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An Interview with Martha J. Kirkpatrick, MD

Vernon A. Rosario, MD, PhD

Martha J. Kirkpatrick has been a long-time leader in psychiatry and psychoanalysis, both as a woman and an "out" lesbian. Practicing psychiatry for over fifty years, she continues to revel in the psychoanalytic treatment of patients. As a dedicated, challenging, and much sought-after supervisor, Dr. Kirkpatrick has mentored numerous psychoanalysts and psychiatrists in Los Angeles. She has particularly been a mentor to a long line of gay psychiatry residents, including this interviewer. She has published extensively on the psychodynamics of female sexuality, psychotherapy with lesbians, and lesbian parenting. She is also a member of the editorial board of the *Journal of Gay & Lesbian Psychotherapy*.

Martha Kirkpatrick was interviewed on a gorgeous Sunday afternoon at the lovely home, high in the Brentwood hills, that she shares with her

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Photo credit: Vernon A. Rosario, 2001.

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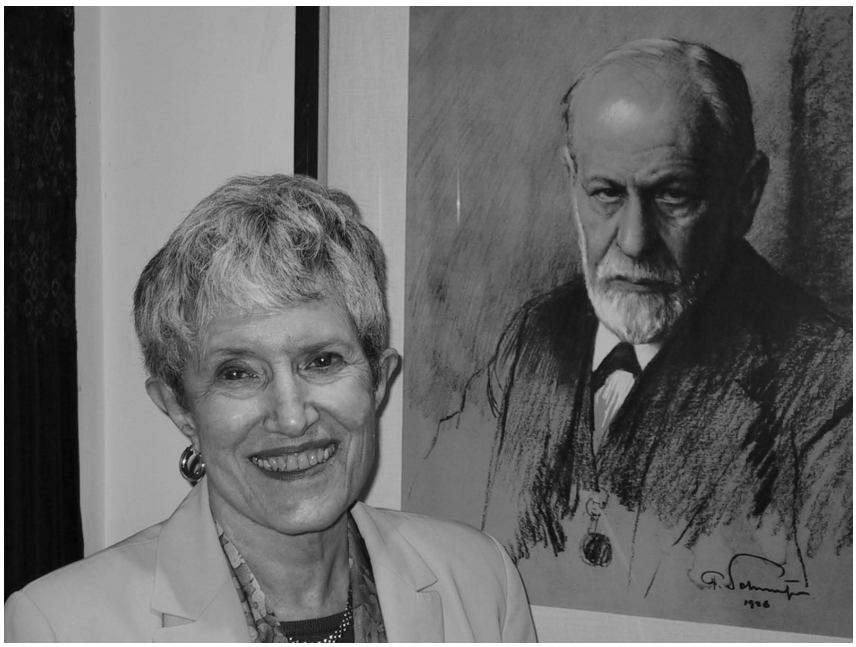

long-term partner, Nadia Doubins. Nadia is a Londoner who received her PhD in French Literature from the University of California, Los Angeles (UCLA) and taught in the French Department at Wellesley College. They met in 1981, after Nadia had returned to Los Angeles and was working in administration at UCLA. Drs. Kirkpatrick and Doubins travel extensively, and share a love for opera, Native American culture, and modern art. They joyfully play co-grandmothers to Dr. Kirkpatrick's stepson, two sons, and five grandchildren.

Dr. Kirkpatrick was born in Oxnard, California on Dec. 30, 1925. After spending the first year of life in Los Angeles, she and her mother moved to Battle Creek, Michigan, where John Kellogg had first established his sanitarium and cereal empire. In adolescence, she discovered Freud's writings–sparking a fascination that has never ended. She pursued a B.A. at the University of Michigan, where she had her first experience with psychotherapy. During a semester at Radcliff College she had the good fortune of taking a psychology seminar with Gordon Allport.[1]

Martha Kirkpatrick applied to Harvard Medical School the first year it accepted women students. Her application was delayed because two alumni interviewers never forwarded their evaluations. Harvard even-

tually accepted her, but she decided instead to matriculate at McGill Medical School in Montréal and graduated in 1950. Upon returning to her native Los Angeles for internship at the Good Samaritan Hospital, she began the first of five personal psychoanalyses during internship with members of the Los Angeles Psychoanalytic Society and Institute (LAPSI).

Internship provoked a crisis of disillusionment in the medical profession so she spent a summer studying furniture design at the Chouinard Art School. She amusedly recalls that she did not excel at this, even thought she has kept herself busy with various design projects over the years.

In 1952, Dr. Kirkpatrick started her residency in psychiatry at the Veteran's Administration Neuropsychiatric Hospital. This was before the introduction of the first antipsychotic, chlorpromazine, in 1954. Psychoanalysis was in its prime, and she fondly recalls being able to spend extensive time with patients without the pressures of brief hospital stays. After completing residency, she launched into private practice in Los Angeles hoping to be admitted into the LAPSI training program. She was turned down. As a single woman with a history of lesbian relationships, no psychoanalytic program at the time would have accepted her.

In 1957, she married a LAPSI analyst, Seymour Pastron, and had two children, Chipper and Willard. Motherhood was an exciting time and she recalls having learned much about child development and the dynamics of parenting. Her private practice continued to develop and she joined the clinical faculty in the UCLA Department of Psychiatry in 1956 (eventually rising to the rank of Clinical Professor).

Dr. Kirkpatrick's second application to LAPSI was successful and she began analytic training in 1965. It was a time of heated, sometimes acrimonious, debate between classical and Kleinian analysts. Dr. Kirkpatrick learned from all the schools of thought and avoided any single ideological commitment. She graduated from LAPSI in 1971 and began a private practice in psychoanalysis. In 1988, she joined the faculty of LAPSI and is now a member of the Institute's Senior Faculty. She is also training and supervising analyst at the Institute of Contemporary Psychoanalysis in Los Angeles.

Dr. Kirkpatrick quickly became engaged in various committees at LAPSI as well as the American Psychiatric Association, the American Academy of Psychoanalysis, and the American Psychoanalytic Association. She also chaired committees of psychiatric and psychoanalytic associations at the local, national, and international levels, particularly

dealing with issues concerning children, women, and sexuality. She joined the Group for the Advancement of Psychiatry in 1982, and become chair of its Social Issues Committee in 1992. In 1982 she became a member of the American College of Psychiatrists and was inducted as a Fellow in 1990.

Throughout her career, she has also been an active volunteer in a variety of Los Angeles organizations dealing with women's mental health, childhood education, and sex education. From 1985 to 1991 she was on the board of directors of the National Gay Rights Advocates.

In the late 1970s, Dr. Kirkpatrick and two colleagues at UCLA (psychologist Catherine Smith and child psychiatrist Ron Roy) began a comparative study of children of heterosexual versus lesbian mothers. Their results, first presented at the American Psychological Association in 1979, and published in 1981, indicated that the two groups of mothers were quite similar on a variety of measures. The two groups of twenty children also did not differ significantly in the type or frequency of emotional problems. Furthermore, there were no indications that being raised by a lesbian mother had any impact on the gender identity or gender role of children. Like the work of their UCLA colleague, psychologist Evelyn Hooker, their research was part of the first wave of scientific publications arguing against over a century of medical "evidence" for the intrinsic psychopathology of homosexuals and their noxious effects on children.[2]

JGLP: How did you become involved with studying lesbian mothers and their children?

Dr. Kirkpatrick: At the time I started my study of children of lesbian mothers I was a member of Robert Stoller's Gender Identity Clinic at UCLA.[3] We had the opportunity to learn something about the lives, feelings, and frustrations of people with gender dysphoria. We had many occasions to confirm the belief that gender identity, gender role, and sexual orientation ran along different paths and were often contradictory. We saw lots of men and learned a great deal about them, and did what we could to be helpful. We occasionally saw a woman, but very few. I was interested in finding an opportunity to learn something about women's development. It was at the same time–the mid 70s–that newspapers began reporting on women in court custody battles because of their lesbian relationships. It was clear that neither the judges nor the attorneys nor the women themselves knew what would be the consequences to the children raised in a lesbian household. This was a chance

to study how these children were developing. I was particularly interested because I had children of my own–young teenagers at that time. I had also had several passionate lesbian relationships before falling in love with my husband and raising my family. I had often wondered what effect, if any, my lesbian side would have on my children.

In the study of children with lesbian mothers, we discovered many things that were surprising. Since I had lesbian relationships as well as a heterosexual relationship, I thought I would have no presumptions or bias; however, I discovered that I had expected these women to have been coerced into marriage. We found, however, that both the heterosexual and homosexual mothers claimed that, like I, they had married for love of their husband and a desire to have a family. Interestingly enough, although we were not choosing mothers to be alike–we were simply matching children ages five to twelve–the mothers turned out to be quite similar in their pregnancy history, deliveries, and educational and socio-economic levels.

We discovered some unexpected differences. One of the most impressive was the relationships the children had with their fathers and with men after their mothers had divorced. The children of lesbian mothers had much more contact with their fathers and a great deal more contact with men than the children of divorced, heterosexual mothers. We were mystified by how to explain this but decided it had to do with the heterosexual mothers being much angrier at their husbands and more outraged with the failure of the marriage than had been the lesbian mothers. The lesbian mothers made greater efforts to be sure their children had male companionship since they did not intend to remarry as perhaps did the heterosexual women.

We also discovered that families moved a great deal more than we expected. In both groups the families moved almost every year! Even when they remained in place, the child care situations could change every few months. We do not know how this instability affects children. We also discovered that the children who had two people in their parenting environment–whatever their age, sex or relationship–were better off than children with just one parent. They were better off not just economically, but also socially. They had more social contacts and had more active, richer lives, were more vigorous and broad minded in their attitudes. It is unclear whether this is the result of having two parental figures or of having the kind of mother who would pair being more socially adept. It goes against the judgment of some courts in deciding against lesbian mothers in relationships or requiring that the

mother must not live with her lesbian lover. From our study, this was clearly not in the best interest of the children.

Another interesting finding was what the children knew about their mother's relationship. Some of the lesbian mothers were very open about their sexual orientation; others were secretive and felt that their children knew nothing about it. From the study, there seemed to be very little relationship between what the mothers thought the children knew and what the children believed. Children, who were supposed to know a lot about their mother's lesbianism, could still expect her to remarry, while children who were not supposed to know, seemed to know a good deal. So we felt that planning in advance for what one should tell one's children remained unclear since so much seemed to depend on the child's phase of development and their readiness to receive this information.

Overall, we could not find any distinguishing features between the children raised by heterosexual versus lesbian mothers. In both groups, some children had difficulties but no more in one that the other. Similarly, there were no significant differences in gender disturbances. Our study, like others of the time, looked for proof of difference or no difference between the two groups. As far as I know, all studies based on that aim have been unable to find any identifiable differences in children raised by parents with heterosexual versus homosexual orientations. I hope that in the future there will be studies that instead look at what difference it *does* make to have parents whose sexual orientation deviates from what is socially expected.

JGLP: The social situation has changed much since then. Now there are many lesbian couples having children through artificial insemination or adoption.

Dr. Kirkpatrick: With the ongoing lesbian baby boom, we have many more opportunities to learn how these children will develop, and how they will handle adolescence and their own sexual development.

JGLP: Do you think there is an appropriate time for all children to learn about different sexual orientations, particularly with the gay and lesbian baby boom?

Dr. Kirkpatrick: It seems to me that in the current climate, with more visibility and tolerance (in certain parts of the country) for variations in sexual partnerships and types of family arrangements, that these are questions that should come up and do come up with school-age chil-

dren. There it can be addressed rather differently than in high school when the struggle to find one's own identity as a sexual person along with the separation from the parents causes such conflict and intense emotional upheaval.

JGLP: Do you feel it is important for lesbian or gay patients to have gay therapists?

Dr. Kirkpatrick: My usual feeling on this issue is that to the best one can, one should have a *good* therapist. Hopefully that does not depend on their sexual orientation. From my own experience as a patient and a therapist, I do not have the feeling that the therapist's sexual orientation should be a primary factor in considering a therapist or in making a therapist referral. It reminds me of being asked at an interview for a psychoanalytic institute whether I found it difficult to understand a heterosexual woman. Of course I do not find this difficult. However, it tickled me that I was being asked these questions by a man. I wondered if *he* found it difficult to understand a woman in love with a man, since he had not had this experience himself!

JGLP: In an autobiographical talk you gave at LAPSI on April 25, 2000, you allude to being rejected initially from training at LAPSI, and that this might have been due to being female and having a lesbian history. Can you talk more about that and other experiences confronting homophobia in analytic circles?

Dr. Kirkpatrick: I recall interviews for analytic training back in the 1950s where it was made very explicit that homosexuality would be a barrier to analytic training on the basis that this was a perversion that was hard to treat and indicated severe pathology. When I first applied for analytic training I was turned down despite five years of analysis because of my lesbian experiences and my not being manifestly heterosexual. Some years later, after my marriage, I was accepted for training and then completed my training and became a member of the institute. My husband and I divorced some twenty years later and I began what is now a very long term lesbian relationship. I was not chastised or dismissed from my institute position, but of course by then there had been a significant shift in attitudes towards homosexuality, and much clear evidence that homosexuality did not necessarily imply the kind of pathology that would make empathy and understanding of heterosexuality impossible.

In more recent times, having had five different analysts in five different analytic experiences, I cannot identify any homophobic point of view. I experienced a great deal of understanding of my homosexual and heterosexual development and an increased sense of tolerance for the intense variability within any person's "sex print," as Ethel Person likes to call it.[4]

JGLP: Does progress still need to be made on gay issues in the analytic community?

Dr. Kirkpatrick: Yes, if progress means full acceptance of homosexual individuals for training. You are probably familiar with the exchange between Freud and Ernest Jones. Jones wrote Freud about a homosexual man who had applied for training in the Dutch psychoanalytic institute. Jones asked for Freud's opinion about rejecting homosexual candidates as a matter of standard policy. Freud's response was that he did not agree. He suggested (as all analysts and institutes should still keep in mind) that an applicant should be considered on the basis of his or her abilities and capacities to be an analyst, not on the basis of one's sexual orientation. That still seems to me to be a wise statement.[5]

JGLP: What has been a greater challenge in your career, facing sexism or homophobia, and how might they be interrelated?

Dr. Kirkpatrick: It is sometimes hard to choose between causes, particularly when you are in a minority position of power in a number of different ways. I have had a very enjoyable political career in the APA where my identification has been primarily with women's issues and the effort to get more women interested and capable of moving into positions of power at higher levels of governance in the psychiatric profession. I've also tried to maintain contacts and work where I could for gay psychiatrists to feel more at home and have positions of influence as well.

JGLP: How do you feel about the opposing political forces in the community between integration and separatism? Or would you characterize it differently?

Dr. Kirkpatrick: It seems to me that the gay, lesbian, and bisexual committees within the psychiatric and psychological associations are very active and vigorous and have served an important empowerment function for many young gay and lesbian psychiatrists. I imagine that

will continue as long as it is necessary to educate the larger community as to the viability and competence of gay and lesbian people. I do tend to prefer, for myself at least, integration to separation. I hope that there will come a time when one can indeed be gay or lesbian and use that in whatever way one likes to understand oneself and others better and to encourage the community to see the value of such diversity. But I hope that we move toward a clear integration with the larger community rather than increased separation.

JGLP: One of the hottest issues now is "gay marriage." How do you feel about it?

Dr. Kirkpatrick: I think one could take a revisionist point of view as many people seem to, by noting that there are many legal and financial benefits to marriage and that gay couples that are committed should be entitled to receive these benefits. I would rather take a revolutionary position and say that marriage itself has been a failure. That it has not led in our time to the kind of stable family life that can best serve the next generation and, thereby, best generate creative people for our society. I would like to see the whole thing abolished rather than seeing gay and lesbian people aping an institution that has failed. I have been impressed with the contracts for child care that I have seen coming out of some of the gay and lesbian groups particularly in San Francisco where gay and lesbian parents draw up a contract that is aimed at the best interests of the children rather than seeing them as property. I would like to see that kind of contract used as a model for the heterosexual community rather than moving toward marriage in its traditional and outmoded form.

JGLP: Much has changed in the US for lesbians and gays during your lifetime. What do you see as positive developments and which as negative?

Dr. Kirkpatrick: Well certainly a great deal has changed–changes that can only be viewed as beneficial to the LGB community as well as the larger community. In particular there is much more support for young people who are discovering their sexuality. There is more support from the regular institutions and much less fear in the work place and in the community at large, despite the fact that we also know about the hideous stories of prejudicial attacks that continue. A great deal of this change has to be attributed to those who have come forward and been willing to proclaim their positions.

I realize that some of these changes we have to credit to those who have been outrageous in demanding changes. I remember a meeting of the APA in the early 1970s during a discussion of gender identity and role. It was positive towards the gay community, but it was disrupted by some flamboyant activists dressed outrageously. They ran through the audience, grabbed the microphone, and began a discussion of their own point of view. I was angry about this and felt they harmed the cause and were just demonstrating themselves as freaks. However, on the plane home that evening from those meetings–where the American Psychoanalytic Association had decided not to take a stance against the Vietnam war and had eschewed taking a stance on political or social issues altogether–I realized that the only way organizations could be forced to take a position on social issues was if someone was willing to do something outrageous to bring it to their attention. As time went on I became much more grateful to those who could perform outrageous acts and bring public attention to difficult issues that needed new solutions. I began to wonder why I couldn't do something like that and realized that I was just chicken-shit and couldn't do it! So it seems to me that one should do what one can for the causes one believes in, rather than trying to do what others can do better.

JGLP: Over the years, you have gained extensive clinical experience with a variety of emerging issues of sexuality and sexual orientation. How do you think now about sexuality and ongoing challenges to our understanding of it?

Dr. Kirkpatrick: My own view of sexuality is that it is multilayered, contains a multitude of personal variations and resembles a kaleidoscope with many flashes of color that shift and change in various circumstances. With this in mind, I hope that the gay and lesbian community will be able to tolerate variations within itself. It is equally hard for gays and lesbians to discover heterosexual parts of themselves as it is for heterosexuals to discover homosexual parts of themselves. I hope that we become more integrated within ourselves, and more accepting of our different impulses and desires, because I feel that helps to bring about a more complete human being.

I have also been struck by the close and valuable friendships between gay men and straight women. I have a number of women friends and patients who have mourned the loss of their close gay friends in the AIDS crisis. It made me aware of the value of those particular relationships. I do not think we have thought much of that in psychiatry, but there is a

special kind of a bond in those relationships, and goes against the old notion that a gay male psychiatrist could never become a great analyst in the treatment of women.

JGLP: What do you think about recent research on the neurobiology or genetics of homosexuality?

Dr. Kirkpatrick: It seems to me that it is highly unlikely that homosexuality is genetically determined. It seems much more multi-determined to me. And I do still very much believe that early fantasy life and the way that personal interactions and family life interact in the psyche play a very important role. I do think along with Roger Gorski (a neuroanatomist at UCLA) that the brain is a sexual organ, but that it takes the *whole* brain to evolve an individual sexuality.[6] It is not derived through the actions of INAH3 or 4 [hypothalamic nuclei reported to be associated with human sexual orientation].[7]

JGLP: Finally, you and your partner, Nadia Doubins, have been together for twenty years; what is your formula for a long lasting lesbian relationship?

Dr. Kirkpatrick: [Laughter.] It goes back to my having twenty years of analysis *previous* to the relationship and of course dropping in for a little help whenever one can. There's nothing like knowing yourself for helping you to put up with the strange behaviors that you encounter in yourself and being able to make them work in a relationship.

NOTES

1. Allport was the author of the groundbreaking book, *The Nature of Prejudice*. Boston, MA: Beacon, 1954.

2. Hooker, E. (1957), The adjustment of the male overt homosexual. *J. of Projective Techniques* 21: 18-31. Also see Bayer, R. (1987), *Homosexuality and American Psychiatry: The Politics of Diagnosis*. Princeton: Princeton University Press.

3. Editor's Note: Psychoanalyst Robert Stoller, MD, was a pioneer in the analytic study of sexuality. His publications span the gamut of phenomena that had traditionally been designated "perversions": e.g., homosexuality, transsexualism, transvestitism, and sadomasochism. In the later part of his career–tragically cut short by an accident–he became more skeptical that there was any hard distinction to be made between "normality" and "perversity." Dr. Kirkpatrick is referring to Stoller's work on transsexualism: Stoller, R. J. (1969), *Sex and Gender.* London: Hogarth Press.

4. Person, E. (1980), Sexuality as the mainstay of identity: Psychoanalytic perspectives. *Signs: J. of Women in Culture and Society*, 5: 605-630.

5. Editor's Note: On Dec. 1, 1921, Ernest Jones wrote to Freud in Vienna about a query from the Dutch psychoanalytic society concerning the application of a homosexual man to training there. Jones had advised against it; however, he still sought Freud's opinion: "Do you think this would be a safe general maxim to act on?" Freud replied in a terse letter circulated among the institutes and co-signed by Otto Rank:

> "Your query, dear Ernest, concerning prospective membership of homosexuals has been considered by us and we disagree with you. In effect we cannot exclude such persons without other sufficient reasons, as we cannot agree with their legal prosecution. We feel that a decision in such cases should depend upon a thorough examination of the other qualities of the candidate." (11 Dec. 1921)

Jones retorted: "[I]t is hard to see how [homosexuals] could perform a thorough [psychoanalysis] with understanding. Further, our condemnation of the punishment of homosexuality does not alter the fact that to the world it is an abhorrent crime, the committal of which by one of our members would certainly discredit us seriously" (21 Dec. 1921). From Berlin, analysts Karl Abraham, Hanns Sachs, and Max Eitington in a circular letter generally agreed with Freud and Rank, but had serious reservations, because, "We have had the experience that homosexuals with an overt behavior pattern can travel only part of the way with us" (11 Jan. 1922).

Freud and Rank replied: "We recognize the arguments against the analytic participation of homosexuals as somewhat of a guideline. But we have to warn against making it into a law considering the various types of homosexuality and the different mechanisms of their cause" (22 Jan. 1922).

The correspondence was discovered in the 1970s in the Otto Rank Collection (IIa/238-254) in the Rare Book and Manuscript Library of the Columbia University Libraries. They were translated by historian James Steakley and excerpted in: Spiers, H. & Lynch, M. (1977), The gay rights Freud. *Body Politic* (Toronto), 33: 8-10. I am grateful to Prof. Steakley for corrections and additional material.

6. Allen, L. S. & Gorski, R. A. (1992), Sexual orientation and the size of the anterior commissure in the human brain. *Proc. Nat. Acad. Sci.*, 89: 7199-7202.

7. LeVay, S. (1991), A difference in hypothalamic structure between heterosexual and homosexual men. *Science*, 253: 1034-1037.

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