

Future psychologists' attitudes toward lesbians raising children together in the situation of child focused intervention

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Summary

Objectives: The aim of paper was to explore the attitudes of Polish psychology students towards lesbian mothers whose children undergo psychological intervention, in an imaginary situation of providing professional support to the child. The authors found 3 types of psychologist behaviour: contact omission (withdrawal from the intervention, mother's partner exclusion), apparent appreciation of mother's partner and authentic appreciation of mother's partner (with women comparable participation). The authors explored an interaction between these attitudes and the support for gay and lesbian rights, the origin of the child (from a previous heterosexual relationship or present, homosexual one) and demographic variables.

Methods: 97 students of psychology were examined at the Adam Mickiewicz University in Poznan, using the custom survey.

Results: Respondents were most likely to include mother's partner to intervention, and the least – to avoid contact. Based on cluster analysis we found three types of attitude: unconditional acceptance, conditional acceptance, dependent on whether the child was born due in heterosexual or lesbian relationship and avoidance / rejection. The attitude of participants was associated with the declared support for gay rights, there was no correlation with gender and age.

Conclusions: Due to the significant level of social prejudice against gays and lesbians in Poland, the issue of homosexual parenting and social functioning of gay and lesbians' children should become an area of research and scientific debate. There is a necessity of the introduction of this issue to the curricula of higher education and the implementation of formal, systematic training on sexual diversity for the professionals supporting families.

Key words: homosexuality, parenting, attitude of health personnel

Introduction

Nowadays, psychologists and psychiatrists in Poland face a new challenge of working with families diverging from the traditional pattern. There is a growing number of lesbian couples raising children together among them [1]. The children typically were born in a previous heterosexual relationship of one or both women or were conceived by assisted reproductive technology, i.e. through donor insemination [2]. Recent Polish study of homosexuals and bisexuals indicates that 5.5% of them have children (612 from 11 226 participants). In this group 22.8% take care of the child while remaining in the same-sex relationship and in 9 out of 10 cases it is a couple of women [3]. Estimate the number of such families in Poland remains the task of the future; sexual orientation is in fact considered by the researchers as a type of sensitive data and ignored in most common studies, and are often concealment by non-heterosexual from fear of discrimination, especially when it affects the safety of the child [3, 4].

Sometimes children growing up in such families, like all others, need professional psychological support. The aim of the present paper is to analyze the attitudes of Polish psychology students towards lesbian mothers whose children undergo psychological intervention.

Raising children in same sex relationships – current state of investigations

Homosexuality was removed from the international classification of DSM-III in 1973 [2], and from ICD-10 in 1992 [5]. Much research had been done within the past 40 years on homosexual parenting and on the development of the children raised in such families (not in Poland, though) [2, 6, 7]. Conclusions from the latest reports and meta-analyzes [8, 9] are as follows:

1. Lesbians do not differ significantly from heterosexual mothers, as regards the ability to perform parental roles; their romantic relationships do not affect their approaches to child rearing and quality of parent-child relationship [6, 10]. Furthermore, adolescents raised by lesbians are less likely than their peers from general population to be victimized by a parent or other caregiver [11].
2. The overall level of cognitive and emotional development and psychological adjustment (referring to the frequency of the child's overt displays of behavioral and the inner psychological health) as well as self-esteem, sense of well-being (assessed from the perspectives of parents, teachers and children) is comparable in children and adolescents raised by homosexual and heterosexual parents [7-10, 12].
3. Concerning gender identity, children and young adults growing up in both types of families do not differ in their subjective sense of belonging to his or her sex and its' acceptance [6]. Few studies from the 80s showed that children of lesbians

were less conformist than children raised in traditional families as regards common role division and gender behaviors (e.g., play, activities, clothing) [13-15]. A more recent meta-analysis documented no differences between children in this field, even taking into account the moderating variables such as sex of the child, the sampling method, place of study, research tools and data source [8, 9]. There were also no differences as regards the declared sexual attraction to the same sex or to the statement he or she was lesbian / gay [8, 9], in both boys and girls [16]. However, there are reports indicating that daughters of lesbians (but not sons) often consider the possibility of establishing a same-sex relationship in the future [16], they are also more likely to engage in homosexual contacts than the control group [7, 11], but do not differ significantly in frequency of heterosexual contacts. The interpretation of these results is that mothers' openness and acceptance of same-sex relationship encourages daughters' exploration of such contacts, but does not imply the formation of a homosexual orientation [11, 16].

4. There is no significant difference between the two groups of children as regards the quality of peer relationships [6, 8]. Comparably with their peers from traditional families, children raised by lesbian parents develop typical patterns of relationships and social networks. They are also equally popular and socially active [6, 17]. At the same time, some researchers report peer stigmatization and harassment in school, as well as gay and lesbian's children worries about bullying [2, 7].

The results of the above studies suggest that lesbians' children fare equally well to children growing up in families headed by heterosexual parents. There is no reason to assume homosexual parenting is detrimental to a child's development *per se*, despite the concerns shared by a large part of the society [2]. However, depending on the child's developmental environment, he or she may experience homophobia and stigmatization. This observation prompted the largest mental health organizations of the United States to publish statements of no objection to the adoption by same-sex parents. They also appealed for active prevention of gay and lesbian parent discrimination (American Psychiatric Association, American Psychoanalytic Association and American Academy of Pediatrics in 2002, American Psychological Association and American Medical Association in 2004, American Academy of Child and Adolescent Psychiatry in 2009) [18].

Aim of the study

In Poland the issue of raising children by homosexual couples is absent from the Polish scientific research and educational programs of higher psychological studies. Thus, one can be a licensed practicing psychologist and still be unaware of the fact that such families exist in the Polish society. Since homosexuality is still highly stig-

matized in Poland [19, 20], it creates an unfavorable situation; students of psychology can reproduce in their future work the bias on the adverse impact of atypical parents' orientation for upbringing children, so when required to work with such a family, they can manifest aversion and lose impartiality.

The subject of the present study is the attitude of future psychologists to lesbian couples raising children together, disclosed in imagined professional situation, when reported or observed difficulty requiring psychological intervention refers to a child. The attitude is defined as "a relatively stable tendency to a positive or negative evaluation of the object" [20] and in this case, the "object" is a lesbian couple sharing custody over the child. This definition emphasizes the affective component, which entails a particular way of thinking and behavior.

The purpose of this exploratory study was a diagnosis of psychology students' readiness to work with the family created by lesbians raising children together. We asked the following questions:

1. What attitude towards these families would students of psychology be willing to adopt in imagined situations?
2. Is the origin of the child (from a previous heterosexual / homosexual relationship) relevant to the declared attitude?
3. Are the attitudes of students linked to their support for gay and lesbian rights, age, gender and sexual orientation?

Method

It was assumed that the main variable manifests in subjects' choice of the behavior towards lesbians seeking support for the child. The subjects were asked to imagine some situations in which child caregivers (two women) ask them for professional help. While working in any institution of support for children and their caregivers, a psychologist during the first contact reveals his or her attitude toward a homosexual couple, by selecting behavior from the dimension of avoidance – pursuit. The psychologist can defensively avoid contact with a pair of women, or at least the biological mother's partner (by maintaining physical or psychological distance), it can also take an equivalent contact with both women. On this basis, divided into four categories of behavior listed from the strong rejection to the strong acceptance of homosexual parenting: a) to withdraw from situation and resign from the intervention (e.g., by ceding the case to another staff member), b) to come into contact exclusively with the biological mother (e.g. a request her partner to remain outside the consulting room during the conversation), c) to come into contact with both women but treat them differently, with the acceptance of mother's partner presence as an observer (e.g. addressing questions or formulating recommendations only to the biological mother) and d) to come into comparable contact with two women,

including both of them into intervention (e.g. a conversation with two women, encouraging them both to get involved in working with a child). The inspiration for the separation of these categories helped distinction applied by Bojarska [22] in the analysis of scientific literature devoted to LGBT, where the author has identified the recognition: "pathological", "subcutaneous evaluative" and "egalitarian". These options are called in sequence: failure to contact (WDI); exclusion of mother's partner (EXC); apparent appreciation of mother's partner (APP); authentic appreciation of mother's partner (AUT).

To investigate the attitude, we used a questionnaire containing eight descriptions of hypothetical situations. Each of them requires contact with a pair of lesbians taking care of the child who needs support. Each description contains: a place of intervention (counselling, school, kindergarten), age and sex of the child, information on the mother's relationship (e.g. duration – at least 2 years, cohabitation) and the description of the problem requiring intervention (suspected dyslexia, adaptation to kindergarten, establishing rules of care in the case of separation, truancy and abuse of alcohol, speech defect, severe social withdrawal, bed-wetting, night terrors). As well, it was given an information about the origin of the child (if born in the present homosexual relationship and comes from an anonymous or known sperm donor or born in the previous heterosexual relationship that fell apart – in second case it was points out that the father does not live with the child). These two types of family history were selected arbitrarily, assuming the origin of a child as the most expressive criterion differentiating these families [2], although it does not reflect the full complexity of family situations with which psychologist may encounter (e.g. patchwork family) [1, 2]. Respondents were asked to select one of the four possibilities, presented above. The number of selected response was the basis for assessing the results on the four ordinal scales (0 – 8 points), relating to the options described above.

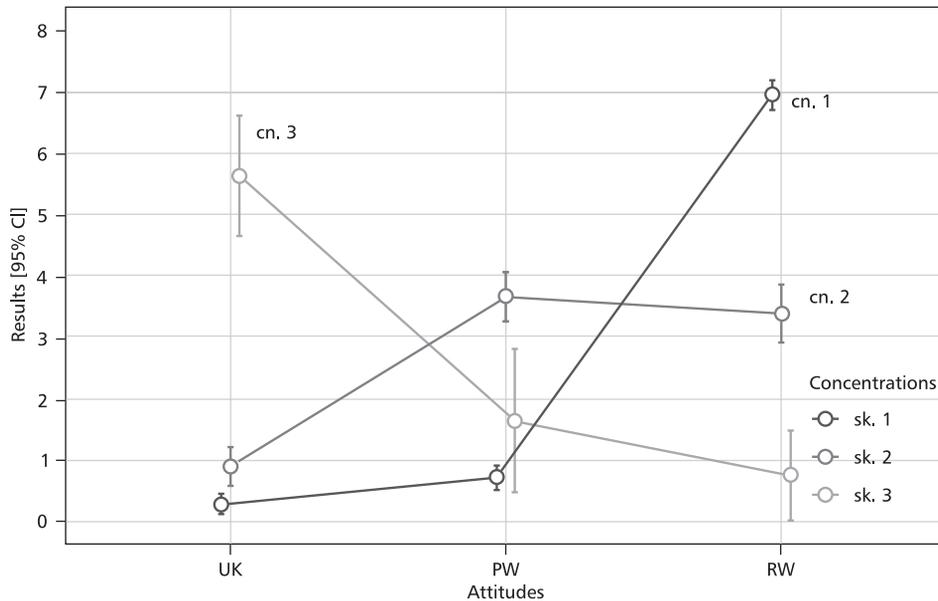
To verify the accuracy of the assumptions about the separability of these four forms of behavior, we examined the internal structure of the collected responses using cluster analysis. The sum of responses in each of the four possible options was scaled to measure of distance (Manhattan distance), and then using the nearest neighbor method for calculate their similarities. The responses: WDI and EXC were most similar to each other ($D = 1$), both differ from the APP response type ($D = 8$), and the AUT occurred as the most separate category ($D = 16$). These results indicate significant convergence of the most negative option, which could be due to the small number of responses in the study group (WDI = 4%, EXC = 8%). However, in further analysis, it was decided to combine these two types of reaction, creating a category of contact omission (CO).

The survey included, except demographic details, also question of sexual orientation and their opinion on the gay and lesbian rights (legal marriage, adoption, adoption of partner's child, access to assisted reproductive techniques). The respondents

expressed their opinions by checking the answers for each of the four statements on a scale from 1 (strongly disagree) to 5 (strongly agree).

Procedure

The data were obtained from a sample of high school students of psychology last 4th and 5th year of full-time studies (N = 51) and last 3rd year of part time studies (N = 46) at the Adam Mickiewicz University in Poznań during the lecture. The study included 84 women and 13 men (N = 97). The average age was 28.7 years (SD = 6.94). 89 respondents declared heterosexual (92%), 7 – bisexual or homosexual (7%), one respondent did not specify her orientation. There was no difference in scores between students of full-time and part time. Participation was voluntary and anonymous.



Results

The attitude of the students

Considering the total number of responses, the proportions of subjects' choices were as follows: AUT=60%, APP=27%, CO=12% ($\chi^2(2) = 51.4, p < .001$). Avoiding

contact with a pair of lesbians or with a biological mother's partner was the least chosen form of behavior. The most common was the equal appreciation of both women. To obtain more precise findings, two step cluster analysis was performed. On the basis of the Schwarz Bayesian criterion (BIC) we found three groups of students described by the graph (Fig. 1)

Most of the respondents were assigned to two equinumerous groups. Individuals belonging to the first one (cluster 1, N = 44, 45.4%) were willing to include equally both women in the intervention. Subjects from the second group (cluster 2, N = 45, 46.4%) declared comparable willingness to apparent and/or authentic appreciation of biological mother's partner during the contact. The third and the smallest group presented mainly the avoidance of contact attitude (cluster 3, N = 8, 8.2%).

The attitude and the origin of a child

In the next step of analysis we compared the mean scores for attitudes obtained by the respondents for the two types of circumstances related to the origin of the child (from a previous heterosexual relationship or from homosexual relationship, through sperm donor) with t test (see Tab. 1).

Table 1. **The differences in the responses of students depending on the origin of the child:**
I - from an earlier relationship, heterosexual,
II - the child was born in a homosexual relationship

| type of behaviora | Ethnicity of the baby | M | SD | t | p | g |
|-------------------|-----------------------|------|------|------|-------|-------|
| UK | I | 0,58 | 0,92 | 2,06 | 0,043 | 0,15 |
| | II | 0,42 | 0,89 | | | |
| PW | I | 0,98 | 1,02 | 1,88 | 0,063 | - |
| | II | 1,17 | 1,04 | | | |
| RW | I | 2,22 | 1,38 | 3,38 | 0,001 | -0,44 |
| | II | 2,67 | 1,26 | | | |

df = 96, g – unloaded value of the effect size

The respondents are more likely to declare unwillingness to contact with lesbians who raise a child born in a previous heterosexual relationship. They are much more frequently willing to equal appreciation of both women, when the biological mother's partner participated in the child care from birth. Next, we tested whether the pre-selected clusters varied depending on the origin of the child. We used nonparametric analysis of variance, which revealed that the subjects in group 2 differentiated their responses. They really appreciated the biological mother's partner, if she was taking care of a child

from birth ($H(2) = 8.43, p = .015, r_{eq} = .23$). On the contrary, if the child was born in a heterosexual relationship – the apparent appreciation of biological mother's partner was more common. There was no effect of family history on the attitude in other clusters (PW: $H(2) = 1.60, p = .45$, UK: $H(2) = 5.26, p = .072$).

The attitude and the level of support for gay and lesbian rights

Support for gay and lesbian rights correlates strongly and positively with the authentic appreciation of biological mother's partner in contact and intervention ($\rho = .74, p < .001$). Variable tested correlate negatively with avoidance of contact ($\rho = -.65, p < .001$) and the apparent inclusion ($\rho = -.44, p < .001$). These correlations take the same direction for each of the rights included in the survey.

Effects of the non-parametric analysis of variance for the clusters, with regard to the support for gay and lesbian rights are consistent with this result. As for the right to marriage, the group 1 and 2 received significantly higher scores than group 3 ($H(2) = 23.18, p < .001, r_{eq} = .40$). For the adoption in general ($H(2) = 26.88, p < .001, r_{eq} = .42$) and partner's child adoption ($H(2) = 28.00, p < .001, r_{eq} = .43$) group 1 received a significantly higher score than group 2 and 3. Finally, group 1 declared the highest support for the right to use assisted reproductive techniques, group 2 – average, and group 3 – the lowest ($H(2) = 18.06, p < .001, r_{eq} = .31$).

The attitude and demographic variables

The age and sex showed no significant association with the main tested variable. However, the distribution of sexual orientation in clusters provided some interesting results. Although there were few non-heterosexual respondents, all of them were found in cluster 1, the most open-minded and willing to equal treatment of lesbian parents ($\chi^2(2) = 8.21, p = .017, r_{eq} = .31$).

Conclusions

In summary, out of three possible types of attitudes presented to the students: 1) an open attitude of unconditional acceptance, incorporating both women in the intervention, 2) the attitude of conditional acceptance, open to contact with the mother's partner if a child comes from a donor sperm and more distanced if a child was born in previous heterosexual relationship (even though father is not reside with the child, therefore, not directly involved in the care irrespective of his parental rights), 3) the attitude of overt hostility and avoidance of contact, the first two attitudes are equally frequent (45,4%; 46,4% respectively, the third one is the least frequent one (8,2%).

It is worth to notice observed in some subjects variations in the way of referring to a pair of women, depending on whether the child was born in a homosexual relationship or in the present or in the past, heterosexual one. Lack of information about the position of the father in the family system and his involvement in the educational process may prevent the respondents to take an open and accepting attitude toward women in contrast to the situation which the father figure in the family is absent. A situation in which the child comes from a sperm donor is more clear: despite the lack of formal regulations to allow child care partner's mother, she is regarded by respondents as the second parent. In this context, one may wonder whether the observed difference of attitude showed by professionals involved in helping depends on the gender of mother's new partner after the collapse of the previous heterosexual relationship.

The future psychologists attitude toward the lesbian families is related to their overall perspective. The more the respondents approved of homosexual rights, the more willing they were to consider the mother's partner a equal caregiver, and skepticism about gay and lesbian rights is accompanied by distance to parental pair of lesbians, or at least to the biological mother's partner. These results are consistent with the studies that confirm the coexistence of homophobic attitudes and conservative political views in the United States [23]. This observation needs to be commented: psychologists should pay particular attention to the problem of the impact of their political views and related aversion and preferences for their relation to LGBT patients. To minimize this effect it is necessary to be aware of relation to the parenting of homosexuals and have the ability to reflect on it, as well as increased knowledge of the functioning of homosexuals and their children in the community [24].

There was no relation between the attitude and age or gender in our study, which is partly inconsistent with the results obtained by Choi et al. [25]. As shown by these authors, attitudes toward gay and lesbian parenting of school psychologists were irrespective of age, but men were more homophobic than women. As in our study there were few men, the result may be unreliable. The next observation is consistent with the results obtained by the researchers cited above. One's sexual orientation (and perhaps greater familiarity with LGBT people) affects the level of support for the sexual minorities rights and the declared level of acceptance and openness in professional situations of supporting the children raised by lesbian couples.

The results indicate a common tendency to appreciation of biological mother's partner in the conversation and intervention. Nevertheless, they show an level of preparation of the psychology graduates to work with LGBT families. The respondents reported it explicitly: 90% of them did not have to deal with this topic during university studies. Most individuals indicated the need to complement the curriculum of higher education (71%). This reported need correlated with the respondents' attitudes (positive correlation with AUT $\rho = .329$, $p = .001$ and negative one with OC: $\rho = .360$, $p < .001$).

This means that those who knowledge on LGBT parenting would allow change his her attitude to a more egalitarian are in fact the least interested in this knowledge. This only confirms the persistence of prejudices concerning this form of custody and insufficient emphasis placed on the issue of attitudes towards LGBT parents in the education of professional ethics of psychologist [see 26].

Our research is just a preliminary exploration of the psychologists' attitudes towards gay and lesbian parenting and their preparation to work with such families in Poland. However, changes should be postulated in the academic education of psychologists and other professionals in medical and educational settings to meet the social changes. In Poland there is necessity of research programs for lesbian and gay families, the introduction of the issue (including gay and lesbian parenting) to the curricula of higher education and the implementation of formal, systematic training on sexual diversity for the professionals supporting families (effectiveness of such a trainings has been confirmed empirically [25]). Knowledge of the psychological and social functioning of homosexuals (as well as their rising children) in the last decades increased greatly. Caring for the access of students to current research in this field, and actively shaping the respect and appreciation to the patients, regardless of their sexual orientation, we gain the opportunity to increase the quality of education, both in terms of content as well as ethical [26].

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