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The Warnock Report and single women: what about the children?

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Authors' abstract

The Warnock Committee decided not to sanction artificial insemination by donor (AID) and in vitro *fertilisation (IVF) for single heterosexual women or for lesbian women on the grounds that it is better for children to be born into a two-parent heterosexual family. From an examination of the effects on children of growing up in fatherless heterosexual and lesbian families, this paper questions that assumption.*

Following the publication of the Warnock Report (1), the influence of parents on the social, emotional and psychosexual development of their children has become a topic of renewed interest. The Warnock Committee decided not to sanction AID and IVF for single heterosexual women, or for lesbian women. Implicit in this decision was their concern about the harmful effects on children of growing up in a fatherless family. But how much do we really know about children who are raised in such households?

Children in fatherless families

SOCIAL AND EMOTIONAL DEVELOPMENT

The studies of the social and emotional development of children in fatherless families have been plagued by methodological problems, and it is difficult to evaluate them as a whole because they are all so different. However, it is clear that children in these families are more likely to have emotional and behavioural problems. But this is not, as is often assumed, because of the absence of a father – it is a direct consequence of the poverty and isolation that these families have to endure (2). Also, children whose mothers had previously been married to, or cohabited with, their father would probably have experienced a period of turmoil at home while the parents were separating, a situation which is also well known to cause emotional problems in children (3). So it is the family discord which precedes separation, and the economic hardship and lack of support which follows, which are to blame, and not simply the fact that the children are being raised in a fatherless family.

Key words

Warnock Report; artificial insemination by donor; *in vitro* fertilisation; fatherless children; lesbians.

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Psychosexual development is generally considered in terms of gender identity, sex-role behaviour and sexual orientation. We shall describe a little of what is known about the role of parents in this process before going on to discuss the psychosexual development of children in fatherless families.

Gender identity is a person's concept of him or her self as male or female, ie whether one thinks of one's self as a man or a woman. Children generally know if they are a boy or a girl by three years old and soon realise that their gender is an important and unchanging aspect of their identity. Whether an individual develops a male or female gender identity is generally considered to be psychologically rather than biologically determined. It is the child's sex of assignment and rearing which is seen to be important. A male infant is believed to develop a male identity because he is brought up to be a boy, and not because of biological influences from his chromosomes or hormones.

Evidence for this view comes from the work of John Money with hermaphrodites at Johns Hopkins University (4). He studied girls born with the adrenogenital syndrome..These girls are genetically female but, because of an overdose of androgens during fetal development, they are born with male genitals. He found that if these girls are raised as boys they grow up to think of themselves as male, but if they are treated as girls they develop a female identity. A further syndrome which suggests that gender identity depends on the sex to which the child is assigned is the androgen insensitivity syndrome. Here the tissues of a genetic male are insensitive to androgen and female genitals develop in genetically male babies. If these boys are assigned and raised as girls they develop a female gender identity. The study of individuals with ambiguous genitalia are particularly relevant here. John Money found that matched pairs of hermaphrodites with ambiguous genitalia who were born with the same physical condition but were

assigned to different sexes, were generally found to develop a gender identity which was in line with their sex of rearing. In a similar study, Lev-Ran (5) found this to be the case even when the appearance of the genitals was markedly incongruent with the assigned sex.

The view that gender identity is psychologically rather than biologically determined has engendered many opponents. It does seem, however, that parents have some influence on the gender identity of their children and do so by assigning them as male or female and treating them accordingly. By three years, once gender identity has been established, it generally remains unchanged.

Sex-role behaviour includes everything that a person says and does which is associated with being male or female in a particular culture. We are all familiar with boys playing cowboys and indians while girls play at houses and tea-parties. Not all children fit these stereotypes but on the whole the sexes do differ in their preferred games and activities. There is some evidence that hormones play a part in influencing sex-role behaviour (6). Studies of girls who were exposed to an overdose of male hormones prenatally, either girls with the adrenogenital syndrome or girls whose mothers had been given hormones during pregnancy to prevent miscarriage, found these girls to be more tomboyish than matched control groups. There is also some evidence that boys who have been prenatally exposed to female hormones are less masculine in their behaviour.

Although hormones may predispose us to male or female behaviour, there is no doubt that sex-role behaviour is greatly influenced by our environment. The debate here is not so much about whether our parents influence our sex-role development, but is more to do with the extent to which and in what way they are influential. There are three major psychological theories which attempt to answer these questions. These are psychoanalytic theory (7,8), social learning theory (9,10) and cognitive developmental theory (11,12). Each offers a rather different explanation, and places a varying degree of importance on the influence of parents.

Central to psychoanalytic theory is the concept of identification – which is the adoption of personality attributes of a significant parental figure. Both parents are considered to be important in this process for boys and girls.

According to social learning theorists, children learn sex-role behaviour because they are rewarded for behaviour which is seen as being appropriate for their sex, and discouraged from behaving in ways which are not. The observation and imitation of same-sex models is also considered to be important for sex-role acquisition. Social learning theorists believe that it is not only parents who are influential – so are other people who are significant in the child's life, as well as images presented by the media.

Cognitive developmental theorists point to a link between cognitive development and sex-role behaviour. They argue that once children understand that their gender is permanent, they categorise objects, behaviour and attitudes as appropriate for one sex or the other, and value those associated with their own sex. This theory places much greater emphasis than the others on the child actively seeking out information about what behaviour is appropriate, and parents are not considered to be particularly influential in this process.

The third aspect of psychosexual development, sexual orientation, becomes apparent much later than gender identity and sex-role behaviour. This is our preference for opposite-sex or same-sex sexual partners, ie whether we are heterosexual or homosexual. There has been a great deal of controversy about the extent to which parents influence the sexual orientation of their children. Again the three theories of psychosexual development hold different views, with the psychoanalysts arguing most strongly that sexual orientation is largely determined by our early relationships with our parents. The studies which exist of the childhood relationships of homosexuals with their parents are all retrospective and uncontrolled, and therefore open to bias. What is clear, however, is that if these early relationships are important, what matters is the quality of the relationships and not the sexual orientation of the parents. It is important to remember that most homosexuals grow up in heterosexual families.

What can our knowledge about the role of parents in psychosexual development tell us about children in fatherless families? Ever since the emergence of Freud's theories, and probably throughout history, arguments have raged about whether or not children suffer from not having a father around the home, either as a provider, a model of manhood, or simply to administer discipline. Implicit in the view that children need fathers for healthy psychological development is the notion that the two-parent heterosexual family is the norm, and that any deviation from this ideal family structure is bound to cause problems for the child. But how normal is it? Around one in eight families with children in Britain are one-parent families. The large majority of these are headed by a woman and a growing percentage are unmarried (13). Is it really sensible to suppose that the one and a half million or so children who are growing up in Britain today without fathers will be damaged by this experience?

The vast number of empirical studies of the role of fathers in the psychosexual development of their children are contradictory and inconclusive in their findings. Most children in one-parent families, like children in two-parent heterosexual families, show typical psychosexual development (14), but it remains uncertain whether there is a slight effect on some behaviour and attitudes. This may, of course, be positive rather than problematic. After all, if, as some researchers claim, boys in one-parent families are

slightly less aggressive than their counterparts in two-parent families, is this such a bad thing? Many of the studies which are quoted today were carried out over 10 years ago. The division between male and female roles are now less clear-cut, and behaviour or attitudes which may have appeared odd a decade ago are quite acceptable now.

Children in lesbian families

Lesbian families differ from conventional nuclear families not only in the absence of a father in the home, but also in the mother's sexual orientation. Several studies have now been carried out to examine empirically the development of children in lesbian families. They all compare children in lesbian families with children in one-parent heterosexual families so that all the children are reared by women, and the two groups of families differ only in the sexual orientation of the mother. The results of these investigations are remarkably similar despite differing measuring techniques, geographical areas and sampling methods. The British study (15) compared 37 children in lesbian families and 38 children in heterosexual one-parent families, all aged between 5 and 17 years.

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None of the influences of one-parent families on social and emotional development which have been discussed so far are directly related to lesbianism. The expectation that a mother's lesbianism would, in itself, increase the likelihood of psychiatric disorder in her children arises largely from the assumptions that the children would be teased, ostracised or disapproved of by their peers, and that they would be adversely affected by this. In fact, we found no differences between the two groups of children in the incidence of psychiatric disorder as measured by standard psychiatric interviews and questionnaires. If anything, there was a tendency towards more behavioural and emotional problems among the children in the heterosexual families. Neither was there any difference in the quality of the children's relationships with their friends.

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None of the children showed evidence of gender identity disorder, and both the boys and the girls in the two groups showed typical sex-role behaviour. As many of the children had not reached puberty it was impossible to examine their sexual orientation, but all of the pre-pubertal children in each group, as expected, had a best friend of the same sex, and the older children showed a similar interest in heterosexual relationships.

AID and IVF children

How much can research on children growing up in one-parent heterosexual families, or on children in lesbian families, tell us about the future development of AID and IVF babies born to these mothers? Most of the children included in studies of fatherless families, whatever the sexual orientation of the mother, have spent at least the first few years of their lives in a two-parent heterosexual family. We cannot conclude, therefore, that children who grow up in a heterosexual one-parent family or a lesbian family from the outset will necessarily be the same.

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Unless one holds a traditional psychoanalytic view of child development, stressing the importance of the two-parent heterosexual family in personality development, it seems unlikely that the social and emotional development of AID or IVF children in fatherless families would be different from children who find themselves in heterosexual one-parent families or in lesbian families after they reach two or three years. After all, at that age they would not be aware of social prejudices, and although they may be more likely to be materially disadvantaged, this is not a direct result of growing up with a lone-parent, but results from the failure of our society to meet the needs of such families. For lesbian mothers, it is important to point out that many bring up their children with a female partner, and so do not experience the financial hardship and isolation endured by many one-parent families. Also, their AID and IVF babies would not suffer the trauma of their parents' separation.

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Should we expect the absence of a father in the first few years of life to affect psychosexual development? As gender identity appears to be determined by the sex in which the child is brought up, it is unlikely that this process would be affected. Sex-role behaviour and sexual orientation are rather different, however, and expectations vary according to one's theoretical viewpoint.

Traditional psychoanalysts who stress the importance of the presence of both parents for the successful resolution of the oedipal period, would expect difficulties in the identification process for children, and particularly for boys, who lack a father figure. According to social learning theorists, boys reared in fatherless families might have difficulties resulting from the lack of a father figure to provide an appropriate same-sex model. However, social learning theorists also suggest that it is not only the child's parents who are important as models and reinforcers of behaviour. Cognitive developmental theorists, placing more of an emphasis on cognitive processes and less on the importance of parents, would not necessarily expect the psychosexual development of AID or IVF children born to fatherless families to be atypical. The available empirical evidence on the psychosexual development of children reared in a fatherless family from the outset does not suggest any special risks for these children (14).

When considering whether or not lesbians should be

allowed to have AID or IVF, the question is often posed in terms of the effects on development of being raised in an environment that is without male adults, in which there is no model of heterosexual relationships, there are negative attitudes to men, and there are pressures on the children to adopt atypical sex roles. As far as gender identity is concerned, there is no reason to suppose that lesbian women would bring up their sons as girls or their daughters as boys. With respect to sex-role behaviour, psychoanalysts would predict that both boys and girls would develop atypically because of the lack of clearly differentiated father and mother models. Some social learning theorists have suggested that lesbian mothers might use a different pattern of reinforcement for male behaviour in boys, and girls might be influenced by an atypical role model and also experience different patterns of reinforcement for sex-typed behaviours.

None of these popular or theoretical viewpoints receive empirical support. In fact, the children in lesbian families in the British study saw their fathers much more frequently than the children in heterosexual one-parent families, and the majority also had contact with other adult men who were either relatives or friends of the family. Further, there was no evidence to suggest that either the reinforcement patterns of lesbian mothers, or their own sex-role behaviour, differed from the ways in which heterosexual mothers behaved towards their children. Indeed, studies of lesbian families generally show the falsity of the popular stereotypes about lesbians. An example is the concern that children in lesbian families might be sexually assaulted by their mothers. While homosexual men, like heterosexual men, may exhibit paedophilia, there is no evidence to suggest that this is true of female homosexuality.

Whether or not children born to lesbian mothers by AID or IVF are more likely to show atypical psychosexual development can only be determined by direct studies. However, the evidence that exists so far about the development of children in lesbian families, as well as the development of the handful of children who were raised in such families from birth, does not indicate any cause for concern. Perhaps, in considering the very emotive issue of whether or not lesbian women should be given access to AID or IVF, it is worth remembering a point made a few years ago in a well known American law journal – that a parent's sexual preference is irrelevant to the best interests of the child unless a causal connection can be demonstrated between the two (16).

The Warnock Report and single women

The view of the Warnock Committee on the provision of AID and IVF for single women is made clear in section 2.9 of their report: 'To judge from the evidence, many believe that the interests of the child dictate that it should be born into a home where there is a loving, stable, heterosexual relationship and that, therefore, the *deliberate* creation of a child for a woman who is not a partner in such a relationship is morally wrong'. Later, in section 2.11, they state 'we believe that as a general rule it is better for children to be born into a two-parent family, with both father and mother'. The full force of this 'argument' emerges in 4.16 and again in 5.10 where AID and IVF are recommended for 'couples', thus excluding single women. The reader looks in vain for any sound backing for this statement. On the basis of less than 200 words which amount to dogma rather than argument, some women are to be denied the right to have children.

Single women who have AID or IVF might generally be expected to be more motivated towards motherhood than those who have not needed or wanted to go to such extremes in order to give birth. Certainly, from this sign of commitment, and from the empirical evidence reviewed here, we would not foresee special problems for children brought up in such families. The Warnock Report says nothing about the many children who are born into non-loving and unstable heterosexual relationships. Yet a recent report on child abuse (17) points out that one in every 1000 children born in the UK will be severely injured and one in 10 of these will be killed by the adults looking after them, and that in the USA it has been estimated that between three and four million children have at some time been kicked, beaten or punched by their parents, about two million beaten up, and one or two million attacked with knife or gun. Given the extent to which children are abused within the traditional system, surely the double standards which have so far permeated the debate about eligibility for AID and IVF should be recognised?

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