberg, 1979). This scale consists of 10 statements, with four response alternatives, indicating the respondent's degree of agreement with each statement. Results were tabulated to obtain total scores, based upon the recommendations contained in Rosenberg (1979). Scores on this instrument can range from 0 to 6, with high scores indicating low levels of self-esteem.

*Mothers' Symptoms.* Maternal adjustment was assessed using the Derogatis Symptom Checklist-Revised (SCL-90-R; Derogatis, 1983), which consists of 90 items addressing a variety of psychological and somatic symptoms. Each respondent rated the extent to which she had been distressed by each symptom during the past week (0 = not at all, 4 = extremely). Test-retest reliability, internal consistency, and concurrent validity have all been shown to be adequate (Derogatis, 1983). Nine subscales (i.e., anger/hostility, anxiety, depression, interpersonal sensitivity, obsessive/compulsiveness, paranoid ideation, phobic anxiety, psychoticism, and somatization) were scored here, as well as a Global Severity Index which summarized the respondent's overall level of distress. Higher scores indicated greater distress.

*Children's Social Competence and Behavior Problems.* To assess both levels of child competence and child behavior problems, the Child Behavior Checklist (CBCL) (Achenbach & Edelbrock, 1983) was administered. The CBCL was selected because of its ability to identify both internalizing (e.g., inhibited or overcontrolled behavior) and externalizing (e.g., aggressive, antisocial, or undercontrolled behavior) problems as well as to assess levels of social competence. It is designed to be completed by parents. In this study, all participating mothers completed the instrument.

The CBCL is designed to record in a standardized format the competencies and behavior problems of children from 4 to 16 years of age (Achenbach & Edelbrock, 1983). There are 118 behavior problem items, and each one is scored on a three-point scale (not true, somewhat or sometimes true, very true or often true). Answers are tabulated to create subscales for internalizing, externalizing, and total behavior

problems. The 20 social competence items assess an array of child competencies both at home and at school, and are tabulated to create a single score for social competence. Information about the reliability and validity of CBCL scores is available in Achenbach and Edelbrock (1983), and information about average scores for this sample of children is provided in Patterson (1994).

*Children's Self-Concepts.* Assessment of children's self-concepts was accomplished using 5 scales from Eder's (1990) Children's Self-View Questionnaire. These scales designed especially to assess psychological concepts of self among children from 3 to 8 years of age, assessed 5 different dimensions of children's views of themselves (i.e., aggression, social closeness, social potency, stress reaction, and well-being). Using hand puppets, the CSVQ was administered individually to participating children. Their answers were tape-recorded for later scoring according to the recommendations contained in Eder (1990). Information on reliability and validity of these scales is given in Eder (1990), and information about average scores for the present sample of children can be found in Patterson (1994).

### *Interviews*

As described above, an appointment was arranged for the author to visit each family's home. When the researcher arrived at the home, she explained the study, answered questions, and asked for written consent from the mother or mothers who were present; oral assent was also obtained from children. The visit began with a semistructured family interview, which involved a number of questions about family background (e.g., maternal education and occupation) and family history (e.g., circumstances surrounding the focal child's birth or adoption). This was followed by an individual interview with the focal child, which included Eder's Children's Self-View Questionnaire (Patterson, 1994). During the time that the interviewer was with the focal child, mothers were asked to fill out a number of questionnaires, among which were the Rosenberg Self-Esteem Scale, the Derogatis SCL-90, and the Achenbach and Edelbrock CBCL. In families headed by a lesbian couple, the women were asked to complete the questionnaires without consulting one another. When both mothers and children had completed these materials, they were thanked for their assistance and given an opportunity to ask any questions about the study. Each visit lasted between 90 and 150 minutes.

## RESULTS

Normative results for maternal adjustment are presented first. Because the normative results for children's adjustment have been reported elsewhere (Patterson, 1994), they are not described in any detail here. However, in an effort to locate sources of individual differences in children's adjustment, maternal and child adjustment are examined as a function of household composition (i.e., one- versus two-parent households). Finally, the extent to which maternal mental health is a predictor of children's adjustment is also examined.

### *Maternal Self-Esteem and Symptoms*

Total scores on the Rosenberg Self-Esteem Scale were calculated for each mother, following the method described by Rosenberg (1979), and the resulting mean scores are shown in Table 1. As can be seen in the table, the means for Mother 1 and Mother 2 were almost identical, and both were well within the range of normal functioning. These results indicate that lesbian mothers who took part in this research reported generally positive views about themselves.

For the Derogatis SCL-90, nine subscale scores and one global severity index (GSI) were computed for each mother, and average scores on each measure were calculated both for Mother 1 and for Mother 2. The average subscale scores and T scores for each subscale and for the GSI are shown in Table 1. T scores are based on the norms of female non-patient samples contained in Derogatis (1983).

As can be seen in Table 1, mean scores for Mother 1 and for Mother 2 were virtually identical for most subscales as well as for the GSI, and they were all well within a normal range. None of the T scores deviates substantially (i.e., more than one standard deviation) from the expected mean of 50, indicating that lesbian mothers' reports of symptoms were no greater and no smaller than those expected for any other group of women of the same age. Thus, like the findings for adjustment of children in this sample (Patterson, 1994), those for maternal adjustment revealed that lesbian mothers who took part in this study reported good psychological adjustment.

### *Household Composition, Mothers' Symptoms and Children's Adjustment*

It was also of interest to evaluate the extent to which the adjustment of children and their mothers might be linked to household composi-



TABLE 1. Means and T-scores of SCL-90-R Subscales and Rosenberg Self-Esteem Scale for Biological and Non-Biological Mothers

	<u>Biological Mothers</u>		<u>Non-Biological Mothers</u>	
	Mean	T-score <sup>1</sup>	Mean	T-score
<u>SCL-90-R subscales</u>				
Anger/hostility	.36	55	.31	52
Anxiety	.29	52	.24	51
Depression	.40	53	.43	53
Interpersonal sensitivity	.33	53	.36	54
Obsessive/compulsiveness	.31	50	.51	54
Paranoid ideation	.32	52	.25	52
Phobic anxiety	.01	44	.12	53
Psychoticism	.11	53	.11	53
Somatization	.29	50	.32	50
Global Severity Index (GSI)	.34	53	.38	55
<u>Rosenberg Self-Esteem</u>	2.49		2.58	

<sup>1</sup>T-scores based on norms of non-patient group according to Derogatis (1983); T-scores for Rosenberg scale were not available.

tion. In particular, it was desirable to assess whether children were in better psychological health when mothers were living with lesbian partners (as one might predict based on research with heterosexual families) or (as the legal system has sometimes maintained) whether they were better off when mothers were living alone with their child or children (i.e., without a lesbian partner in the home).

To address these questions, the sample was divided into two-parent households (i.e., families that were headed by two lesbian mothers who lived together in the same household;  $n = 26$  families), and one-parent households (i.e., all other families in the sample;  $n = 11$  families), and adjustment scores for the two groups were compared. The results revealed that mothers' self-esteem did not vary as a function of household composition, nor did mothers' overall psychosocial adjustment, as measured by the SCL-90 GSI (both  $t$ 's  $< 1$ ). Children in one-parent households were *not* described as having more behavior problems overall than those in two-parent households,  $t(11, 24) = 1.17$ , n.s. There were no differences in any of the 5 child self-concept

scales as a function of household composition (all  $t$ 's < 1). Thus, household composition was not associated with adjustment among mothers or their children in this sample.

### *Associations Between Maternal and Child Adjustment*

The degree to which variations in maternal and child adjustment were associated with one another was also explored. Both mothers' and children's scores on assessments of adjustment were within the normal range, but some variability was nevertheless evident among individuals. To evaluate whether the variability in children's scores was predictable from knowledge of the variability in mothers' scores, associations between the two sets of variables were examined.

Results showed that mothers who reported experiencing more symptoms themselves were also likely to report more behavior problems among their children. Regression analyses testing the four principal indicators of maternal well-being (viz., GSI and self-esteem scores for both mothers) as predictors of child behavior problems revealed that both mothers' reports of symptoms were significantly related to Mother 1's reports of children's total behavior problems,  $F(4, 32) = 3.31, p < .05$ , accounting together for 23% of the variance. The zero-order Pearson correlations were .39 for Mother 1's GSI scores and .16 for Mother 2's GSI scores. Rosenberg self-esteem scores did not add significantly to these predictions, nor were there any significant predictors of any of the five self-concept scales for children. Among the group of lesbian families we studied, then, assessments of maternal mental health were associated with their ratings of children's adjustment.

In an effort to locate more precisely the aspects of maternal mental health that were associated with reports about children's behavior, each of the subscale scores of the SCL-90 was also examined. Table 2 shows the zero-order correlations between SCL-90 subscale scores and reported behavior problems separately for Mother 1 and for Mother 2. For Mother 1, 3 of the 9 subscales—anger/hostility,  $r = .36, p < .05$ , depression,  $r = .52, p < .01$ , and obsessive-compulsiveness,  $r = .45, p < .01$ —as well as the global severity index,  $r = .39, p < .05$ , were significantly correlated with children's total behavior problems. For Mother 2, the GSI score was not significantly associated with her report of children's behavior problems when considered alone, so individual subscale scores were not interpreted. Overall, then, biologi-

cal mothers who reported more symptoms also reported that their children evidenced more behavior problems; the symptoms that differentiated among child outcomes were those associated with anger, hostility, depression, difficulty concentrating, and problems with decision-making.

## *DISCUSSION*

Consistent with the findings of a substantial body of research on heterosexual families, our findings revealed that well-adjusted lesbian mothers were more likely than those suffering from even moderate psychological symptoms to report that their children are themselves developing in a positive fashion. Lesbian mothers in this sample generally described both themselves and their children as well-adjusted, so the range of scores was relatively small. Even within the restricted range of scores studied here, however, assessments of maternal mental health were distinctly more important than household composition in

TABLE 2. Correlations of Biological and Non-Biological Mothers' Symptoms and Self-Esteem with Child's Total Behavior Problem Scores According to That Mother

	Biological Mothers	Non-Biological Mothers
<u>SCL-90-R Subscales</u>		
Anger/hostility	.36*	.41*
Anxiety	.16	.10
Depression	.52**	.30
Interpersonal sensitivity	.30	.14
Obsessive/compulsiveness	.45**	.22
Paranoid ideation	.31	.45*
Phobic anxiety	.05	-.17
Psychoticism	.17	.19
Somatization	.11	.19
Global Severity Index (GSI)	.39*	.16
<u>Rosenberg Self-Esteem</u>	.23	.25

*Note.* The correlation between both mothers' observations of total behavior problems, in families with two mothers, was  $r = .48, p < .01$ . For biological mothers,  $n = 37$ ; for non-biological mothers,  $n = 26$ .

\*  $p < .05$ ; \*\*  $p < .01$

predicting outcomes for children. These results are thus consistent with the notion that factors favoring maternal mental health may also favor the psychosocial development of children (Belsky, 1984; Belsky & Pensky, 1988; Miller et al., 1993).

The first major result was that lesbian mothers in this sample reported few symptoms, and good overall mental health. Consistent with the considerable literature on mental health of lesbian women (Gonsiorek, 1991), results showed that both maternal self-esteem and maternal reports of symptoms were in the normal range of scores expected for women in this age range (Derogatis, 1983; Rosenberg, 1979). While consistent with reports about mental health of divorced lesbian mothers that comprise the existing literature (Patterson, 1997), these results are the first to focus on mental health among women who have chosen motherhood after assuming lesbian identities. The findings also revealed no differences between biological and nonbiological lesbian mothers in this regard; both scored in the normal range on our assessments of mental health.

The second major finding was that children's adjustment did not differ significantly as a function of household composition. Although much of the literature on children growing up in heterosexual families has suggested that children in one-parent homes are at a disadvantage, differences between children in one-parent and two-parent households did not approach statistical significance in this sample. As in the literature on heterosexual families, one-parent families in the present sample did report lower incomes,  $t(35) = 3.05$ ,  $p < .01$ , but even the lower incomes of one-parent lesbian families studied here, averaging about \$30,000-\$50,000 per year, placed them in relatively comfortable financial circumstances. In contrast, incomes in one-parent heterosexual households are generally lower, and many of the disadvantages suffered by children in one-parent heterosexual households can be attributed to family economic stress (McLanahan & Sandefur, 1994). Whether for this or for other reasons, household composition was not a strong predictor of child adjustment among lesbian families studied here. Overall, as reported in more detail elsewhere (Patterson, 1994, 1997), children were well-adjusted.

The third major finding was that, even within the relatively restricted range of scores studied here, there were significant associations between maternal mental health and children's adjustment. Even though maternal and child mental health were both generally good,

biological mothers' reports of symptoms were still significantly related to children's behavior problems, as assessed here. Given that biological mothers in this sample were more likely than non-biological mothers to be responsible for childcare (Patterson, 1995-a), it is not surprising that children's adjustment would be more closely tied to reports of the mental health of biological than to non-biological mothers. Consistent with the findings of research on heterosexual families, our findings serve to underline the importance of maternal mental health for children's adjustment.

At the same time as these findings add to existing knowledge about the families of the lesbian baby boom, they also demonstrate the generality of findings from earlier research on heterosexual families. Although earlier studies have reported both normative and individual differences findings about lesbian families (Patterson, 1997), this is the first study to report on self-esteem and symptoms among mothers of the lesbian baby boom, and it is the first to examine household composition and maternal mental health as predictors of child outcomes in these families. As has been evident in recent studies of heterosexual and lesbian families (Chan, Raboy & Patterson, 1998), these findings suggest the significance of family process (e.g., family conflict) over that of family structure (e.g., one- versus two-parent households) in affecting child outcomes. To provide further information about these issues, future research should be designed to include variables relevant both to structure and to process.

From the standpoint of the legal system, the current findings suggest that the best interests of children in lesbian families may be served by interventions that have a positive impact on maternal mental health, but they provide no evidence in favor of interventions aimed at influencing household composition. The results did not suggest that children would be better off in single-parent lesbian households such as those sometimes stipulated by the courts; in fact, household composition was unrelated to children's adjustment among the families studied here. Assessments of maternal mental health, in contrast, were significant predictors of outcomes for children. Although preliminary in nature, the current findings thus can be interpreted to suggest that judges who wish to maximize the best interests of children in custody disputes involving lesbian mothers should focus attention not on household composition as such but rather on conditions that are associated with maternal mental health (Patterson & Redding, 1996).

Although the current findings have much to offer, they also are characterized by a number of limitations that should be acknowledged. The group of lesbian mother families studied here was a sample of convenience, drawn from a single geographical area. The mothers who participated in the study were predominantly white, well-educated and relatively affluent. Given practical constraints, it was not possible to collect observational data, nor to gain access to informants outside the families themselves. Both assessments of mothers' and children's adjustment were provided by maternal reports, and some method variance was thus held in common between assessments of the two categories of variables. These and other limitations of the present research suggest that our findings are best regarded as preliminary results, in need of further evaluation among larger and more diverse samples, using a broader array of informants and assessment procedures, over more occasions of measurement (Patterson, 1997).

It is particularly important to acknowledge the possible role of rater biases in contributing to the associations between assessments of maternal and child mental health. Because significant associations were found between maternal mental health and children's adjustment only when both were rated by mothers, the possibility of rater bias must be considered. Research with heterosexual families has also encountered this possibility (Compas, Phares, Banez & Howell, 1991) and, in the case of associations between marital quality and children's adjustment, rater bias has sometimes been found to be responsible for an important share of the observed associations (e.g., McHale, Freitag, Crouter & Bartko, 1991). On the other hand, the idea that depressed mothers provide negatively biased reports about their children's adjustment has been found to be without empirical foundation (Richters, 1992), and the issue remains unsettled. In future research, it would be valuable to obtain data about both maternal and child functioning from multiple sources so that possible rater biases could be evaluated in a systematic fashion.

In summary, this study examined associations between maternal and child adjustment among a sample of the families of the lesbian baby boom. Consistent with expectations (Falk, 1989; Gonsiorek, 1991; Patterson, 1992, 1997), scores for both maternal and child adjustment fell within the normal range. Although neither mothers nor children living in one-parent households differed in their overall adjustment from those living in two-parent households, there were con-

sistent associations between variations in maternal mental health and those in child adjustment. Even within the restricted range of scores studied here, mothers who described their own adjustment in positive terms were also likely to report that their children were developing well. Overall, the results contribute to an appreciation of diversity among the families of the lesbian baby boom and, more generally, also add to understanding of the role of sexual orientation in human development (Patterson, 1995-c; Patterson & D'Augelli, 1998).

## REFERENCES

- Achenbach, T. M., & Edelbrock, C. (1983). *Manual for the Child Behavior Checklist and Revised Child Behavior Profile*. Burlington VT: University of Vermont, Department of Psychiatry.
- Belsky, J. (1984). The determinants of parenting: A process model. *Child Development, 55*, 83-96.
- Belsky, J. & Pensky, E. (1988). Developmental history, personality, and family relationships: Toward an emergent family system. In R. A. Hinde & J. Stevenson-Hinde (Eds.), *Relationships within families: Mutual influences* (pp. 193-217). Oxford, England: Oxford University Press.
- Chan, R. W., Raboy, B., & Patterson, C. J. (1998-a). Psychosocial adjustment among children conceived via donor insemination by lesbian and heterosexual mothers. *Child Development, 69*, 443-457.
- Chan, R. W., Brooks, R. C., Raboy, B., & Patterson, C. J. (1998-b). Division of labor among lesbian and heterosexual parents: Associations with children's adjustment. *Journal of Family Psychology, 12*, 402-419.
- Compas, B. E., Phares, V., Banez, G. A., & Howell, D. C. (1991). Correlates of internalizing and externalizing behavior problems: Perceived competence, causal attributions, and parental symptoms. *Journal of Abnormal Child Psychology, 19*, 197-218.
- Derogatis, L. R. (1983). *SCL-90-R administration, scoring, and procedures manual*. Towson MD: Clinical Psychometric Research.
- Downey, G. & Coyne, J. C. (1990). Children of depressed parents: An integrative review. *Psychological Bulletin, 108*, 50-76.
- Downey, G. & Walker, E. (1992). Distinguishing family-level and child-level influences on the development of depression and aggression in children at risk. *Development and Psychopathology, 4*, 81-95.
- Eder, R. A. (1990). Uncovering young children's psychological selves: Individual and developmental differences. *Child Development, 61*, 849-863.
- Falk, P. J. (1989). Lesbian mothers: Psychosocial assumptions in family law. *American Psychologist, 44*, 941-947.
- Field, T. (1992). Infants of depressed mothers. *Development and Psychopathology, 4*, 49-66.
- Flaks, D. (1994). Gay and lesbian families: Judicial assumptions, scientific realities. *William and Mary Bill of Rights Journal, 3*, 345-372.

- Garfinkel, I., & McLanahan, S. (1986). *Single mothers and their children: A new American dilemma*. Washington, DC: The Urban Institute Press.
- Gelfand, D. M. & Teti, D. M. (1990). Effects of maternal depression on children. *Clinical Psychology Review, 10*, 329-353.
- Gonsiorek, J. (1991). The empirical basis for the demise of the illness model of homosexuality. In J. C. Gonsiorek & J. D. Weinrich (Eds.), *Homosexuality: Research implications for public policy* (pp. 115-136). Newbury Park, CA: Sage.
- Green, G. D., & Bozett, F. W. (1991). Lesbian mothers and gay fathers. In J. C. Gonsiorek & J. D. Weinrich (Eds.), *Homosexuality: Research implications for public policy* (pp. 197-214). Newbury Park, CA: Sage.
- Kirkpatrick, M. (1987). Clinical implications of lesbian mother studies. *Journal of Homosexuality, 14*, 201-211.
- Kirkpatrick, M. (1996). Lesbians as parents. In R. P. Cabaj & T. S. Stein (Eds.), *Textbook of homosexuality and mental health*. Washington, DC: American Psychiatric Press, Inc.
- Laird, J. (1993). Lesbian and gay families. In F. Walsh (Ed.), *Normal family processes* (2nd ed., pp. 282-328). New York: Guilford.
- Lewin, E. (1993). *Lesbian mothers: Accounts of gender in American culture*. Ithaca, NY: Cornell University Press.
- McHale, S. M., Freitag, M. K., Crouter, A. C. & Bartko, W. T. (1991). Connections between dimensions of marital quality and school-age children's adjustment. *Journal of Applied Developmental Psychology, 12*, 1-17.
- McLanahan, S., & Sandefur, G. (1994). *Growing up with a single parent: What hurts, what helps*. Cambridge, MA: Harvard University Press.
- Miller, N. B., Cowan, P. A., Cowan, C. P., Hetherington, E. M., & Clingempeel, W. G. (1993). Externalizing in preschoolers and early adolescents: A cross-study replication of a family model. *Developmental Psychology, 29*, 3-18.
- Patterson, C. J. (1992). Children of lesbian and gay parents. *Child Development, 63*, 1025-1042.
- Patterson, C. J. (1994). Children of the lesbian baby boom: Behavioral adjustment, self-concepts, and sex-role identity. In B. Greene & G. Herek (Eds.), *Contemporary Perspectives on Lesbian and Gay Psychology: Theory, Research, and Application* (pp. 156-175). Beverly Hills, CA: Sage.
- Patterson, C. J. (1995-a). Families of the lesbian baby boom: Parents' division of labor and children's adjustment. *Developmental Psychology, 31*, 115-123.
- Patterson, C. J. (1995-b). Lesbian mothers, gay fathers, and their children. In A. R. D'Augelli & C. J. Patterson (Eds.), *Lesbian, Gay and Bisexual Identities Over the Lifespan: Psychological Perspectives* (pp. 262-290). New York: Oxford University Press.
- Patterson, C. J. (1995-c). Sexual orientation and human development: An overview. *Developmental Psychology, 31*, 3-11.
- Patterson, C. J. (1997). Children of lesbian and gay parents. In T. Ollendick & R. Prinz (Eds.), *Advances in Clinical Child Psychology*, Vol. 19. New York: Plenum Press.
- Patterson, C. J., & D'Augelli, A. R. (Eds.). (1998). *Lesbian, Gay and Bisexual Identities in Families*. New York: Oxford University Press.



- Patterson, C. J., & Redding, R. (1996). Lesbian and gay families with children: Public policy implications of social science research. *Journal of Social Issues, 52*, 29-50.
- Perrin, E. C. (1998). Children whose parents are lesbian or gay. *Contemporary Pediatrics, 15*, 113-130.
- Polikoff, N. (1986). Lesbian mothers, lesbian families, legal obstacles, legal challenges. *Review of Law and Social Change, 14*, 907-914.
- Richters, J. E. (1992). Depressed mothers as informants about their children: A critical review of the evidence for distortion. *Psychological Bulletin, 112*, 485-499.
- Rivera, R. R. (1991). Sexual orientation and the law. In J. C. Gonsiorek & J. D. Weinrich (Eds.), *Homosexuality: Research implications for public policy* (pp. 81-100). Newbury Park, CA: Sage Publications.
- Rosenberg, S. (1979). *Conceiving the self*. New York: Basic Books.
- Tasker, F. & Golombok, S. (1991). Children raised by lesbian mothers: The empirical evidence. *Family Law, 21*, 184-187.
- Tasker, F. L. & Golombok, S. (1997). *Growing up in a lesbian family: Effects on child development*. New York: Guilford.
- Weston, K. (1991). *Families we choose: Lesbians, gays, kinship*. New York: Columbia University Press.