Same Sex Marriage: Who Speaks for the Children?

Diane H. Schetky, M.D.

The states continue to flip flop on the issue of same sex marriage and many are taking steps to initiate constitutional amendments that would define marriage as a union between man and woman. In April 2005, the Oregon Supreme Court ruled that same sex marriages performed a year earlier in Multnomah County were illegal as the marriage licenses issued by the county had not been sanctioned by the state. Massachusetts now stands alone as the only state sanctioning same sex marriages and Vermont and Connecticut are the only states that permit same sex civil unions. As of April 2005, 17 states had constitutional amendments restricting marriage to same sex couples and similar legislation was pending in 18 states.

The American Psychiatric Association (APA) is considering a position statement in support of the legal recognition of same sex civil marriage. Opponents to the position statement argue that this is a social, not a mental health, issue. They also express concerns that members of APA are deeply divided on the issue and that pressing it could affect the organization's positions with legislators on important issues such as psychologists prescribing medication. Supporters of the position statement argue that sanctioned discrimination can adversely affect the stability of relationships and the mental health of affected persons. Of interest, the APA Council on Children, Adolescents and Their Families remained divided on the issue and some questioned whether it was a children's issue. The APA has had longstanding policy of supporting the dignity of persons, equity, parity and nondiscrimination when it comes to issues that have impact on mental health.

The issue of same sex marriage evokes strong feelings, which usually stem from religious, moral or political beliefs. Far less often do the best interests of affected children enter into dialogues on this issue. Many same sex couples have children who come from prior marriages, adoption, or artificial insemination. Few states grant parental rights to both partners, which leaves one partner lacking full parental rights and responsibilities even though he or she functions fully as a parent. In spite of this, research has shown that children with same gender parents form equally strong and healthy attachments with both parents irrespective of a biological link.

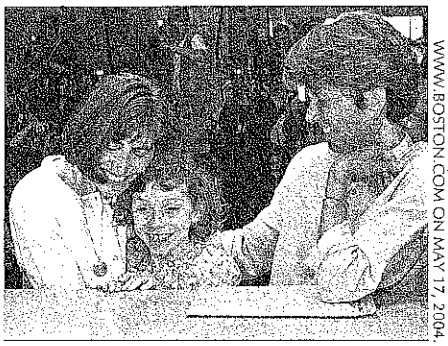
Numerous studies over the years concluded that lesbian and gay parents look remarkably like their heterosexual counterparts regarding their parenting abilities. Similarly, over 50 studies have concluded that children raised by same sex parents are as healthy, well-adjusted and happy as their peers.

Should a couple separate, the nonbiological or noncustodial parent typically lacks legal standing and is not able to petition for visitation even though he or she has been intimately involved in the child's upbringing. Loss of that relationship could be very distressing to the child. Denial of legal status also sends a message to the child that one parent is less valued and less acceptable than parents of children from heterosexual relationships. Other potential benefits to children that are obtained from the legal recognition of same sex civil marriage include social security benefits; health insurance; inheritance, gift and property transfer taxes; and parental leave for a sick child. In 2003, I participated in an amici curiae brief involving a separating lesbian couple where the biological mother was attempting to deny visitation rights to her former partner. The Maine Supreme Judicial Court heard the case and granted visitation rights to the nonbiological parent in what was a groundbreaking decision *(CEW v. DEW)*.

Unfortunately, many children continue to be stigmatized for having same sex parents. Ironically, fear of such stigma used to be put forth as an argument as to why gay and lesbian couples should not be allowed to adopt children. Numerous studies over the years concluded that lesbian and gay parents look remarkably like their heterosexual counterparts regarding their parenting abilities. Similarly, over 50 studies have concluded that children raised by same sex parents are as healthy, well adjusted and happy as their peers. An AACAP policy statement (1999) concurs with these findings and notes that historically, lesbian, gay and bisexual parents have faced more scrutiny then heterosexuals regarding their rights to become parents. Often, it has been gay and lesbian couples who have eagerly adopted hard to place children who might otherwise have spent their lives in foster care or institutions had these couples not been allowed to adopt them.

continued on page 171

Schetky from page 162



Annie Goodridge (center) and her mothers, Julie and Hillary at their civil ceremony in Boston, MA. Julie and Hillary were one of seven same sex couples who filed lawsuits in Massachusetts for the right to marry. They won the lawsuit last year.

As child and adolescent psychiatrists, we need to balance our own personal views on the matter of same sex marriage with what is best for the children involved. Recommendations on child custody in these cases should be based not just on the child's best interest but also on familiarity with the relevant research literature. As stated in the aforementioned policy statement, AACAP opposes any discrimination based on sexual orientation against individuals in regard to their rights as custodial or adoptive parents. Child and adolescent psychiatrists who are strongly opposed to same sex unions should probably choose not to participate in these cases lest their feelings bias their recommendations. ■

Dr. Schetky practices child and adult forensic psychiatry in Rockport, ME.

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Mrazek from page 165

amygdala in individuals with the short/short genotype. Dr. Weinberger postulated that individuals with one or two copies of the short allele have atypical "circuitry" connecting the amygdala with the rostral cingulate cortex and that this circuitry plays a central role in the recognition of fearful stimuli (see Hariri et al 2005 and Pezawas et al 2005). As a consequence of this variation, individuals with one or two copies of the short allele score about 30% higher on classic "harm avoidant" measures.

Individuals with the short/short genotype appear to have only 60% of the serotonin transporter activity when compared to someone with two copies of the long form of the gene. Serotonin reuptake inhibitors are thought to impact the function of the serotonin transporter. The mechanism of action of these medications is postulated to be the result of an increase in the quantity of serotonin that remains in the synapse. During the discussion of the lecture, the issue was raised that giving fluoxetine to a patient with a long/long genotype might effectively turn them into a "functional short/short." Similarly, giving a short/short patient fluoxetine may result in too little serotonin reuptake. It has been demonstrated that Caucasian subjects with the short/short genotype have a less therapeutic response to SSRI's and this may reflect a problem with establishing an appropriate level of serotonin within their synapses.

The third gene that was discussed was the brain derived neurotropic factor gene (BDNF). Dr. Weinberger described a single nucleotide polymorphism (SNP) which also had a val form and a met form. The fact that val-BDNF and met-BDNF are actually quite different from val-COMT and met-COMT highlights how confusing the labeling of genes has become. The met-BDNF was described as being less responsive to stimuli as well as being "protective" for individuals who are short/short SLC 6A4 genotypes. This protective effect represents potentially a relevant gene-gene interaction that may be useful in predicting drug response (see Egan et al 2003 and Hariri et al 2003).

As always, if you have questions about the "Thinking about Genes" columns or if there are subject areas that you are interested in learning about, you can email me at mrazek.david@mayo.edu or write to me at the Department of Psychiatry and Psychology, Mayo Clinic, 200 First Street SW, Rochester, MN 55905. ■

Dr. Mrazek is Chair of the Department of Psychiatry and Psychology at the Mayo Clinic in Rochester, MN.

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