

LESBIAN NON-BIOLOGICAL MOTHERS DURING
THE TRANSITION TO PARENTHOOD



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LESBIAN NON-BIOLOGICAL MOTHERS DURING THE TRANSITION TO
PARENTHOOD

A dissertation submitted to
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in partial fulfillment of the requirements
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Doctor of Philosophy in Clinical Social Work

By

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CERTIFICATE OF APPROVAL

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ABSTRACT

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JANET L. LINDER

This qualitative research study explores the subjective experience of lesbian non-birth mothers/parents during the transition to parenthood. No study to date has focused specifically on the issues and needs of this group of parents.

Research questions included: how lesbian non-birth mothers/parents describe their transition to parenthood; how the necessary parenting and work roles and responsibilities are shared between the partners; in what ways gender identities and expressions impacted those roles and responsibilities; how lesbian non-birth mothers/parents describe their relationship satisfaction; and in what ways, and to what extent, a couple's sex life impacts relationship satisfaction.

Thirteen women from the San Francisco Bay Area were interviewed. Each had a young child, mostly between the ages of one and three, who was born to her lesbian partner within the context of their marriage/relationship.

A five-stage developmental model emerged as a major category from the findings, describing necessary steps in the transition to parenthood. A second major category highlights factors that contributed to the almost uniformly high level of relationship satisfaction found in this group of participants. Relationship satisfaction hinges not only on issues frequently cited in the literature, such as division of labor and whether or not expectations had been "violated" or disappointed, but also on the positive mirroring and

validation by the birth mother for her partner's equivalent role and position as mother and parent, and the capacity of the couple to work well as a team. Teamwork is best described as good communication between the partners. There was a wide range in descriptions of how important sex was to relationship satisfaction for these mothers/parents. Gender dynamics were found to be salient in about half the couples.

This study provides groundwork for describing and defining a new and non-traditional family role and family model. Factors that help that process are discussed, such as the choice of maternal names and family names. Couples took a variety of legal actions, to protect the non-birth mother's/ parent's relationship with her child.

The geo-political, socio-cultural, and legal environment of the state of California, and the San Francisco Bay Area, known for its social tolerance and high numbers of lesbians, gay men, and bisexual and transgender people, cannot be overestimated in importance for the impact on a positive transition to parenthood for lesbian non-birth mother/parents.

DEDICATION

I want to dedicate this dissertation to the memory of my non-biological, adoptive father, Mort Linder. He taught me through his attitudes and actions that family is not about biology or gender but rather about love, caring, support, and perseverance.

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TABLE OF CONTENTS

ABSTRACT.....	iii
DEDICATION.....	v
ACKNOWLEDGEMENTS.....	vi
CHAPTER ONE: INTRODUCTION.....	1
The Study Problem and Background.....	2
Transition to Parenthood.....	5
Lesbian Parenting	7
The Non-Biological Mother.....	8
Rationale for the Study	9
Focus of Research and Research Questions	10
Limitations of Study	11
CHAPTER TWO: LITERATURE REVIEW.....	13
Family: Evolving Attitudes and Beliefs Defining Family.....	15
Lesbian Parenting	21
A Framework for Thinking About Lesbian Parenting.....	24
Who Does or Does Not Want To Be a Mother?	30
Studies of Different Paths to Motherhood	31
The National Longitudinal Lesbian Family Study	40
Parenting Decisions and Relationship Satisfaction	55
The Non-Biological Lesbian Mother.....	59
The Importance of Language: Marginalization and the Creation and Reframing of Identity Through Narrative	62
Maternal Jealousy	68
Legal Issues.....	73
Transition to Parenthood.....	81
Maternal Well-Being	84
Impact of First Child Characteristics on the Transition to Parenthood	84
Transition to Parenthood In Heterosexual Couples	85
When Partners Become Parents: The Big Life Change for Couples	85
Areas of Change in Transition to Parenthood For Heterosexual Couples.....	88
Prospective Parents' Attitudes Toward Parenthood	88
Division of Labor In Heterosexual Couples	90
Transition to Parenthood in Lesbian Couples.....	91
Decision To Pursue Parenthood.....	93
Division of Labor Between Lesbian Parents	98
The Child's Preferred Parent	102
Maternal Well-Being	103
Summary of Literature Review.....	105
CHAPTER THREE: METHODS AND PROCEDURES	110
Design	111
Participants.....	112
Nature of the Sample	112

Criteria for Selection.....	114
Recruitment.....	115
Data Collection: The Interview.....	116
Procedure	117
The Topics of the Interview Guide.....	117
Data Analysis.....	120
Reliability and Validity.....	122
Presentation of Findings	123
Limitations.....	124
Researcher Subjectivity	124
CHAPTER FOUR: THE RESULTS	126
Overview of Research Questions and Methodology.....	126
Summary of Methodology	127
Participants.....	128
Findings	129
Developmental Stages of Lesbian Non-Birth Mothers/Parents During the Transition to Parenthood	131
Desire To Parent	131
Who Will Carry the Child? Partner Will Be the Birth Mother—"Okay, We Don't Need To Do That Little Science Experiment."	133
Who Will Carry the Child? Both Partners Want To—"You Go First."	136
Should We Get Married First?—"We Felt We Had To Get Married."	137
Sperm Donor Choices—"Trying To Find the Right Boundary!"	138
Known or Unknown Donor?—"We Were Not Looking for a Sort of Third Parent."	138
Physical Resemblance Between Non-Biological Mother and Child—"The Kid Fits in."	145
The "Dream Sperm Donor"—"It'll Be My Gift, There's Nothing Behind It " ..	146
Insemination Process—"A Scheduling Nightmare."	148
Logistical Issues—"It Needed To Just Work."	149
"It's Sad We Can't Have Each Other's Babies."	151
Pregnancy—"It Was a Trip."	155
Visibility/Invisibility.....	157
Sex During Pregnancy—"Hit or Miss."	161
Naming and Language: Choosing a Last Name for Their Child: Protection, Tradition, or Clarity?—"I Wanted Us To Have One Last Name."	163
Naming and Language: Maternal or Parental Names	166
Labor and Post-Birth Adjustment—"Who Am I?"	169
Labor and Interactions With Hospital Staff—"Where's the Dad?" "You're Looking at Her."	170
Post-Birth Experience Bonding With Infants Once Baby Is Born	174
Breast-Feeding—"I Just Could Not Give the Child Satisfaction."	175
Maternity Leave—"I Really Wanted To Be Around."	178
Extended Family—"More in Common Than We Thought."	182
Relationship Satisfaction	185

Relationship Satisfaction of Lesbian Non-Birth Mothers/Parents During the Transition to Parenthood.....	185
Positive Mirroring of Parental Legitimacy by Birth Mother of Non-Birth Mother—"Getting People To Understand That It's Your Child, Too."	186
Teamwork and the Importance of Good Communication—"We Take Different Roles."	191
Division of Labor—"If I'm Not Going To Do It, Then It Means Terry Is Going To."	196
Sex: "Hey, Hi . . . No, I'm Tired."	202
Legal Actions as Precautions and Declarations—"What the Fuck, No One Else Has To Adopt Their Own Kid."	207
Child Preferences for the Birth Parent	211
The Impact of the Extended Family Upon the Parenting Couple	218
Friends	223
Hardest Things About Being a Lesbian Non-Birth Parent During the Transition to Parenthood	227
The Best Things About Being a Lesbian Non-Birth Mother/Parent—"Now There Are Three of Us."	234
CHAPTER FIVE: DISCUSSION	235
Introduction	235
Findings in Relation to the Research Questions	237
Findings in Relation to the Existing Literature	238
Developmental Stages of Lesbian Non-Birth Mothers/Parents During the Transition to Parenthood	239
Desire for Parenting	239
Sperm Donor Choices	243
Insemination	245
Pregnancy: Visibility/Invisibility	246
Pregnancy: Familial Language and Naming	249
Labor, Birth, and Post-Birth Three-Month Adjustment	252
Maternity Leave	253
Impact of Extended Family on Transition to Parenthood	254
Relationship Satisfaction	255
Positive Mirroring of the Non-Birth Mother, and the Couple's Sense of Teamwork	257
Division of Labor	258
Sex	260
Legal Issues	261
Conclusion	262
Limitations of the Research	263
Further Recommendations for Research	265
APPENDIX C: LIST SERVE LETTER	271
APPENDIX D: LETTER TO PROSPECTIVE PARTICIPANTS	272
APPENDIX E: INFORMED CONSENT FORM	276

APPENDIX F: INTERVIEW GUIDE.....	280
REFERENCES	284

CHAPTER ONE: INTRODUCTION

This qualitative study explores the subjective experience of the non-biological lesbian mother during the transition to parenthood. When a lesbian couple decides to have a baby and rear that baby together, forming a family unit, there is genetic asymmetry between the parenting partners. The mother who carries the baby is referred to as the birth or biological mother. There is no adequate or agreed upon name for the other mother, the mother who is not biologically related to their child (unless the sperm donor is a biological family member of the non-birth mother). Names for the “other mother” tend to emphasize the negative, what she is not, to distinguish her from her partner. She may be referred to in the literature as the “other” mother, “non-biological mom,” the non-birth mother, the “non-gestational” mother (Nelson, 2007), the “co-mother” (Gartrell, N., Hamilton, J., Banks, A., Mosbacher, D., Reed, N., Sparks, C., & Bishop, H., 1996; Wilson, 2000) or the “social mother.” There is no clear or good word that has been agreed upon to describe a non-bio mom, as well illustrated by a recent article entitled “In Search of a Name for Lesbians Who Mother Their Non-Biological Children” (Brown & Perlesz, 2008). I will be using the terms of non-biological or non-birth mother throughout this dissertation. Even though the terms I have chosen use the negative “non” to introduce and distinguish this mother from the biological mother, the terms non-birth or non-biological seem more factually or accurately descriptive, while “co” or “social” seem more secondary or dismissive to me.

For this study I will interview mothers who have planned and prepared for the birth of their children from the beginning; they are instrumental in the social conception.

For the purposes of this study, the time period referred to as the transition to parenthood is the last several months of pregnancy through the first seven years of the child's life.

The Study Problem and Background

A non-biological mother is not legally recognized as a parent in the United States, as she is neither biological mother nor father. Thus, the role of non-biological mother is one that I think of as quintessentially lesbian. The non-biological mother role is outside the law, receives very little social recognition, has no traditional expectations associated with it, and develops through a lesbian love coupling and relationship. Whether the involvement of a non-biological mom is more similar to what we think of as a traditional maternal role or a traditional paternal role, or some combination of the two, the role must be worked out within the context of the lesbian parenting unit of the two women who are parenting together.

Lesbians are forming families in a wide variety of ways (Patterson, 1995). The options that lesbians can use to create their families include donor insemination, adoption, fostering, or surrogacy. One of the biggest decisions a lesbian couple must make—in the long decision-making process of thinking through what is possible, and what most reflects their wishes, needs, and feelings—is whether or not to use sperm from a known donor or an unknown donor. The needs of the couple to protect the integrity of their family-to-be must be balanced against the needs of the child to know something about where and from whom s/he comes. There are few children more wanted and more thought about prior to their birth than the children of lesbian couples. As with adoptive couples, there are no “accidents,” and there is great planning. There is very little taken for granted about the opportunity for a lesbian couple to parent.

A lesbian couple must decide whether to adopt or to create a new baby. If the couple wishes to “get pregnant,” most likely there will be a resulting asymmetry of relationship between one parent who is biologically related to their child, and the other parent who is not. A lesbian couple must confront questions such as which partner will carry the baby, and where to acquire the necessary sperm. This recent socio-cultural phenomenon challenges the idea that only a man and a woman can or should make a baby together.

This socio-cultural issue of same-gender parenting is hugely controversial currently in the United States, as seen by recent elections in November 2008 in which the citizens of three states (Arizona, California, and Florida) passed a ban on same-sex marriage.

The socio-cultural phenomenon of two women romantically involved as a couple, coming together to find a way to make a baby and form a parenting unit, is relatively new. Since the late 1970s and the 1980s lesbians have been able to use the technological advances of infertility treatment for the purposes of making a baby.

When a lesbian couple is rearing a child together—their child—and the non-biological mother has no legal standing, there is an imbalance of power and responsibility between the partners that may lead to a number of problems and issues, principal among them the lack of legal protection of the relationship between the child and her/his non-biological mother. It is only since the mid to late 1980s, and only in certain geographical areas like large metropolitan areas where more lesbians reside, that the non-biological mother has been able to legally adopt her child. This legal process is known as a “second parent adoption,” in which the second parent, the non-biological mother, becomes legally

recognized by the courts as a legal parent of her child, with all the attendant rights and responsibilities of any legal parent. The advantage to a lesbian parenting couple trying to create legal and social structures to protect and help cohere their family is that even though the child is now recognized as legally “belonging” to the non-biological mother, the biological mother does not have to cede her own legal rights or social recognition as her child’s mother. The American Academy of Pediatrics (Perrin, 2002) recommends this legal option of a second parent adoption in order to protect the children in such families. However, in many places in the United States, the option of a second-parent adoption does not exist. Further, “judges denied over a third of all second-parent adoptions nationally, based on the lack of an official, legal, or institutionally defined relationship between the couple” (Richman, 2009, p. 62).

One area of the United States that has recognized the benefits of providing legal protection to children with lesbian non-biological mothers/parents is the state of California. The California Supreme Court in 2005 held that when a couple purposely brings a child into the world, using assisted reproductive technology, intending to parent together, both partners are legal parents. This ruling provides a safety net for lesbian non-biological mothers/parents in the state of California who have not taken their own legal actions to protect their relationship with their child. This decision, the first in the nation by any state Supreme Court, rules that all children born to same-sex couples have a legally protected relationship with both parents. (National Center for Lesbian Rights, 2010). This differs from the majority of states, in which there is a legally inherent yet tacit assumption that there can be only one parent of the same sex (Richman, 2009).

Transition to Parenthood

I will discuss the stage of moving from partners to parents. This is one of the most important developmental transitions in the life of any couple. Each individual adult must go through her or his own transition to becoming a parent, as well as the couple together finding its way to stay connected as a pair while they simultaneously open their lives to include a new baby.

Transition to parenthood in traditional heterosexual, white, middle-class families has been well documented in the literature, but there were no published articles on the transition to parenthood in lesbian couples until recently (Goldberg, 2006; Goldberg & Sayer, 2007; Reimann, 1997). There has not yet been anything on the transition to parenthood specifically for non-biological lesbian mothers published. This current study begins to fill that gap.

Intensive study on the question of transition to parenthood by C. Cowan and P. Cowan (1992) is reported in their landmark book entitled *When Partners Become Parents: The Big Life Change for Couples*. The Cowan's were supported throughout the ten years in which they worked on their study with much help from multiple graduate students, postdoctoral fellows, and academic colleagues, as well as financial and collegial support from the National Institute of Mental Health. The Cowan's have provided valuable information and data on the experience of many people in couple relationships who become parents, yet none of their subjects were couples in same-gender relationships.

The timing of entrance into parenthood can affect issues for couples like relationship satisfaction, which in turn often depends on each partner's satisfaction with

who does what, both in the home and in the world of paid work. Additionally, how emotionally connected to one another each partner feels in the demanding joint project of parenting affects marital quality and satisfaction. C. Cowan and P. Cowan (1992) acknowledge that the different roles for husband and wife means they have different experiences, which can result in distance and separateness between them.

In the traditional schema of a man and woman parenting together, there is typically a “division of labor” that seems most apt in describing how the partners distribute the necessary responsibilities. With a lesbian parenting couple, however, it is more likely that the distribution will be a “sharing” of labor, rather than a “division” of labor. The end result is the same, in that mouths must be fed, money must be earned, laundry must be cleaned, i.e., all the necessary emotional and physical tasks must be done to keep a family household functioning. But two women parenting together tend to exhibit a different pattern: instead of dividing the labor, they tend to a sharing of the labor (Patterson, 1995; Patterson, Sutfin, & Fulcher, 2004). In most lesbian couples, both cut back on work and both increase their share of childcare (Sullivan, 2001). This is in stark contrast to the majority of heterosexual parenting couples that tend to increase their gender specialization of tasks even more once they are parents (C. Cowan & P. Cowan, 1992). Thus, the biggest problem for heterosexual parenting couples during the transition to parenthood is the gender role specialization that too often leaves the mother feeling alone in her parenting project. She can feel insufficiently supported by her husband, while the father often feels alone in his financial pressure and responsibilities. That schism is not a major problem for lesbian couples in their transition to parenthood. In fact, there has not been sufficient attention in the research so far to examine lesbian

parenting couples in their transition to parenthood in order to understand what the biggest problem may be.

Lesbian Parenting

Early research on lesbian-parented families focused almost exclusively on the children, and whether children of lesbians were at risk for abnormal socio-emotional or gender development. There are currently few in-depth studies of lesbian parents and their subjective experiences as a parenting couple. There is only one longitudinal study, *The National Longitudinal Lesbian Family Study*, which follows 70 lesbian couples from the time of pregnancy (Gartrell, N., Hamilton, J., Banks, A., Mosbacher, D., Reed, N., Sparks, C., & Bishop, H., 1996; Gartrell, N., Banks, A., Hamilton, J., Reed, N., Bishop, H., & Rodas, C., 1999; Gartrell, N., Banks, A., Reed, N., Hamilton, J., Rodas, C., & Deck, A., 2000; Gartrell, Deck, Rodas, Peyser, & Banks, 2005). However, the published descriptions from *The National Longitudinal Lesbian Family Study* do not distinguish at times between the birth mothers and the non-birth mothers, so it is not always possible to understand data results regarding the experience of lesbian non-birth mothers.

It is difficult to know how the transition to parenthood is the same, similar, or different when the partners are both female. Information about parenting, gender, female socialization, and sexuality may emerge from studying lesbian parents in the important developmental phase of the transition to parenthood. Information found about lesbians in the transition to parenthood may offer thought-provoking ideas about how to parent that provide new and inspiring models for all types of parents.

The Non-Biological Mother

The role of the non-biological mother is up to each mother and each parenting couple to work out as they go along. As in any same-gender relationship where the partners do not have traditional gender roles and rules to fall back on or to work from, the two partners must make their own particular choices of how to share the roles and responsibilities involved in parenting. This can be both advantageous, providing creative and individualized development, and/or burdensome, reinventing the wheel every step of the way.

As women reared in our gender-binary and hetero-normative culture, a non-biological mother may approach child rearing from a traditional female socialization, expecting to be a primary parent as mother. However, it is also possible that a non-biological mother may identify with a gender identity and expression more similar to a man's, and approach her parenting role and responsibilities from what is considered a traditional paternal or fatherly role. Since there has been very little research on gender in lesbian couples (Mitchell, 2008a), and almost no research on gender issues in lesbian parents (Lev, 2008), there is no way to know how existing non-biological mothers approach their roles and responsibilities, and what the impact of gender is on their parenting choices and style.

As stated above, the law lags behind social reality in the neglect of legal categories for parenting aside from biological mother and father. "The current condition of legal rights of same-sex parents is in complete disarray, with courts coming to opposite conclusions" (Manternach, 2005, p. 387). Legal categories bestow legitimacy on the

selected parents, and the lack of legal recognition for the non-biological mother creates a lack of legitimacy.

There has been very little attention paid to the non-biological mother role in research and the literature, with some few exceptions (Sullivan, 2001; Wilson, 2000). One noteworthy observation, which is consistent in different studies, is that non-biological mothers are more involved in their children's care than heterosexual fathers (Bos, van Balen, & van den Boom, 2007). This is likely more a result of gender socialization as opposed to anything having to do with sexual orientation.

Rationale for the Study

There is a paucity of studies on the transition to parenthood in lesbian couples, and no research on the non-biological mother during this transition period. As the numbers of these families increase, there is a need for research to focus on the non-biological lesbian mother to better understand her experience—her role, her responsibilities, her challenges, and her satisfactions (Goldberg, 2005). Thus, this current study attempts to fill the void that now exists in this field.

While there are no exact numbers to show how many hundreds or thousands of lesbians are having babies in the recent years, in this country, Stacey and Biblarz (2001) estimate that nine million children in the United States have a gay or lesbian parent, and that 25% of all lesbian and gay couples are raising children. Patterson & Freil (2000) estimate there are from 800,000 to seven million lesbian and gay ("lesbigay") parents, with 14 million children. Research is needed to provide accurate information for clinicians to better understand and serve these families.

Nelson (2007) argues that studying mothers is important because “mothers occupy a cultural space” (p. 226) that has mostly been overlooked. By studying mothers we can learn about the experiences of becoming and being a mother from women who are directly engaged in and responsible for mothering their children. We can learn how mothers in this historical time period perceive their roles and the meanings of what they do (mothering) and who they are (mothers).

Studying lesbian mothers who are not the biological mothers of their children can shed light on contemporary cultural ideas of motherhood in general, and provide a window into how mothers who are outside the dominant paradigm are re-writing different and alternative narratives regarding what it means to be a mother. Much of what we think of as the traditional mother role has been socially constructed (Ehrensaft, 2008), and by looking at a sub-group of mothers who are both lesbian and socially connected, not biologically connected, to their children, we can gain more information about how these mothers influence the social construction of their mothering roles. The need for heightened awareness and new dialogue may lead to new understandings that can offer insights and greater effectiveness in practice (Barritt, 1986; Creswell, 2007).

Focus of Research and Research Questions

A qualitative study begins with questions about a subject to be researched rather than with a particular hypothesis to prove or disprove. The intention of this researcher is to explore the subjective experience of non-biological lesbian mothers in their transition to parenthood. The lack of legal and social recognition for mothers who do not fit neatly into existing categories creates a lacuna of recognition or visibility. Additionally, the

consequent acceptance, understanding, inclusion, and support are all limited by this lack of recognition.

More and more families in the United States today are socially constructed, not biologically constructed, and that trend is increasing. There is a need in the literature to recognize new and different types of families, and offer these family members reassurance of normalcy and what to expect as they go through life's important developmental stages. Additionally, both researchers and clinicians need data on family life that reflects the social and cultural realities of today.

The following research questions guide this study:

1. How do non-biological lesbian mothers describe their transition to parenthood?
2. How are the necessary parenting and work roles and responsibilities shared between the partners?
3. In what ways, if at all, do gender identifications and expressions impact these roles and responsibilities?
4. How do non-biological lesbian mothers describe their relationship quality and satisfaction with their partner during the transition to parenthood, and what factors influence relationship satisfaction?
5. How much or how little does a non-biological lesbian mother's sex life impact relationship quality and satisfaction?

Limitations of Study

This study is limited by its pointed focus on the non-biological lesbian mother in the transition to parenthood, and by necessity, excludes all other categories. It does not

include lesbian couples that adopt or lesbian single mothers. Nor does it include lesbian mothers or stepmothers who married into families with children. This study does not include heterosexual couples in which the father is not biologically related to the child, nor does it include gay male couples in which one is biologically related to the child, and the other parent is not. This study looks at a small sample from only one geographic area, from the San Francisco Bay Area; there is limited diversity among the participants, who include eleven Caucasian women, one multi-racial woman, and one bi-racial woman. These limitations support my focus on the underrepresented group that is the object of this study.

CHAPTER TWO: LITERATURE REVIEW

This dissertation is an examination of the experience of lesbian non-biological mothers' transition to parenthood. Lesbian parenting is a relatively recent socio-cultural phenomenon that is undergoing constant change (Patterson, 1995; Goldberg & Perry-Jenkins, 2007), yet has received little attention until the past several years. "The absence of lesbian experience in mainstream feminist accounts of gender, work and family life reflects their position as other, as exotic, and thus irrelevant for furthering contemporary understandings in this area" (Dunne, 2000, p. 134).

In fact, there is probably more mention of the need for study of this topic than there is actual empirical exploration (Crawford, 1987; Goldberg, 2006; Lambert, 2005 Mitchell, 2008a). Therefore, it is necessary to summarize the most current literature and also to consider the socio-cultural and historical context in which research on this topic has been neglected. It is important to locate the place (macro) by beginning to identify the relevant contexts socially, culturally, historically, and politically—as well as understand the experience (micro)—of a non-biological lesbian mother during the transition to parenthood.

The current study is part of a growing effort to include lesbian experience in the transition to parenthood (Goldberg, 2006; Goldberg & Perry-Jenkins, 2007; Goldberg & Sayer, 2006; Goldberg & Smith, 2008b; Goldberg, Downing, & Sauck, 2008; Reimann, 1997). "Planned lesbian families can be considered as natural experiments" (Bos, van Balen, & van den Boom, 2007, p. 126). The term "planned lesbian families" refers to a lesbian couple that is committed to their love relationship, regards it with the seriousness of a marriage, plans together a path to pregnancy, and carries it out. The intention is to

parent a child or children together, each being a mother and parent to their children. The rationale for the current study is based on a lack of attention to lesbian families in general, lesbian couples in the transition to parenthood, and the lesbian non-biological mother in particular (Goldberg, 2005; Lambert, 2005; Mitchell, 2008a; Muzio, 1999).

This chapter is organized into three sections. The first section focuses on lesbian parenting, the history and evolution of this socio-cultural phenomenon, and the research about the subject. The second section discusses the non-biological mother in a lesbian parenting couple. The third section examines the transition to parenthood as it is discussed in the literature. Most subject families in published studies of transition to parenthood are white, middle-class, heterosexual families (C. Cowan & P. Cowan, 1992; Crawford, 1987). Here I endeavor to illuminate parenthood experiences in the lives of a wider array of typical lesbian families, and present the experiences of lesbian non-biological mothers as they transition to parenthood.

I have chosen to use the terms “non-biological” mother or “non-birth” mother/parent interchangeably, from among a variety of descriptors found in the literature, such as “co-mother,” “social mother,” second parent,” or “the other mother.” There is no agreed-upon language; all of the current terms are problematical (Brown & Perlesz, 2007; Hequembourg & Ferrell, 1999; Price, 2007). To call someone a “second” mother or a “co” mother or a “social” mother, in my opinion, reduces her stature to a second-class mother, a more secondary mother, or a helper mother. Although I use “non-biological” or “non-birth” mother, I acknowledge that this term is also a less than ideal choice, in that the prefix “non” demands that the mother who did not bear the child is known for what she is not (Muzio, 1999). However, until the legal and social invisibility

of such mothers is sufficiently addressed, and until our language evolves a better term, I make the distinction of non-biological/non-birth mother for clarity, in order to provide more information and understanding in distinguishing between the two lesbian mothers.

Family: Evolving Attitudes and Beliefs Defining Family

In order to grasp the importance of research that furthers our understanding of lesbian parented families, and the role of the non-biological mother, it is necessary to trace the evolving attitudes and beliefs of who and what is a family. It is useful to look back to the time period beginning in the early 1900s when the established opinion of gay and lesbian relationships judged them as sick, unstable, and inferior (Thompson, 2002; Weeks, Heaphy, & Donovan, 2001). Indeed, anyone outside of the hetero-normative paradigm in sexual orientation and/or gender expression was perceived either as a source of belittlement, anxiety/threat, or pity (Faderman, 1991; Thompson).

Lesbian and gay relationships were not taken seriously as authentic relationships. Same-sex erotic relationships were viewed as sexually perverse or hyper-sexual (Weeks et al., 2001). Mostly, however, lesbian and gay relationships were invisible, simply not seen, and, of course, not validated (Hall, 1991). It was taboo or impolite to acknowledge someone's unconventional sexuality. When they were seen, lesbians and gay men were regarded as lonely individuals, their family and social relationships dismissed as not normal, and not equivalent to "real" family life (Thompson, 2002; Weeks et al.).

Socio-cultural, political, scientific, and legal changes have occurred that have slowly lessened the shame and stigma, at least in major metropolitan areas. The fact that same-sex marriage, although still being fiercely fought, is slowly winning legal

endorsement, one state at a time, is an example of a revolutionary paradigm shift in recognizing, understanding, and legitimizing family diversity (Weeks et al., 2001).

The development of birth control pills and the rise of the “second wave” feminist movement in the 1960s fostered the “sexual revolution,” opening up sexuality both in practice and in theory. Feminism meant that the social paradigm of heterosexuality as an absolute expectation and norm began to loosen its hold, even in “respectable” middle-class families. Gay liberation and the removal of homosexuality as a psychological disorder from the Diagnostic and Statistical Manual of Mental Disorders in 1973 signaled, and reflected, a changing social and political order in the United States that began to be more accepting of sexual and gender variation, individually as well as in families.

The advancement of fertility technology in the 1980s created the material conditions for the possibility for lesbians who could afford the financial costs, to make or adopt a baby from within the existing integrity of their on-going relationship (Coontz, 2005). This technology meant that the lesbian parenting-couple family could be a reality. These changes have registered culturally as evidenced by more positive views of lesbians and gay men portrayed in the media and academic institutions (Thompson, 2002).

The increasing numbers of lesbian couples and families challenge hetero-normative internalized images of what a family should look like (Bernstein & Reimann, 2001; Ferree, 1990; McCandless, 2005; Muzio, 1999). Yet despite the ever-increasing visibility of lesbian families, the internalized ideal of the heterosexual traditional family remains. “The standard North American family: SNAF as an ideological code” (Smith, 1993) is defined as society’s idea of family. It is a unitary model of heterosexual man and

wife, with their biological children, all living together under one roof, which the man supports through his work outside the home. No matter what our own subjective experience has been, the SNAF image still lingers as a notion of what the “natural,” “best” embodiment of a family is, or should be (Coontz, 2005; Smith, 1993).

Despite residual notions about “traditional” families, the relatively recent standard is no longer lived in the majority of American family homes (Ferree, 1990; Goldberg & Perry-Jenkins, 2007), and many family studies scholars now speak of family diversity or family pluralism (Baca Zinn & Eitzen, 2005; Demo, Allen, & Fine, 2000; Harris, 2008). Family diversity is not only about different family forms or types, but also about the intersection of culture, class, race, gender, and issues of power and oppression (Demo, Allen, & Fine). Further, it is necessary to attend to the variation within families and between families.

Marriage, as an institution, is undergoing great change (Cherlin, 1992, 2004; Coontz, 2004; Gallegher, 2004; Lewin, 2004). One of the foremost American family studies researchers, sociologist Andrew Cherlin, wrote an influential article entitled “The De-Institutionalization of American Marriage” (2004). In it, he describes how the social norms of marriage have changed and loosened. He says that when larger social forces create conditions that demand change, the rules and roles for expected behavior within social institutions become less clear and more individualized. For example, instead of remarriage becoming more like marriage, with clearer norms and expected behavior, marriage has become more like remarriage. “Individuals can no longer rely on shared understandings of how to act. Rather, they must negotiate new ways of acting, a process that is a potential source of conflict and opportunity” (p. 848). Since the late 1970s, he

notes, two major changes in marriage have occurred, both developments relevant to understanding the shifting social conditions that helped to create opportunities for same-sex marriage, and same-sex partners rearing children together. First, more and more couples are having and rearing children together outside marriage, and second, more and more couples are redefining how they divide the necessary tasks of living, no longer so strictly gender-based. “The distinct roles of homemaker and breadwinner were fading as more married women entered the work force” (Cherlin, 2004, p. 849). Compare the statistics from the U.S. National Center of Health Statistics (1982, 2003) of how many children were born outside of marriage from 1978 to 2002. One out of six children in 1978 was born outside of marriage (1982). In 2002 there was one out of three children born outside of marriage (2003). Cohabitation has become more socially accepted, and has created multiple complex family roles and arrangements not seen before in this country. Canada and certain countries in Europe are ahead of the United States in terms of numbers of cohabitating couples, and consequently, in terms of social acceptance of such (Kiernan, 2002; Cherlin).

For Cherlin (2004), the emergence of same-sex marriage is one example of the evolution of a larger societal shift from an institutional to a companionship model of marriage to a more “individualized marriage” (p. 852). The traditional companionate marriage is one that refers to “the single-earner, breadwinner-homemaker marriage that flourished in the 1950s” (Cherlin, p. 851). The companionate marriage valued satisfaction gained in the family as a whole and the successful performance of expected roles of husband, wife, father, and mother (Burgess & Locke, 1945). A more contemporary model of the individualized marriage emphasizes personal choice and self-development, with

greatest value placed on the achievement of personal intimacy. Cancian (1987) describes this shift as a value change from role to self. An individualized model of marriage is one in which both partners expect to meet all of their emotional and intimate needs (Giddens, 1992; Lewin, 2004). Lewin (2004) notes the matter-of-fact tone and analysis that Cherlin (2004) takes in his article, and according to Lewin, Cherlin “situates same-sex marriage within cultural patterns that are ongoing” (p. 1005), and advocates the necessity of study, observation, and interpretation of changes in “the family.” Rather than try to assert which type of family is best, Cherlin and others advocate trying to understand how different types of families “work.” The goal is then to understand how all families can best be supported, and how most meet the needs of the individual family members. In this way, Cherlin aligns himself with family studies scholars who understand and accept/assert that “the family” is a dynamic evolving process rather than those scholars who want and expect “marriage” to match their own personal experience, their own history, and conform to the existing norms.

Cherlin (2004) describes a decrease in American marriages overall at the same time that he acknowledges an increase in marriage from more marginal groups like LGBT communities and the poor. Cherlin emphasizes the importance of the symbolism of marriage for more marginalized groups who were formerly excluded from participation in that institution. Perhaps society’s most revered institution, the family, symbolizes refuge, safety, intimacy, and a group in which to belong, a place in which comfort is expected. The benefits of marriage range from the symbolic to the material. “More than 1000 specific rights are restricted to heterosexually married couples, including tax benefits, pension rights, child custody, and survivor benefits—in other

words, most entitlements that have to do with being someone else's next of kin" (Lewin, 2004, p. 1005). People with diverse sexualities and unconventional gender expressions have not been generally acknowledged or included as part of one's family. Queer people were thought to be incapable of authentic intimacy, unable to form lasting and valuable relationships (Thompson, 2002; Weston, 1991).

Furthermore, mainstream family studies as an academic discipline is slowly shifting focus from family structure to family process (Allen & Demo, 1995). Family process includes issues such as parental decisions and behavior about how to rear children, how to manage conflict, and how much or how little to adhere to traditional gendered behaviors, roles, and relationships. Still, only a fraction of family life in lesbian and gay families has been studied, reflected on, and symbolized into language (Allen & Demo; Doherty et al., 1993; Laird, 1999). When lived experience is transmuted into thoughts and feelings, ideas and words, the experience becomes clearer and more recognizable, and offers others a reference point.

Lesbian-parented families and the role of the non-biological mother are intensely and widely contested. The current socio-political struggles to keep same-sex couples from being able to legally marry have great relevance here, because part of what keeps a lesbian non-biological mother from being considered a parent is that she has not been able to be legally married to her partner (Millbank, 2008). This barrier to lesbian parenthood stands in contrast to the much lesser requirement for a man to assume legal fatherhood of a child to whom he is not the biological father. In such an instance the man need only fill out one form to be legally considered the child's father (Millbank).

Despite the prohibition to marry, and the social disapproval and barriers lesbian families encounter, a minority of fertility clinics, medical doctors, and sperm banks slowly began to allow lesbians to use their services.

This shift created the opportunity for single and coupled lesbians to plan and execute all of the necessary decisions within their own established love relationship. The result is a different kind of family than a stepfamily model, in which the non-biological mother joins an already existing family with a father who may be still actively involved with his children (Patterson, 1995; van Dam, 2004). The family unit consisting of two lesbian parents and the children they plan for and give birth to, by one or both partners, is a family configuration for which there is scant knowledge, and which this dissertation will address. Understanding the unique (as well as the universal) challenges of this form of family life will add to a deeper understanding of all families (Laird, 1999). I will next turn to a discussion of different ways to think about this new and controversial family form, as reflected in the literature and existing research.

Lesbian Parenting

The state of research on lesbian families has three main problems: it is understudied, it is defensive, and there is reluctance on the part of subjects to participate. Therefore, it is impossible to state exactly how many lesbian families exist currently or how many lesbian mothers are actively parenting their children (Brown & Perlesz, 2007). Because of pervasive homophobia, and the very real threats of loss of employment, child custody, bias, and discrimination, many lesbians are not comfortable identifying themselves in surveys or research studies (Rothblum, Factor, & Aaron, 2002).

The 2000 U.S. Census reported that 33% of households with a female householder and a female partner had children living with them (Simmons & O'Connell, 2003; Kurdek, 2007). The 2000 U.S. Census estimated 594,691 same-sex households, and it is likely that it was undercounted by 16-19%, according to Pawelski et al. (2006). Ariel and McPherson (2000) estimate that between two and eight million lesbians and gay men are parenting between eight and ten million children. Stacey & Biblarz (2001) estimate that nine million children in the United States have a gay or lesbian parent, and that 25% of all lesbian and gay couples are raising children. Patterson & Freil (2000) estimate there are from 800,000 to seven million lesbian and gay ("lesbigay") parents, with 14 million children. In Victoria, Australia, 22% of all lesbians surveyed reported their identities as parents, and 25% said they planned to parent in the future (McNair & Thomacos, 2005).

Even with the differences in calculation one can see that there are millions of children and parents in lesbian families. The numbers alone demand attention. There is a need for informed and culturally competent service providers. There is a need for research that is accurate and can inform progressive social policies and legal decisions. Studies such as this current project can help to provide accurate and useful information to the people who are in a position to help such families feel more understood and supported.

Lesbian parenting research has until recently mainly focused on families formed from the dissolution of an original heterosexual family (Bos, van Balen, & van den Boom, 2007; Patterson, 1992) in which the biological mother left her heterosexual marriage to be with another woman. Historically, lesbian families began with these kinds

of blended families, formed, in part, as a result of socio-political developments, like the women's movement, civil rights, gay movements, and changing attitudes toward divorce that legally moved from "fault" to "no-fault. Science and technology also played a part as the development and availability of the birth control pill contributed to the "sexual liberation" of the 1960s and 1970s.

These new families of a biological mother and her children joined by the female partner of the birth mother were hotly contested due to the homophobia and conflict growing out of cultural differences from dominant cultural definitions of family. The development of research that was "political" as well as "academic" was designed to defend and protect either the traditional patriarchal family or the new lesbian-feminist family form (Stacey & Biblarz, 2001). Angry husbands/fathers took their wives who had left them to court, to sue for child custody, charging them with being unfit mothers because of their new sexual orientation and lesbian relationship. Children with a mother who left her husband to live with another woman were immediately focused on, in the courts, the media, and the academy (Thompson, 2002).

The stigma and marginalization of lesbians and gay men was, in the late 1960s and 1970s, intense and pervasive (Mezey, 2008; Thompson, 2002). Their children were regarded as vulnerable and defenseless to what was judged an unhealthy, unstable lifestyle, and thought to be at great risk for abnormal socio-emotional, gender, and sexual development (Patterson, 1995; Sullivan, 1996, 2004). Research in the psychological, legal, and family studies areas was required to counter the social and legal crises of the many children being removed from their mother's care and custody (Stacey & Biblarz, 2001; Thompson, 2002).

The next sub-section describes conditions that helped to create the development of new family forms, like the planned lesbian family, where a lesbian couple decides to pursue parenting. There are numerous types of family structures that lesbians create, more or less socially conventional. Historically, one way that a lesbian or gay man might secretively/euphemistically refer to another was by saying someone was “family.” There is a long history of gay people forming close bonds with one another, friends or ex-lovers, to replace the loss of biological and extended families that often rejected them. Unlike the norm in heterosexual relationships, it is not uncommon culturally for ex-lovers to remain connected and play an on-going familial role with one another. These non-biological family relationships have been referred to as “kinship networks” (Weeks, Heaphy, & Donovan, 2001; Weston, 1991) or “families of choice” (Weston, 1991). They shared financial and emotional resources, took care of one another in times of illness, raised children and shared meals together, and had family to go to at Thanksgiving and other holidays.

What is now possible only in the last three decades is the opportunity to create a nuclear family from within one’s own same-sex love relationship. A convergence of factors has resulted in new family structures that stretch our notion of what a parental unit is. The next subsection addresses issues of family and marriage.

A Framework for Thinking About Lesbian Parenting

Victoria Clarke (2002), a British psychologist, considers four “dimensions of difference that inform research and theorizing on lesbian parenting” (p. 210). Clarke states that psychological, feminist, and social science disciplines of research tend to focus on the similarities and differences between lesbian and heterosexual families. She

describes these four dimensions chronologically and historically. I will summarize each of the four dimensions of difference she describes as it provides a useful background context to understand the history of lesbian parenting. Additionally, it has been helpful in the development of my research questions.

The first dimension, that there is no difference at all between lesbian families and heterosexual families, emerged in the early 1970s, to counter the negative stereotypes of lesbian mothers as sick, wrong, and deviant (Thompson, 2002). The similarities of these two family forms are emphasized to refute claims that children of lesbians are at risk or abnormal in social, emotional, and gender development. The view of lesbian parents as the same as heterosexual traditional parents has helped to create greater acceptance of lesbian mothers in the legal arena (Thompson). In this dimension, lesbians are just like everyone else; difference is regarded as dangerous or wrong, while sameness is safe and acceptable. This implicit acceptance of the norm of heterosexuality pushes all variations to the margins, and does not allow for any challenge to the norm. “The liberal model acts as an instrument of social control by normalizing lesbians and silencing difference” (Clarke, 2002, p. 212). One could think of this effort to be in the norm as assimilation to mainstream culture, for which one receives social and material rewards.

The second dimension views lesbian parenting as different and deviant, and is promoted by rightwing and anti-lesbian psychologists. This represents a small but vocal minority in the literature. An example of this perspective is from P. Cameron and K. Cameron (1997), who describe differences between lesbian and heterosexual parents as “numerous” (p. 324) and “significant” (p. 328). In their words:

This study largely validated traditional common sense: that which emphasizes the importance of character of parents and the characterological deficiencies of those pursuing homosexual inclinations . . . it appears that children are considerably more apt to be harmed in the custody of a homosexual than of a heterosexual parent. (1998, p. 1190)

Other authors like Wardle (1997) state unequivocally that “a daddy and a mommy together provide by far the best environment in which a child may be reared. . . .

Particular and unique potential risks to children raised by active homosexual parents include children being drawn into homosexual behavior themselves” (p. 857). Opponents of lesbian parenting fear the impact of the lack of male role models on children, confusion about gender and sexuality, and social stigma and bullying.

The third dimension is one found in lesbian feminist theory and writing, mostly outside of psychology. This viewpoint is that lesbian parenting is different, and that difference is to be celebrated. Proponents of this view, from the early 1970s, set out to counter the pressure on lesbian mothers to fit in to the mainstream culture. One such author declares that “the goal is not equality but utter transformation” (Goodman, 1980, p. 170). In this dimension, lesbian parenting is seen as a political act that challenges and expands oppressive patriarchal hetero-normative models that are especially oppressive to women (Sullivan, 1996, 2004).

The following is one example of what Clarke (2002) calls the third dimension, from a book about lesbians raising sons.

Lesbian households are raising a whole new generation of men who will be significantly different from their counterparts from patriarchal families. . . .

Patriarchal families teach girls what they cannot do and teach boys what they cannot feel. . . . Lesbian families teach their sons to embrace the full range of their emotions. (Wells, 1997, pp. x-xi).

Polikoff (1987), a leading legal scholar in lesbian feminist studies, cautions that the argument that lesbians are just like heterosexual mothers is dangerous because once again it creates a state of invisibility for lesbian relationships and families. Polikoff worries that the sameness argument “negates the healthy and positive characteristics unique to lesbian parenting” (p. 516). This third dimension comes out of lesbian feminist politics in which parenting as a lesbian is seen as a radical act of defiance against patriarchy (Kitzinger, 1987).

The fourth dimension sees a difference solely due to oppression. Theorists with this perspective emphasize that lesbian families would be just like everyone else, except for the fact that they must struggle with social prejudice and invisibility. One example is a book chapter entitled “Aside From One Little, Tiny Detail, We Are so Incredibly Normal: Perspectives of Children in Lesbian Stepfamilies” (Wright, 2001). This particular construction of lesbian parenting borrows from both liberalism—“these parents are really the same as all other parents”—and radical feminism, which acknowledges the social and political conditions in which lesbians are devalued and oppressed. The critique of this construct is that it does not see lesbians as choosing to be different types of parents nor does it consider the benefits of what a marginal experience has taught lesbians and their children. It tends to regard lesbians as victims who could join the mainstream of family life and become indistinguishable from everyone else, if only everyone could “just get used to it” (Stacey, 1996, p. 108). The following is an example of this perspective:

Life in a lesbian family is just as varied, challenging, comforting, amusing, frustrating, and rewarding as life in other kinds of families. . . . It is the stigma of lesbianism and lack of acknowledgment of lesbian families that make family life different for these women. (Nelson, 1996, p. 132)

Clarke (2002) notes that this idea of lesbian parents is an attractive one for many in the mainstream, and that lesbian activists use this strategy to help others perceive lesbian families with less anxiety and prejudice. An example is a now-defunct lesbian and gay magazine with the title “the family next door.”

These different dimensions lead to different ideologies about lesbian parents and families (Clarke, 2002). Some researchers pursue the similarities between lesbian and heterosexual parents, while others highlight the differences. Very little about the emotionally charged subject matter is without political consequences or socio-cultural meaning. Clarke does not claim to be neutral or “objective.” She encourages future researchers to move beyond the sameness and difference framework in studying lesbian family life. She advocates for research that is not defensively positioned to counter mainstream accusations against lesbians as mothers.

Stacey and Biblarz (2001) have offered a cogent and influential analysis of how much of the past research on lesbian and gay family life, in its rush to defend non-heterosexual parents, has inadvertently reinforced traditional ideas of masculinity, femininity, and heterosexuality. Stacey (1996) summarizes much of the queer parenting research as “defensive and patronizing” about “how lesbian and gay parents do not produce inferior, or even particularly different, kinds of children than do other parents” (p. 129).

Because of the urgent need to defend and protect lesbian mothers' rights to parent their children, studies were undertaken to reassure and calm those who had the power to separate the children from their mothers. Countless lesbian biological mothers were claimed to be unfit simply on the basis of their new, marginal, and devalued sexual orientation (Clarke, 2002; Stacey, 1996; Stacey & Biblarz, 2001; Thompson, 2002). Only in the 1990s, after the development of a more accepting socio-political and legal climate, could authors begin to call for studies that would focus on the lived experiences of family life with lesbian partners and parents, not just the children in such families (Benkov, 1995; Lambert, 2005; Lassiter, Dew, Newton, Hays, & Yarbrough, 2006). One author, psychologist and lesbian parent, Benkov (1995) critiqued earlier studies that "do not describe families headed by lesbians in any rich detail" (p. 52).

At the intersection of (at least) two powerful identities and cultures is where the marginal lesbian subculture meets, and joins, the mainstream culture of mothers and families. The identities are that of lesbian and mother, and the cultures are that of lesbian community and mainstream family life. It is important to note that other powerful identities like ethnicity, socio-economic class, education, and unconventional gender expression all impact the ways that lesbian non-biological mothers experience themselves and their relationships with others. How the meeting of these different cultures, experiences, and identities influence one another is a question of some interest in the literature on lesbian parenting and families (Dunne, 2000; Sullivan, 1996, 2004; Thompson, 2002; Weeks, Heaphy, & Donovan, 2001). Is a lesbian mother assimilating to mainstream society, and leaving behind her lesbian identity and culture? Or, does she, by her very existence, embody resistance to traditional family roles and expectations

(Dunne)? How much does—or can—the new role of a lesbian non-biological mother enter into the family canon, expanding categories and understandings of what it means to be a mother and a parent?

This is an understudied area of family life with potential to offer intriguing information in a number of important areas: maternal identities and practices, the intersection of multiple core identities, issues of competition and jealousy between the two parents who are both female, women's preference for equality, and the experience of lesbian mothers who become mothers through the pregnancy of a partner. I will now turn to information about lesbian parents based on currently existing studies.

Who Does or Does Not Want To Be a Mother?

Historically, once a woman came out as a lesbian, she was cutting off her chances to become a mother (Thompson, 2002). A woman struggling with lesbian feelings had to choose between following her stigmatized and marginalized sexual orientation or her often compelling desire to be a mother. “Lesbian mothers, in particular, were many times put in the position of ‘choosing’ between motherhood and lesbianism, even as late as 1999” (Richman, 2009, p. 76).

Now that social and technological conditions allow lesbians to pursue their dream of motherhood, there is a “baby boom” in the lesbian communities (Bos & Hakvoort, 2007; Dunne, 2000; Lindsay, Perlesz, Brown, et al., 2006; Morningstar, 1999; Patterson, 1995, 2001a; Patterson, Hurt, & Mason, 1998; Reimann, 1997). “The lesbian and gay baby boom is creating a culture of its own, evolving new definitions of family relationships” (Martin, 1993, p. 6). However, it is important to note that just as all women do not wish to mother, not all lesbians wish to become mothers or parents. There is

tremendous diversity in both the group of lesbians who are mothers, and the group of lesbians who are not (Mezey, 2008; Patterson, 1995).

For many lesbians, the arduous process of pursuing pregnancy or adoption is not possible; factors such as lack of money or time, lack of social and family support, isolation from lesbian communities and resources, and inability to plan and work together effectively can all derail or stop the process. Economic privilege, educational opportunities, family and social support, and geographic safety all facilitate lesbian motherhood (Mezey, 2008), which is part of the reason it is so hard for researchers to locate economically, ethnically, and geographically diverse samples of lesbian mothers (Goldberg, 2005; Mezey; Patterson, 1992). I will next turn to studies about motherhood and lesbians.

Studies of Different Paths to Motherhood

In a recent Canadian study on the culture of motherhood, Nelson (2007) describes the demographics of her 53 participants as 37 heterosexual and 16 lesbian mothers, of whom seven women are single, and 46 women are partnered. Nelson describes the specific entry into motherhood of the participants: “thirty-one women became mothers by vaginal birth, 14 by caesarian section, two by adoption while in a heterosexual relationship, and six by being lesbian non-biological mothers” (p. 227). Nelson points out that “for non-gestational mothers, entering the culture of motherhood can be quite a different process than it is for gestational mothers” (p. 238).

In studying the culture of motherhood, and the idea that once you are a mother, you belong to a “mommies’ club,” Nelson (2007) found that the adoptive heterosexual mothers and the non-biological lesbian mothers tended to be the mothers who expressed

the most ambivalence about belonging to the club. One non-biological lesbian mother said that she did not feel a part of the “Mother’s Club” because she felt alienated by or excluded from other mothers who did not recognize her as a mother. In her words:

I do feel sometimes I get, well, I don’t know what the word is, yeah, but I get that I’m not, you know, not really the mom, like, you know. You know, short of pushing the baby out of my belly and experiencing breastfeeding, I know everything about babies as much as any other mother knows about babies (Nelson, pp. 256-257).

DiLapi (1989) wrote an essay that explores lesbian motherhood in the social context of American society. Her writing did not include empirical data but instead focused on an identification and description of which kinds of mothers are recognized and valued, and which are not. DiLapi states she chose to use a hierarchy model because she wanted to describe our system of unequal resources and power that supports or discourages motherhood. She notes that with recognition comes institutional support and access to resources.

DiLapi (1989) describes a three-tiered system. At the top of the hierarchy are heterosexual married women who are parenting within their first and only marriage, and thus, are rewarded and encouraged to be mothers. In the middle are heterosexual women who are parenting in a non-nuclear family, i.e., within heterosexual cohabitation or on their own, as single mothers. At the lowest level of the hierarchy are women who parent outside the traditional heterosexual model in lesbian families. They are called inappropriate mothers. Women in the first tier are perceived as most appropriate, women in the second tier as marginally appropriate, and women in the third tier as least

appropriate to bear and rear children. Since the hierarchy is based on power—access to services, legal and institutional approval and support—a lesbian mother who is not biologically related to her children must be seen as at the very bottom of the hierarchy. In fact, lesbian non-biological mothers were not even mentioned (Brown & Perlesz, 2007; DiLapi, 1989; Wilson, 2000). DiLapi does not choose to distinguish between a lesbian mother who is biologically related to her child and a lesbian mother who is not, nor does she explain her reasoning for that choice.

As noted above, there is a wide range in desire for motherhood among lesbians (Mezey, 2008), and each couple's subsequent parenting dynamics may be affected by how much each woman wanted to be a mother (Pelka, 2009). Mezey found that the intimate partner relationship was the most powerful variable in lesbians deciding to remain childfree or to pursue parenting. Some non-biological mothers never wanted to be parents, yet their love for, and attachment to, their partners allowed them to agree with the decision to pursue pregnancy, and see what would happen. Other non-biological mothers were themselves the ones propelling the drive toward motherhood. Some percentage of non-biological mothers previously tried to get pregnant but were not successful (Aizley, 2006). It is not uncommon for a lesbian couple to begin insemination with one partner for a year or two or three, and if no pregnancy is achieved, to switch to the other partner to see if she will be able to get pregnant more easily.

If both partners wish to be pregnant, they must decide who will first try to get pregnant. For lesbians in the United States, the most typical way is for one of the partners to inseminate sperm at the time she is ovulating, until she gets pregnant. This way of proceeding is known in the literature as DI (donor insemination) or AI (alternative

insemination or “artificial” insemination). The intention of the partners is to raise children together, whether or not they use an unknown donor, a known donor, or expect to involve a man or men in their definition of family. My study focuses on the partner of the biological mother during the transition to parenthood, meaning the first child that is born within the context of their couple relationship. I will be interviewing women who parent young children, lesbians who are not the biological mother of their first child. Age, desire for motherhood, and external circumstances such as job flexibility and salary are all variables that influence who will go first if both partners in a lesbian relationship want to be biological mothers (Mezey, 2008).

In her early and important study of 25 lesbian couples in the transition to parenthood, Reimann (1997), a sociologist, found that the non-biological mothers reported less desire for motherhood than did their partners. In her qualitative study she conducted in-depth interviews with each parenting partner. Reimann also asked all participants to fill out a short questionnaire. She located participants using four different methods. Six of the couples came from different personal contacts. Ten couples came from an advertisement about the study in a newsletter of The Family Project of the Lesbian and Gay Community Services Center in New York City. Five couples were referred by other families, with referrals restricted to one family only. The last four couples she contacted at functions for lesbian and gay families sponsored by two New York City non-profit agencies, Center Kids or The Lesbian and Gay Parents Coalition International. All but one couple used Donor Insemination (DI), although Reimann does not state how the one couple that was the exception achieved pregnancy.

In her article entitled, “Does Biology Matter? Lesbian Couples’ Transition to Parenthood and Their Division of Labor,” Reimann (1997) studies the impact of biological motherhood in lesbian couples. Each couple in her study had at least one biological child under six years old, who was planned for, and born, within the context of their established love relationship. She refers to this type of family as a “lesbian nuclear family” (p. 157), similar to an intact heterosexual nuclear family, in which there are two adult parents with one parent being the biological mother. Almost all lesbian parents consider any children born to them in the context of their relationship as belonging to both of them, regardless of the disparate biological connection between the parents and the children. The lesbian parents consider themselves as a parental unit, raising their children together.

Reimann (1997) found that the majority of birthmothers had a stronger desire for motherhood than their partners, and often were the ones to motivate the couple toward parenthood. In fact, most of the biological mothers, like many heterosexual women (Gerson, 1985), heard the ticking of the biological clock very loudly, and had formed relationships with their current partners only because there was agreement to pursue parenting. Some biological mothers reported previous love relationships that ended because their last partners did not want children.

Reimann (1997) states that in lesbian couples, “biological requirements can be analytically separated from gender effects” (p. 153), which is not the case in heterosexual couples. Reimann seems to assume that since both of the partners in a lesbian couple are women, they are equally gendered as, and identified with, being female. The impact of gender differences between the partners or gender dynamics in lesbian parenting couples

is not attended to, as is true in almost all of the research on lesbian parenting (Mitchell, 2008a). In this case, Reimann conflates gender with sex, an increasingly important distinction in the more recent feminist family studies literature (Goldberg & Perry-Jenkins, 2007).

In only six of the 25 couples in Reimann's (1997) study did a non-biological mother also want a biological child. Age and the strength of the desire for motherhood often determined who went first in trying to get pregnant in these six families. Reimann said that initially she anticipated that, given the power of female socialization in valorizing childbearing and motherhood, there would be a majority of couples in which there would be conflict regarding which partner would go first in pregnancy. However, she found that the more common conflict had to do with whether or not to have children at all. This is an intriguing finding that Reimann does not explore or explain. It may reflect differences in gender identity for each partner, or the socio-political and cultural conditions during that time period. It may say something about lesbians of child-bearing age in the early 1990s: that more non-biological mothers in her sample were less motivated by the societal pressure to become biological mothers themselves, than in more recent studies (Ben-Ari & Livni, 2006; Sullivan, 2004).

In Reimann's (1997) study, there were nine couples in which both partners' desire for motherhood was equally shared and powerful, even though not all of the partners wanted to experience biological motherhood, and eight couples in which the birthmother had to persuade her partner to go ahead with the parenting plans. Of the eight, two birthmothers had to promise that they would be the primary parent responsible for all things related to the child before the non-biological mother would agree. Finally, there

were two couples on the verge of dissolution over conflict about issues related to parenting and children.

In the majority of the eight couples in which the non-biological mother had expressed major reservations, the non-biological mother felt an unexpected attachment to the child develop after the birth. Reimann (1997) describes the strong maternal identities that were unanticipated resulting from the maternal practices in which the non-biological mothers engaged. This is similar to findings in a small sample by McCandlish (1987), who interviewed five lesbian couples for a qualitative study, using taped open-ended interviews. The couples had pursued childrearing together, all using donor insemination, all with one biological mother and one non-biological mother. McCandlish found that the non-biological mother's desire for motherhood was not as great as her partner's, although once the baby was born there was an immediate and profound feeling of attachment. All the couples were still together, although one couple was reported to be contemplating the end of their love relationship. All of the children were between 18 months and 7 years of age.

Each of the five couples in the McCandlish (1987) study reported that in the transition to parenthood, there was an increase in conflict, a need for more support, and the reality of less support than ever. The biological mothers reported envy of their partners' freedom while the non-biological mothers reported envy of their partners' closeness with their child. Further, there had been a decrease in sexual contact in all couples, with no couple reporting that sexual activity between the parenting partners had resumed to pre-birth levels.

In Mezey's (2008) study, too, some of the women who were less interested in being parents grew more willing when they realized that they could be mothers different from their own mothers. They could be queer mothers, they could be mothers more like fathers, they could be butch mothers, and importantly for many, they would be mothers who would not be co-parenting with an uninvolved man. Mezey, a sociologist, conducted focus groups to discuss desire for motherhood. Her findings placed that desire in the context of socio-economic and political factors.

Riemann's (1997) findings that the non-biological mothers felt less desire for motherhood contrast with the varied accounts found in a recent book entitled *Non-Biological Lesbian Mothers Tell All!* (Aizley, 2006). Among the 18 non-biological mothers who tell their stories are women who first tried to get pregnant but were unable to conceive; women who never wanted to be pregnant, and in fact, never particularly wanted to parent; and women whose gender identification made pregnancy in their own bodies unwanted, but who were happy to have children provided by their partners' bodies. Also, there were women who were happy for their partners to try to get pregnant first while waiting their turn to try. It is not clear how much of the differences in the Aizley book are the result of being nearly a decade later than the Reimann study. Also, Aizley's book is a collection of essays for the lay public by the editor, her partner, and their social network, whereas Reimann collected and reported on scholarly data for her dissertation research.

Complicating things further, Israeli researchers Ben-Ari and Livni (2006) found that only one of the eight non-biological mothers in their small sample did not want to be a biological mother herself. Ben-Ari and Livni speculate that the homogenous Jewish

culture with its emphasis on the value of motherhood results in Israeli women feeling the benefits of biological motherhood more than American women. According to Ben-Ari and Livni, once a lesbian woman in Israel becomes a mother, the mainstream identity of mother immediately and forever eclipses the marginal identity of lesbian. The extended family and social milieu provide rewards for any biological mother, regardless of sexual orientation or marital status. Consequently, of the eight couples, four couples already had biological children of each partner, and three other couples planned to do the same. The parents reported that once the first non-biological mother had her own biological child, her extended family came around more quickly and easily to understand and recognize both partners as legitimate mothers. With each mother being both a biological and non-biological parent, the outside world was more easily able to move into alignment with the mothers' attitudes of both parents' legitimacy.

Women, and especially lesbians who form intimate relationships of two women, favor equal treatment, and power dynamics that feel fair to both (Bos et al., 2007; Patterson, 2001a; Patterson, Sutfin, & Fulcher, 2004; Sullivan, 1996, 2004). Given the preference for interpersonal equality and fairness in women, and the sensitivity to power dynamics, one can see how important it is to most lesbian parents during the transition to parenthood to create a family structure in which both partners are recognized and valued as mothers. Indeed, one of the most consistent descriptions of a lesbian parenting couple in the literature is its insistence on sharing equally the roles and responsibilities of parenthood (Goldberg & Perry-Jenkins, 2007; Sullivan, 2004; Patterson et al., 2004). This prevalent lesbian cultural value of insistence on egalitarianism shapes much of the

decisions and subsequent experience within a lesbian family, as we will see in the next subsection.

The National Longitudinal Lesbian Family Study

The most ambitious study on lesbian parenting families so far is the National Longitudinal Lesbian Family Study (NLLFS), which began collecting data in 1986 (Gartrell, Hamilton, et al., 1996; Gartrell, Banks, Hamilton, et al., 1999; Gartrell, Banks, Reed, et al., 2000; Gartrell, Deck, et al., 2005). The study began with 84 families. Seventy coupled families included an “index birthmother” and an “index co-mother,” while 14 families were headed by single mothers. Of the 70 families, 16 were already parenting a total of 29 children. Of the 16 already-parenting couples, 11 were composed of the “index co-mothers” biological child/ren, four were composed of the index birthmothers and their partners, and one involved a couple with an adopted child.

In the interests of clarity, I will divide the families into two further types. The first type (type 1) is comprised of a family often called a blended family or stepfamily. A blended family is a product of two or more families coming together to form another family.

The second type of family (type 2) is comprised of a lesbian couple that has been together for some amount of time, and decide to plan and execute all of the many steps needed to successfully inseminate one of the women. Their intention and planning show their commitment to parenting together. A family of the second type has not gone through divorce and is an example of what is commonly referred to as an intact family. Both of the women perceive and experience themselves as first-time mothers, and they are adult parenting partners with each other. The majority of the families in the NLLFS

study were of the type I will be studying, an intact lesbian couple who made all the necessary decisions together (type 2). This type of lesbian family includes a non-biological mother along with a biological mother in their transition to parenthood. I will be studying the experience of the non-biological mother only, as she is the least studied and understood.

In the National Longitudinal Lesbian Family Study, researchers did not choose to make distinctions between the two types of families, step-families or planned lesbian-headed nuclear families. Nor were there distinctions made between the biological and the non-biological mothers. These choices make understanding and interpretation of the findings more difficult. Nonetheless, I will summarize my understanding of the findings of this important study because it informs my study questions.

The NLLFS study includes families from three major metropolitan U.S. cities, San Francisco, Boston, and Washington, D.C. It is the first longitudinal research project on lesbian families whose children were conceived through donor insemination. Over a planned 25-year time period, the researchers contact the parents, and now the children, to collect data at regular intervals, reflecting different developmental stages. As stated above, this study did not distinguish between the women who were becoming first-time mothers (62%), and the women who were already mothers from previous heterosexual relationships (38%). The researchers do not discuss the rationale for that decision, and whether there were considerations of a political or empirical nature.

The first published interviews are with the prospective parents, discussing issues like the women's relationships, social support, pregnancy motivations, stigmatization worries, and coping strategies (Gartrell, Hamilton, et al., 1996). Since these issues are

some of the important areas of interest for researchers, I will also be including these topics in my interviews with the non-biological mothers.

Another key focus of the NLLFS study addresses the question and complexities of the path to conception of the lesbian couple desiring to co-parent a child together. Every lesbian couple that wishes to inseminate one of the partners and create a biological child must confront the issue of how to acquire the necessary sperm. One of the biggest decisions a lesbian couple has to make is the choice of a known donor vs. an unknown donor, and the couples in the NLLFS study were evenly divided.

A known donor is a man whose identity is known by the parents, who must then decide how and when to tell their child(ren). A known donor may have a role in the child's life, or may not. There is a wide range of involvement by a known donor, with some known donors acting as traditional fathers, some in an uncle-type role, and some completely uninvolved. For a lesbian couple that chooses a known donor, and wishes to retain control of their family integrity, it is necessary to acquire a written declaration of relinquishment of parental rights by the biological father. Such a document allows the non-biological mother to then apply for a second parent adoption after the child's birth. Without it, the biological father retains parental rights, and the non-biological mother is unable to become a legal parent. Due to historical factors, lesbian couples are fully aware of the often hostile socio-cultural climate that surrounds them. It is difficult to overestimate the anxiety that lesbian couples feel about someone else having the power to intrude into, and disrupt, the sanctity of their family (Thompson, 2002).

An unknown donor is one whose identity is not known by either the parents or the child(ren), someone about whose identity they know very little. There is usually a

page or a description of the sperm donors in an agency booklet, or on-line, referring to each donor by a number. Information offered usually includes a physical description of the man's appearance, ethnicity, his and his family's health history, his likes, hobbies, and professional work. It is not uncommon for a lesbian couple to choose a donor whose physical characteristics are similar to the non-biological mother (Sullivan, 1996, 2004). The unknown donors are divided into two categories, "yes" donors and "no" donors. "Yes" donors remain unknown to the parents and child until the child reaches a certain age, often 18 years old, and at that point, the child can access the donor/biological father's identity. A "no" donor is one who has donated his sperm for the purpose of helping a woman or couple achieve pregnancy, but who has not agreed to allow his identity to be known by his biological children at some future point.

The relationship strengths of the couple that were most cited by the participants in the NLLFS study are shared values (46%) and communication skills (44%). Jealousy over projected differences of bonding and childrearing was found not to be an issue of concern to either biological mothers or non-biological mothers, although the specific percentages from each category were not reported. This lack of reported concern about prospective maternal jealousy may reflect a lack of awareness of, and a need to minimize, differences between the parenting partners within the lesbian community and the professional mental health community. In my proposed qualitative exploration of the lived experience of the lesbian non-biological mother during the transition to parenthood, I hope to find out information about the impact of maternal jealousy on relationship satisfaction among lesbian non-biological mothers. This dissertation is an attempt to provide empirical study of lived lesbian parenting experience. My intent is to help

prepare lesbian couples who wish to become parents, and the professionals who serve and interact with them. Thus, the need for studies such as this one remains great.

The second set of NLLFS interviews took place in 1988 when the target child was two years old (Gartrell, Banks, Hamilton, et al., 1999). At this stage the issue of maternal jealousy emerged as a big issue for the two-mother families, stemming from feelings of envy and loss at the perceived closeness of the physical bond between the biological mother and infant, and/or an uneven infant preference for one mother over the other (Goldberg, 2006; Pelka, 2009; Reimann, 1997). Maternal jealousy is almost always felt and expressed by the non-biological mother who herself desires to be pregnant (Pelka). Unlike at the first interview, issues of jealousy and competition regarding maternal-child bonding were reported by nearly two-thirds (64%) of the mothers in the NLLFS study. Asked about reasons for maternal-child bonding, 50% of the mothers stated it was time spent with the child, while 32% felt that the biological bond was the most important factor. However, the lack of data about which mothers, biological or non-biological, made up that 32% who felt the biological bond between mother and child was most important makes it difficult to interpret those findings.

About half (53%) of the mothers in the second set of NLLFS interviews reported that they had cut back on paid work outside the home, although since the study failed to address the differences between biological and non-biological mothers, it is not possible to fully understand these findings either. Couples reported sharing equally the necessary household tasks and responsibilities. A majority of mothers felt that having a child had had a positive impact on their relationships with their own families of origin.

Issues discussed with study participants included family structure, parental roles, relationships, division of labor, and stigma. Childcare was shared equally in three-quarters of the sample (75%). One-quarter (25%) said that the birth mother was the primary parent. Most lesbian mothers value egalitarianism, but when one mother is the primary care-giving parent, it is most likely to be the biological mother (Ciano-Boyce & Shelley-Sirici, 2002; Patterson, 1995; Sullivan, 1996, 2004; Tasker & Golombok, 1997). This lack of distinction between the parental experience of the biological and non-biological mother constitutes a clear gap in knowledge that my proposal study will explore.

The third set of NLLFS interviews took place in 1991, when the target child was five years old (Gartrell, Banks, Reed, et al., 2000). From the original 70 couples that started out parenting together, 20 couples reported that they were no longer together, with 50 couples that remained together as an intact family. 35 of the 70 non-biological mothers had been able to legally adopt their children. Regarding child preference, more than two-thirds (68%) of all mothers stated that their children were equally attached to both mothers. Of the rest (32%), all but two reported a greater bond between the birthmother and child.

Fourteen percent of the biological mothers stated that their parents did not recognize their partners, the non-biological mothers, as equal parents. Thirteen percent of the non-biological mothers said that their parents did not recognize the (target) child as a full-fledged grandchild, while 17% of the biological mothers said that their parents did not fully grant the child the status of a grandchild. The difference between 13% and 17% is not significant, but it is surprising that more ambivalence and exclusion was reported in

the families of the biological mothers, contradicting findings from other studies (Ben-Ari & Livni, 2006). Without further investigation, we cannot know what this means.

Speaking to the possible negative impact on the couple of a first child, when asked how much having a child had strengthened their couple relationship, 37% of the biological mothers and 29% of the non-biological mothers felt a positive impact. There was a significant decrease in the reported feelings of jealousy and competitiveness from when the child was two years old to five years old, from 64% to 43%. Still, a substantial number of mothers struggled with this dynamic. Again, because no distinction was made between the non-biological and biological mothers regarding these feelings, it is hard to interpret these findings.

The fourth set of interviews occurred in 1996 when the child was ten years old (Gartrell, Deck, et al., 2005). Six of the 70 families had dropped out of the study, leaving 64 planned lesbian-headed families in the study. At this time, 32 of the target children had younger siblings, with 16 of the 32 born to the same mother and eight children born to the first child's non-biological mother. Interviews on the phone were conducted with both the mothers and the target children.

There were 27 children with known donors, 30 with permanently unknown ("no") donors, and 18 children with as yet unknown donors ("yes") who would be able to receive identifying information about their donor/biological father upon reaching the age of 18.

Bos, van Balen, and van den Boom, (2007) found that lesbian couples who used known donors were more well-educated, and had been together less time than couples

who had been together for a longer time. It is possible that couples who have been together longer would not want to bring in a third person to their parenting unit.

I will now describe several smaller studies about lesbian parents. I want to emphasize that there have been no studies thus far on only the lesbian non-biological mother during the transition to parenthood. The current study aims to draw upon lacks in the previous studies by focusing on the lesbian non-biological mother during the transition to parenthood, researching only women in the time period of their partner's last three months of pregnancy to their child's first three years of life. No other study has had these precise parameters. Interestingly, for as much as the transition to parenthood has been a major focus in the family studies literature, there is no uniform agreement about what exactly constitutes the time period known as the transition to parenthood (C. Cowan, personal communication, 2007),

A recent study of 34 San Francisco Bay Area lesbian parenting couples in which the planning and conception of children occurred within the context of their relationships emphasizes the parents' commitment to equally shared parenting and "primary caregiving" (Sullivan, 2004, p. 78). Sullivan, a sociologist, states that her selection criteria included dual mother families in which at least one partner had given birth to a child that the couple had mutually planned for, with the intention of parenting together in the same residence that they regarded as home. Like me, Sullivan wanted to study couples that had to confront family labor issues contributed to by one of the partners' pregnancy/biological maternity. For that reason, same sex couples that chose to adopt or foster a child were not included. The uneven biological connections between the mothers and the first child allow a window into how women who value equality and parity make

choices when forced to deal with “an uneven playing field.” Further, Sullivan was interested to see how dual mother couples made similar or different decisions from traditional heterosexual couples in regard to the time-honored societal assumption that the best caretaker for a young child is its biological mother. Thus, as in this study, mothers from previous heterosexual or lesbian relationships were not included.

Sullivan (2004) states that she chose the methods of in-depth interviews of the couple, and engaged observations of the families because she valued feminist epistemological and intellectual interests. She did not use survey, questionnaire, or quantitative research methods. She collected her sample of 34 couples in the following ways. She found three couples through personal referrals and networking. She found four couples at a lesbian parenting event in San Francisco. Twenty-six couples responded to a letter she sent out to anonymous clients of a San Francisco sperm bank and insemination clinic. The sperm bank agreed to select client names from couples who self-identified as lesbian, used their services, and for whom a live baby was born. Upon receiving the letter from Sullivan, interested couples responded to her of their desire to participate in the study. One final couple was referred by another participating couple, resulting in a total of 34 lesbian couples.

Sullivan (1996, 2004) created a data template for the necessary demographic information she wanted. Before the interview began, she asked about length of relationship, income, work, religious affiliation, racial, ethnic, national, or cultural identities, education, age, and similar information about their children. She also asked for similar information about their children’s donors. Unlike Pelka’s (2009) and my study, Sullivan did not ask questions about the gender roles and identities/expressions of each

partner, and how the parents thought that gender affected their decisions about the couple's division of labor and relationship satisfaction.

The formal interviews lasted from two to three hours, with both partners together. Sullivan (2004) states that there are advantages and disadvantages to interviewing couples together versus separately, but that a benefit to interviewing them together was that they served to monitor each other's stories, and help provide details and memories. Only with three of the couples did Sullivan conduct both separate and joint interviews. She reports that she focused on how having a baby had changed the couple's life without ever explicitly asking about egalitarianism. She wanted to learn about multiple and different aspects of their family life together. Her most focused and pointed questions, she said, concerned division of labor issues like who did household chores, childcare, and paid work schedules and earnings. As I intend to do, she began the interviews with questions about how the couple met and decided to parent together before asking questions about division of labor mid-way in the interview. In this way, the division of labor issues grow organically out of the couple's narrative about the development of their life together.

In Sullivan's (2004) study, about half of the women worked in professional or upper management positions, a third in semi-professional, administrative, sales, or social service positions, and the rest in skilled, unskilled, and service labor positions. There were typically high levels of education and income, as in previous studies of lesbian mothers (Gartrell, Hamilton, Banks, et al., 1996; Gartrell, Banks, Hamilton, et al., 1999; Gartrell, Banks, Reed, et al., 2000; Gartrell, Deck, et al., 2005; Goldberg, 2006; Reimann, 1997). Sullivan acknowledges that the process of acquiring sperm, using knowledgeable

consultants and providers, especially in cases of infertility or substantial technological interventions, is a financially expensive one. “The more institutionalized, high-tech, and commercialized these services become, the more economic resources, and even cultural capital, will be required for lesbian couples to legally and medically protect their family planning” (p. 242). Thus, lesbian couples that are without ample financial and social resources will be hard-pressed to acquire access to the necessary services.

Of the 34 couples Sullivan (2004) interviewed, only seven families had two children. In the seven families with two children, only one family had two birth mothers. Of the 27 families with one child, 21 families reported they were either thinking about or planning their next child. In 12 of the 21 families planning for another child, the non-biological mother intended to get pregnant, using the same sperm donor as with the first child. Seven families were planning to have the current biological mother get pregnant again, and two families were considering adoption. There were a total of 23 boys and 17 girls, with ages at the time of the interview of three months to eight years. At the time of the interview, conducted over a nine-month period in 1994, the mothers ranged in age from 28 to 52 years old.

All but one of the 34 couples stated explicitly that they regarded different parenting activities as equal, that they were “co-parents,” that they were unified in parenting “our” children. In almost all of the 34 parenting couples there was a strong, conscious, and dedicated commitment to finding ways to compensate for the biological advantage of the biological mother. Sullivan (2004) called this the “biological credential” of motherhood, which the partners recognized and tried to work with so that the non-biological mother could feel she was as much of a mother as her partner.

However, a study by Gabb (2004) challenged the idea that lesbian families are any more egalitarian than the next family. Her data showed that the “birth mother” was primarily responsible for childcare amongst the 13 lesbian families in the rural Yorkshire area of England that she studied. Among the likely reasons for these differences in findings between Gabb’s and other studies (Gartrell, Hamilton, et al., 1996; Gartrell, Banks, Hamilton, et al., 1999; Gartrell, Banks, Reed, et al., 2000; Gartrell, Deck, et al., 2005; Patterson et al., 2004; Sullivan, 1996, 2004) are that Gabb’s study was set in a different culture (rural vs. urban), country, and the families she studied were mostly stepfamilies (type 1), as opposed to intact lesbian couples that began parenting together (type 2) in large urban settings in the United States.

Of the 13 families, only three mothers inseminated (AI) while the rest “conceived through hetero-sex” (Gabb, 2004, p. 168), meaning in previous heterosexual relationships. Thus, less than one-quarter of Gabb’s participants were reporting on parenting patterns from within lesbian planned families, a clear difference from other studies cited in this literature review. These differences in culture, geographic/social context and family structure surely contribute to the different findings. Nevertheless, it is instructive to see the sorts of choices that Gabb made in designing her study, and the findings that resulted.

Gabb (2004) describes her decision to distinguish between biological and non-biological lesbian mothers as “where necessary,” a phrase whose meaning is not clear but is used so she can “examine the particularities of these respective categories and experiences” (p. 168). Gabb states she does not wish to “imply a hierarchical ordering of the two nor accord any innate privilege to the mother who gave birth to the children” (p.

168). She further says that where such differentiation is not necessary, she uses the term 'mother' or 'parent' interchangeably, with a generic meaning. Gabb states that the terminology she has to work with is not ideal, but it is all there is. One way that Gabb is in accordance with other researchers is in her acknowledgement of the limitations and importance of language in describing lesbian headed families (Brown & Perlesz, 2007; Perlesz & McNair, 2004; Sullivan, 2001; Suter, Daas, & Bergen, 2008).

Gabb (2004) stated that her study was at odds with studies that show both lesbian mothers sharing an equal role in childcare and maternal nurturance. In her group of 13 families, she found that the birth mothers were mainly responsible for the less glamorous and fun maternal tasks, and "jealously guarded" their mother-child time, seeing it as reward or compensation for the less satisfying interactions. However, what is missing is the crucial information of how long each couple in the study had been together. Information concerning the familial context of how long the non-biological mother has been in the child/ren's lives as a parent figure, how old each child was when the non-biological mother entered this family, and the involvement of the biological father (or previous parenting figure) in the child/ren's lives is not provided. Again, families with children who have parents who have been together since the beginning of their child's life (type 2) have a different family structure and process than families made up of previous family fragments that have come together at some time in the lives of their children (type 1). Comparisons of type 2 lesbian families with type 1 lesbian families inevitably suffer.

Gabb (2004) called the non-birth mothers "other mothers" and said it was not uncommon for them to feel excluded from mother-child times, with feelings of envy or

regret. However, the “other mothers” also saw the positive side of their less demanding parental duties, feeling relief and pleasure at having more “downtime.” Gabb’s research showed that there were sizable differences between experiences of the biological mother and the non-biological mother, with the primary childcare responsibilities shouldered by the birth mother. In Gabb’s narrative she discusses why that might be the case, and mentions that her own identity and status as a lesbian birth mother may have influenced the results. “It is quite plausible that my own belief in, and experience of, differences between ‘birth mothers’ and ‘other mothers’ to some extent predetermined the practices I looked at and my subsequent analysis of them” (p. 170). She asserts that in most studies of lesbian families there is the matter of researcher bias, or at least researcher personal experience, that informs the lens through which one looks. “I contend that how we situate ourselves within lesbian and gay politics may significantly affect the ways we structure the research process and interpret our data” (p. 170). Gabb is to be commended for her candid and thoughtful remarks about the importance of the subjectivity of the researcher.

Contrasting with Gabb’s (2004) unusual personal disclosure about the impact of her own social location and beliefs on her research, the Israeli researchers mentioned earlier in this paper, Ben-Ari and Livni (2006), do not disclose any personal information that may have informed the lens through which they looked. Ben-Ari and Livni simply state they want to explore “the constructive meanings of motherhood” in both biological and non-biological lesbian mothers. They found that the birth of the first child created a “significant distinction” (p. 521) between the partners, in that one of the mothers had a biological relationship with their child, and the other did not. Ben-Ari and Livni assert

that this distinction is felt to have tremendous importance and impact between the partners and in the family, creating two different statuses of motherhood.

The sample in the Ben-Ari and Livni (2006) study included eight Israeli lesbian couples, all of which were recruited using a criterion sampling procedure. The main criterion was that of being either a biological or a non-biological lesbian mother who lived with her partner, parenting together their one, two, or three children. Only if their partners were willing to participate in the study were candidates included. There were a total of 16 in-depth interviews, with participants aged 30-44 years old, and children aged two months to 13 years. All participants regarded themselves as the parents of all their children, regardless of whether biological or non-biological.

In four of the eight couples, both mothers had given birth to biological children, so that each of these eight mothers was both a biological and a non-biological mother. In the remaining four couples, one of the partners was the biological mother while the other mother was a non-biological parent. Thus, four of the 16 participants were not biological mothers at the time of the interview. Of these four participants, only one stated she did not wish to become a biological mother.

Each participant was interviewed separately in semi-structured, in-depth interviews that lasted 60-90 minutes. Participants were asked a series of open-ended questions, such as “tell me about the process of becoming a mother,” “how would you describe the role of the non-biological mother after the baby was born?” and “does the role of non-biological mother pose unique challenges?” (Ben-Ari & Livni (2006), p. 523). They employed phenomenological procedures of analysis to describe and explore

lived experience, and the meanings that these mothers constructed in their maternal identities, roles, and relationships.

Ben-Ari and Livni (2006) identify three dimensions of motherhood for the women in their sample. The first dimension is the personal, how each mother sees and feels herself in her maternal identity and role. The second dimension concerns the parenting couple, and how they relate to one another in their mothering practices. The third is called the communal dimension, involving extended family, friends, and the social networks to which they belong. As I noted earlier, the authors state that in Israeli society, a lesbian relationship is not taken as seriously as a heterosexual coupling until there is a child in the lesbian relationship. At that point, the heterosexual families and friends of the new parents can more easily grasp that theirs is a substantive intimate relationship closer to a marriage.

However, Ben-Ari and Livni (2006) assert that “at the social level, the non-biological mother is often perceived as the ‘other’ mother, if she is considered a mother at all” (p. 522). As observed in other studies, families of the non-biological mothers were found to be more resistant to recognizing their daughters as mothers, as compared to families of the biological mothers (Hequembourg & Farrell, 1999; Hequembourg, 2004; Laird, 1999). Ben-Ari and Livni state that children in lesbian households tend to have more contact with their biological relatives than their non-biological relatives (Fulcher, Chan, Raboy, & Patterson, 2002; Patterson, Hurt, & Mason, 1998).

Parenting Decisions and Relationship Satisfaction

The issue of relationship satisfaction between parenting partners is one of great importance in understanding the impact of various parenting decisions and dynamics

about the division of labor, both in and out of the home. Understanding which decisions lead to greater relationship satisfaction between all parenting partners can help inform new parents during the transition to parenthood about how to create more satisfaction in their relationships. The greater the relationship satisfaction between the parenting partners, the more likely their child will experience a more optimal development and feelings of well-being (C. Cowan & P. Cowan, 1992). As stated earlier, the binary of gender socialization and norms have traditionally guided how mothers and fathers have understood their parenting roles, identities, and practices. Same-sex couples come to parenting with an advantage of having previously shed off traditional roles and practices that felt inauthentic or constricted.

Bos, van Balen, and van den Boom (2007) in the Netherlands studied one hundred planned lesbian headed families and one hundred heterosexual parent families, comparing child adjustment, child rearing, and parental characteristics. Research was collected through questionnaires, diary of daily activities, and observations. Bos, van Balen, and van den Boom state that in the Netherlands unwanted pregnancies are rare because contraception is widely available and used. Therefore, the Netherlands offers an optimal territory for comparisons of these two family structures because almost every baby born in their country to non-immigrant heterosexual couples is also “planned.”

Differences between the heterosexual parents and lesbian parents include the following information. Both parents in a lesbian relationship spend more time doing childcare, meaning that the non-biological mother spends more time with her child than does the heterosexual father. This seems to result in a “higher quality of parent-child interaction” (Bos, van Balen, & van den Boom, 2007, p. 39) between the non-biological

mother and child than between the heterosexual father and child (Braewaeyns et al., 1997; Flaks et al., 1995; Golombok & Tasker, 1997).

Likely as a result of this dynamic, both parents in lesbian parenting couples report more relationship satisfaction, and satisfaction with their co-parent, than do the heterosexual mothers (Bos et al., 2004, 2007). “Lesbian social mothers are more committed as a parent than are heterosexual fathers; that is, they display a higher level of satisfaction with their partner as co-parent and spend more time on childcare and less on employment” (Bos et al., 2007, p. 45). Partners in lesbian couples tend to share all necessary tasks more equally: childcare, household labor, and paid work (Braewaeyns et al., 1997; Dundas & Kaufman, 2000; Patterson, 2002; Patterson, Sutfin, & Fulcher, 2004). Further, the desire for parenting is reported to be stronger in lesbian couples than heterosexual couples, illustrating how much impact gender socialization has on wanting to have children and a parenting and family experience. (Bos, van Balen, & van den Boom, 2004, 2007).

In terms of parental behavior, differences between lesbian and heterosexual parenting couples include several factors. Lesbian couples are reported to be less concerned with traditional child-rearing goals and socially conforming behavior in general, when compared to heterosexual parents (Bos et al., 2007; Golombok, 2000; Patterson, 1992; Tasker & Golombok, 1997; Weeks, Heaply, & Donovan, 2001). However, because of the hostile socio-cultural environment toward non-traditional sexual relationships, lesbian parents feel more pressure to be “good” parents, to defend or justify themselves as parents, especially the mothers not biologically related to their children (Morningstar, 1999; Slater, 1995; Bos et al., 2007). Additionally, the hostile environment

creates stress and anxiety for lesbian mothers, who often fear that the stigma of their sexual orientation will bring hostile mistreatment upon their children (van Dam, 2004; Gartrell, Hamilton, et al., 1996).

In comparison with heterosexual mothers, lesbian biological mothers spend less time on household activities, like cooking, shopping, and cleaning. Lesbian non-biological mothers spend more time on household activities than do fathers, and spend less time at work outside the home compared to fathers. Lesbian biological mothers spent more time on childcare than do their partners, and all mothers reported more desire for parenthood than did the fathers. Stacey and Biblarz (2001) found that all mothers are more committed to parenting than are fathers, and show more skill at parenting, perhaps as a result of greater commitment. The fathers were significantly more committed to teaching their children traditional values and goals (namely, conformity) than all mothers, and the fathers were significantly more satisfied with their co-parent than were their wives (Bos et al., 2007).

Bos, van Balen, and van den Boom (2007) found that the lesbian biological mothers scored higher on emotional involvement with their children than did the heterosexual mothers, and lower on limit-setting and structure than the heterosexual mothers. Lesbian non-biological mothers scored higher on respecting the autonomy of their children than fathers, and lower on power assertion than fathers. The lesbian biological mothers scored higher than their partners on limit setting and structure.

I will now shift from a focus on differences in parenting behavior and satisfaction to studies that center more on lived experience in lesbian families. In the next section I will describe the situation and ambiguity of a lesbian woman whose partner is pregnant,

or has given birth to their child, as she expands her identity to include that of mother with very little institutional, legal, or cultural recognition, support, and understanding (Muzio, 1999; Wilson, 2000).

The Non-Biological Lesbian Mother

In an intact lesbian love relationship, where both women discuss, negotiate, and decide on the path to pregnancy, the non-biological mother is likely to be as much involved in the planning for the pregnancy and child as her partner (Nelson, 2007; Sullivan, 2001). The non-biological mother may be an expectant mother for the same length of time as her partner who is carrying the child, but she usually does not receive the same kinds of recognition and support as her partner (Mitchell & Green, 2007; Wilson, 2000).

As the pregnant body of the biological mother grows larger, her social environment is caught up and brought along with her in recognizing her developing identity as a mother-to-be. Because the lesbian non-biological mother's body does not announce to the world that she is a mother-to-be, her role is more ambiguous (Muzio, 1999; Glazer, 2001). In some ways, she is akin to a father, except that culturally, only men are recognized as fathers. The lesbian non-biological maternal role is one of "conceptual invisibility" (Mitchell & Green, 2007). It is not unusual within our culture for a new father to feel unrecognized or excluded. One difference with a lesbian non-biological mother, however, is that the dominant legal, social, and cultural institutions recognize and legitimize fathers immediately, as soon as a child is born to their female partner. A man whose female partner has just given birth is assumed to be the biological father, and is immediately recognized and understood by all others in their social world

as an indispensable family member, a husband, the father. Slater (1995) addresses the challenge that lesbian parenting couples face:

Practically every aspect of heterosexual parenting roles is associated with either masculinity or femininity. Yet if all female parenting behaviors are of the mother, who is the second female parent? The lesbian couple must construct a clear set of dual female parenting roles, within a social frame that suggests this cannot be done. (Slater, p. 49)

The role of father may feel resonant for some lesbian non-biological mothers, while for others, the idea of being perceived as a father does not at all match their inner relationship to the child-to-be (Aizley, 2006). The non-biological mother is breaking new ground from the beginning of the process (Naples, 2004) as she finds herself in the customary position of a man, or the husband of the pregnant woman. The non-biological mother enters the culture and experience of motherhood through the pregnancy of her partner (Nelson, 2007).

One such example is the following:

I cannot even begin to write about Chris' labor and birth. . . . Though I was there breath for breath, it did not happen to me. . . . An ancient rite of passage, bona fide marker of the human experience, has finally happened right in front of my eyes. It has left me not a father, not a birthmother, not really even an adoptive mother. In most parts of Canada (and the world), that option doesn't exist. I am totally transformed with no name for myself that doesn't begin with a lack.

Consider nonbiological mother, non-birthmom, and the other mother. (Spector, 2006, p. 28)

It is not uncommon to find that a lesbian couple expecting their first child consciously attempts to incorporate the non-biological mother as much as possible in the process (Nelson, 2007; Sullivan, 1996, 2004). Efforts involve including the non-biological mother in the doctor visits, sharing and discussing books on motherhood and babies, and sharing the subjective experiences of the biological mother's physical sensations and changes as pregnancy progresses. Here is one non-biological mother speaking about her experience of participation:

I mean, when you're there right from even before, you're right there for every single second of it, it's like you're, it's not like you're watching her go through it. It's like you're going through it together. And we went through everything together. . . . Like she just looked absolutely, you know, the classic radiant. She was pretty cute to start with, but boy, she looked great pregnant. She just glowed, and we were so excited. . . . We went and did everything together, and you know, the little pregnancy classes when you do all the things, and just take a breath, and say 'here we are. We're a couple and get used to it.' (Nelson, 2007, pp. 240-241)

One common experience of lesbian mothers with small children is that anonymity about one's sexual orientation is far less possible (Sullivan, 2004; van Dam, 2004). Further, once a lesbian couple has a baby, the burden of "coming out," the disclosure of a stigmatized and marginalized identity, is not limited to the individuals who have themselves entered the status of the discreditable, but also for those closely associated with the discreditable (Goffman, 1963). Goffman speaks of the difference between the "discredited" and the "discreditable." The discredited are those whose stigmatized identity is apparent or known already, while the discreditable assume their

stigmatized identity is not previously known nor immediately grasped upon sight.

Discreditable by association, the grandparents must wrestle with issues of disclosure in their own familial and social communities, and decide how much of their children's family life they wish to hide and keep secret (Goldberg, 2007; Perlesz, Brown, Lindsay, McNair, deVaus, & Pitts (2006)).

The Importance of Language: Marginalization and the Creation and Reframing of Identity Through Narrative

A study by Australian researchers Brown and Perlesz (2007) specifically focused on lesbian "co-mothers" and the importance of language. The researchers assert that language is that which "defines, describes and gives meaning to roles and relationships" (p. 267) for non-biological lesbian mothers, both in their private social and familial networks, and in the larger public spheres within which they live. Brown and Perlesz state that the stories lesbian families told about themselves, and told to their children, constitute a necessary and powerful foundation upon which the families could build and define themselves as a family. In particular, for the lesbian co-mother, who is the most marginalized member of the already marginalized lesbian family, it is by locating herself and describing herself as an essential part of the parenting unit that she is able to provide an accurate picture of who she feels herself to be within her family. The more that a lesbian non-biological mother helps others to recognize her as a mother, the more affirmation and mirroring of her in that identity she will receive.

Brown and Perlesz (2007) interviewed 25 lesbian families in several different parts of Australia, both urban and rural. They found that even in beginning their study, language became an immediate factor that needed to be attended to and clarified, over

and over. Their intention to conduct a study on lesbian families with a focus on the non-biological mother required them to offer explanations of the terms they chose to use to the families involved. Brown and Perlesz found that inside the families there was no need for clarifying terms of the roles and relationships that existed. People in the families knew who was in their families, and clearly understood the roles and relationships. However, outside the families, in contact with other social institutions, there was a need for language to help others understand accurately who they were to one another. The need for language was especially great regarding the non-biological mother's roles and relationships. "It is through language that family members are able to give meaning to their relationships for others outside their families" (p. 275).

Brown and Perlesz (2007) found an astonishing variety among the 45 terms that were used to describe the mother not biologically connected to a child or children. Language changed over time, and different terms were used at different developmental periods of the children's/family's life. Brown and Perlesz found that as family life changed and evolved, language describing experience and providing meaning also changed and evolved. Thus, family, and the language to describe and create it, is seen as a dynamic process.

In addition to these developmental and linguistic changes within the family, there were changes in the public sphere as to how the non-biological mother, in particular, was referred to and described. The social context of the interaction—the extent to which the listener was on intimate terms or not with the family—shaped how revealing or concealing the language of the family was in making clear who the non-biological mother was to the child. The issue of disclosure for lesbian families is one of great importance

and depends on some combination of geographic/socio-political openness and acceptance of diversity in general and non-traditional families in particular, the “felt”/subjective perceptions of safety, and the personal characteristics and emotional security of each family member (Brown & Perlesz, 2007; Morris, Waldo, & Rothblum, 2006; Ryan & Berkowitz, 2009; van Dam, 2004).

Brown and Perlesz (2007) describe the dialectical complexity of how language creates self, identity, and actions, while at the same time, language develops from experience, actions, and the meanings assigned to one’s experience. Their ideas are informed by the theory of social constructionism, which offers a helpful framework for understanding the complexity of a lesbian, non-biological mother’s experience during the transition to parenthood. There are three premises to this theory: (a) human beings act in and toward life on the basis of the meanings that things hold for them; (b) the meaning of things comes from the social interactions and experiences that one has in life; and (c) these meanings are made, adapted, and “modified through an interpretive process used by the person in dealing with the things he [*sic*] encounters” (Bruner, 1969, p. 2). It is the goal of this study to explore how lesbian non-biological mothers think about, feel, and make meaning of their experience during the transition to parenthood, where both partners are beginning their parenting together. The discrete time period of the transition to parenthood is a unique feature of this focus on the experience of the lesbian non-biological mother who is parenting with her partner, the biological mother of their child. One such mother speaks to the ambiguity of her family role:

Sometimes I swear mother is not the right word for this. That said, you can rest assured I will bite off the head of anyone who says I’m not just that. How do you

mother someone who already has a perfectly good one to begin with? You live petrified of how much you love your baby and develop a vague fear that someone will take her from you. You know this fear is silly and deeply serious at the same time. You start hacking through the weeds every day, creating your own damn path, that's what you do. (Spector, 2006, p. 29).

Obviously, descriptions and definitions of traditional, heterosexual family life cannot completely describe and define lesbian family life. New family forms emerge, and more slowly, new language with it to describe and define new social realities (Coontz, 2005; Morrow, 2001). The lack of clear agreed-upon language to describe women parenting as lesbian mothers with no biological connection to their children, both reflects and creates a social vacuum (Benkov, 1994). C. Donovan (2000) points out that there are two ways that familial roles and responsibilities are reinforced: first, with symbolic language, "through the names people are given" (p. 156), and second, through the caring practices provided. Naming, claiming, and caring for one's family members help to provide the family construct.

Another study about how language and symbols help to create and construct family among lesbian parenting couples and their children is entitled "Negotiating Lesbian Family Identity via Symbols and Rituals" (Suter, Daas, & Bergen, 2008). The researchers interviewed 16 couples that had been together since before the birth of their first child, and who planned all of the decisions together. Their study was part of a larger study, which focused on the construction of a legitimate parental identity for the non-biological mother (Bergen, Suter, & Daas, 2006). Each couple was interviewed by two interviewers in the homes of the participants. Each interview lasted one to two and a half

hours, with an average of two hours each. Participants were first given blank handouts, and told to write their family symbols on one side and list their family rituals on the other. Participants were told to “choose one symbol or ritual and tell how it shows you are a family” (p. 32). Interviews were analyzed using grounded theory, including standard line-by-line coding, focused coding, and analytic memo writing.

Suter, Daas, and Bergen (2008) also used principles of social constructionism to inform their study. Their principles help to clarify a new, ambiguous, and complex role like that of the lesbian non-biological mother, and for this reason are useful to this current study. First, communication is the process through which identity is asserted, negotiated, and either accepted or disputed. Second, identity is understood to be a social and interpersonal process. Others in one’s interpersonal and institutional worlds have the power to accept or deny the identity that is being expressed and practiced. Third, both process and structure must be analyzed and understood simultaneously, in other words, “processes are most fully understood when examined in the contexts in which they occur” (p. 29). Fourth, the concept of role is inextricably bound up with identity (Goffman, 1959). One’s identity is constructed through the acts one does and the practices one performs. Dialectically, it is the perceptions of others—individuals, groups, and institutions—that see and recognize those acts, and in turn, confirm for the “actor” that indeed, one is the identity that one claims.

Suter, Daas, and Bergen (2008) describe several of the most common choices made by lesbian couples that affirm the legitimacy and maternal identity of the non-biological mother, in particular, and the cohesiveness of their family identity in general. These choices include giving the child the last name of the non-biological mother

(Reimann, 1997; Sullivan, 1996, 2004), selecting a donor whose physical characteristics match those of the non-biological mother (Dalton & Bielby, 2000; Reimann), creating a term or word for the non-biological mother which signals a maternal function and role (Bergen, Suter & Daas, 2006; Dunne, 2000), and signing legal documents before the birth of the child that state the legitimacy of the relationship between the child and the non-biological mother—that is, the intention of both partners to be parents together.

Further, as family forms evolve and multiply, language will stretch to accommodate or include newer roles and relationships, and new language will be found to restrict changes, creating a need for yet more language to help reflect and construct new types of families (Benkov, 1994; Brown & Perlesz, 2007).

Some heterosexual couples that are expecting a baby do everything together, and use language like “We are pregnant.” But in a heterosexual couple, there are institutionally recognized names and socially agreed upon language and roles for each partner’s experience in the process of making a family. There is an understanding of who is who, who the family members are: “Each has a socio-cultural conceptual space to occupy” (Nelson, 2007, p. 241). These common and agreed-upon words and terms provide clarity and support for the anticipated roles and relationships (Cherlin, 1978, 1992, 2004; Hequembourg, 2004). The woman in a heterosexual couple who is expecting a baby is the mother-to be and her husband is the father-to be. No one talks about whether or not he actually is the biological father, and likewise, no one acknowledges that the mother may not be the one whose egg is responsible for making this baby. (This is, after all, a more and more common situation for “older” mothers). The world understands and

accepts their roles, assumptions are made, and it all makes sense based on these traditionally agreed-upon set of norms.

For lesbian families, however, there may be external anxiety and confusion about family definition and roles, and how to use language to describe new or uncertain reality. Before the birth of the first child, the families of both the mothers-to-be are often resistant to perceiving their daughters as mothers and the child as their grandchild, disapproving of their daughter's choices to rear children without a father in the home (van Dam, 2004). It is not uncommon, especially for the extended family of the non-biological mother, to ask "What is it to us"? However, once a baby is born and the parenting couple is seen to be providing the normal care required, the others in the social world usually come around (Sullivan, 2004).

Maternal Jealousy

In an important article published in 2009, Pelka, a psycho-medical anthropologist, studied maternal jealousy in 30 couples, three different types of lesbian couples with young children. Pelka interviewed ten couples that used assisted/alternative/artificial insemination (AI), ten couples that used in-vitro fertilization (IVF) to "biologically comother" and ten adoptive couples (p. 195).

Pelka (2009) used data from her 18-month ethnographic research in a major American northeastern city to discuss issues of sharing motherhood, and hurt and jealous feelings in the lesbian non-biological mothers. Lesbian couples who chose in-vitro fertilization as their means to procreation identified two objectives: (a) to create a "level playing field" between the two partners and/or (b) to donate one partner's egg to the other in a felt gender-congruent dynamic (for example, "she is carrying my baby" which

previously only men have experienced). One of the main findings was that the method of conception had great impact on maternal jealousy, in that the couples that adopted or used in-vitro fertilization reported significantly less jealousy than the couples that used alternative insemination. The alternative insemination couples in which the non-biological mother reported the most maternal jealousy include the following: the non-biological mother had a desire for motherhood matching or exceeding her partner; the non-biological mother had previously tried to get pregnant and had experienced infertility; and there was a perception of inequality regarding biological bonds and infant preference.

Pelka (2009) states that there has not been much research on whether and how much men feel jealous of the close bond between their female partners and their new baby (P. Jordan, 1993; P. Jordan & Wall, 1990). Her research suggests it is not at all common for new fathers to feel jealous of the maternal role and bond. What is more common for men is to feel jealous and left out by the time and attention that the new baby demands from their female partner, particularly when the baby is breastfeeding. In general, male expectations due to social and gender conditioning are that they do not expect to play as much of a primary parenting role as their female partners (Doucet, 2006; Marsiglio, 1998). Women, however, have been socialized to expect that they will be their “child’s most central relational object and primary attachment figure” (Pelka, p. 197). There has been no previous research on only the lesbian non-biological mother’s experience of unequal biological ties, one of the main areas of focus for the current study. The following quote from Ragone (1994) indicates to what extent a biological bond between parent and child has been conflated with “real.”

Husbands involved in surrogate arrangements and wives involved in DI (Donor Insemination) are thus cognizant of the inequality of a relationship in which one partner will be considered the “real,” that is, the biological parent, whereas the other parent will be considered a parent in law only. (p. 115)

Historically and traditionally, in the dominant culture of the United States, motherhood is expected to be a special and solitary role and experience. Shared motherhood may be more common in other cultures, in terms of a grandmother’s or aunt’s involvement, or a larger extended family model of rearing and parenting children.

For heterosexual infertile men and women, who parent within the context of a family where they are not biologically related to their children, yet their partners are, the disparity of biological ties often causes great suffering and jealousy (Ragone, 1994). For lesbian and gay parents, who must parent within a hostile and disapproving world, the tendency has been to minimize the importance of biological family ties (Clunis & Green, 2003; Pelka, 2009), in order to assert the worth of their family type. However, in that historically and socio-politically defensive stance, the non-biological parents can experience invalidation of their feelings, and invisibility in their struggle to be recognized as legitimate parents (Clunis & Green; Pelka).

As with the several above-mentioned studies by Gartrell and colleagues (Gartrell, Hamilton, et al., 1996; Gartrell, Banks, Hamilton, et al., 1999; Gartrell, Banks, Reed, et al., 2000; Gartrell, Deck, et al., 2005), the most painful time of maternal jealousy seems to be during the transition to parenthood, when the child is small and the biological mother is breastfeeding (Pelka, 2009). It is when a child is an infant and toddler that so much of the bonding is especially physical. Being the preferred mother means being the

mother who the child wants when distressed, for whom the child shows a preference. Non-biological mothers, like fathers or adoptive parents, cannot soothe their child by breastfeeding, and must develop other means of providing connection and comfort.

Morningstar (1999), in her essay on common pathways to parenthood for lesbians, found that “many lesbian couples report that the child is more attached to the biological mother for about the first twelve to eighteen months of life. . . . No matter how involved [the non-biological mother] may be, or because of how involved she may be, the feelings of exclusion and/or rejection can be powerful” (p. 230). Not a researcher, Morningstar states that her understandings of lesbian parenting dynamics between the partners, and between the family and the larger social world, come from her clinical work and her experience leading groups for lesbians considering parenthood. Like other clinicians (e.g., Crawford, 1987) Morningstar describes the social and familial invisibility lesbian families have to contend with. Again, non-biological lesbian mothers are acknowledged to be the most invisible: “This group finds itself in a most untenable position” (Morningstar, p. 228). Morningstar names feelings of jealousy, exclusion, devaluation, and confusion as common experiences for lesbian non-biological mothers.

Pelka (2009) found that every lesbian couple in her study in which both partners wanted to give birth experienced some degree of maternal jealousy. Of the ten couples in the alternative insemination group, six of the non-biological mothers wanted to give birth. This is in contrast with the adoptive and in-vitro fertilization couples, where only one non-biological mother in each group wanted to give birth. Pelka states that “many informants from all three samples (AI, adoption, and IVF) never desired to carry a pregnancy” (p. 203). How many is “many” is not stated, so the reader is left wondering.

At any rate, the fact that “many” of the mothers did not desire a pregnancy is similar to the findings in the Reimann (1997) study, and warrants future study on the percentage of lesbians with desire for motherhood as compared to heterosexual women. The couples that did not report maternal jealousy were described as ones in which only one or neither partner particularly wanted to be pregnant.

Pelka (2009) described couples in which both partners wanted to give birth as “role similar” and couples in which only one partner wanted to give birth as “role different” (p. 207). The percentage of maternal jealousy across all sample groups found in role-similar couples was 41%, while the percentage of maternal jealousy across all sample groups reported in role-different couples was 17%. Role-different couples reported more gender stereotyped roles and activities; for example, 58% of the role-different couples had a division of labor more reflective of traditional gender roles. It was exactly the opposite for role-similar couples, whose division of labor along traditional gender lines was 35%. Pelka states that there was a finding of association between role and gender identity, an intriguing finding not pursued in other studies, a finding that I hope to investigate as well.

Pelka is to be given credit for her inquiry into the impact of gender roles and identities, as so many previous studies have assumed that because both partners are female, their gender identities are the same. Pelka’s study asked about butch-femme identifications, and 60% of the IVF couples, 40% of the adoptive couples, and 20% of the AI couples self-identified as butch-femme. While some of the non-biological mothers in the IVF and AI samples compared themselves to fathers—“I’m like the father,” “I have a more paternal role” (p. 208)—none of the non-biological mothers in the adoptive sample

brought up self-references to fathers. Pelka (2009) speculates that it is the act of pregnancy that is so female-gendered, and without a pregnancy, the parenting partners do not have as much of a reference point to traditional heterosexual roles and dynamics.

Legal Issues

Legal issues are one of the most important aspects of understanding the experience of lesbian non-biological mothers during the transition to parenthood. The legal situation for lesbian non-biological mothers is changing rapidly (Chambers & Polikoff, 1999; Gallegher, 2004; Manternach, 2005; Millbank, 2008). Given that the laws regarding parentage are under state rather than federal jurisdiction for the most part, there is a huge disparity, state by state, in how much legal protection there is for the parental rights and responsibilities of lesbian mothers who are not biologically related to their children. “The current condition of legal rights of same-sex parents is in complete disarray, with courts coming to opposite conclusions” (Manternach, p. 387). While it is not possible or appropriate in this review to go into great detail about each of the states in this country, I can describe the overall situation that lesbian non-biological mothers face legally, and chronicle some of the major issues and changes that have evolved over the last two decades. The historical reality that a lesbian non-biological mother is a legal stranger to her child has now been altered by certain legal processes and procedures, like applying for and being granted a second-parent or stepparent adoption; bringing a child into a relationship that is acknowledged through legal marriage, domestic partnership, or civil union, in the six states which allow such (Rothblum, 2007); and as of August 22, 2005, application of the Uniform Parentage Act (UPA) in the state of California, which allows lesbian non-biological mothers not to be defined as parents through the typical

categories of biology or legal marriage, but through their own intentions and maternal practices (Egelko, 2005). The UPA pertains to children whose parents were not legally married, and was created to protect the rights of all children, whether born “out of wedlock” or not.

I will begin this section by discussing the surprising lack of legal citations in the family studies literature. Next, I will describe the concept of “legal consciousness” to help clarify different approaches of thinking about the position of lesbian parents and their children. The reality of how the law has recognized legal parentage through biology and through legal marriage, and the challenges for lesbian non-biological parents will be elaborated. The unequal situation between lesbian parents is acknowledged, and the resulting consequences discussed. A typical legal case will be elucidated, that of a lesbian couple together for some years who had two small children together, and upon dissolution, the biological mother did not want to share custody with her ex-partner, saying that she was not really another parent to her two year old child. Finally, the development of a landmark legal decision in California in August of 2005, in which the state supreme court heard three cases together, all having to do with the lesbian non-biological mother’s rights and responsibilities. This last legal decision marks the state of California as the first, and, as of this writing in 2011, the only state in the union to allow lesbian non-biological mothers to be granted full parental status without having to be married or biologically related to their children, or forcing them to apply for previous legal processes like second-parent adoption.

It is noteworthy that a thorough search of the family studies literature on lesbian families shows few to no citations from legal sources (Henderson & Monroe, 2002;

Oswald & Kuvalanka, 2008). Patterson (2001b) reviewed a decade of published articles on family studies, and not one article that she cited included legal issues in its research design (Oswald & Kuvalanka). It is hard to know exactly what that means, but it does suggest a gap in the field of family studies regarding legal issues and family life.

Conversely, articles about lesbian parenting written from a legal perspective (Manternach, 2005; Millbank, 2008) certainly cite numerous sociological, psychological, and family studies researchers and theorists.

Oswald and Kuvalanka, in their article, “Same-Sex Couples: Legal Complexities” (2008), offer three explanations for the lack of “intersection of families and the law” in regard to lesbian and gay parenting couples. First, they assert that until same sex marriage became more common in the mid to late 1990s, there was no scholarly interest in the legal issues of lesbian and gay families. Second, they point to the lack of data. As stated before, the hostile climate toward LGBT people creates a lacuna of information about these populations, making it easy for some conservative observers to project a variety of negative accusations and descriptions. It was not until 2000 that the U.S. Census began to intentionally ask about and count same-sex households (Gates, 2005). One of the most powerful pieces of data to emerge through the 2000 Census counting was the surprising reality that there are same-sex households in 97% of all United States counties (Gates & Ost, 2004; Oswald & Kuvalanka). Third, also stated earlier, the research that did study issues in lesbian and gay parented families mainly focused on the children in such families, and not on the parents.

One of the main concepts used by Oswald and Kuvalanka (2008) in their analysis is “legal consciousness” as described by Ewick and Silbey (1998). There are three types

of legal consciousness: (a) “before the law,” (b) “with the law,” and (c) “against the law” (p. 1055). A lesbian parenting couple that accepts the legal reality of their state or county, and does not try to challenge existing law, is said to be acting “before the law.” A lesbian couple that acts “with the law” might attempt to use the possible legal actions available to them, such as pursuing a second parent adoption or creating a medical power of attorney so that one’s partner will be able to make medical decisions in a time of emergency. The choice to resist legal authority as it currently exists is acting “against the law.” One example of the latter is Mayor Gavin Newsom’s decision in 2004 to grant same-sex marriages legality in San Francisco. Legal consciousness changes over time and by context, as we have seen with the issues of slavery and female suffrage, for example.

The United States is in a historical period of legal fluidity regarding same sex marriage, as six states now allow same sex couples to wed legally (Massachusetts, Maine, Iowa, Vermont, Connecticut, and New Hampshire). These legal changes would not have occurred without many people acting against the law, protesting laws perceived by them as unfair. The huge groundswell of movements advocating social and cultural change has influenced lawmakers and policy makers,

One of the biggest issues for a lesbian non-biological mother concerns the fact that she is not a legal parent unless she and her partner pursue an extra-legal process like a second-parent adoption. A second-parent adoption allows the non-biological mother to legally adopt her child while the parental rights and responsibilities of the biological mother remain. After a slow, gradual process that began in Washington, D.C. in 1991 (Chambers & Polikoff, 1999), it is now possible to obtain second-parent adoptions in approximately half of the states in this country (Goldberg & Smith, 2008a; Pawelski et

al., 2006). Some European countries are more socially progressive than the United States; for example, the Netherlands allows second-parent adoption throughout the country (Bos et al., 2007). Goldberg and Smith observed that there has been as yet no research on lesbian families in which both parents having legal parental relationships with their children, and the impact of that legal status on the well being of the family.

In the six states that allow legal marriage, domestic partnerships, or civil unions for same sex partners, it is possible to pursue a stepparent adoption, which is less expensive and time consuming than a second parent adoption. For example, in the second-parent adoption procedure there is a fee for the required social worker visit to the family home, but there is no fee in the stepparent adoption procedure.

The dependence of one mother on the other for legality creates a certain dynamic that each couple must confront. Often the problem occurs, as with heterosexual parents, not when the parents are happy together, but when they are no longer getting along. Legal measures were created to protect children during a period of family breakdown, to insure their care and rights. If the non-biological mother has no legal power, her relationship with her children is not protected by law, and simply depends on the largesse or ethics of the biological mother. When there is a family breakdown in any family, the children are most vulnerable. There are more and more cases covered in the media and the legal system that show us how a biological mother can take advantage of her legal standing as a parent to marginalize her ex-partner (McCandless, 2005; Thompson, 2002).

Ben-Ari and Livni (2006) describe the legal status of a non-biological lesbian mother in Israel as non-existent, causing insecurity in those mothers, and creating a power imbalance between the partners. The authors say that when their study was

conducted, there had been no successful second- parent adoptions. They describe a breakthrough of legal precedent occurring in 1999, when one non-biological lesbian mother was granted guardianship for the biological children of her partner. Limited parental rights were granted, such as the right to make medical decisions about the children, and register the children for their schooling. Ben-Ari and Livni describe this situation as one of fundamental inequality.

The lack of legal recognition for the non-biological lesbian mother was stated to be the most difficult issue for families in a study of 270 Australian lesbian parents (McNair, Dempsey, Wise, & Perlesz, 2002; Perlesz & McNair, 2004; Brown & Perlesz, 2007). I will describe one example that is fairly representative of the legal and social/familial issues facing a lesbian non-biological mother.

The following situation, with typical issues, was a legal case from the United Kingdom, that of *Re G*, as reported by McCandless (2005). It was the first case heard by the Court of Appeals involving a child of lesbian parents. Two women, Ms. W. and Ms. G., had been involved in a relationship from 1995-2003, and during that period, Ms. G. had two biological children using donor insemination (DI), the first in 1999 and the second in 2001. They lived together as a family until their separation in 2003, with Ms. G. providing more childcare, and Ms. W. providing more income from paid work outside the home. These facts were not disputed by either party. At the point of their separation, the biological mother did not wish for her youngest child to go back and forth between the parents, and so the non-biological mother filed a joint residence order for the younger child. The non-biological mother did not need to file the same legal request for the older child because “persons who have lived with the child ‘for a period of at least three years’

may apply for a residence order, as defined in s.8 [of the s. 10(5) (b) Children Act]” (McCandless, p. 325). Thus, the non-biological mother’s relationship with her older child was legally protected.

The officer of the Children and Family Court Advisory and Support Service, in evaluating the case, acknowledged the importance and value of the non-biological mother in the lives of her children, and in fact, recommended a joint residence order. Nonetheless, the trial judge did not grant Ms. W. a joint residence order. The judge issued a ruling that the biological mother would retain sole legal parental rights, with the proviso “that the appellant retain a significant role in the lives of the children” (Per Thorpe L. J., *Re G supra n. 1*, para. 4, as cited in McCandless, 2005, p. 327). The biological mother wished for her ex-partner to be regarded as someone other than a parent, someone less primary in the life of the child. The judge’s decision meant the non-biological mother was not granted the ability to obtain parental responsibility. A parent who does not have a legal status, like Ms. W., is dependent solely on the consent of those who do have legal parental responsibility (McCandless).

The importance of parental responsibility cannot be overestimated. All the important decisions of the child’s welfare and development are made by those deemed as legal parents. These include where to live, where to go to school, whether to bring up a child in a certain religion, making necessary medical decisions, and taking care of any assets belonging to the child. “Parental responsibility can be viewed as the first step to obtaining other ‘parental rights’” (McCandless, 2005, p. 328), including family policy rights, such as family leave from work. The core of the conflict between the two mothers concerned the status of the non-biological mother. Was she a parent or not? This is often

the question that the two former partners see differently. The biological mother used the legal system in the same way that many biological fathers did in the 1970s and 1980s in this country—against their wives after the mother came out as a lesbian (Thompson, 2002).

The judge offered an explanation of her ruling: the appellant and the respondent were in an adversarial relationship, with great hostility between them.

In my view, a sharing of parental responsibility would result in endless disputes between the parties which may require the Court's intervention to resolve issues of education, accommodation, elective medical procedures and so forth which could not be in the long term interests of the children. (Per Thorpe, L. J., *Re G* supra, n. 1, para. 14, as cited in McCandless, 2005, p. 329)

The judge recognized the biological mother's proposed move, from Shropshire to Cornwall, as an attempt on the part of Ms. G. to frustrate the agreements between her and Ms. W., yet saw the animosity between the ex-partners as a reason to grant sole residence. This was in contrast to the evaluating CAFCASS officer, who held that the animosity would likely lessen over time.

Opposing viewpoints to the case of the non-biological mother were represented in the media. Two examples are Dr. Adrian Rogers, an advisor to the Family Focus group, who stated: "These two children are the wrong age to be brought up by a lesbian couple. This woman has no genetic link to the children, she is just someone who has spent time with them" (Pilditch, 2005). Another comment, from Norman Wells, of the Family and Youth Concern: "The female friends of a child's mother may well become significant

figures in a child's life, but they can never provide an adequate substitute for the child's father and it is a mistake to pretend they can" (as cited in Dolan, 2005).

This legal decision to ignore or dismiss the intent of the couple at the time of a child's birth, and the behavior of the two partners in establishing a family together was no longer possible in the state of California after the landmark decision in May of 2005.

To summarize, the issue of same sex marriage is so important because so many benefits and rights are extended to a legally married couple, among them parental rights and responsibilities (Oswald & Kuvalanka, 2008). There certainly are current actions a same-sex parenting couple can take to try to protect the integrity of their family, and the relationship of the non-biological mother to her child, but those actions are considered "informal and partially legalized, as they are piecemeal and open to challenge" (Oswald & Kuvalanka, p. 1057).

A study conducted by Solomon, Rothblum, and Balsam in 2005 surveyed couples that pursued a civil union in Vermont to find out what motivated these couples to take this step. Both men and women were asked and not separated by gender. The top three motivations were love and commitment (94%), a desire for legal recognition (92%), and a need for societal recognition (60%). These three motives pertain directly to the ambiguous and invisible role of the non-biological lesbian mother. Roles, relationships, and responsibilities of new parents are reviewed next in the section on the transition to parenthood.

Transition to Parenthood

In this section I first review relevant studies on the transition to parenthood and how this knowledge contributes to our understanding of positive adaptation to this

important family life cycle stage change. Then I identify important factors that contribute to a more or less successful transition to parenthood process, including issues of maternal wellbeing, and infant gender and temperament. I next turn to an in-depth description of the longitudinal research study on transition to parenthood by C. Cowan and P. Cowan (1992, 1998) including the sample size, the selection criteria, and the methodology used to collect data. Their major findings are summarized, along with the implications for effective intervention to lessen risk and increase resilience.

The transition to parenthood is regarded in family studies literature as an important and particularly vulnerable developmental time for couples and families (Belsky, Spanier, & Rovine, 1983; Belsky & Pensky, 1988; Belsky & Rovine, 1990; C. Cowan & P. Cowan, 1992; Cox, Paley, Burchinal, & Payne, 1999; Feinberg, 2002; Huston & Vangelisti, 1995). The data indicate that, in general, relationship/marital satisfaction decreases, and conflict increases with the birth of a first child (C. Cowan & P. Cowan, 1992; C. Cowan, P. Cowan, Heming, Garrett, Coysh, Curtis-Boles, & Boles, 1985; Kluwer & Johnson, 2007). The demands of parenthood include greater economic responsibility and less leisure time exclusively as a couple. There is usually a higher stress level for the new parents as they transition from a dyadic adult pair to learning a more complex set of family relations that include a child (Kluwer, Heesink, & van de Vliert, 2002). In general, parents report a lesser sense of wellbeing than non-parents (McLanahan & Adams, 1987). There are, of course, exceptions to this trend. Some couples move more fluidly into their new roles and relationships, negotiating the changes together and seem less affected by the transition to parenthood (Cox, 1985; Cox et al., 1999). Couples who together planned their first pregnancy tend to do better in the

adjustment period after the birth than couples with an unplanned pregnancy (C. Cowan & P. Cowan, 1992).

Family researchers studying the transition to parenthood identify and examine factors that determine both risk to, and resilience of, the couple relationship. Factors that contribute to predicting, understanding, and treating transition to parenthood issues include the personalities of each parent, how well or poorly the parents work together, (both emotionally and practically), the temperament and gender of the first child, and the social, cultural, and legal contexts in which each couple parents, namely the kinds of social supports that exist, including legal, institutional, familial, and communal ones.

According to P. Cowan (1991) “a central task for researchers is to determine the conditions under which both normative and non-normative events stimulate developmental advances, produce dysfunctional crises, or leave the individual and family relatively unchanged” (p. 5). The quality of well-being in each individual parent as well as their couple relationship satisfaction have a direct impact on their capacity to parent effectively and promote the positive development of their child.

Typically, transition to parenthood studies examine two main areas of change after the birth of a first child: (a) relationship quality and satisfaction with the addition of a child to the marital dyad, and (b) the division of labor between the parents. For a richer and deeper understanding of this critical time, studies must extend beyond how family life is shared and divided, to include influential contextual factors and the meanings of the choices that are made by both parents (Goldberg, 2006).

Maternal Well-Being

Depression is a contextual factor that must be considered in new parents. It is well established that new parents are at risk for depression (Campbell, Cohn, Meyers, Ross, & Flanagan, 1992; P. Cowan, 1991) with mothers being especially vulnerable (Grant, McMahon, & Austin, 2008). Marital dissatisfaction is associated with maternal depression (Downey & Coyne, 1990). Studies suggest that “depression may be particularly important as a risk factor during this time of stress and challenge” (Cox et al., 1999, p. 621). New parenting partners with prior depressive symptoms in one or both may find the challenges of the transition to parenthood especially difficult (Cox et al.; Downey & Coyne, 1990). Depression and the perception of social support are two factors that affect all mothers. Depression is positively linked to an unsatisfactory division of labor (Krause & Markides, 1985; Steil, 1997). How much social support a new mother feels, or perceives she has, (Seimyr, Edhborg, Lundhand, & Sjorgren, 2004) is critical for all mothers. Social support is an issue of concern in the literature about all lesbians, non-mothers as well as mothers (van Dam, 2004). Oetjen and Rothblum (2000) found that lesbians who reported having greater support had a higher sense of wellbeing.

Impact of First Child Characteristics on the Transition to Parenthood

The temperament of a first child who joins the couple is of great importance in contributing to more or less stress, and an easier or more difficult transition to parenthood (Dudley, Roy, Kelk, & Bernard, 2001; Mulsow, Caldera, Pursley, Reifman, & Huston, 2002). Certainly, some babies are more difficult than others, more fussy or colicky, for example. Identifying the contextual factors introduced by the infant’s particular qualities

and characteristics is complicated because parents who have mental health problems tend to perceive their new babies as more difficult (Seifer, 2002).

If the new baby is a boy, it is more likely the relationship satisfaction between heterosexual parenting partners will not decrease as much as for new parents of a girl (Cox et al., 1999; Doss, Rhoades, Stanley, & Markman, 2009; Raley & Bianchi, 2006). Raley and Bianchi found that new parents of a boy tend to divorce less and report more marital satisfaction. Doss et al. speculate that fathers of boys are more actively involved in the childcare than fathers of girls, creating more marital satisfaction for both parents through their greater involvement. Doss et al. also found that female children led to more decline in relationship satisfaction for mothers, and an increase in problem intensity for fathers.

Transition to Parenthood In Heterosexual Couples

Most of the literature about the developmental phase of the transition to parenthood is confined to traditional heterosexual couples. Therefore it is necessary to start with that research as an orientation point. I will focus in particular on the research of the Cowan's, who have provided much of the strongest and most influential data in this area.

When Partners Become Parents: The Big Life Change for Couples

C. Cowan and P. Cowan (1992) conducted an intensive research study of couples' transition to parenting. This longitudinal ten-year study included pre- and post-measurements, with 72 expectant couples and 24 non-parent couples. The couples were followed from the pregnancies through the time the target child completed kindergarten. Their 96 couples were from Northern California, and showed a wide range of

psychological characteristics, relationship satisfaction, and income differential. The couples were divided into four groups. The Cowan's randomly selected one-third of the expectant couples to participate in a couples group, led by them or leaders trained by them. One of the major goals of the Cowan's study was to design and evaluate a couple group intervention, to strengthen the parents' relationships, and give them support to be better prepared for the transition to parenthood. The Cowan's set up six groups of four couples with similar due dates to meet with their "staff couple" (p. 9), a male and female leader together. These groups met weekly for the last three months of pregnancy and the first three months of the child's life, to discuss the parents' hopes, fears, and expectations in their transition to parenthood. A second randomly selected group of 24 expectant couples was interviewed and filled out measures during pregnancy and 18 months after birth—the same time period as the first group filled out these measures. This second group received no couple group intervention. The third group of 24 randomly selected expectant couples was interviewed in the same way as the previous two, but did not fill out measures until six and 18 months after birth. The fourth group was made up of 24 non-parents, who had not yet made up their minds about parenthood. The non-parents were interviewed in the same way at the same time, to correspond with the time of the expectant couples' pregnancies, and given questionnaires at the regular intervals of the first and second groups.

In the first two years of the study, nine of the non-parents got pregnant, and 15 of the non-parents remained child-free. The non-parent group was used to provide information that could help the Cowan's to distinguish between changes in a couple's

relationship over time, and changes more directly attributable to the impact of parenthood.

Changes in the parents' relationship across the transition to parenthood were attributed to multiple factors, most of which were present during the pre-birth time period (Belsky & Rovine, 1990; Belsky et al., 1983; Cox et al., 1999). The presence of issues that predict risk or resilience in the transition to parenthood allow for the possible opportunity for researchers and clinicians to intervene more effectively, especially with couples who are most at risk. The need for such preventative intervention is great, and there should be continued study of these issues that are central to all families, with a focus on the variability within couples and across couples. The research by C. Cowan and P. Cowan shows that greater relationship satisfaction between the parents contributes to better functioning children socio-emotionally and developmentally (1992, 2005).

Key findings conclude that the greater relationship satisfaction a couple had going into the transition to parenthood, the more likely the marital couple could retain their satisfaction with each other, and experience less impactful conflict. The positive endurance and continuity of the marital couple impacted not only their own intimacy and satisfaction but also each of the parents' relationships with the child, as well as the child's wellbeing and development. The importance of the transition to parenthood is salient for each of the individual parents, their marital satisfaction, the children of each parenting union, the extended families, and the larger society. C. Cowan and P. Cowan (1992) acknowledge that our country's lack of institutional, social, and political support for couples and families with young children exacerbates the stress that is ubiquitous in this

developmental time period, as so much of family life must change to accommodate new roles and responsibilities.

We can see how important it might be for prospective lesbian parents to have accurate information regarding the possible maternal/parental roles of each parent early on. Each individual mother/parent must make meaning of the roles she plays in her particular family dynamics, and the more helpful preparation each couple can get, the easier it may be for them in this challenging developmental time (C. Cowan & P. Cowan, 1992).

Areas of Change in Transition to Parenthood For Heterosexual Couples

C. Cowan & P. Cowan (1992) list five areas, “five domains of family life,” that encompass the changes most couples experience during the transition to parenthood. The first area of change is in each partner’s inner life: (a) “one’s sense of self, view of the world, and emotional wellbeing or distress” (p. 5). The remaining four areas of change concern roles and relationships: (b) shifts within the marriage, (c) shifts within the three-generational family makeup, (d) changes outside the family, and (e) assuming new parenting roles and relationships and creating a certain quality of attachment between each parent and the first child. These five areas of change apply to all couples as they transition from an adult-only family to a family with children. The next sub-section considers the question of the couple’s attitudes about becoming parents, and clarifies the importance of the couple’s ability to work together.

Prospective Parents’ Attitudes Toward Parenthood

C. Cowan & P. Cowan (1992) describe the attitudes couples have about becoming parents before and during their transition to parenthood. They characterize the attitudes

into four general categories: (a) couples who reported unplanned pregnancies, which were slightly more than one-third of all the couples in their study; (b) couples with a polarized desire for parenthood, where one very much wanted a child and the other did not; (c) couples in which one or both partners were ambivalent about parenthood, and it was this group, the ambivalent couples, who fared the least well in their transition to parenthood; and (d) couples who deliberated and negotiated the possibility of becoming parents, and together decided to do so. The Cowan's term this fourth group the Planners. The Planners were the most successful in making a smooth transition to parenthood, although they did not start out certain of their desire to become parents. Nor did the feelings of either partner necessarily mirror the feelings of the other partner. But, by continuing to discuss in a fashion that allowed each partner to feel heard and understood the couple reached a mutual resolve to pursue parenting. The Cowan's state that they were often impressed by the thoughtful engagement and mutual commitment of these couples, and felt that the Planners established more consistent and effective channels of communication and problem-solving than the couples in the other three groups.

The attitudes and characteristics of the Planners have bearing on the study of lesbian parent couples. Obviously, all same-sex couples that want children must be Planners. For two women the barriers to parenthood start way before conception and require planning, discussion, and determination all along the way. The lesson learned from the Cowan's research is that the additional planning required of lesbian couples may paradoxically turn out to be an advantage. The planning process itself requires a capacity to think and plan together, prioritize, and work through issues. The arduous necessary planning may weed out couples without more functional skills like problem solving and

conflict resolution, positioning lesbian parenting couples well for the challenges of the transition to parenthood. This is an area that is explored in the current study.

Division of Labor In Heterosexual Couples

Typically, for a heterosexual couple in a transition to parenthood, conflict increases and love decreases (C. Cowan & P. Cowan, 1992; Belsky & Pensky, 1988). One common locus of conflict is the division of labor between them. It is not so important *how* a couple divides the labor, but it is important how a couple feels about those decisions. The Cowan's found that the more a heterosexual couple reports satisfaction with their chosen division of labor, the more that couple reports a higher relationship satisfaction and experiences less stress. When a mother reports more relationship dissatisfaction early on, it is predictive that her husband will report relationship dissatisfaction later in their parenting life together (C. Cowan & P. Cowan, 1992, 1998; Shapiro, Gottman, & Carrere, 2000).

A consistent problem for heterosexual couples in the transition to parenthood is the gender role divide they experience and the resulting chasm that develops between the partners (C. Cowan & P. Cowan, 1992). Relationship satisfaction often depends on how each parenting partner *feels* about how the necessary responsibilities are divided up (Belsky, 1985; C. Cowan & P. Cowan, 1992; C. Cowan, P. Cowan, Heming, et al., 1985). The "labor" in the discussion of division of labor is defined as the work from which the couple earn money (paid work) and the work in support of the necessities and demands of life (unpaid work). The division of labor is how each couple negotiates the amount of time each partner spends earning money, providing childcare, performing domestic labor, attending to social responsibilities, and having leisure/free time. Traditional patriarchal

ideology emphasizes the importance of the biological mother providing the childcare, and patriarchal, sexist institutions provide more financial rewards for men. Consequently, women do much more work in the home, including childcare, and men work more hours away from home to garner more income (C. Cowan & P. Cowan, 1992, 2005; Patterson, 1995; Patterson, Sutfin, & Fulcher, 2004). Even as many women have increased their hours at work outside the home, men have not picked up equivalent additional unpaid household work (Coltrane, 2000; C. Cowan & P. Cowan, 1992). In a traditional heterosexual relationship, roles become more gender-stereotyped after the birth of a first child (Belsky & Pensky, 1988; C. Cowan & P. Cowan, 1992, 2005; Deutsch, 1999; Kluwer, Heesink, & van de Vliert, 2002).

The social forces that exert pressure to conform to traditional role stereotypes are not going to apply in the same way when both parents are women. Nevertheless, the division of labor between two lesbian parents must still be negotiated and re-negotiated over time. Same sex parenting couples offer researchers an opportunity to report on the relevance of gender identifications, and how little or much gender dynamics impact relationship satisfaction. The next section, *Transition to Parenthood in Lesbian Couples*, describes the literature on lesbian couples in this important developmental stage.

Transition to Parenthood in Lesbian Couples

There are few in-depth studies of lesbian parents and their subjective experience as a parenting couple, and until now, none of the existing studies have focused only on the non-biological mother's experience during the transition to parenthood (Goldberg, 2006; Mitchell, 2008a; Muzio, 1999). One factor responsible for the dearth of academic attention has been the strong stigmatization of LGBT individuals and relationships.

Stigma fosters avoidance of recognition and acknowledgment of LGBT people, rendering them less visible. However, as stated above, we are seeing evidence of a shift occurring, especially in the past two decades as the number of LGBT families continues to grow. More and more mainstream people and families have contact with them, often through their children. Further, as LGBT families interact with myriad social institutions, LGBT family data accumulates, providing clinicians, attorneys, sociologists, policy makers, and lesbian parents information and insight on LGBT families and communities. Only when society has access to information about how many LGBT people and families there are, how they live, and how their lives compare with the lives of their heterosexual counterparts, will the negatively distorted projections begin to break down (Weeks et al., 2001).

Documenting the need for more research in this area, Lambert, (2005) in her article entitled “Gay and Lesbian Families: What We Know and Where to Go From Here,” wrote the following:

Several researchers and reviewers (Millbank, 2003; Patterson, 1995, 2000; Savin-Williams & Esterberg, 2000) have noted that little to no research has been done on the transition to parenthood for lesbian and gay couples, a topic that has received considerable attention in the literature on heterosexual parenting.

However, this body of research has not addressed gay and lesbian families. (p. 45)

The most recent research studies on the transition to parenthood for lesbian couples have come from Abbie Goldberg and her colleagues (Goldberg, 2005, 2006; Goldberg & Sayer, 2006; Goldberg & Perry-Jenkins, 2007; Goldberg & Smith, 2008a, 2008b). In her dissertation, entitled *The Transition to Parenthood for Lesbian Couples:*

The Creation and Construction of Roles and Identities, Goldberg (2005) studied the division of labor and the changes in women's roles over time. She interviewed 34 lesbian couples (29 inseminating, 5 adoptive) at two points. The first interview was conducted before the birth, and the second interview occurred when the target child was three months old. Goldberg focuses on women's feelings about their own role, their partner's role, motherhood, and inquiry into the importance of biology in influencing who did what. Goldberg notes the dearth of lesbian parent studies: "*More research on the transition to parenthood among lesbian couples is needed, with particular focus on the needs and issues that arise for the nonbiological mother*" [emphasis added] (p. vii). This current study has focused on exactly that.

Decision To Pursue Parenthood

The Lesbian Household Project (Dunne, 2000) is a study of 37 cohabitating lesbian couples in England: eight households included children from a previous marriage, one household included an adopted child, and in 28 households there were children conceived by donor insemination. Dunne reported that of the 37 non-biological mothers, 15 of them wanted to be mothers but had "a strong reluctance" (p. 15) to bear a child. These 15 women had taken responsibility for younger siblings in their families of origin, and other children in other relationships as well. Dunne did not mention the gender identifications of the 15 non-biological mothers, and how that may have played a part in the lack of desire to be a biological mother. This study plans to attend to that intersection of gender identifications/expressions with choices made about parenting roles. Parenting was shared equally in 30 of the households (80%). Obviously, cultural issues and differences greatly impact family structures and roles.

In the Goldberg and Smith (2008a) study of 34 couples, the distribution of desire for motherhood was as follows: in half of the 34 couples, 17 couples, the desire for motherhood was mutual enough that the decision of which partner would first pursue a biological pregnancy was based on factors like age, job flexibility, and better health. In the remaining 17 couples, there was a discrepancy in desire for motherhood between the biological mother and the non-biological mother, making the choice of which partner would pursue pregnancy quite clear. There is no specific information on the level or extent of the discrepancy. Ten couples used known donors, who were described as having “uncle-like” (p. 219) relations with the child; 20 had unknown donors, and four had donors that would become known if the child wished, after the age of 18.

Couples who were becoming first-time parents through the use of AI were interviewed separately over the phone, at three different intervals. First, in the last trimester; second, three months post birth; and third, 3.5 years post-birth. Additionally, questionnaires were mailed, to be filled out separately, corresponding to the three interview times. In 13 couples the biological mother was the one with the “greater” desire for motherhood, although there is no clarification or explanation of what “greater” means. Unlike Reimann’s (1997) study, we are not told in how many of the 13 couples the non-biological mother did not want to parent originally, or would never have considered a pregnancy in her own body. This information is valuable because it sheds light on lesbians’ desire for motherhood, which is unknown, and has only recently begun to be studied (Mezey, 2008). Additionally, that information might highlight gender dynamics in lesbian parenting couples, and how gender dynamics may be related to a couple’s choices about pursuing motherhood or the division of labor. Goldberg and Smith

(2008a) found that both partners in the 30 couples reported a relatively equal division of labor, although biological mothers performed more childcare.

In Sullivan's (2004) study of 34 lesbian couples with children in the San Francisco Bay Area, she found that in half (17) of the 34 couples, both partners wanted to be pregnant, so each couple had to decide which partner would start trying to get pregnant first. Factors influencing the decision included age of partner (the oldest usually trying first), or strength of desire for pregnancy, or a more practical reason, such as which partner had the less demanding or more flexible work schedule. In the group in which both partners wished to become pregnant, three-quarters of the couples stated that the non-biological mother's work or career was, at the time of transition to parenthood, incompatible with the demands of pregnancy and childbirth. "Not being ready" (p. 47) was also seen as valid and influential.

Half of the non-biological mothers in Sullivan's research did not want to be pregnant themselves, even though they either still wanted to parent or did not wish to stand in the way of their partner's desire for motherhood. Sullivan does not explore issues of gender in the couple relationship, nor how those issues played out in the desire for motherhood or pregnancy. Gender relations remain one of the most understudied areas in lesbian parenting (Lambert, 2005; Mitchell, 2008a; Savin-Williams & Esterberg, 2000). This dissertation is an effort to begin to redress this previously ignored segment of contemporary family life. Important questions remain as a potential area for future research: Do the lesbians who want to be pregnant and be biological mothers present a more conventional gender expression? Do the lesbians who do not wish to be pregnant identify with a more unconventional, less feminine gender identity? How can we avoid

creating more gender binary categories that limit more than they illuminate? Researchers and clinicians need to think with complexity about lesbian mothers who embody an unconventional gender identification and expression *and* a strong desire for motherhood. Only in the recent past has one article been published that begins to include these issues (Pelka, 2009). It is common to see articles that refer to someone's sexuality or sexual orientation. It is rare to read or hear about a description of someone's gender identifications and expression within their particular sexual orientation. The range of gender expression is quite wide among lesbians, for example, and there is little or no understanding as to how it relates to parenting choices and behavior between women in a love relationship.

Preliminary research indicates that there may well be a difference between how biological and non-biological mothers experience the transition to parenthood (Gartrell, Banks, Hamilton, Reed, Bishop, & Rodas, 1999). At the same time, research comparing lesbian inseminating couples to heterosexual inseminating couples found that non-biological mothers may have an easier transition to parenthood than non-biological fathers (Stacey & Biblarz, 2001). This last finding may illustrate the gendered nature of parenting, with females showing greater comfort than males with the parenting role (Bos et al., 2007; Patterson et al., 2004). This idea may find validation in the similarities between biological and non-biological lesbian mothers (Stacey & Biblarz, 2001; Sullivan, 2004).

Goldberg published her first article reporting on her dissertation in 2006, concentrating on data from the 29 lesbian couples that used DI, in which one member was the biological mother of the child. Goldberg examined relationship quality across the

transition to parenthood. She interviewed each partner, biological and non-biological, at two different times. The first time was one month before the due date, and the second time was three months after the birth. Goldberg stated that she chose those time intervals because she wanted to study the acute changes in the transition to parenthood. One additional requirement of inclusion in the study was that at least one partner in each couple planned to return to work full-time after the birth. She found that, as with heterosexual couples, reports of love decreased and conflict increased with the addition of a child. Goldberg stated that potential explanations include less time alone as a couple and the stress involved in expanding one's role and identity to include that of parent.

To summarize, the desire for motherhood and family varies widely in the lesbian communities. As with heterosexual parenting partners, the desire to be a parent is one of the factors that influences relationship satisfaction in the transition to parenthood. The importance of the quality of marital satisfaction during the transition to parenthood cannot be overestimated, as it affects myriad issues in the lives of each family member (C. Cowan & P. Cowan, 1992, 2005). Areas include good parenting (Cox et al., 1999), work productivity (Forthofer, Markman, Cox, Stanley, & Kessler, 1996), multiple aspects of mental health and well-being (Whisman, 1999), physical health (Burman & Margolin, 1992), and changes in free/leisure time, which affects individual, couple, and family functioning and well-being (Claxton & Perry-Jenkins, 2008). I will now turn to the question of how lesbian parenting couples share and divide their responsibilities, and the impact that division of labor has on relationship satisfaction.

Division of Labor Between Lesbian Parents

Gender relations, including the division of labor, have been extensively studied in heterosexual parenting couples, but these issues and dynamics are not yet well-understood in lesbian parenting couples. As stated earlier in this literature review, lesbian couples with and without children prefer to divide necessary labor with a feeling of fairness and equity (Kurdek, 1998, 2008; Patterson, 1995; Sullivan, 2004). When there are differences between the mothers regarding the amount of childcare done, the biological mothers are reported to do more (Patterson). One study found that non-biological mothers work more outside the home (Patterson) while another found that they did not (Chan, Brooks, Raboy, & Patterson, 1998). It seems that while biological mothers do tend to provide more childcare during the transition to parenthood, most lesbian mothers attribute their division of labor choices not to biology as much as personal interests, time, work demands, and preference (Reimann, 1997; Sullivan, 2004). The lack of established expectations and roles can work to the benefit of lesbian parenting couples, who tend to show significant flexibility and range in their division of labor choices (Reimann, 1997).

Goldberg and Perry-Jenkins (2007) state that no previous study had investigated explicitly the role of biology in shaping maternal identity, practices, and division of labor choices. They found that unlike heterosexual couples during the transition to parenthood, the division of household labor changed very little in the lesbian household. While not specifying exact numbers, Goldberg and Perry-Jenkins noted that some couples reported that post-natally the non-biological mother took more responsibility for domestic responsibilities other than childcare. The biological mothers tended to do more childcare.

However, in the majority of cases, again, we are not told exact numbers, neither parent reported feeling that the biological mother was the primary parent. Both parents decreased their paid work hours in order to be able to spend time with their child, and both reported that being a parent was extremely important to them, at least as meaningful as their identity as a lesbian. The majority of the mothers, 60% of the biological mothers and 80% of the non-biological mothers, stated that they did not feel that biology alone determined their identities or practices as a mother. The importance of biology was felt most among the biological mothers who did provide more childcare, whereas non-biological mothers did not report an association between biology and the division of childcare. Of the several couples that chose a combination of feeding methods between breast and bottle, Goldberg and Perry-Jenkins state that both biological and non-biological mothers reported feeling relief that there was less jealousy and feelings of exclusion on the part of the non-biological mother who could not breastfeed.

Reimann (1997) asserts that each couple's priority was to spend as much time as possible with their child, and they divided their labor to extend as long as possible the time one parent was able to be home full-time. As reported in other studies (Patterson, 1995; Patterson & Freil, 2000; Patterson et al., 2004), Reimann found that mothers divided their labor according to economic factors, personal desire, and a commitment to equality, and not according to biology. This division of labor is strikingly different than most traditional heterosexual couples (C. Cowan & P. Cowan, 1992; Patterson et al., 2004), where Western tradition and ideology dictates the biological mother as the best caregiver for her child. The couples in Reimann's study seemed to feel that being a stay-at-home mother was not a burden but a choice and a fortunate opportunity.

Reimann (1997) found that the largest source of conflict for the lesbian parenting couple was a perception by one partner that the other was not doing her share of the domestic labor (notably, not inclusive of childcare), particularly the less pleasant, less gratifying chores, such as house-cleaning. Reimann remarked that she was surprised by how little conflict was reported by the participants as to whose career or work should have priority at any particular time. Participants reported that each partner's work was equally valued, independent of amount of income, a clear difference from heterosexual couples. "Whenever there were serious conflicts between maximizing economic utility and being with their children, the children tended to win out" (p. 171). Such commitment to child-centeredness may reflect the fact that both parents are female, an interesting finding I hope to pursue. It is not clear how much the tenets of feminism influence the high value placed on equality between lesbian parenting partners. Reimann reports that the majority of her sample (73%) identify as feminists.

Goldberg (2006) found in the group of non-biological mothers a correlation between satisfaction with the division of labor and a high level of love for their partner. Research done earlier by Chan et al. (1998) echoes this finding—satisfaction with the division of labor was correlated with relationship satisfaction for non-biological mothers, but not for biological mothers. This is certainly different than for heterosexual mothers. Goldberg stated that in the pre-birth interviews, many of the non-biological mothers reported that they had recently assumed additional domestic labor as their pregnant partners were becoming unable to do certain domestic chores. "Many non-biological mothers take on added responsibilities during the transition without the rewards of

visibility (and corresponding sympathy) that their pregnant partners receive” (Goldberg, p. 97).

In the Goldberg (2006) study, contrary to expectations, aspects of work were not correlated to marital quality, in either love or conflict. She stated she expected to find an inverse relationship between the number of hours worked and marital quality, as did Doumas, Margolin, and John (2003), and a link between workplace support and lower work-family conflict, as did Moen and Yu, (2000). Goldberg speculates that the majority of the women in their study were employed in middle-class occupations, with more autonomy and flexibility, which perhaps contributed to those results. Goldberg states that “working-class heterosexual couples often work alternating shifts as a child-care strategy, meaning less time together, and potentially compromised relationship quality; the same may be true for working-class lesbians” (p. 97). However, for the purposes of research, it is difficult to locate and access lesbians who are not middle-class and above (Bos et al., 2004; Goldberg, 2006; Mezey, 2008; Sullivan, 1996, 2004).

Division of labor issues for lesbian parents center on choices made in the parenting couple about how each partner will share the necessary tasks and responsibilities in maintaining a family. Central questions include the following: What are the priorities in the transition to parenthood for a parenting couple who are both female? How much does biology impact the choices, and how does each mother experience and understand those choices? What is the connection between the lesbian parenting couple’s division of labor and each partner’s relationship satisfaction? What is the biggest issue or conflict for a lesbian parenting couple in the transition to parenting, where one mother is not biologically related to their child? These questions will point to

information of great value in understanding more about the needs of lesbian-headed families and how to better support them. In addition, this information helps researchers, policy makers, and clinicians to be better able to identify factors of risk and resilience to promote greater wellbeing and healthy functioning in all families.

The Child's Preferred Parent

Goldberg, Downing, & Sauck (2008) focus on the parental preference of children with two mothers, one biological and one non-biological. They used the same sample of the 2007 study, 29 lesbian couples who used AI, with a first child of 3.5 years old, to ask: (a) Did their child have a parental preference? (b) Why did each parent believe that a preference did or did not exist? (c) What are each parent's emotional and behavioral reactions to the preferences? Mothers cited three factors influential to their children's preferences at the age of 3.5 years: (a) biological — breastfeeding, a biological bond; (b) parental — amount of time spent with the child, effort, and personality; and (c) child's developmental stage, personality, and temperament. Goldberg, Downing, and Sauck, found that the majority of mothers at three months postpartum did not feel that the parenting roles were determined or shaped by the mothers' biological difference to the child. However, 20% of the non-biological mothers and 40% of the biological mothers did report that the biological mother was the preferred parent. As to why that was, the parents offered explanations of a combination of both social and biological factors. The social factor most influential was a greater amount of time the biological mother spent with the child, since in many of the families the biological mother stayed home longer, and spent more time in childcare. Breastfeeding was cited as the most important biological factor, creating "a special bond" (p. 421).

The non-biological mothers who reported feeling excluded or jealous because of their partner's biological connection to their child were in the minority, although no exact number is given. "Several" of the non-biological mothers reported feeling helpless because they could not nurse their child, as their partner could (Goldberg, Downing, & Sauck, 2008, p. 419). These women expressed the hope that as the child grew older and stopped nursing the preference for the biological mother would even out. The authors state that given the societal privileging of the biological relationship to children, and the lack of legal status of the non-biological mother, it is possible that the child's preference for the biological mother is a complicated mix of nature and nurture.

Goldberg, Downing, and Sauck (2008) state that there were many different explanations given within each of the three factors, indicating not a single objective description of the family reality, but rather a variety of constructed subjective processes that mothers used to make sense of their particular family dynamic. It is noteworthy that regardless of a general and consistent trend for the child's preference of the biological mother early on, the importance of the role of biological connectedness decreased over time (Gartrell, Banks, Reed, Hamilton, Rodas, & Deck, 2000; Goldberg, Downing, & Sauck).

Maternal Well-Being

Goldberg and Smith (2008b) used the same sample of 34 lesbian couples (29 couples that used AI and five couples that adopted) to report on the social context of lesbian mothers' anxiety during early parenthood. They state that anxiety is a particularly strong indicator of parental stress or threat to parental sense of wellbeing (Ralph, Haines, Harvey, McCormack, & Sherman, 1999). Further, that it is as common as post-partum

depression (Grant, McMahon, & Austin, 2008), and possibly as destructive as depression to maternal well-being and mother-child attachment (Kaitz & Maytal, 2005). Goldberg and Smith suggest that anxiety and depression in the postpartum stage are not the same thing; some women mainly experience either anxiety or depression. They describe anxiety as worry, tension, and stress, while depression is defined as sadness, hopelessness, or lack of energy. This distinction is not made throughout the literature on depression (e.g., Solomon, 2001).

“The transition to parenthood may be especially stressful for lesbian couples, who are vulnerable to both the normative stress associated with the birth transition and the stress of parenting in a homophobic society” (Goldberg & Smith, 2008a, p. 214). Three variables shape the transition to parenthood for lesbian couples: First, lesbians parent their children in a world that stigmatizes them; second, one parent is biologically related to the new child and one parent is not; third, there is the unusual gender composition of the parenting couple — both partners are women.

It is important to note that at the time Goldberg and Smith (2008a) interviewed families when the child was 3.5 years old, 26 of the non-biological mothers had legally adopted their child, while only eight of the non-biological mothers had not. The authors say that they had expected to find greater anxiety on the part of non-biological mothers who had not adopted their child, but, to their surprise, that was not the case. “Women who did not pursue second-parent adoptions (which confer legal recognition of and protection for their parental status) did not experience greater anxiety compared to those who had secured such protections” (p. 234).

Regarding the impact of child temperament on lesbian maternal anxiety, there was a difference between the two lesbian mothers that paralleled the difference between the partners in a heterosexual parenting couple. When a non-biological mother reported that her child at 3.5 years old was difficult, she also reported more anxiety. However, the biological mother reported being less affected by the child's difficult behavior. This parallels the situation of the heterosexual father who reports more stress and less wellbeing with a child who is perceived to be less compliant and more resistant to limit-setting, compared to lower stress level of the heterosexual mothers (Perren, von Wyl, Burgin, Simoni, & von Klitzing, 2005). It is not known whether this is because the parent who spends the most time with the child has learned to adapt to the child's behavior more than the parent who works more outside the home and may have less time and experience relating to the child. Each parent's different level of identification with the child may result in less empathy from the parent who is less identified or less close.

Summary of Literature Review

The studies I have cited provide a foundation for investigation of my central question: How do lesbian non-biological mothers experience the transition to parenthood? As stated throughout this literature review, the transition to parenthood in heterosexual couples has been extensively studied, as it is regarded as an extremely important and challenging time in the life of a family and each of the family members, influencing future development. The two major areas studied in the transition to parenthood are the division of labor and the marital satisfaction/relationship quality. In heterosexual couples the division of labor has often been a source of conflict, causing resentment or disappointment. With that conflict comes a decrease in relationship

satisfaction. There has long been an inequitable division of labor between heterosexual partners during the transition to parenthood based solely on sex, with most of the burden falling on the woman, even when she also works full time outside the home.

Traditionally, and until the very recent past, almost all parenting activities were thought to be distinctly gendered, associated with either being male or female.

Most of the previous studies on lesbians parenting make the assumption of gender sameness between the two women partners, based on the fact that both parents are female. But not all females who identify with their sex, their anatomical bodies, always identify their gender identity, roles, and expressions in accord with the traditional gender binary. Two women together can have gender interactions and dynamics that provide contrast, spark, and tension, and are played with, or rigidly adhered to, with varying success. Two women parenting together often share a commitment to feminism and egalitarianism, creating pressure for both partners to work outside the home *and* actively parent. Previous studies have found less desire for motherhood in non-biological mothers without inquiring into or mentioning how women's gender identifications and roles impact their choices (Reimann, 1997; Sullivan, 1996, 2004). This proposed study will examine the experience of lesbian non-biological mothers during the transition to parenthood as it pertains to gender in lesbians and lesbian parents.

In the last several decades, a combination of social, technological, cultural, and political changes have resulted in the opportunity for same-sex couples to parent children together, without first being in a heterosexual relationship or having to engage in heterosexual intercourse. These new types of families offer the researcher opportunities not possible before to study an unusual intersection of gender, sexuality, parenting, and

family life from lived experience of lesbian-headed families. In particular, the role of the non-biological lesbian mother is one that has received little attention, as that role defies both social and legal understanding and recognition.

The power and privilege of heterosexuality lead to alternative sexualities being regarded as invisible, pathological, morally wrong, or socially unacceptable.

Unconventional gender expressions and identities threaten the traditional gender binary of dividing people into two different types based on their external genitalia.

The stigma of same-sex attraction and coupling has contributed to a pattern of avoidance of recognition and exploration of family life in queer communities. That same stigma has resulted in many queer people feeling unsafe, unwilling, or uneasy about participation in research studies. In addition, the history of pathologizing lesbian mothers in legal and psychological realms, with the consequent removal of their children from their parental custody, has created a climate of secrecy and suspicion in lesbian parents, who are realistically afraid that their relationships with their children will not be respected, legally honored, and held.

I have summarized many studies that fall into three main categories. The first is that of lesbian parenting in general. I have provided a historical background for understanding the evolution of this recent socio-cultural phenomenon, and offered an explanation of the multiple political, scientific, social, legal, and cultural factors that all play a part in creating the material conditions for lesbian couples to be able to pursue a path to pregnancy from within the integrity of their love relationship.

The second category focuses on women who are lesbian mothers not biologically related to their first child. I have tried to address the question of “What do we know about

lesbian non-biological mothers during the transition to parenthood”? The issues of legal and social recognition as legitimate and authentic parents are at the top of the list of concerns for lesbian non-biological mothers. The language used to describe the roles, responsibilities, and relationships of non-biological mothers to their children and their partners remains unclear, idiosyncratic, and absent. This study has explored participants’ experience with what names they are called, how those names came about, and the meanings attached to names and language.

The third category is the transition to parenthood, for heterosexual and lesbian couples. Only in the past several years, for the most part, has there begun to be an investigation of the transition to parenthood in lesbian couples. There have not been any previous studies focused only on non-biological mothers; that is the focus of this study, specifically, non-biological mothers in lesbian parenting couples during the transition to parenthood.

Salient issues include legal questions of parentage, the efforts made by the couple to legally provide for, and protect, the relationship between the non-biological mother and child. The dissolution of the original parenting couple offers each biological mother the opportunity to exploit a legal system that is unfair if there are no legal papers in place. A second area is that of interpersonal issues between the parenting partners, such as jealousy, competition, and sharing the role of mother; the interplay of gender identities and roles between the parenting partners; and how that interplay may affect choices made by the couple as to how they share the necessary responsibilities. Division of labor decisions, relationship satisfaction, and the impact of a first child on a lesbian couple are all part of the data that are focused on and explored from the perspective of lesbian

mothers who are not biologically related to their first child. Yet another question for lesbian non-biological mothers is their desire for motherhood, as compared to their partners. The importance of the biological connection between mother and child is explored, as are the symbolic and emotional meanings that non-biological mothers attach to the dynamics in their family.

In this review, I have provided numerous references in the literature to the lacuna of focus on, and understanding of, the non-biological lesbian mother during the transition to parenthood. This dissertation is the first study to focus solely on the experience of the lesbian non-biological mother during the transition to parenthood. Lesbian women whose partners have given birth to their child, in the time period of the first seven years of the first child's life, are the intended participants of this study. Lesbian mothers during the transition to motherhood who are not biologically related to their child were invited to give voice to their previously unspoken or unsymbolized experience. The impact of biology, gender identities, and social stigma is attended to in this exploration. This qualitative study adds to the existing bodies of research on lesbian families and the transition to parenthood by delving intensively into the experience of the most marginalized member of this most marginalized family.

CHAPTER THREE: METHODS AND PROCEDURES

The purpose of this study is to investigate the subjective experience of lesbian non-biological mothers during the transition to parenthood. The central questions that will guide this research address mothers' experience of their transition to parenthood/motherhood in their role as the non-biological mother in their family. How do non-biological lesbian mothers describe their transition to parenthood? How are the necessary parenting and work roles and responsibilities shared between the partners? In what ways, if at all, do gender identifications and expressions impact these roles and responsibilities? How do non-biological lesbian mothers describe their relationship quality and satisfaction with their partner during the transition to parenthood, and what factors influence relationship satisfaction? How much or how little does a non-biological lesbian mother's sex life impact relationship quality and satisfaction? And finally, is there a problem for lesbian couples equivalent to the biggest problem for heterosexual couples during the transition to parenthood: the gender divide, the separation of the parents into two different worlds? This is not usually an issue for lesbian couples during the transition to parenthood. The reality is that because there has been so little formal study, we do not know what the biggest problem for lesbian couples is during this important developmental stage. The current study has tried to address that gap, asking participants what they think is the biggest problem for them in their transition to parenthood. In this chapter I discuss the research methods that were utilized in this study, including a description of the methodology of grounded theory, sampling methods, data collection and analysis, and presentation of findings. I include a brief discussion of reliability and validity.

Design

My approach to the research was qualitative. The focus of the study is lesbian non-biological mothers' experiences during the transition to parenthood. Lesbian non-biological mothers are mothers who are not biologically related to their children, unlike their partners. Open-ended interviews were conducted to elicit their thoughts and feelings about the process and practice of parenting. A qualitative approach is optimal for understanding a neglected or insufficiently theorized area of study (Strauss & Corbin, 1998), such as the creation of the non-biological lesbian mother role, her identities, her challenges, and her strengths. A qualitative approach to research is particularly appropriate for analyzing data derived from participants' personal experiences (Lincoln & Guba, 1985), allowing the quality of those individual experiences to be retained in the analysis and interpretation. Qualitative research does not depend on statistical or quantifiable procedures or hypothesis testing, but uses other systematic measures and methods to collect, code, and analyze data and to generate theory from the data. The specific qualitative methodology that guided the data analysis aspect of my research is grounded theory, developed by Barney Glaser and Anselm Strauss (1967) and further described by Anselm Strauss and Juliet Corbin in 1998. Grounded theory has been found useful in discovering a person's subjective experience, making it the theory of choice for this study. Grounded refers to establishing the basis for concepts in data: theory refers to "a set of well-developed categories (e.g., themes, concepts) that are systematically interrelated through statements of relationship to form a theoretical framework that explains some relevant social, psychological . . . or other phenomenon" (Strauss & Corbin, p. 22).

The grounded theory researcher begins with an area of inquiry or study, and allows the theory to emerge from the data, rather than beginning a project with a preconceived theory in mind. The approach goes beyond description of phenomena through the organization and categorization of data into increasingly complex conceptualizations and levels of abstraction (Locke, Spirduso, & Silverman, 2000). The methodology of grounded theory combines well with the semi-structured interview style described by Elliot Mishler (1986) to provide an overall approach where findings and theoretical conclusions stay close to phenomenological data from which they are derived. Procedures include sampling, data collection, data analysis, and presentation of findings. Methods of sampling and data collection involve the recruitment and interviewing of participants. Data analysis involves a process of constant comparison and a complex set of coding procedures.

Participants

Nature of the Sample

In keeping with the research questions that were addressed and the study's qualitative design, the sampling was purposeful and focused on a small number of information-rich cases. Data samples consisted of participant interviews. Michael Quinn Patton (1990) describes information-rich cases as "those from which one can learn a great deal about issues of central importance to the purpose of the research . . . whose study will illuminate the questions under study" (p. 169).

The size of the sample is 13 participants. The number of participants is determined by whether sufficient information has been gathered to do justice to the subject in question, or "to the point of redundancy. . . . If the purpose is to maximize

information, the sampling is terminated when no new information is forthcoming from new sampling units” (Lincoln & Guba, 1985, p. 202). Grounded theory similarly advises that data be collected until each category is saturated. There is a dynamic relationship between data collection and analysis - analysis of the data from early interviews may influence the form of subsequent interviews and/or point to the need for additional, unanticipated interviews. Therefore, “Sampling often continues right into the writing because it often is at these times when persons discover that certain categories are not fully developed. Then, data gathering functions in the service of filling in and refining” (Strauss & Corbin, 1985, p. 214).

An effort was made to create maximum variation in the sample by attempting to recruit participants from different demographic categories, such as socio-economic class, ethnicity, age, and location. Almost every study about lesbian families cites the great difficulty in locating a sample that is not mostly white, highly educated, and middle-class and above (Goldberg, 2006; Patterson & Freil, 2000; Patterson et al., 2004). The aim of maximum variation sampling is to discover central themes that cut across a participant variation. A small sample of great diversity yields “high-quality, detailed descriptions of each case, which are useful for documenting uniqueness, and important shared patterns that cut across cases and derive their significance from having emerged out of heterogeneity” (Strauss & Corbin, 1998, p. 172). To maximize variation in a small sample, the researcher must identify diverse characteristics or criteria for constructing the sample. Variation can come from the intersection of demographics like age, class, ethnicity, and residential location. Two examples of other sources of variation can be

different family structures such as when the gestational mother is not the biological mother, or when the sperm donor is a close male relative of the non-biological mother.

Criteria for Selection

To be included in the present study, participants had to be partnered in a committed lesbian relationship, with both partners living together as a family, sharing family resources and responsibilities. All the decisions to parent together were mutually made, within the context of their marriage/love relationship. Participants were the non-biological, non-gestational mother in their parenting couple. *Intention* to create a family is beginning to be acknowledged in the law as an important marker and sign of commitment to a parenting role with one's lesbian partner (Hare & Skinner, 2008; Millbank, 2008; Wald, 2005). The study focused on lesbian women who have never parented before and were interviewed about their experience as a first time parent. The time period referred to here as the transition to parenthood will include the first seven years of the first child's life. Interestingly, as much as the topic of transition to parenthood is considered hugely important in the family studies literature (Belsky & Rovine, 1990; C. Cowan & P. Cowan, 1992; Feinberg, 2002; Goldberg, 2006), there is no clear, agreed-upon period of time that all scholars understand to be the transition to parenthood (personal communications, C. Cowan, April 24, 2009).

To summarize, the criteria for selection of participants in this study included women who identify as lesbian, who had never previously parented, and who negotiated with their partner about the desire for motherhood. The participants took equal part in the planning of the path to pregnancy and the decision of which partner carried their first

child. Participants were currently living and parenting together with the biological mother of their child in the time period of the transition to parenthood.

Recruitment

A variety of recruitment methods were used. I told everyone I know, especially professionals who work with lesbian parents during the transition to parenthood, like obstetric gynecologists, pediatricians, and psychotherapists. I went to a Berkeley YMCA social event for LGBT parents with small children, and handed out flyers, (see Appendix A) making contact with many people. I went to the San Francisco Gay Pride Parade and handed out flyers to women with small children. I put up flyers announcing the study in coffeehouses and bars where lesbians tend to gather (see Appendix A). I recruited participants from advertising on the Internet, on sites of interest to lesbians and new parents (see Appendix B). I contacted groups such as Our Family Coalition, a local Bay Area organization for LGBT families, briefly describing the research project (Appendix C). I announced the study on several listserves focusing on lesbians and women of color such as Sistahs Steppin' In Pride and apiqwtc (Asian Pacific Islander Queer Trans Community) (See Appendix C). I had announcements of the study put on the LGBT listserves at UCSF and CIIS (see Appendix C). I asked participants if they knew anyone who might be interested who met the criteria for selection (See Appendix C). I asked interested lesbian non-biological mothers during the transition to parenthood to contact me by phone or email. I then sent a letter to prospective participants whose names I received or who contacted me directly (See Appendix D). The letter (see Appendix D) included a description of the research project and its methodology and was accompanied by the Informed Consent Form (see Appendix E) for potential participants to review. I

telephoned the participants I selected for inclusion, so we could set up a mutually convenient time and place for the interview. I followed the Interview Guide (see Appendix F) during each interview, in as flexible and attuned way as possible. I left my contact information, (see Appendix G) along with that of Dr. Mary Coombs, after the completion of each interview, in case a participant wanted to reach me. The signed approval page of the Protection of Research Participants Application is included in Appendix H.

Data Collection: The Interview

Interviews were 60-120 minutes, face-to face, semi-structured, and of a narrative style to facilitate open sharing. In the participant interviews it is wise to have some questions or topics which guide the interview but not to have so much structure that responses are limited (Creswell, 2000). The participant herself guided much of each interview. I helped her, through supportive listening, to express her own experiences of internal changes as she identified them. An interview guide with relevant topics and questions was referred to as needed in each interview (Appendix D).

As Mishler (1986) suggests, the goal is to facilitate a dialogue between the researcher and participant in which subjective experiences of the transition to motherhood were explored. This interview process may be unique in its depth and thoroughness of delving into the subjective experience of being a lesbian mother who is also the non-biological mother. Participants were able to be open and willing to share their experience, even when emotionally vulnerable. I am a lesbian mother, and was available to talk about my own experience as a lesbian biological mother as well as an adoptee, raised by my non-biological adoptive father. Participants were interested in my

motivation and interest in this study topic, and extremely appreciative of the focus on their experience in this role. I believe my openness helped to give me access to others' experiences.

Procedure

I interviewed each participant once, from one to two hours, in the setting they preferred—my office, their office, or their home. I recorded the interviews, and had them transcribed. An interview guide consisting of a set of topics and probe questions helped me insure that certain questions were covered during the interview, but the interview guide was only for my own use. It was not intended to shape or direct the interview.

Before beginning the recorded interview, I reviewed the purpose of the study and issues of confidentiality with the participants. I asked them to sign the informed consent, a copy of which they had already received prior to the interview. I initiated the interview by inviting participants to begin to talk about their thoughts and experience related to the research topic. After that, the interview followed the direction set by the participants. A semi-structured interview of this sort should be relatively spontaneous, reflecting the participant's own narrative, pace, and flow of thoughts in response to the central research questions. If I wanted to ask about something that did not come up spontaneously during the interview, or if I wanted the participant to clarify or elaborate on something she brought up, I asked my question at what seemed to be an appropriate point in the interview, hoping not to interrupt the natural flow.

The Topics of the Interview Guide

The preliminary interview guide (see Appendix D) consisted of a list of topics and probe questions designed to help me attend to areas of inquiry that shed light on the

research questions. Although the topics are presented here in a certain order, during the interview there was no need to follow any pre-conceived order of questioning. Whether and in what order questions were asked was entirely dependent on how the interview proceeded.

After the participant gave her consent to proceed with the interview, we discussed whatever questions she had about the study. I began the interview with an introductory statement about the research question. I then asked the participant to begin talking about her initial reactions and thoughts about this question. As the interview proceeded, I referred to the topic areas below.

- Tell me about your interest in being a mother.
- Tell me about your process with your partner, in deciding to become parents.
- How did you decide on a path to pregnancy?
- What is your experience as a non-biological lesbian mother during the transition to parenthood? How has being a non-biological lesbian mother in the transition to parenthood changed you? (Include changes in the following areas: relationship to self; relationship to partner; relationship to child; relationship to extended families, both biological and non-biological; relationship to institutions (for example, the lesbian community/pre-schools/religious community/medical and health care providers) and the people in them; and relationships in ordinary day-to-day life).
- Has the transition to parenthood impacted your division of labor with your partner, and if so, how? Does your current division of labor impact your relationship satisfaction with your partner?

- What kind of language do you and your partner use in naming yourselves as mothers? Has the language you use changed over time at all?
- Have you and your partner taken any legal action to protect your family? Who initiated that, and did it have any impact on you or your partner?
- What would you say are the hardest things and the best things about your role as a lesbian mother who is not biologically related to your child?
- Do you plan to have more children? Do you intend to be a biological mother?
- Do you feel your gender identifications or gender expression impact you as a parent? If so, how?
- What has been the impact of your child on your intimate relationship with your partner? Has it changed over time?
- Is there anything you would want to tell other lesbians who are planning to parent together?
- Is there anything you would like to add? How was this for you?

These topic areas had several purposes. First, to explore the participant's desire for motherhood in and of itself, as distinct from questions about the couple process. Second, to hone in on the central question of this study, what is a non-biological lesbian mother's experience during the transition to parenthood? The range of changes included the woman's relationship with herself, her partnership, both as co-parenting partners and as lovers, close friends and family, and the larger world. Third, to hear what language the non-biological lesbian mother used to describe herself and her role within her family. Fourth, to explore the two primary areas identified in the transition to parenthood literature: division of labor and relationship satisfaction. Fifth, to find out about legal

actions taken, and legal issues most important to lesbian non-birth mothers. Sixth, to explore the relevance of gender issues, and how gender identity or gender expression impacted the choices of lesbian non-biological mothers. Seventh, asking lesbian mothers for their experience offered them a chance to put into words what they wish someone had told them when they were in the process of trying to decide about becoming a parent. Finally, I gathered some information about the delicate question of how being a lesbian non-biological mother in the transition to parenthood is impacted in her sexual and intimate life with her partner.

Data Analysis

The interviews were transcribed, and the data analyzed for themes and categories of experience. Asking questions and making comparisons is the grounded theory approach (Strauss & Corbin, 1998). Strauss and Corbin offer a way to “think about and study social reality” (p. 4). Questioning is the medium for data collection, and a tool for understanding and making meaning out of the data that has been collected. Records of interviews and the analysis of them were held confidential through a numbering system rather than names, and records were kept on one computer to which the researcher had sole access. Interview recordings and transcripts were reviewed thoroughly and coded in three sequential procedures. They were analyzed using the constant comparison method as described by Strauss and Corbin (1998).

Constant comparison involves the analysis of data beginning with the first interview. The goal is to compare and contrast the data from each interview, analyzing data as it is compiled. In this method the researcher identifies themes and categories as they appear and is sensitive to the saturation or completion of categories as the study

proceeds. Saturation means that interviews begin to repeat information and become redundant. Until categories were saturated with data, interviews continued and the interview process modified as results were analyzed. With saturation, interviews ceased while analysis continued. Data analysis began with the first interview and included not only constant comparison but also the researcher's relationship with the data. Grounded theory implies that a subjective experience with the data is valid. This creative latitude lends credence to the identification of themes and meanings as data is reviewed. The researcher is the principal instrument of the study, and as a result, used this subjective experience to guide the analysis of the data. Strauss and Corbin (1998) state the following:

Although we do not create data, we create theory out of data. If we do it correctly, then we are not speaking for our participants but rather are enabling them to speak in voices that are clearly understood and representative. (p. 56)

Coding refers to the systematic identification of themes and categories in the data and has three specific coding methods: open, axial, and selective. Open coding is the first round of analysis in which emerging themes are noted. The data is allowed to speak for itself. Interview recordings and transcripts were examined and virtually deconstructed line by line, word by word, to grasp inherent meanings. Axial coding reassembled the data for further understanding, relating themes, categories, and sub-categories to discover a clearer explanation of phenomena. A selective coding process was used to "integrate and refine categories" (Strauss & Corbin, 1998). Through this process a central concept emerged which led to the formation of theory and a framework to contain the relationship of all other themes, concepts, and categories in the data.

Reliability and Validity

Reliability and validity are concepts essential to the evaluation of quantitative research. However, a discussion of these concepts is also necessary in qualitative research. Reliability refers to the instrument used in a research study, and validity refers to the generalizability of results gained. According to Angen (2000), validation is “a judgment of the trustworthiness or goodness of a piece of research” (p. 387). Validation, for Creswell (2007), is an effort to understand the accuracy of one’s findings in qualitative research. Creswell sees validation as a strength of this type of research, using “detailed, thick description” (p. 207), a close, experience-near position of the researcher to the material and the participants, and a substantive immersion in the research field.

In qualitative research the instrument is the researcher herself and the interview process. In grounded theory the discourse between the participant and the researcher is designed to be of quality and depth. Could this study be replicated with other researchers and participants? Will the results be generalizable to other non-biological lesbian mothers during the transition to parenthood? However, Lincoln and Guba (1985) propose that the paradigm of rationalism as a method of inquiry needs to be replaced with that of “naturalistic inquiry.” Lincoln and Guba assert that the concepts of generalizability and validity are not what a researcher doing qualitative, “naturalistic inquiry” should be concerned with. They advocate that the conventional trustworthiness criteria of the terms of internal validity, external validity, reliability, and objectivity be replaced with credibility, transferability, dependability, and confirmability (p. 300). The naturalistic method acknowledges that reality is not one single version but multiple versions, and not

static, but constantly changing. Therefore, generalizability is too context- and time-bound to be able to perfectly capture the same findings and results.

According to Misher, (1986) and Strauss and Corbin, (1998) the narrative interview is a reliable means of generating data. Narrative interviews allow both the participants and researcher to stay close to the subjective experience of participants as revealed in the process. This type of data collection is designed for exploration of depth of participants' experience. The goal is to establish deep rapport between researcher and participant, an experience of mutuality and trust that allows for both people to give voice to previous, possibly unarticulated, experience (Creswell, 2000; Lincoln, 1995).

In qualitative research the goal is not so much generalizability but transferability, according to Strauss and Corbin (1998). Strauss and Corbin speak of the "language of explanatory power" as contributing to the researcher's ability to develop theory from participant data. My intent was to create a space and invitation to allow the most marginalized family member to speak of her experience of non-biological lesbian motherhood during the transition to parenthood. My hope was that this would be transferable and empowering to other women seeking guidance, validation, and recognition of the role, identity, and relationships of the non-biological lesbian mother.

Presentation of Findings

Findings were presented in a narrative statement in the last chapters of the study. Two chapters were written: one summarizing the interview data, and the last chapter detailing my analysis of the data. Included were findings and theory extracted from the data supported by the categories and themes discovered in analysis of interviews. Participants' statements were used to illustrate these themes and theory. Participants'

privacy and confidentiality were protected by fictitious names, judicious selection of statements, and deletion of any potentially identifying descriptions.

Limitations

This study is limited by exclusion of participants who are not non-biological lesbian mothers during the transition to parenthood. I did not plan to interview non-biological lesbian mothers who are past the transition to parenthood, nor did I plan to interview lesbian mothers who carried a first biological child. I did not plan to interview lesbian mothers who adopted a child together. I interviewed lesbian mothers only about their transition to parenthood with their first child, whom their partner carried. This study was designed to inquire about the impact of the transition to parenthood of a first child on a lesbian non-biological mother.

Researcher Subjectivity

The intent in doing research is to be as objective as possible in order to be reasonably accurate in gathering and analyzing authentic data. It is important to hold an awareness of potential subjectivity and prepare for this in the research design. When a researcher is studying someone similar to oneself in life experience the research requires attention to this aspect of the study. This section includes a discussion regarding researcher subjectivity in order to highlight the potential biases in the study due to my personal and professional experience. Researcher subjectivity includes the beliefs and assumptions I have formed through my own experience as a lesbian biological mother rearing my daughter with her non-biological mother. Additionally, my identity as an adoptee helped to drive my interest in non-biological family ties, and helped to create my identification with all family members not created through biology. However, my

identity as a lesbian mother is being a biological mother. I anticipated that some participants might possibly have uncomfortable feelings about me not being a non-biological mother but that did not seem to be the case. I tried to listen to participants' life experience with an open mind, not expecting them to be similar to me or to other non-biological lesbian mothers I know. Each person is unique and has her own voice and experience. It was important for me to regard each participant as an individual rather than filtering the data through my own experience. I tried to be alert to my life experience and how it may have affected the interviews and the data. I attempted to monitor my inner process and my responses to participants throughout the interview process. I wanted to ensure that I was hearing their experience, not my own, and that I was not imposing my own beliefs, attitudes, and experience onto the study.

CHAPTER FOUR: THE RESULTS

This study explores the lived experience of 13 lesbian non-biological mothers/parents during the transition to parenthood. The current chapter begins with a brief summary of the research questions and methodology and a description of the study participants, followed by the findings, which are divided into thematic categories. These categories are described with illustrations from the participants' interviews. The dynamic interrelatedness of themes and categories is discussed in Chapter Five. Any names used in this chapter are fictitious, and should be regarded as such.

Overview of Research Questions and Methodology

The five research questions that this study addressed are the following:

1. How do lesbian non-birth mothers/parents describe their transition to parenthood?
2. How are the necessary parenting and work roles and responsibilities shared between the partners in this transition to parenthood?
3. In what ways have gender identifications and expressions impacted these roles and responsibilities?
4. How do non-biological lesbian mother/parents describe their relationship quality and satisfaction with their partners during the transition to parenthood?
5. In what ways, and to what extent, does a couple's sex life together impact relationship satisfaction?

Prior research on the subject of lesbian mothers/parents during the transition to parenthood has only appeared in publication during the last twenty years (Gartrell,

Hamilton, Banks, et al., 1996; Gartrell, Banks, Hamilton, et al., 1999; Gartrell, Banks, Reed, et al., 2000; Gartrell, Deck, et al., 2005; Goldberg, 2005, 2006; Goldberg & Perry-Jenkins, 2007; Goldberg & Smith, 2008a; Reimann, 1997). Gartrell and her colleagues, in the years from 1996-2005, conducted the only longitudinal research on lesbian couples parenting together, mostly without distinguishing between the biological mother and the non-biological mother. Goldberg (2006) wrote her doctoral dissertation on the transition of parenthood in lesbians, studying both partners in the couple. Nothing, however, has been published about the experience of lesbian non-biological mothers during the specific and important developmental stage of the transition to parenthood, which prompted this researcher to study this topic.

Summary of Methodology

Lesbian non-birth parents/mothers during the transition to parenthood is the subject of this qualitative, grounded theory (Strauss & Corbin, 1998) research study. Qualitative research is especially suited for understanding a neglected or insufficiently theorized area of thought like this topic. The grounded theory researcher begins with an area of study, and allows the theory to emerge from the data.

Thirteen participants were recruited and interviewed by the researcher, in 1- to 2-hour in-person interviews, audio recorded. Systematic measures were used to collect, code, and analyze the data. Data analysis was done through a process of constant comparison and coding procedures. Theoretical and thematic categories will be presented.

Participants

Thirteen women who identified as lesbian non-birth mothers during the transition to parenthood were interviewed for this research study. They live in six different cities and four counties in the San Francisco Bay Area. The participants range in age from 27 to 49 years. The length of their couple relationships before the transition to parenthood ranged from three to ten years. Six of the women had undergraduate degrees, six had master's degrees, and one had a professional degree. One woman was unemployed, one woman was a stay-at-home mother, two women worked part-time, and the other nine women worked full-time. Four women earned under \$50,000 per year, five women earned between \$50,000-\$75,000 per year, and two earned over \$100,000. Their occupations included two teachers, one administrative assistant, one firefighter, one banker, one social worker, one counselor, one unemployed retail saleswoman, one health care consultant, one attorney, one university manager, one stay-at-home mother, and one artist. Six women rented their homes and seven owned their homes. Eleven women identified as Caucasian, one as multi-racial, and one as biracial. Two of the Caucasian women identified as Jewish. The first-born children in this study of the transition to parenthood of these lesbian non-birth mothers/parents ranged in age from five months to seven years, with the majority falling between one and three years old.

My general impression of the participants was that they had a story to tell, wanted to tell it, have it recorded, written down, and shared. Each and every one mentioned a desire to "have more information out there," to contribute to a growing knowledge base about their role and identity as a lesbian non-birth parent/mother during the transition to parenthood. They wanted information about non-traditional families like

theirs to be more widely disseminated. They were thirteen thoughtful lesbian non-birth parents with small children, eager to talk about their experience of the transition to parenthood. Some of them had been thinking about this topic for some time. It was obviously a subject of great importance to them. They went into considerable detail about their path to parenthood, choosing sperm donors, what was hard, and what made it worthwhile. These were all lesbians who live in the San Francisco Bay Area, with families and children and partners about whom they reported a great deal of satisfaction and happiness. These are women who have chosen to live in the most gay-friendly location in the country, and are able to take all the legal actions possible to protect their families. Socio-culturally, these mothers/parents have managed to create a family in a geographic area and state where they are legally protected more than anywhere else in the world, which makes them extremely fortunate. I will begin this next section by describing the two major categories in this presentation of the study's results.

Findings

The findings fall into two major categories: (a) Developmental Stages of Lesbian Non-Birth Mothers/Parents During the Transition to Parenthood; (b) Relationship Satisfaction of Lesbian Non-Birth Mothers/Parents During the Transition to Parenthood. The first category includes experience that each lesbian non-birth mother/parent must go through to achieve a successful pregnancy for her partner, pregnancy, labor, birth, until three months post birth.

There are five steps of the first category that all lesbian couples must take to make a biological baby from the body of one of the women. One, a negotiated and mutual assessment of each woman's desire for parenthood, an agreement that the couple wishes

to parent together, and a decision regarding whose body will be inseminated. Two, an acceptance that the couple must acquire sperm to make a baby, negotiations about how and where and who from, and a decision to start. Three, the insemination process can take anywhere from one month to many months to never. Insemination ranges from little intervention besides the insemination to elaborate and expensive technological actions that require the involvement of highly skilled professionals. Four, the phase of pregnancy, when both parents are involved in the actual and symbolic transformational evolution of becoming parents. A process of literal and symbolic differentiation occurs between the two female partners by virtue of the fact that one partner has their baby growing inside her body, while the other does not. Five, labor and post-birth adjustment of the first three months.

This chapter therefore begins with the first major category of findings, developmental stages, and a focus on the subject of desire for motherhood/parenthood. Which of these participants wanted to be parents, and how did their desire to parent compare with their partner's? Different family and interpersonal dynamics are created from the intersecting matrix of this issue. Each lesbian couple that wants to rear biological children must decide which partner will try to get pregnant. For some couples, it is an easy, simple, and clear decision, and for others, it is quite complicated. It is not uncommon for gender issues to be a factor in this process.

From that decision the couple must confront the question of how to acquire the necessary sperm. There is a wide range of choices that must be made, reflecting each couple's needs, values, resources, and how well they can work together. Once pregnancy is achieved, and maintained, these participants and their partners experience the universal

nine-month journey that culminates in the birth of the first-born child, the fifth and last stage that simultaneously becomes the next first stage once the baby arrives. This section ends at birth and three months beyond that.

The second major category of findings is entitled relationship satisfaction, a description and assessment of the experience of a lesbian non-biological mother/parent during the transition to parenthood three months post-birth and later, in relation to her wife/partner. I will identify and discuss the different factors relevant to relationship satisfaction during the transition to parenthood after the first three months of the first child's life. Areas that impact relationship satisfaction during the transition to parenthood will be presented, including the division of labor, sex, child preferences, legal issues, and impact of family and friends. I will now turn to the presentation of the first category of findings, the developmental stages of lesbian non-birth mothers/parents during the transition to parenthood.

Developmental Stages of Lesbian Non-Birth Mothers/Parents During the Transition to Parenthood

Desire To Parent

All but two of the participants wanted to parent. In fact, these eleven women said that they had broken up with partners in the past when it became clear that they did not want children. One participant spoke for all of these eleven women when she said:

I guess that was always kind of a deal breaker for me, when I was dating people. If they didn't want kids, I knew that I didn't really want to get involved with them. . . . I don't remember exactly the conversation we had, but I know we talked about it early on, and she felt the same way.

Of the two participants who did not themselves feel the desire to parent, one participant knew that her partner very much wanted to parent with her, and she felt she did not want to stand in her way. That participant said that her partner was a “natural mother” and “a big kid” for whom children had always been important. The second participant who had not always planned to have children found herself dating a woman who was trying to get pregnant on her own, and a month later, dating a woman who had gotten pregnant on her own. “I never had an aversion to it, or didn’t want to do it, I just didn’t share that feeling, ‘I have to be a parent’. . . I just thought, if the time is right, I’ll know it.”

Two of the participants with a strong desire to parent reported that their partners had doubts about how committed they were to being parents, which translated into a question about their desire to parent, but really had more to do with whether the participants would be as fully involved in childcare, the division of labor, and the sacrifices necessary to be good parents as their partners wanted them to be. This issue will be covered in the subsection on the division of labor. Lengthy negotiations occurred in order for these biological birth mothers to feel reassured enough to proceed. These (intended) two biological birth mothers who hesitated were more conventionally gendered, identified as female, feminine, and wanted to make sure that their unconventionally gendered partners would not disappoint them, or leave them to do the lion’s share of the parenting.

Who Will Carry the Child? Partner Will Be the Birth Mother—“Okay, We Don’t Need To Do That Little Science Experiment.”

Most of the participants did not wish to carry a child. Three of them felt that pregnancy did not mesh with their gender expression and identity. Each of the three very much wanted children, but they identified more with a male gender expression and identity, and preferred the provider role, typically associated with the father. Two of the three were satisfied with the role of the non-biological parent, and the three chose parent names that were not maternal (e.g., not “Mommy” or “Mama”). Two of the three participants did not want to be the primary parent or mother, or be in competition for the role of primary mother or parent. For them, the role of non-birth mother/parent felt comfortable and right, according to how they thought of themselves and their gender identities. An example was Lane who described herself as coming from a very religious and heterosexual family in a small town in a red state. She did not feel a desire to be pregnant, but said she had always had a strong fear that if she and her partner had a baby that her partner gave birth to, her parents would not feel that Lane’s non-biological child was a full-fledged grandchild. Lane reflected:

There was just this thing in the back of my head. It was not based on anything my parents had ever said. I knew they were looking forward to grandbabies . . . one day I brought it up to my mother on the phone . . . she told me it doesn’t matter who carries that child. “We will love that child. That will be our grandchild.”. . . And she brought up the fact that ever since I was like three years old, I hated wearing dresses. She said, you have always had the gender identity you have now,

and I'm not sure it would be the best thing for you to put yourself in that situation, just because you think we need genetic offspring.

Lane was amazed by her mother's words, and felt immediate relief. Lane's partner, Leyla, a conventionally gendered and feminine-identified woman, reinforced Lane's mother's recommendation. Leyla told Lane that she felt it was her job in their relationship to carry a baby. Leyla told Lane that if Lane really wanted to get pregnant, Leyla would "let her," but "that I would in some ways be almost taking something away from her. . . . After having that conversation with my mom, it was like, okay, we don't need to do that little science experiment."

Two of the other participants who wanted to be parents but did not want to carry a child had medical conditions that would have made pregnancy in their own bodies a dangerous choice, and they were grateful that their partners wanted to carry a child. Another one of the participants did not want to carry a pregnancy because she did not "do well with being uncomfortable in my own body." She too felt grateful that her partner was happy to carry their child.

Another mother, Molly, said she had wanted to be a mother since she started babysitting at ten or twelve years old. She and her partner, who had never babysat or changed a diaper, "knew like from right when we met that I was wanting to have kids, and she wanted to have kids." Their disagreement had to do with Molly wanting to adopt, and her partner wanting a biological child, first. A lot of Molly's desire to adopt, she said, had to do with not wanting to pass on unwanted and difficult health issues. "My mom has health issues . . . I have my own list of things I don't want to pass on, like an autoimmune thing, like any depression or anxiety." Molly stated that whatever problems emerge for

their children, “if our child has some kind of issues, and the babies come out of her, we’ll deal with it and I’m not going to feel like I was responsible.” Molly showed obvious relief at that, and said that since she did not feel in a place where she wanted to try to get pregnant, her partner would start inseminating again within the next year.

An interesting situation develops regarding responsibility and “fault” when one parent uses her genetic material to help create their baby while the other parent does not. When both parents are “in it together” and have no option of escaping genetic “responsibility”, there is less reason to reflect on the desire to pass on or not pass on one’s genetic strengths and challenges. This is just one example of the level of conscious choice often involved in lesbian parenting through pregnancy.

For Nell, the process of deciding who would carry was simple. Her partner very much wanted to experience pregnancy while she did not. She said the body aspect of the experience put her off, “I don’t do well with being uncomfortable.” Nell did always want children but when she was involved in heterosexual relationships, thought adoption would be her chosen option. “I wanted to be a mother, I just didn’t need to do it on my own.”

One woman, Elgie, was in a unique situation. She had started dating her partner after her partner had begun inseminating. Her new girlfriend had been inseminating for a year, pursuing pregnancy as a single woman, with a known donor, who was an old friend. Elgie describes how she first heard about it:

Sometime during the first month of dating, she said, “I have something to tell you.” My mind, I was like, oh wow, she’s sick or she’s getting back together with

her ex-girlfriend. I don't know. And, she said, she told me, that she had been trying to get pregnant.

Two of the participants had always wanted to adopt a child, while their partners wanted to carry a biological child, and they and their partners went through substantive communications to decide on the method of having a baby.

Who Will Carry the Child? Both Partners Want To—"You Go First."

Four of the participants also wanted to carry a child. One of these women wanted her partner "to go first" because that was the dynamic in their relationship. Her partner tended to take more risks, and approached life with more of an adventuresome attitude. This woman, Bets, wanted to carry a child but wanted to see how it all went with her partner before she committed her own body.

Another participant, Logan, had a partner who felt more desire to parent, and was eager to make it happen. Logan had a more butch gender identity and expression, and felt she would like to wait until her partner went first, since that felt more right to her, or "normal." Logan was happy to wait, but definitely planned to try to get pregnant in the future.

One participant, Lauren, and her partner had a very matter of fact attitude about who would carry. Each knew the other wanted to experience pregnancy, and they made their choice about who would carry first based on the age of the partners, i.e., choosing the older one.

The last participant, Cathy, had a more complicated story, which will be described in detail later in this chapter because it illustrates unique challenges for a

lesbian couple who each want to carry a child and for whom gender dynamics have been important in their relationship.

Should We Get Married First?—"We Felt We Had To Get Married."

One interesting finding to me was that a majority of participants, nine in all, mentioned that it had been important to them or their partners to get married before trying to get pregnant. Molly said: "We were stuck between part of us having . . . the same heterosexual image, of, like, can we get married and then have a kid?" Getting married before becoming pregnant and parenting was something that felt emotionally necessary to these nine lesbian couples.

Another parent, Marta, said:

I found out in hindsight that Hallie really didn't care about having a wedding. She wanted instead to have a baby at that time, but I wasn't aware of that. . . . Looking back on it now, I'm not sure why we felt we had to get married. Why did we spend all that money? At the time, we were feeling a little traditional about the whole thing.

After the decision to parent is made, the next step is to accept that the couple must acquire sperm from a man in order to try to get one of the female partners pregnant. This step may or may not involve feelings of grief, envy, or resentment that the couple cannot provide the needed materials between them. Thus, the couple must go outside of their love relationship to find sperm.

Sperm Donor Choices—“Trying To Find the Right Boundary!”

Known or Unknown Donor?—“We Were Not Looking for a Sort of Third Parent.”

Lesbian couples who want to make a biological baby confront a number of important choices that must be made about the sperm donor. Will the sperm be obtained from someone they know, or someone they do not know, for example, a friend, a friend of a friend, or a complete stranger? Lesbians must decide if they want to go the route of an informal connection, or choose a more formal setting such as a sperm bank, where they must pay—handsomely—for the convenience, safety, and protection that such an institution provides.

Speaking for the majority of the participants, and recognizing the complexity of this decision, one mother said:

So our first decision obviously was whether we wanted to do it with someone we knew, or anonymous. And for us, that was the hardest decision. We were not looking for a sort of third parent. . . . We knew we wanted somebody with the same basic demographics as us.

Apart from deciding which type of donor, there are other related questions for the lesbian non-birth mother. How much contact does she want with the sperm donor? What kinds of roles suit her? What are her needs? Many of the participants spoke about the differences in experience between their partners and themselves. Because their partners were the women who would carry their child, participants thought they felt secure and comfortable in their maternal role immediately; the role of the pregnant, biological mother is one that is crystal clear, familiar to all of society. She is “the mother,” whereas the role of the non-biological mother is new and different. For example, one mother said,

about choosing the donor, who in their case was a known donor, and his involvement in making their baby:

At the time, I was like, at the time it made me nervous, especially being non-bio mom, I was like, “would this jeopardize my role?” And that was a really big deal. And . . . would the kid look like me?

For this participant, and six others, the biological mother-to-be gave over control of the choosing of the sperm donor to the non-biological mother to be. There was an attempt made on the part of these birth mothers to privilege their partner’s needs and feelings, and have the process and outcome reflect as much of the non-birth mother as was possible.

Describing her experience with her partner in choosing a donor, Peggy said:

She’s been kind of like backseat with this whole thing. I made a lot of the decisions, like I want the donor to look like this, I want the name to be this, and she’s like okay. She really let me take . . . I think because she knew I’m not the one who’s carrying it. I’m not the biological one, so she was like, let me give her as much as I can.

Lesbian couples have the option of going to a sperm bank unless the institutional policy of the sperm bank is only to work with heterosexual married women, a policy common in the past, and still current in other less progressive parts of the country. At sperm banks, there are catalogues or “menus,” where couples can pore through descriptions of the sperm donors, both physical and occupational, including family history of illnesses. One participant said of her somewhat overwhelming experience: “We looked into the bio log, and there’s like over a couple hundred donors.” The advantage of

a sperm bank is that they have already vetted the men, making sure that there are no apparent red flags, and that their sperm motility is acceptable to good. Another advantage of a sperm bank is that the law requires all men who donate their sperm to a bank or center to give up their legal rights as a parent.

There were seven participants who used known sperm donors, and six who used unknown donors through a sperm bank or reproductive center. The participants who chose unknown donors emphasized the need or desire to protect the integrity of their family as the main motivation in choosing an unknown donor. Even when the couple chose to use an unknown donor, however, there was a desire to ensure that their child would be able to know their donor at some point, and all of them chose donors who agreed that the child could contact them upon their 18th birthday. Unknown donors at sperm banks typically fall into two categories: “Yes” donors, who are identity release donors, and “No” donors, whose identity will not ever be released to the child.

Two of the six participants who used an unknown donor said that they had had to be persuaded by their partners of the importance of choosing an identity release donor for their child. These two non-birth mothers felt some ambivalence or competition for the role of father, or other parent. They wanted utter clarity about the identity of the parents of this child, and did not want anyone else claiming a parental role, however remote. These two participants spoke for others when they expressed a feeling of vulnerability or insecurity about their role as non-biological mother.

One example is Logan, the mother of a two-and-a-half-year-old son, who said that she and her partner were in agreement that they both wanted an unknown donor for the protection they felt it offered their family, but argued for quite a while about whether or

not to use a donor that their child would be able to know in the future. Her partner argued in favor of choosing an identity release donor while Logan wanted an anonymous donor. Logan had been drawn to a non-identity release donor whom she felt physically resembled her. Her comments show her identification with the role as the “social Dad,” and her desire to minimize the importance or role of the sperm donor, or “biological Dad.” Speaking of her children in the future, she recalled conversations with her wife:

We talked about it a long time, and she convinced me it was fine, and a natural thing they might want to do. I think maybe there was some selfishness in there in me not wanting them to possibly know because I don’t want competition. But that’s not my place to call.

Lane talked about the process of working with her partner, Leyla, to clarify what they each wanted, a known or unknown sperm donor. They had a couple of men friends they liked, and debated asking them. They were in agreement that they wanted someone who, at least on paper, resembled a family member of Lane’s. They considered asking Lane’s brother, but felt like her parents were already stretching, and that that would be too much to ask. They looked into all of the necessary steps involved in having a known donor, and mutually decided, quickly, on an unknown donor. Lane said, “when we looked into all the requirements, what they would have to do, what we would have to do, the extra things that would add to the process, it just wasn’t worth it for us.”

The advantage of using a known donor is that it can feel less institutional, more “homey.” The couple can inseminate at home, with the non-birth parent inseminating her partner in as intimate a setting as they choose. It is also much less expensive than using a sperm bank. Several of the couples hired someone to come and inseminate the biological

mother-to be at home, to capitalize on the expertise of women who do this as part of their professional work. The couples that chose known sperm donors weighed the risk very carefully. They seemed to feel there were risks, but at the same time, they thought that the risks were manageable and worthwhile.

Bets described the path to pregnancy for her and her partner, Mary. While they had been talking for some time about their desire for children, they realized that at one point, “the time felt right, and we were like, ‘let’s make this happen.’” They set off to do this, researched frozen and fresh sperm, financial costs, legal risks involved, and began to consider which of the men they knew who might be willing to be a sperm donor. They liked “the boundary of a good friend of a good friend. Someone we trust, who trusts this other person.” Bets and her partner were clear they did not want anyone else involved in any decision-making process, then and in the future, although they agreed they wanted a known donor. It was clear to the couple that they could not afford the sperm at a sperm bank.

One participant said that her favorite choice for donor had been someone who wanted more involvement than she was comfortable with. They had to interview a few men, “trying to find the right boundary.” When they found a man who was agreeable, they worked out the logistics. The following is what she said to the donor:

We want you to come over three times each insemination cycle, and then leave, right away. Here’s ten bucks each time, and then we’ll give you a present at the end. As long as it takes, and we’ll start with three months, and then we’ll go to six months.

Typically, a known donor does not charge the couple for his sperm, but rather does it for his own needs or values. The lesbian parents usually hope that he will assume a particular role, although roles and relationships can evolve after the birth of the first child. Possible or potential roles for the donor include that of father, or uncle, occasional family friend, or someone the child and parents have no contact with at all. The main desire and intention of all the lesbian parents is to retain control of all of the important decisions about the child's life. Any men who became the known donor had to agree with that, in order to proceed.

Those participants who had chosen to use a known donor gave a number of reasons for that decision, including keeping down the expense. For one mother, a sperm bank's charge "was like 500 bucks a pop." There was a desire to know about their child's biology and genetics, to give children the opportunity to know their biological father, and to create a new type of family. Recognizing that the process was not regarded as "natural," as evidenced by the term "artificial insemination," at least half of the participants voiced something equivalent to one woman's comment, "we want it all as natural as it can be."

The main challenge of using a known donor was to find a man whose ideas, feelings, and needs about contact with the lesbian-headed family were a good fit with the lesbian parents. After such a man was identified, it was necessary to assess his physical health, and specifically his sperm motility. Frequently the lesbian mothers-to-be started with one man, and ended up with another, with both known and unknown donors.

Of the seven known donors, one was the boyfriend of a co-worker, two were distant friends or acquaintances, one was an old friend of the biological mother, one was

the biological brother of the non-birth mother, one was a stranger who a friend had suggested, and one was a man from the same church that the lesbian couple attended. Of these known donors, three were gay men, and four were straight men. Three of the straight men were married with their own children, while the brother of the non-birth mother was younger, not coupled, and not parenting. The four straight men wanted no particular involvement with the children or families, while two of the gay men very much wanted to be part of their child's life.

Nell talked about the process of selecting a sperm donor. Like other mothers, she and her partner had many discussions about what they each wanted. They initially looked at anonymous donors, but were put off by two things: (a) the expense, and (b) "none of them were me."

Nell and her partner both came to the idea of Nell's brother being the sperm donor around the same time, independently. They were amazed to hear the other tentatively broach the subject, and felt relief. They talked about it for some months, and then asked her brother if he would consider being their sperm donor. They encouraged him to take a couple months to think about it. Nell described it as:

I called him on the phone. I said "we need to set a date to talk with you on the phone." We set up a time, and we both were on the line. . . . I was a little anxious that he was going to be weirded out. Because some people when we tell them, and we don't tell everyone, it's not something we automatically come out and say. . . . Some people, they think it's a little weird. They think it's, I don't know . . . a little incestuous or something.

Nell said that the appeal to the couple was that the child would be “genetically ours. . . . Biologically, this was as close as we could get to it being our own half-and-half mix of who we are and what we are, from a biological standpoint.”

Physical Resemblance Between Non-Biological Mother and Child—“The Kid Fits in.”

Twelve of the participants talked about their desire to have a child who looked somewhat like them or their family. There seemed to be a double wish that 1) their child would bear some resemblance to themselves, along with a belief that physical resemblance would facilitate that 2) their child would fit in with the rest of their family.

A common theme was participants’ awareness that their child would “be different enough” because of having lesbian parents. One woman said:

We talked about having an interracial baby . . . and then we decided, we’re not fancy people by any stretch of the imagination. We’re not an interracial couple. . . . We didn’t want to draw attention to ourselves. . . . This kid already has lesbian parents, and right or wrong, that makes this kid different already. . . . On both sides of the family are brown-haired people, lighter skin, so . . . why make this kid stand out?

The participants who used known donors acknowledged that the main consideration in choosing known donors was finding a good fit, but they also voiced concern about how the donor looked. All of the mothers who decided on unknown donors mentioned the desire to find a man whose physical characteristics matched those of the non-birth parent. They had more opportunity to select for physical characteristics and family or cultural background in the donor than did those who used known donors.

Lane talked about her process of looking through the catalogue to find what felt like the right sperm donor to her. Her partner, Leyla, turned over her power to Lane to choose which one she wanted. Lane describes a process of lengthy discussion with her partner:

[We talked] about it so much that we were really on the same page. It was like, you've got to be tall. Both sides of the family are really tall. . . . She's getting all the DNA so her part of the family was taken care of. She really let me be, like, "no, I want him to be tall." She was like, "oh yeah, make him look like your side of the family."

The "Dream Sperm Donor"—"It'll Be My Gift, There's Nothing Behind It "

Three mothers talked about their sperm donor in terms of describing him as the "dream sperm donor." They wanted to find a man who would completely agree to their terms and cede all control to the lesbian couple. One mother, Cathy, told this story of how they found their dream sperm donor. She said that she and her partner had gone to dinner at a friend's house, a friend who had formerly identified as a lesbian but was now married to a man and had two children. At dinner, the man went upstairs to put the kids to bed, and the lesbian couple continued to talk with the friend about their process of making a baby. Cathy describes her friend as saying:

It's kind of funny because last night Evan said to me, "Cathy and Mo are born parents, I wish there was something we could do to help them." Mo and I looked at each other, and said, "it's funny you say that because here's what we have been thinking." And his wife was really excited about the idea right away, she thought

it was just like the coolest idea ever. She said she was going to approach him about it.

Cathy liked the idea that he already had children and a family of his own. “He is the dream sperm donor. . . . He’s been so generous, patient, willing, and so kind. I can’t imagine a better sperm donor or sperm donor relationship.”

One participant said what she wanted in a sperm donor was the following:

A man who planned to stay in the area. Someone who would be okay with being known as the donor from the start. Someone available for a relationship if and when a child expressed interest but not someone who would need to be connected, for his own benefit. Someone perceived as smart, attractive looking, with nothing too scary in his genes.

In telling me how they found their dream sperm donor, Zoe described the contemporary social complexities of the sperm donor’s relationship to her and her partner. He was the former partner of the birth mother’s first girlfriend’s sister. There has to be enough trust in place for both parties to proceed. Zoe and her partner were struck with the gentleness of this man who offered to be their sperm donor, and the generosity of his partner, who valued creating alternative families. He told the parents-to-be, “look if you ever want kids, I’ll be happy to, you know, and it’ll be my gift, there’s nothing behind it. Just don’t put me on the birth certificate, I’ll sign whatever you want me to sign, as long as it says I have no financial responsibility.” His wife said, “we’re totally into it, they can be cousins.”

Once the decision of sperm donor is made, and agreed to by all the parties involved, the process moves to that of insemination, which is discussed in the next subsection.

Insemination Process—“A Scheduling Nightmare.”

Insemination is typically a stressful stage for couples. Common sense tells us, as did the participants, that the longer it goes on, the more stressful it becomes. For those who are paying for sperm, the expense can really start to add up. Even for those who are not paying for sperm, the coordination and organization of all the necessary details and steps can be formidable.

Length of time to get pregnant: “Stress doesn’t help.” The range of time for participants’ partners’ successful insemination was from one month to three years. Four of the participants experienced their partners getting pregnant after one month, which surprised, pleased, and excited them. Three participants had partners who got pregnant after the second month. These seven couples that got pregnant in the first two months of inseminating felt lucky, successful, and a sense of feeling supported, that “it was meant to be.” An eighth couple got pregnant after three months, and they too felt successful and pleased with the time it took to get pregnant.

Another two couples experienced an insemination process of seven and eight months to get pregnant. It took two couples more than one year, and one couple had to inseminate for nearly three years before they got pregnant. One such participant, Marta, whose partner had not gotten pregnant after a year and a half of inseminations, described their process:

And I didn't understand how you're supposed to get pregnant with half dead sperm . . . you've got to schedule the pick up of the tank from 9-5 Monday through Friday. And you've got to schedule the donor. Hallie would be totally stressed for the week leading up to it and stress doesn't help when planning to have a baby. . . . The whole thing was incredibly stressful, basically. The whole month. It was a scheduling nightmare.

No matter how long the insemination process took, the process of uncertainty, waiting, and having little control took an emotional toll on the couple. One woman, whose partner took two months to get pregnant, said:

We'd been measuring cycles for months . . . the first time we tried . . . her period was slightly late . . . we weren't really phased by it since it was the first time . . . and then we decided to skip the next cycle, because that was Christmas. After we had skipped a cycle, we realized how relaxing it was to have skipped a cycle.

Logistical Issues—"It Needed To Just Work."

Despite their desire for as natural a process of conception as possible, lesbian parenting couples have to go through many complicated decisions and steps to produce their child. Even before the insemination process begins, the lesbian couple has had to commit to the consistent daily and monthly charting of body temperature of the birth mother-to-be. Body temperature information is necessary to know when ovulation occurs, and the optimal time/day to inseminate. While some couples find this data collection a bit burdensome, most quickly grow accustomed to not getting out of bed until one's body temperature has been taken.

Sperm can be acquired fresh, from known donors, or frozen, from unknown donors at sperm banks and reproductive centers. If sperm is not donated through a medical doctor (all sperm banks and reproductive centers have a medical doctor on staff whose signature indicates the relinquishment of legal parenting rights of the donor/birth father), the legal rights of the donor remain, to be relinquished at some future date. For couples using known donors, part of the appeal of fresh sperm is that it is more potent than frozen sperm. Those who chose to use a sperm bank had no choice but to use frozen sperm. The sperm banks and reproductive centers run multiple tests on the sperm to ensure safety and quality, which means, for example, the inseminating couple does not have to worry about sexually transmitted diseases of any kind.

Of the four couples that achieved pregnancy in the first month, two used fresh and two used frozen sperm. Of the three couples that got pregnant in the second month, two couples used fresh sperm, and one couple used frozen. The couples that took longer to get pregnant all used frozen sperm, except one couple that got pregnant after one year, using fresh. The couple that switched from frozen to fresh at one and a half years of trying took another two months of fresh to succeed.

A participant, Molly, whose wife got pregnant using frozen sperm on the first try, said: “We were going to wait, she wanted to chart it longer, and I was like, why? Like we had enough money for like one insemination pretty much . . . it needed to just work. And we did.”

Mothers who had used known donors emphasized the logistics involved, the patience to coordinate multiple details and tasks, and the money to pay for what was needed. Cathy said that she had checked around the Bay Area and only one medical

doctor did inseminations with fresh sperm. But in order to do it in the doctor's office, which protects the lesbian parenting couple from future assertions of parental rights from their sperm donor or his relatives, the expense is all out of pocket. She described how their donor lived far from the doctor's office, and sperm only lives for about 45 minutes:

So we discovered this thing called overnight mail, which the University of Michigan sells, where you can put fresh sperm in this stuff and it will keep it alive longer. So he would do his, you know, creating the sperm, at like five in the morning, and he would leave it on his front porch. Then a courier would come, because we weren't allowed to have contact with it between him and the doctor, pick up the sperm, and bring it to the doctor's office so it would be waiting for us there. And then we had to get it spun . . . and then we would do the ultrasound thing, to make sure the time was right, and the whole procedure would cost us like \$1500 a month. And we weren't even paying for the sperm!

"It's Sad We Can't Have Each Other's Babies."

Cathy began the discussion of her experience by noting her sadness and grief that she and her partner could not make a baby together with their own bodies: "Nobody talks about that it's really sad that we can't have each other's babies." Although her experience was in many ways different than the other participants, she pointed out the loss that is there for all lesbian parenting couples that must rely on a process of insemination. At least half of the participants acknowledged that they or their partner had felt bad that they could not just "go upstairs and have sex and make a baby."

It was important to Cathy to imagine what a child might look like if conceived from a biological union between her and her partner's bodies. Only after that did she feel

she could really grieve, and then let go of what was not possible, and move on to making babies with the use of a known donor, since both of the mothers-to-be wanted someone they knew.

As noted in the previous subsection, couples started out, optimally, wanting a donor who resembled the non-birth mother. But the longer the insemination stage went on, a healthy man with an open schedule and good sperm motility sometimes became the priority. The experience of Marta and her wife, Hallie, illustrates some of the stresses common to these lesbian inseminating couples.

Marta and Hallie decided on a sperm bank with an unknown donor, which limited them to using frozen sperm. They inseminated for more than 18 months, exhausted their funds, and then switched over to using fresh sperm from a known donor. Marta found the insemination process difficult, mainly because every month that her partner did not get pregnant, her partner went into a depression.

Marta said:

It was traumatic. . . . We originally thought, oh, in six months, we'll evaluate.

And you have to decide whether you do it at home or do an IUI, or what. And at month two or three, I got really depressed and was having a hard time, because my wife was so sad. . . . We were pretty surprised at our lack of tolerance.

Marta and Hallie began to rely on the sperm bank for descriptions and impressions of the sperm donors. They found that very helpful and reassuring in the middle of a process that tested them more than they expected.

Marta said that she and Hallie began to have different experiences for the first time in their ten year relationship when they started to inseminate. Part of what was so

stressful and challenging for the couple, she said, was to manage and communicate about the differences in experience during the experience of insemination. Over time, Marta became able to accept the differences in their experiences, but had not felt prepared for the differentiation. She said, “Her bio view of getting pregnant was so different than mine, but with the same goal in mind but just different. So, I’m used to that now. Now there’s difference.” Marta described that challenging time as follows:

My wife was feeling that it was complicated because you just have to deal with some other person, and what if you don’t get along with them? It’s a little nerve-wracking, and the legal implications. . . . It’s just complicated. But, we were at the point where we couldn’t afford more sperm and then we thought, well, let’s meet with this guy. So we met with him, and his long-term partner, and we hit it off really well. So, for some months, we let our relationship grow, and we ended up getting live sperm from him. We had an agreement, and two tries, we got pregnant!

Another mother, Elgie, described her first experience of these developmental stages in a lesbian non-biological mother’s transition to parenthood, which were in many ways unlike those of the other participants because she did not participate in the original decision to have a child, choose a donor, or go through the first year of the insemination process.

When they started dating, Elgie’s partner had been inseminating for a year, as a single woman, and the next month after they began dating, she became pregnant. Elgie said that she first thought, okay, I am dating somebody who is trying to get pregnant. It is her thing, not mine. Once her partner got pregnant, Elgie thought, okay, I am dating

somebody who is pregnant. Elgie's partner never put any pressure on her, never demanded commitments, or agreements. Elgie describes her experience in the evolution of her desire to parent with her girlfriend:

I never felt like, okay, I'll do this but I won't do that. It was very like, what's right in front of us. And so it was this big progression from the sort of separate thing to the time that our daughter was getting to be born. It was like, we were very much together. It moved incredibly fast but it didn't feel that way at all.

This first pregnancy had no real problems until 14 hours into labor the baby died inside her partner. Elgie reflected on that experience:

I think I always sort of imagined that . . . that when your baby arrives, then all of a sudden, you're like, here I am! I'm this parent now. But what I realize . . . happened . . . at least for me, I think . . . it sort of changed my cells in a way. It was like this shift in identity and then all of a sudden, it was like, oh, well, I'm a parent but we don't have a child.

Elgie and her partner went on to have a child together in the next couple years. This time Elgie participated in all of the developmental stages.

There were miscarriages and losses before and after these 13 successful inseminations but for all of these 13 participants and their partners, their inseminations led to 13 pregnancies carried full term, culminating in 13 live births. We will next examine participants' experience of the time that their partners, wives, girlfriends, and lovers were pregnant with their first child.

Pregnancy—"It Was a Trip."

For lesbian non-birth mothers, their partner's pregnancy represents several types of experiences. First, it is the successful culmination of their mutual and extensive efforts to envision a path to pregnancy, and make it happen, so that the couple can move into the next developmental stage in the transition to parenthood. Second, the pregnancy creates a real and clear demarcation between the two women. One begins to experience the amazing changes in her body as the baby starts to grow inside; the other begins to experience her partner's physical changes and her own body's lack of such changes. Third, pregnancy stimulates a reengagement of coming out issues, as a lesbian non-birth mother/parent begins to "come out" to family, friends, co-workers, and self that she is expecting a baby that her partner is carrying. This role of "my wife is carrying my baby/our baby" is traditional for a man and a father to be, but not at all for a woman (Beverly Burch, personal communication, 2009). It places a lesbian non-birth parent in a new and challenging role, occupying a space that has traditionally been reserved for men.

Gender issues came into play for six of the participants during the developmental phase of pregnancy, as some couples took on roles that were gender congruent for them, while others faced situations that challenged the gender-identity comfort of one or both partners. I will later focus on two participants in particular who struggled with gender frustration.

Ten of the 13 participants reported over-all positive experiences during their partner's pregnancy. There was a lot of emotional communication between the partners, some of whom were shocked by how fast it had happened. There were three participants who described more difficulty with this stage, one of whom said that she and her partner

had to process her attraction to a co-worker, and work through some unresolved issues from their long past together.

Pregnancy is a time of birth and re-birth, as the two partners experience age-old preparations to become slightly different people than ever before. As much as a non-birth mother/parent and her partner have worked through their earlier issues about becoming parents, her partner's pregnancy requires her to confront her own internalized homophobia, her family's homophobia, and the outside world's uncertainty, disapproval, or lack of understanding about who she is. Pregnancy creates an opportunity to strengthen the couple bond, especially in the area of the pregnant mother supporting her partner's development of her own maternal/parental role and identity. Participants spoke of this support as vital for their own transition to parenthood as a positive experience. Finally, the time of pregnancy offers the partners an opportunity to decide on their own maternal/parental names—what they each wish their child to call them—and to clarify the last names of the baby and themselves, or their family.

In general, these 13 pregnancies went well. There were no major physical problems. There was, of course, to a greater or lesser degree, morning sickness, moodiness, and fatigue. One parent, whose insemination period was the longest, said about pregnancy: "It was fun for the most part. It was a trip to see how she would go through different things. It was much better than trying to get pregnant. Whew!"

Although the pregnancy stage necessitated changes in the division of labor, no resentment was expressed by twelve of the thirteen participants about the need for them to do more work around the house as their pregnant partners became more tired.

Participants were appreciative of the hard birthing work that their partners were “doing,” and were willing to pick up the slack of cleaning or cooking more.

I have organized the findings related to participants’ experiences during their partner’s pregnancy into three sections. The first section captures participants’ experience of feeling seen or unseen, acknowledged or unacknowledged, as they began to go through their partner’s pregnancy, and move into their new mother/parent-to-be role. The second section concentrates on findings illustrating changes in the couples’ sex life. The third section will present the findings that address the issue of naming and language because it is usually during this time period that the reality of becoming parents pushes the couple into thinking and talking about what they want to be called. Naming and language signify putting lived reality into words, especially when there are new realities that have not previously been represented by language.

Visibility/Invisibility

Issues of their changing identity of becoming a parent arose for participants during their partners’ pregnancies, especially when they felt unseen or unsupported by others around them. During this time, some participants struggled to feel entitled as a mother- or parent-to-be. All of these participants reported that they received positive support and validation from their partners around this issue, helping them to move through some of their own homophobia or insecurity.

For eleven of the thirteen parents, there was role comfort and satisfaction in being the non-birth parent, as expressed by Lane:

It was fine for me because everyone was so happy for us. We had some friends, and coworkers that were pregnant at the same time we were . . . straight friends. . .

It was just really cool and it was interesting in that I was just one of the guys kind of that had this pregnant wife. They would talk . . . commiserating . . . it was really cool.

One parent who lives in a small town with very few lesbians said:

It was so normal. . . . Nobody bothered us about it. We were living in____, not exactly the Castro. . . . We would go on walks everyday, and this old guy would see us everyday walking. One time he said something like “you ladies are making this real tough on me. Walking around all happy and pregnant. You give an old man hope.” It was a great experience.

For two participants, however, their partner’s pregnancy evoked discomfort and challenge. These two participants had in common the fact that they were conventionally gendered, while their pregnant partners were butch identified, but the experience of the two participants differed significantly. I will review each of these two minority experiences because they illustrate a uniquely lesbian experience of a lesbian non-biological mother’s transition to parenthood that is related to gender identification. Several other participants also mentioned feeling somewhat invisible as an expectant parent, but the theme of invisibility was most apparent in the experiences of these two participants. The first example had to do with how the participant felt in the outside world, and the second example had to do with how the participant felt with her partner. Both had to do with gender.

The participant Bets said the absolute hardest part of being a non-bio mom for her was during her partner Mary’s pregnancy. Exceptionally thoughtful, Bets reflected that she felt invisible in her role as parent-to-be, and she felt something that was even hard to

put into words. Bets felt that because she is “a femme dyke,” she was not seen by others during her very androgynous partner’s pregnancy. Because of the couple’s gender dynamics Bets perceived that not only did other people feel uncomfortable with her partner’s pregnancy, they felt uncomfortable with her non-pregnancy. Some members of her family spoke up to her, asking why it wasn’t her, Bets, who was the pregnant one. At some point in the second trimester, as Mary’s body got bigger, she realized that from now on in her family life, “nothing is going to be straightforward.”

Gender-wise, Bets said that her partner is often perceived as “something else.” She describes her as butch. Her partner has lots of tattoos and piercings. “The way she’s perceived is, is complex. So, when you add pregnancy to it! It made things even more, complicated. Because . . . people can only take in so much, you know?” She described her partner’s appearance:

No one saw that she was pregnant! No one. She was the most invisible pregnant person around. She’s solid. No one ever opened the door for her. It was hard.

Even my mom. She was like, “her belly hasn’t popped out yet.” They made that part of her so invisible.

During Mary’s pregnancy, when Mary was often not perceived as pregnant, Bets felt an identification with her around not being seen; the two of them shared that experience. Yet, Bets felt very alone, as a femme dyke, with a pregnant butch lover:

I had an emotional pregnancy going on! I’m getting ready to have this baby. I’m a femme woman. And no one sees me as pregnant. It was very sad for me. It was a very hard time. . . . It felt bad, because we aren’t really honored in the world, as expectant parents.

Bets talked about her experience at her workplace during the time her partner was pregnant. While Mary was pregnant, a male co-worker of Bets also had a pregnant wife. Bets describes how frustrating it was for her to feel her experience of becoming a mother was unrecognized and not understood. This type of social and work “non-support” undermines the consolidation of a parenting identity for the lesbian non-birth mother,

As Bets describes it:

I was just so grossed out by the way he was treated. “Cigars!!” There was a role for him. Here’s this experience he is supposed to have. You know, the woman nests, and he goes to work, to provide. It was really irritating to see how people played into that. Yet . . . they really didn’t know what to say to me.

In the second example, Cathy described Mo’s pregnancy as the hardest thing in their relationship. For many years Mo had expressed ambivalence about being female, a strong identification with being male, and a desire for Cathy to see her that way. Cathy felt completely unprepared for Mo’s change of heart about a desire to be a mother to their baby. Cathy had always had the girl role to herself—“I had never had to share it.” Cathy describes her experience:

And so when she started to say no, I think I feel like a mom, it was kind of like I’d been married to a man, and he started to say, I think I want to be the mom, not the dad. . . . It was like she was changing her gender, right in front of me.

She acknowledged that she was very angry with Mo and it took her four or five months to become more open to the baby growing inside Mo. Cathy said:

I was consumed by jealousy. I resented her, I didn’t want her pregnancy to take up any space in our relationship. . . . Mo was like, “I’m so excited, I will probably

never have this experience again, and I have this partner who is completely unsupportive, and mad at me all the time.” It sucked.

As Mo’s pregnancy progressed, Cathy found herself feeling like Mo was carrying her baby, like Mo was a surrogate mother, although Mo did not feel that way. The couple remained at odds during the pregnancy.

Sex During Pregnancy—“Hit or Miss.”

Participants reported that sex tended to become less frequent during their partner’s pregnancy, which did not seem surprising to them. Lane said that before pregnancy, their sexual frequency was twice a week or more. Once her partner got pregnant, the reliability of their sexual connection faltered. According to Lane:

During pregnancy, it was like hit or miss because there were times where she just wasn’t there, and times when she was totally horny. There were times when she was just like, “uh uh, you are not touching me”! And then there were times she was like, “if you don’t touch me, I’m going to kill you”!

Molly said that both of them wanted a more regular sexual relationship, but after nearly ten years together, they each got so busy with their individual lives that their sex life became “irregular.” Once Joan was pregnant, their sex life disappeared.

Elgie described her partner, Hanna’s, second pregnancy (after losing their first child during labor) as one in which her partner had anxiety about sex, especially about penetration. But Elgie did not feel bothered by that. She felt as long as they had some sexual interest, and kept some energy and connection going, it didn’t matter to her so much what they did. Elgie said:

There's never been a time when we had to talk about sex, like "I want more, and you don't," or "how come you don't"? We never had that. We were having it or having it a little less, but still talking about it, or still wanting to have it, and kind of laugh about it, so we've been really awesome about that.

Cathy, who had to deal with her own first trimester miscarriage, said, "Its been really hard to re-find it, it really affected our sex life from then on out. . . . When Mo was pregnant, she was really tired and didn't really want to be touched."

Interestingly, the two participants, Nell, and Peggy, who talked about regular weekly or biweekly sexual contact during pregnancy were the two youngest women interviewed, both 27 years old. Nell said that before pregnancy, she and her partner, Chris, had sex a lot, like five times a week. However, things changed when her lover, Chris, got pregnant, and no longer wanted as much sex. But once they got close to labor, they started having sex "all the time because we were trying to get the baby out."

The one participant, Peggy, who reported that sex was the major issue between her and her wife before pregnancy, said that communication between them about sex was positively affected by expecting their child. Peggy's partner's pregnancy allowed Peggy to relax more about their sexual contact, accept her partner's lower libido, and not press for as much sex, so that conflict lessened for the couple.

I feel like I babied her when she was pregnant. Sometimes she'll even say "I wish I was pregnant again, you used to baby me." I always gave her foot rubs and back rubs, and she loves that. And just gave her anything she needed at any time, I was always at her beck and call.

But Peggy stated that she and her partner had an important, relationship-changing conversation mid-way into the second trimester. Peggy emphasized her fears and concerns to her partner, saying:

Well, if you're tired now, in like the second trimester, you're never going to have time for me, you're never going to want to have sex with me. And that was a big thing for me. . . . You could tell, she really took it in, and I think it really shows now.

Peggy attributes much of her high relationship satisfaction to the results of this conversation. The stunning outcome to her, of more frequent sex, and almost no conflict anymore about sex, will be discussed within the presentation of findings relating to relationship satisfaction after the birth of the child.

The following section will focus on the importance of naming and names in these families, and the language that these participants developed for themselves, their partners, and children.

Naming and Language: Choosing a Last Name for Their Child: Protection, Tradition, or Clarity?—"I Wanted Us To Have One Last Name."

As for all parents-to-be, there are decisions to be made by lesbian parenting couples about names, that is, what to call one another. Traditionally, at least in Western society, a woman took her husband's last name upon marriage, and any future children joined the mother in being given the father's last name. This resulted in a family that was recognizable by all through sharing the same last name. More recently, there have been some socio-cultural options that have opened up: the woman keeping her own last name, the partners sharing their last name in a hyphenated manner, or choosing some new name

entirely, and children who are given new or hyphenated names for their last name. When the parents are both women, there is no socially prescribed convention or rule for how to decide on family and child names. Each couple must decide how to share or divide their names, which represent important linkages to family and culture, between themselves and their children.

Regarding last names, seven out of 13 non-birth mothers/parents gave their child their last name, four children had the biological mother's last name, and two children had a hyphenated mix of the two parents' last names (which the parents had also changed to during pregnancy). Five parents articulated their desire for all of them to share the same last name, which four families did.

Lane decided to take her partner's last name. She said it felt extremely important to her that all three of them share the same name. That was how it was when she was growing up, and that was how she wanted it to be for her child. Her partner, however, did not share that need. Lane "thought long and hard . . . I can give up my last name. This is what I want. I should be the one who sacrifices. I think that actually caught my mother off guard more than anything else."

Lane again emphasized her belief that any child of a same sex couple is going to be different enough, and that she wanted to minimize that difference as much as she could. "I wanted us to have one last name so the kid had one name so that when either of us went to pick the kid up from school, it was clear." There was an unspoken concern that otherwise it might be too complicated, or it would be harder for the mainstream society around them to recognize them as a full-fledged family. She made an interesting

observation that many people assume that her conventionally-gendered partner changed her last name to Lane's.

All sorts of factors were involved for participants in making their decision about last names. Were there other siblings who already had children with that last name? Did it feel more important to one side of the family or another? For example, Zoe said both she and her partner voted for their own last name as the last name for their child, which required lengthy negotiations.

One participant who did not care about her children having her last name was Opal, who found herself in motherhood through her partner's strong desire to parent, and her agreement to try. Her partner gave birth to all three of their children. Opal liked the simplicity and clarity of her children having the same biological mother and father, and the same last name. The relationship with the donor and his partner went so well with the first child that the two women approached the men with their desire to have multiple children, and all agreed.

Another parent, Logan, loved her last name, and felt it was a strong name that she would like to pass on to her children. Her partner, Terry, was less attached to her own name, and yet had hesitance about changing her last name to Logan's. During the pregnancy, they talked about it frequently, until Terry finally suggested they all adopt Logan's last name. They both wanted their family to have the same last name; they expected to have more than one child, hoped to have both partners give birth, and thought one last name might help others understand more clearly that they are a family.

Logan said legal reasons were a lot of what motivated her in the naming of their family:

Queer families are a little more protected here in the state of California, you know. . . . But if I think about my family [in the South], I would, you know, get into a freaking tizzy, to think about raising kids, and us having kids in _____, that my religious family was going to try to take them away from me. . . . That would just really send me in spins . . . I carry, I adopted him . . . and always carry the adoption papers in my wallet.

Two other participants also mentioned they carry a form like the adoption paper or birth certificate with them at all times.

The reality of pregnancy provides a finite time period for the parents-to-be to discuss as much or as little as they choose to about what happens after the baby comes. The baby must have a name, the family must have a name (or two or three), with some participants motivated to help the outside world understand that they were a family by adopting the same name.

Naming and Language: Maternal or Parental Names

Couples were divided into those who felt comfortable with two maternal names that were similar, and those who felt they wanted distinct names, so it would be very clear to whom the child was speaking. Three of the participants did not feel that a maternal name like Mommy or Mama suited their gender identity. Six participants had chosen names other than Mommy or Mama: two Baba's, two Ima's, one Oma, and one Moppa. Six participants expressed concerns about confusion if they chose similar sounding names for each parent (eg, Mommy and Mama). Logan said:

I just thought it would be confusing. It was confusing for us. This is Mommy, we would get them confused, Mommy and Mama . . . maybe it would have been

simpler for him, but it was hard, it was already getting difficult for us to keep them straight.

Three women said their partners wanted the name of mother for herself, which they said had not been much of a problem for them. Two of these woman were on the butch gender spectrum, while their partners were femme-identified, and these two now seemed pleased with a less feminine sounding parental name. One example is:

I thought about being Baba before, and then I had this rare moment, it was kind of funny, where I was wait, like I want to be Mama, I want to be a mom too . . . and then I totally got where she was coming from . . . I don't remember having any negative feelings about it. I remember just being like, okay, I'll be Baba.

Two mothers said that both partners wanted to be called Mom. One described their process of decision-making about who would get the coveted term of Mom:

It was almost like a delayed gratification thing vs. an instant gratification thing, because we knew he'd probably say Mama first. . . . She offered to trade . . . she was like, you can be Mommy too, and I was like, no, I just want to be Mama.

Lauren said she is Mama and her partner is Mommy. She said that they had wanted to see how things would evolve, but realized after a while that their son would not have speech for some time, and they still had to refer to one another with him. She described her son as having some initial difficulty with pronouncing Mommy while Mama was easy for him to say. After some time, however, he one day said, Hi, Mommy, and from then on, he never called either parent by the other's name. She said:

It's funny because for him, the two words are not interchangeable, unlike when we grew up, they were interchangeable. He actually, I think we make more

mistakes than he does. He's very specific and he gets it. And now that he's older, sometimes will call us both Mom . . . I'm Mama, she's Mommy, but Mom he might say to either one of us. Like, *he* knows who he is talking to.

For the two Baba's and the one Moppa, it was a matter of trying to find a term that felt comfortable, gender-wise, and that felt like it was a good fit for them and their partners. Zoe, who identifies as a butch lesbian, said she and her (femme) partner chose the name Baba for her because "it's loving parent in several different languages, and I didn't feel like a mom . . . I didn't feel like Mommy, Mom, it just didn't . . . for whatever my experience is, it didn't fit."

For Lane, the term mother was too feminine, and she could not relate to it. When she heard someone mention Moppa as an alternative, she liked it right away. Referring to her daughter, "You don't know how quickly she would have said Daddy. It's not in her vernacular. . . . She said Mommy right away." For months, Lane and her partner referred to Lane as Moppa, and tried to instill that name with their baby. But their baby could not pronounce p's so she could not quite elucidate Moppa, and it would come out as Mama. But when someone said, oh you want Mama, she's over there, their baby would shake her head and point to Lane.

There was a difference in her head but she couldn't pronounce it. . . . And then one day, it was just like, Moppa, and then it didn't stop. What was neat about that was that everybody thought it was the coolest thing when she could start saying Moppa . . . my parents, my friends.

Elgie said she kept trying on different names during her partner's pregnancy. While her partner was clear that she wanted to be called Mama, Elgie just was not sure.

“For a long time, I thought about lesbian non-bio moms and butch moms and whatever, go by like, Baba. I tried that one . . . it just didn’t stick.” Elgie said she kept running into Baba’s in the world, and they were all men. She felt the “gender stuff” was not quite right for her to call herself Baba, and “why are we trying to come up with a name for something that already exists”? So Elgie took on “Mommy,” and said their daughter now calls her and her other mother by similar and overlapping names, which neither mother minds. They feel that at some point, their daughter will land on the right terms for her and their family.

Peggy said it was an easy process of choosing maternal names for her and her partner. Peggy said, you be Mama, and her partner agreed right away, and said okay, you be Mommy. But they were influenced by a lesbian parenting couple they know, who said, “he’ll probably just say Mom for both, or Mama for both, but you’ll know who he’s talking to, because that’s what our kid does.”

I will next turn to the last developmental stage, which is called “Labor and Post-Birth Adjustment.”

Labor and Post-Birth Adjustment—“Who Am I?”

The first child’s birth and the beginning of individual and family adjustment to life with a new-born mark the final developmental stage in this model of the lesbian non-biological mother’s transition to parenthood. Findings in this section include the participants’ experience of (a) labor and interactions with hospital staff, positive and negative; (b) maternity/parental leave arrangements; (c) breast- and bottle-feeding; and (d) extended family and friend relations.

Labor and Interactions With Hospital Staff—“Where’s the Dad?” “You’re Looking at Her.”

Being at the hospital was a particularly vulnerable and stressful time, according to six participants. In addition to the emotions common to all parents at this time, these lesbian parenting couples did not know what to expect from the people they needed to rely on to help bring their child into the world.

At the hospital, four participants had the experience of a nurse or clerk looking for “the father,” and a moment when they had to assert that there was not a father. No one reported major distress about this, just that it was kind of annoying. In fact, they seemed to expect that educating others is part of their “job” as a lesbian mother/parent. One example is Rose describing the scene when she and a male friend arrived at the hospital,

. . . carrying some stuff in and the nurse directed him as the father, and he says, I’m not the father, and the woman looked at him kind of funny, and he went, you need to talk to her, and she goes, where’s the dad, and I’m like, you’re looking at her.

This mother, Rose, had a second similarly disappointing interaction in the hospital after her child was born. The woman who registered parents for their baby’s birth certificate came into their hospital room and asked, “Where’s the father?” Rose replied, “She has another mother, not a father.” What surprised and troubled the couple was that the woman asked the same question over again, as if she was having trouble understanding or accepting the information. Rose again replied the same way, and they moved on.

Four participants spoke of their anxiety going into labor and delivery about how hospital staff would recognize and interact with them. These participants worried that nurses, doctors, or administrative staff would say something insensitive or uncomprehending about their family structure, and then the non-birth mother would be in an awkward social situation during this stressful time of labor and delivery. One participant said, “I was very anxious about it, beforehand . . . I remember saying, what if someone walked into our room, like who am I, because I was really having a lot of, what are people going to say if they see me”?

One of the younger and more alternative-looking participants said:

I think a lot of it had to do with our presentation of who we are. Maybe it was our youth, too. And you’re so vulnerable. . . . I think I was sort of worried about that, the whole time. You know, like how are they going to address me? (she laughs). I don’t think anyone has addressed me as Auntie since the first couple weeks at the hospital. And, there was no way I could have said anything. And then, I had shame about not saying anything. . . . I thought, “Oh my God. How am I gonna raise this kid, if I can’t stand up for myself”?

However, of the 13 participants, nine reported they experienced no discrimination or awkward moments at the hospital due to their non-traditional family structure. For these nine participants, who all used Bay Area hospitals for the birth, there was expressed relief and gratitude that the Bay Area is so progressive. One participant spoke about her positive experience:

They didn't mess up the birth certificate. Both of our names were on it. I got the little bracelet. I was the other half of the parental unit . . . it was so normal. *You almost feel guilty because you have it so good.*

Another parent, Zoe, described her feelings of pleasurable disbelief after the birth certificate woman came into their hospital room, shortly after their son was born. She reports this exchange:

Does my name go there, where it says father or parent? And she said, well, are you the father or the parent? And I said, well, yes. And Nora, from the hospital bed, starts laughing. And the woman says, then that's where your name goes. And I had to repeat it again, and ask her again, all the while Nora is laughing and laughing, and the woman says, yes, I'm sure of it. Now I have a lot to do, it's Friday afternoon, is there anything else? And as she walked out of the room, she said, "You know, this *is* San Francisco." . . . We ordered like ten copies.

As I asked Zoe to think more about what made seeing her name on her son's birth certificate so meaningful, she immediately said, "you can't do that in Texas, you can't do that in Florida, you can't do that in Michigan, you can't do that in Idaho, and you can't do that in Arizona." She sighed deeply as she said that it meant so much to her to travel with him without worry, as some of her work involved being in other states with less progressive laws.

Two of the participants went through a labor and delivery that turned into an emergency C-section; one person's partner suffered dangerous hemorrhaging immediately after the birth; and two of the babies needed to go to a neonatal intensive-care unit (NICU) immediately after birth, one for twelve hours, one for a week. These

events caused more stress for the parents, and caused more distance between them, which they had to work to resolve when the crisis was over.

One participant's partner needed to be sewn up and given rest after delivery, and the baby was rushed to the NICU. The non-birth mother stayed with their baby for the next ten hours in the NICU. She said that he had all sorts of tests done, and she kept saying to him that it would be okay, but that she felt like a fraud. Here is her description:

I wasn't really sure if I felt like a fraud because I was a brand new parent and "I don't know who you are" . . . or if I was like "I didn't give birth to you, I'm not the thing that's comforting you right now, or the voice you're going to recognize."

Another participant, Bets, said that she thought the nursing staff was confused by the presentation of the couple, that if she had been the pregnant one, and her androgynous partner was "the spouse," the nurses would have felt more comfortable, and understood the family situation more quickly and accurately. "I think if I was having the baby, and Mary was there, it would be like, 'OH . . . they're dykes.' . . . It would make sense to them."

This couple returned to the hospital three times to see a lactation specialist once a week, to get support for the breastfeeding. Bets said that for the first two visits, the lactation nurse called her Aunty, passing her the baby and saying, "go to your aunty." This distressed her quite a bit, as did her own speechless response. Finally, in the third week, the lactation nurse got it, and said, "go to your mama." That was a huge relief for Bets, to be seen and understood accurately.

Post-Birth Experience Bonding With Infants Once Baby Is Born

Not only did participants talk about difficult interactions with hospital staff that did not understand or support their unique position, they also struggled with the emerging difference between themselves and their partners once their baby was born. Speaking for at least half of the participants, one mother spoke of her knowledge and expectation, before the baby was born, that her partner and their baby would have a special bond from which she would have to tolerate feeling excluded. She described how she talked to herself:

Before, I . . . really prepared myself, almost for being disappointed, so, “when you are going to breastfeed, I can take care of, all these things, and um, I understand, that you’re going to have this relationship with the baby first, and that’s going to be, unpenetrable, and, I’m not going to develop my relationship with the baby, til later.”

Marta talked about her amazement at their daughter’s magnetic attraction to her partner, right after her partner’s C-section. Marta took care of the baby for the first 20 minutes after birth, while her partner received medical care. The baby cried and cried while Marta tried unsuccessfully to comfort her. When Marta and the baby walked into bio mom’s hospital room, her partner was asking, “Where’s my baby? Where’s my baby?”

Marta watched her baby immediately quiet and listen. “She was like, ‘That voice, where’s that voice?’ Right away calm, and right away, ‘I want that voice.’” Marta watched Hallie bring their baby up to her face, and the two gazed at each other, soothing and bonding. Marta said:

I was so amazed at that bond that had been created, and later I was talking to other non-bio moms about it, about how there's some sadness and some frustration later around the bonding. The bonding happens in the womb, and we aren't part of that.

Since Bets' partner had such a hard labor and delivery she was in bed for weeks.

Bets says that at home she "hustled," with doing the cooking and cleaning. She felt gender issues again came to the fore:

People would come over, and almost, and I feel like, because I was a femme dyke, I am a femme dyke, that they would expect ME to give em a glass of water, or something. Whereas, if I was a dude, and this was my wife, who had just had a baby, they would come over with a shitload of water, and give it to ME. . . . I feel like, because I was a woman, people expected me to take care of all these things.

Breast-Feeding—"I Just Could Not Give the Child Satisfaction."

Breast-feeding is an important topic when discussing the experience of a lesbian non-birth parent because it can heighten painful feelings of exclusion or envy that may develop when a non-birth mother feels left-out, unimportant, or rejected by her baby in favor of her partner, the birth mother.

Five of the participants articulated their experience early on of feeling excluded from the bond between their partner and their baby. One mother spoke of what it was like for her: "Everything was about the boob . . . but after two weeks or so, it was hard for me because . . . I could not give the child satisfaction." Interestingly, three of these five participants who suffered from feeling painfully rejected and unimportant commented that they had had insecure attachments with their own mother for most of their lives. This topic of child preferences will be discussed more in the next category of findings.

Molly and her partner Terry had an immediate conflict about how to feed their son, because Terry did not want him to feed from a bottle for the first month, to better bond. Molly accepted that as her partner's right, as she was the one feeding their child from her own body. But it did not feel good or fair to Molly, and they ended up going to couples therapy over that issue. "I agonized in those four weeks because I kept feeling like she was bonding with him and I couldn't do that piece. . . . So I had to accept and wait."

The couple therapy helped Molly's partner understand her feelings, how important it was to Molly to be a part of the early nurturing phase by being able to feed their son, and to feel for herself that he was connecting with her. Molly ruefully admits that "I remember the first time I was feeding him, I was like, God, this takes a long time. I didn't realize how long this was going to take."

Four of the participants had partners who had significant difficulty breast-feeding, which helped to create a more equal playing field between the parents regarding the feeding and care that the non-birth mother could provide from the beginning of their child's life. This situation worked to the advantage of three of the participants, who were able to literally be more involved with their baby, and so developed a greater feeling of attachment and competence. One woman whose partner was not able to breast-feed successfully was Lauren. She said, with pleasure in her voice, "Very early on I could care equally for him . . . when he was a baby, he didn't know the difference, we were interchangeable."

The fourth participant, whose partner was devastated by unexpectedly being unable to breastfeed, found that her partner quickly developed a feeling of insecurity that

the baby might attach more to the non-birth mother. Their situation will be discussed further in this chapter, in the subsection on child preferences.

Eight of the participants reported that they felt no problems at all related to envy or rejection. For these women, their expectations were more in line with what came to pass, their experience was less wounding, or there was little to no child preference of one mother over the other. One participant spoke to the issue of sharing the primary caretaker role in breast-feeding:

We have very much been a team from the go. And that's one of the things we first talked about, around parenting. This had to be a team. We actually call ourselves Team S. [for their last name]. We had to be co-parents. And it actually got us into a bit of a skirmish with one of our friends. Right after we had the baby, I was talking about breast-feeding. . . . "Oh yeah, we're doing fine. It's going well." "I'm making sure she's fed enough to breastfeed and that she's rested enough and that everything is going well. And if she needs something while it's happening, I'm there." And this woman, who is essentially a single mother, was like, "there's no 'we' in this." And I was offended. And Leyla was offended. "Yes, there is." And she realized later, in processing it later, that she had made a misstep, and that she couldn't just lump us in any normal traditional category. But I was like, we're a team in this, and Leyla sincerely feels that too, and it's us against everything else. That's just the way we've approached everything.

The next group of findings addresses the subject of maternity leave, or parental leave, and how participants and their partners planned to take time off from work to take

care of their newborn baby. This was a subject about which the couples had had many discussions and negotiations, before the baby came.

Maternity Leave—"I Really Wanted To Be Around."

Both the participants and their partners, the biological mothers, took significant amounts of time off from work immediately following the birth. However, the biological mothers took considerably longer maternity leaves, up to as long as 18 months. The maternity/parental leaves of the participants ranged between one and six months: one took six months off, one took four months, two took three months, two took two months, two took six weeks, and three took one month.

Two of the participants' maternity leaves evolved into their changing their jobs so that they could work from home, becoming a primary care-taker. Another participant, laid off during her partner's pregnancy, remained unemployed, and moved into becoming the primary care-taker. The participants who chose to do that, in conjunction with their partners, said that one reason was a hope of balancing out the birth mother connection to their baby, as well as the fact that those non-birth parents had more flexible work options than their partners.

Molly's comments illustrate how the time off work facilitated the transition from pregnancy into family life. After a pregnancy full of turmoil, and after working through that turmoil, both partners later felt the experience had improved their couple relationship. Molly's partner had three full months off. Molly was laid off by chance for four months during that time, so they did a lot of family bonding early on. Molly describes this period:

We got to figure out how to be with him during that time. And I think it was very healing for the two of us together . . . we got to have a family unit, so by the time he went to daycare, I knew he knew who I was.

Marta's experience is an example of a non-birth mother honoring and supporting her partner's desire to stay home longer on maternity leave. Regarding the question of how much time off after the birth of the baby did each partner take, Marta said:

I took a month off, and she took off seven months. She was nervous about taking all that time off, but I knew she wanted to, and I said, "you know what, on balance, stay. It's more important that you raise our child for an extra two months. We'll go into debt if we have to" and we did a little bit. . . . And then when I came back to work, I had a hard time adjusting coming back to work. . . . The first month was hard. It was just all consuming about our child. We both were really into it.

One of the participants who changed jobs in the first few months of their child's life so that she could be home more with the baby said: "I really wanted to be around, I really wanted to be home, and hands-on. I feel like my parents chose career over family, and really regretted it."

Elgie, with flexible work, talked about her partner's maternity leave of five months, and then their decision to have Elgie be the stay-at-home mother after that. "Our tension at that time had less to do with money and who's providing what for who, than what we each had attached to it." The biological mother had a career of many years that she did want to return to, but was ambivalent about leaving their baby. The first two or three months after she went back to her job were the hardest for the couple, as they

struggled to get their bearings in the transition. Elgie felt unappreciated in her role as full-time mother at home, and some anxiety about not earning much money herself, for the first time in her adult life. Her partner envied Elgie being the stay-at-home mother. When I interviewed Elgie, her daughter was over a year old, and the parents had worked through the kinks in their childcare arrangement to mutual satisfaction.

One participant spoke of her commitment to being a part of the primary care-taking of her son and how that facilitated her transition to parenthood:

I feel like I attached to Joey, or he attached to me, like, so strongly, in the beginning. And, we really, during his first year, we spent so much of that time together [and] individually bonding with him. And together, as a family, really mindful that “this is a once in a lifetime. This is not gonna happen again.” Not taking this for granted. And, um, I worked, three days, she worked three days a week, and he went to day care one day.

Lauren’s partner took the first four months off in maternity leave, while Lauren took off only the first week, after their son’s birth. She then chose to take off three months once her son was three months old, so they could be home as long as possible with him. Lauren said it was extremely important to her to be the primary caretaker, “I really wanted to have time when it was just me and him.” She felt she got the better deal since he was significantly more settled, smiling, sleeping through the night. She said he was an easy baby.

After Lauren’s maternity leave was over, she found the transition back to work much harder than she had expected. She had always been very driven and focused in her work, until becoming a parent. Shortly after her return to work, missing her child, she

quit her job, and began to do more of the childcare during the week, while she developed a part-time consultant practice.

She has a sense of humor as she describes the experience:

I had so much fun with him when I was home those three months . . . he was an easy baby . . . he wasn't mobile . . . he was sleeping through the night, he was smiling. . . . And I was like, this is easy. I don't know what everyone is talking about . . . so then I quit my job and the day after I quit my job, he started crawling, and I was like, what have I done?

Recalling the time immediately after her son was born, Logan was the participant who was most direct about acknowledging the possibility that something could change in her relationship with her partner. She emphasized her intention to protect her relationship with her son.

As soon as he was born, we started filing all the paperwork, someone came out to the house. . . . We're creating a family with intention, and there's not laws out there to protect us. I think, at the time that he was born, we were domestic partners, and then we got married. In 2008, in that little window . . . technically I guess we're married even though no one else is allowed to be married. So, it's all kind of a convoluted thing. But a lot of that was for a couple of things. K is my son, he's my son, and even if something happened with me and Terry, which hopefully that will never happen, we have a really good relationship, but you know. . . . He's my son, I'm going to take care of him and be his parent.

Participants described the early period at home with the baby primarily in terms of becoming family with their new child and developing a new family structure. It was

also a time when couple dynamics, including sex, surfaced in new and old ways. Seven of the participants mentioned that going through the birth of their first child with their partner was an incredibly bonding experience. These women said that looking at their partner hold and care for their baby filled them with love. All of the participants except one described the first few months after their child was born as a time of no sex but a lot of happiness with their family. The one exception to this said:

I guess when the baby was born, I feel like I loved her more than I have ever loved her. . . . It's really funny, because when he was first born, I was way more in love with her than ever, so I really wanted to have sex with her. I know we're supposed to wait six weeks, and in my head, I thought, I can do this. But . . . finally, like four or five weeks, I was like, "you *know* . . ." And so she agreed to have sex with me. . . . And then, it's been good ever since.

A more typical comment was from a mother who said about sex that they both were so tired after their son was born that neither one wanted sex. They were doing a lot of attachment parenting, "touching him all the time. And you get touched out. You're like, 'okay, I'm done touching, for the day.'"

In addition to bonding with their child, strengthening the couple relationship, and becoming a family together, the participants' transition to parenthood during this period was also affected by the response from family and friends. The next group of findings concerns the response from immediate family.

Extended Family—"More in Common Than We Thought."

Eight of the participants experienced their newborn child having the effect of bringing their extended family closer, while five of the participants reported that their

extended families were either hostile or non-supportive because they did not approve of the lesbian couple having and parenting a child.

One mother who described her relationship with her parents as non-supportive said, “If I don’t call them, they never call. . . . I sent photos to my mom eventually. They all did find out but they would never call me or talk to me about it.”

Another mother who came from a large Catholic Mid-Western family said that she had not informed her parents before they started trying to get pregnant. None of the grandparents were particularly happy when they heard the news of the couple’s pregnancy, and the couple did not see the grandparents for some months after the first child was born.

Of those eight that had a positive experience with extended family, six described feeling unequivocal support and joy from their parents upon the birth of a new grandchild. These six participants had had continuous interaction with their parents and families during the pregnancies, and five of them had told their parents before beginning the insemination period that they were planning to try to get pregnant.

Seven of the eight participants who had a positive experience with extended family felt that their parents were genuinely happy to be grandparents, even with the family structure of their daughter parenting with her female partner. One example of a mother describing more positive interaction with her father than she ever expected is the following. “It’s starting to be like, oh, we’re both people, we actually have a lot more in common than we thought. We can, coexist. We can stay off the right topics.”

At the end of the first three months Lane and her family went to visit Lane’s extended family. “Everybody was excited to see my kid. It was really nice because I had

seen everybody excited to meet my nephew and so it was just really cool . . . it was exactly similar.” Even though her extended family lives in a conservative rural area, they have been very matter of fact and accepting about Lane’s partner and baby.

Molly and her non-Jewish partner, Pat, who had agreed during pregnancy that they would bring up their child as Jewish, ran into their biggest conflict with the question of circumcision. It was important to Molly and her family that a son be circumcised with a traditional Jewish ceremony while Pat felt it was a barbaric and unnecessary procedure that she hated to have inflicted on their son. Molly and Pat came to agree on the details of the circumcision only a day before the *bris* occurred. It was not something they felt would break them up, although “I didn’t know how we were going to come to a resolution . . . that we both can live with.” But Molly found a pediatrician who was also a *mohel*, and they were able to move forward. Molly said her partner is now fine with having done it. They agreed to have a baby naming ceremony important in the Jewish faith, and two of the three sets of parents came out for that event. Molly said that:

My parents definitely came around . . . my dad was always smiling. . . . My parents are finally getting all the grandkids they always wanted. And my mother was like, for so long, “Oh, my God, my daughters are gay, they’re not going to get married. I’m not going to have grandkids.”

The next section is the category of Relationship Satisfaction, which is so important for a positive transition to parenthood. I will begin with the findings of the two factors most important for a positive transition to parenthood for these thirteen lesbian non-birth parents. The first is the positive mirroring and validation by the birth mother, and the second is an experience of successful teamwork, with an emphasis on effective

communication. Then, I will present the subcategories that most impact relationship satisfaction for these 13 participants: the division of labor, the importance of sex, child preferences, legal issues, and the impact of the first child on the relationships with family and friends. I will end by examining what these participants said was the hardest thing for them in their transition to parenthood, issues that impacted their relationship satisfaction.

Relationship Satisfaction

Relationship Satisfaction of Lesbian Non-Birth Mothers/Parents During the Transition to Parenthood

One of the most striking findings of the current research study was the consistently high relationship satisfaction expressed by most of the participants. Many factors contributed to this phenomenon, some of which show up in themes that have already been introduced during the discussion of the developmental stages of lesbian non-birth mothers/parents during the transition to parenthood.

Relationship satisfaction appears to be a key element in establishing the foundation for these complex developmental tasks that affect the well-being and health of the child, as well as for the marriage. Findings presented in this section shed light on how relationship satisfaction suffers and how it is enhanced for lesbian non-birth parents after the birth of the first-born child.

Of the two themes that enhanced and sustained relationship satisfaction among these participants, the first can be described as positive mirroring and validation by the birth mother of the non-birth mother's maternal/parental identity and role. It concerns the commitment of the biological mother to feeling, perceiving, communicating, and acting as if her partner is as much a parent and mother as she is. This positive mirroring of the

non-biological mother's parental/maternal/paternal identity and roles, by the biological mother, creates a successful web of connection, validation, and trust between the two parenting partners. This matrix creates a strong base of security for the non-biological mother to draw on, when experiences threaten or frustrate her parental identity and roles.

The second theme relates to teamwork, a successful couple experience of working together, in both partnering and parenting. The experience of effective teamwork is attributed to good communication, and a commitment and capacity to work cooperatively together, between the partners. Good communication was emphasized over and over again by eight of the participants as the reason for a solid couple foundation, the willingness of both partners to talk about and work through important and difficult subject matter. Good communication for these participants enhanced relationship satisfaction and lowered the stress of their transition to parenthood. This topic of communication was not one that I brought up. I will now discuss each of these two themes.

*Positive Mirroring of Parental Legitimacy by Birth Mother of Non-Birth Mother—
“Getting People To Understand That It's Your Child, Too.”*

Each of the thirteen participants described her experience in the transition to parenthood as feeling supported and validated by her partner, the birth mother of her child. At the time of the interviews, not one of the participants was critical of, or disappointed in, the support, validation, and positive mirroring that she received from her partner about parenthood.

An example of the birth mother supporting her partner to feel as much a parent as herself is voiced by Peggy, whose comments illustrate the matrix described above, as well as the positive mirroring:

I think in the straight world . . . or when you biologically have a child, you talk about it so easily and so fluently, and it's just understood, oh, you had the baby. But, getting people to understand that it's your baby too. Because I think I'm guilty of that, like before I was with Gigi. "Oh, they adopted that baby? I wonder how they feel about that, or how the people around them feel about that." I don't know exactly how to pinpoint it, but you do look at people who adopt babies differently. I don't know why. Yet, I think to myself, I'm in that same situation, but I don't think of myself any differently. I'm just as much his parent as Gigi is, and Gigi definitely sees me like that too. She actually gets offended when her mom will say something. I guess her mom called him [the sperm donor] the dad, too, that's what it was. And she was like, "Mom, you have to understand, Peggy is the other parent." I remember, when she was pregnant, she was very adamant about people understanding that I was 100% the parent, too.

Another example of the birth mother supporting the legitimacy of the parent role for her partner came from Lauren, who said: "I was the one who felt like she was feeling like . . . it wasn't that she was feeling more entitled, I was feeling I wasn't as entitled to certain things. And she was really like, no, this is our baby."

One mother remembered an example from the birth class that she and her partner attended together. The doula who led the class seemed to assume a more traditional

parenting model, with a primary and a secondary parent, when she spoke with the parenting couples-to-be, all heterosexual except the participant and her pregnant partner.

I remember even in one of our parenting classes, the doula who was teaching the class was [speaking to the birth mothers] like, you know, “just be prepared for the fact that the first couple of weeks you might not even be comfortable with your partner like walking around the block with this baby,” and I’m like, “Okay, I doubt it, but I don’t know, we’ve never done this.” And like two days after he was born, I took him on a hike, and Stacy was inside the house, resting, and it was fine. . . . I felt like we were both very much felt like parents in this process. I personally didn’t feel like, who am I? in this process. It felt like my child from the start.

For this participant, her partner’s willingness and desire to share their child equally from the start meant a great deal to her, and contributed to her positive transition to parenthood. Both partners in this couple shared the same parenting model of equal parenting and mutual responsibility, and neither was disappointed.

The birth mothers’ mirroring and support of the non-biological mother was evident in some of the participants’ descriptions of dealing with the destabilizing impact of their child expressing a preference. The five women who suffered significant child preference in their family did not feel their partners could always understand or support them, but they felt their partner’s good will and caring. Four out of the five felt that their partner was in the problem with them, not distancing, denying, or dismissing their feelings. One participant described how much she appreciated the support her partner gave her when their son was expressing negative feelings about her. She said:

And April was always really good about it, too . . . when he would do that, she would do little things to make me included . . . he can be kind of rude and say things . . . like, he doesn't want Baba. . . . April and I actually had some different talks, where I was like, you know, I really don't like it when he does that, what can we do? So she would start doing things . . . or start saying "it's not okay to do that." Sometimes we would go to hug, and he'd be like, "no, Baba," and she's like, "yeah, I'm going to hug Baba, or I love Baba," just little things, you know.

Two of the mothers, Zoe and Cathy, said that if I had spoken with them some months earlier, they would have had a different story to tell about their relationship satisfaction, more negative and unhappy. Zoe reported that her painful transition to parenthood centered on her feelings of rejection and jealousy, regarding the bond between her child and her partner, which she felt locked out of. Zoe was not able to help her wife understand how she felt, and not able to assert her intimacy needs, but she was able to positively respond when her wife offered to wean their child, allowing Zoe to begin a new and better chapter in parenting. Zoe experienced her partner's offer to wean their child as supportive and a recognition of her needs.

All of the participants felt supported by, and aligned with their partners on the importance of taking as many legal steps as possible to lay claim to their child. This expression of trust enhanced relationship satisfaction and provided participants with a positive transition to parenthood in that they felt they could count on their partner, and they did not have to worry about whether their child could be taken away from them.

Nine of the participants mentioned their worry or anxiety at one point during the interview, mostly couching it as mild, a fantasy, irrational, or far-fetched, about someone

trying to take their child away from them. None of them worried about their partner at this point, but about the donor, or the donor's mother, their partner's parents, their partner's rightwing father, or their own evangelical mother. Two of the participants did make a very subtle reference to the possibility that if their relationship or marriage did ever break up in the future they would do whatever they needed to do to protect and continue their parenting relationship with their child.

Several of the participants referred to the sad history of lesbian mothers in the 1960s, 1970s, and 1980s losing custody of their children to the children's fathers in the legal courts. They brought this up with appreciation that the current historical and socio-cultural conditions are now more accepting of families like themselves. Several of the participants also acknowledged that in the news today one hears stories of lesbian relationship dissolution when the non-birth mother loses custody of her child. There was a grateful acknowledgment about living in the Bay Area and California where there are actually legal safeguards and options to protect their relationship with their non-birth child. There was a consistent realistic perspective about the fairly recent changes in the social and cultural zeitgeist where the legal system, the media, the academy, the most powerful pediatric association, and the overwhelming majority of the mental health experts and literature now recognize and perceive that same-sex parents rear socially and emotionally healthy children. In fact, the majority of the participants said they volunteered for this study so that more accurate information could be provided, in the lesbian community and in the mainstream community, to support the relationships of lesbian non-birth mothers and their children.

The more places and people that offer the non-birth parent positive recognition and mirroring of her identity and role as a new mother/parent, the more likely she will experience a positive transition to parenthood. But of course, the most powerful support a lesbian non-birth parent can receive comes from her partner, with whom she shares the burdens and rewards of parenting.

Teamwork and the Importance of Good Communication—"We Take Different Roles."

Seven of the participants spoke explicitly about the parenting couple as a team, a concept that was not brought up by me. They thought of parenting as teamwork. Working together as a team was important to these seven women, who described how well they work together with their partner, in life and in parenting. In the next subsection on the sharing and division of labor there will be more attention paid specifically to how decisions were made about necessary childcare and work, and the impact on relationship satisfaction. An example was Peggy, who talked about the teamwork in her marriage:

I think we take different roles at different times. . . . I'm kind of like the problem-solver. . . . We just work so well together. . . . We kind of just work in a team. It just kind of happens . . . it's not like anything we force or try to talk about . . . she makes a ton more money than I do, she makes double what I make, and I don't feel I'm in a competition for that.

In speaking of their marriage or relationship, the emphasis on communication for relationship satisfaction was consistent. Couple therapy was mentioned by two participants as invaluable in allowing the couple to move past stuck places, and improve their communication, which improved relationship satisfaction. One mother said:

We communicate very well now, but we still have our issues. . . . They all seem like they are normal, like we're not in any sort of crisis now. But we rely upon somebody to help us. . . . Like now there's a thing about where we go for holidays.

For this participant, whose baby was the first grandchild on both sides, and born on a holiday, she and her partner have an ongoing negotiation about how to meet the different needs of each parent and her extended family. The couple therapy helped, she said, in airing and then being able to let go of previous hurts and resentments that kept getting in the way of their ability to listen and understand one another.

Another example of teamwork concerned the two participants with health issues that prohibited pregnancy. Both of these participants described their partners as reluctant to wake them up for night feedings, in order to take better care of their health. While the birth mothers were tired, especially early on in their child's life, they did not blame the non-birth mothers for their exhaustion. Both of these participants felt cared about as a result, and it made them want to do their share in other ways, to help the "team."

The participant whose first child died in labor talked about how the couple dealt with that major loss, and how it had the effect of bringing them together, not pulling them apart. She said that in the hospital after they had been told that their child had died inside her partner they had to wait for a while.

We were just in the hospital waiting for all that time. So we slept. We cried. We talked about things. And I remember her saying to me you know we just have to, like whatever it is, we just have to say it. We have to say it to each other. . . . And we did. That's kind of how we got through the next few months . . . the way we

handled our relationship during her pregnancy where we were sort of like, “what’s this thing that’s right in front of us? Let’s just look at this.” I think that’s how we are naturally together but I think that piece of things informed the way that we talk over absolutely.

The team concept is clearly comforting and motivating to the seven participants who value and use it. Doing one’s best “for the team,” “taking one for the team” were phrases used by participants that value the perspective of team unity over a more individual or competitive model. The concept of teamwork seemed to underlie the relationship satisfaction of the rest of the participants, even if they did not name it. For example, seven of the participants earned less than their partners, (not all the same seven as mentioned above), three earned more, and three were nearly equal. None of the participants stated any resentment in their relationships about money, from either side. Some of the participants expressed a need to make more money, especially now with the baby, but said that was pressure they felt from inside themselves, not from their partners.

Molly talked about the disparity in how much money she and her partner, Joan, brought in. She earned about double what Joan did, but when asked if that was a source of conflict for them, or dissatisfaction for her, she said no, not at all. She felt like what her partner brought in, was generously shared. And she saw her partner’s greater amount of childcare and domestic care as worth a lot, which helped her to be able to spend more time at her job, earning money. Molly said that the couple therapy they pursued during Joan’s pregnancy made a big difference in their understanding of each other. She said:

And I don’t know if we didn’t have somebody [couple therapist] helping us work through things, how happy we would be, and how much we would be trying to

make decisions in isolation. But . . . we check things out with each other. . . . In fact, there's even more communication now, and I think the communication improved during the pregnancy. With what was happening, (referring to the specific problem that brought them to therapy), we were sort of forced to communicate, like around difficult things.

Another parent talked about feeling that her partner was able to take in what she said, and make changes more to her liking. "She really like listened to my concerns. I'm really lucky. I have an amazing partner, because, I mean, she's really great." For this participant, feeling listened and responded to boosted relationship satisfaction, leading to a more positive transition to parenthood.

One participant described the decision-making process of choosing maternal names as an example of their successful teamwork. She said they talk and talk about something, and make a decision based on their mutual needs and feelings. If, after that, something does not feel right to either one, they each feel the other one wants to know that. She said that they chose Mom and Mama initially:

. . . just based on what we wanted, and then it ended up not feeling right . . . then we ended up going in a completely different direction with Ima . . . she doesn't get a preferential treatment because she gave birth to her . . . our whole relationship is like that . . . we're both very good communicators and won't hesitate to communicate.

Another participant described her decision-making process with her wife, her satisfaction with their communication, and the helpful role that she is able to play for her wife. This parent said, with evident pleasure, that her wife's happiness is very important

to her, that she is able to help her wife clarify more of what she really wants, and that her wife values that immensely. She says:

What we do is talk about it. She talks to me and tells me how she feels and I think about it and I tell her how I feel, and then we think about it a little more . . . and then ultimately, I get an intuitive feeling about how it really is, and ultimately I say to her, look, it's okay if you want to do this but really I feel it's . . . important . . . that you not do it. So then she'll be like, yeah, it's really important.

Another example of good teamwork is the capacity to recognize the importance of attending to the needs of their couple relationship in the midst of the excitement and challenges of taking care of their first child, which contributes greatly to relationship satisfaction and a successful transition to parenthood.

Opal, the non-birth mother of three children, described how she and her partner gradually learned to prioritize their time off together doing mutual activities that were fun and nurturing for the couple, not only chores like cleaning the garage or working on the yard.

It's so easy not to do that couple stuff, to instead try to catch up with work, do all of those things. It does feel good to catch up on your life, when your life is so out of control. But now we have at least gotten better at doing one thing each weekend that is good for us as a couple.

Bets, too, describes the conflict of feeling torn between attending to necessary household tasks or their couple relationship, such as deciding how to use the time when their son naps. She says everyone told them to nap when he did, but at first they didn't, since they felt so behind and wanted to get household tasks done.

We have to work on spending more time together. You have to make yourself take that time off. We could clean the house while he's napping. And we don't have that many days off together. But, if we can get him to sleep, during the day, we'll take that time for ourselves.

Many of the findings that were already described in the earlier category of the developmental phase of lesbian non-birth mother's/parent's transition to parenthood help to illustrate how relationship satisfaction was enhanced or not. This presentation of the findings in the category of relationship satisfaction (beyond birth and three months) continues some of those same themes, in addition to presenting the two main contributors to relationship satisfaction for this group of participants. The themes in this category that are presented as subcategories include the division of labor, child preference, sex, impact on relationship to family and friends, legal actions and precautions, and the best and hardest things during this time.

Relationship satisfaction during the transition to parenthood is crucial for an accurate assessment of a positive or negative transition to parenthood. The transition to parenthood is considered such a challenging and important developmental time because it tests the parents individually and as a couple in multiple ways, as it sets a foundation, solid or shaky, for the future of the family.

Part of what tests a new parenting couple is figuring out "who does what." How a couple shares their responsibilities is explored in the next section on the division of labor.

Division of Labor—"If I'm Not Going To Do It, Then It Means Terry Is Going To."

Nine participants described a positive and successful division of labor pre and post birth for themselves and their partner. Elgie described their process of working out a

division of labor as one that “sort of emerged over time. Now we have a pretty clear division of labor. But we never really sort of discussed it. It just evolved.” One mother described her partner as “a better cook than I am, so she always did the cooking . . . I’d pack the lunches and do the dishes afterward. I think we definitely both do our share.” As I asked her more about their division of labor, this mother reflected that “I don’t think we’ve ever had that problem. I guess I’ve just taken it for granted.” Another participant who felt positive about the division of labor with her wife said that “we checked in to make sure everybody’s doing what they want to do. But we never like sat down and said, okay, I’m going to take out the trash every week and pill the dog . . . I think we gravitated towards what we like to do or what we feel competent in our routine doing every day.”

One of the most satisfied participants about the division of labor in her marriage talked about an arrangement that was explicitly stated and respected in their home. “If one’s doing a chore, the other one’s doing a chore. When we’re both done with all the chores, then we can relax together.”

Three participants said that the division of labor had not changed, before and after their baby. An example is “It didn’t shift that much. I did a lot of the like, house-y stuff, like before and during . . . she didn’t clean as much as I . . . I didn’t clean that much either . . . we’re both kind of frat guys.” However, this mother said that what did change after the baby was the increased time constraints that pushed the partners more. “We just do it! Whoever’s by the dishwasher when it needs to be unloaded, unloads that dishwasher. . . . We pull it together!”

Five participants said their partners were cleaner than they were, or that a cleaner house was more important to their partner. Two mothers reported that their partners

before the birth of their baby had questioned whether they would be able to “step up,” to assume more responsibilities around the house and go out less with friends and activities.

For example, Marta talked about the division of labor issues between her and her partner before they decided to have a child. She described her partner, Hallie, as having significantly higher standards than herself, especially around cleaning. She said that Hallie disapproved of Marta’s needs to go out more, and be more social. Marta felt nagged by Hallie.

She’s the task master around the house . . . she’s resentful that I like to go do fun things outside rather than . . . I’m a do, do, do, kind of person. I need to move around. Hallie is more home, like take care of things first. . . . I need the social connection almost daily so there’s conflict there because things need to get done in the house on the weekend and we only have a certain amount of time.

However, Marta also said that she had made an effort to increase her work around the house, and that her partner felt mostly satisfied. Marta acknowledged that it was important to their relationship that the division of labor was fairly equal. She could not say it was exactly equal, but thought in the neighborhood of 60-40, with Hallie doing more. Marta and one other participant said that their partners were pleasantly surprised that they had actually carried out what they had promised they would do before the arrival of the baby.

One factor that contributes to relationship satisfaction during the transition to parenthood is when the biological mother is not disappointed by her partner’s promises about sharing childcare and domestic labor before the birth of the first-born child. One parent described her partner and herself:

I guess she has a couple of high standards about like, how you know, things should be and she was wondering if I was going to meet those standards in terms of being responsible. And I think I have totally risen to the occasion. So she's been pleasantly surprised and satisfied. I wouldn't say surprised but just like it's a nice addition to the fact that I really am even more responsible than she thought I'd be.

The result of the biological mother feeling that her partner is in it with her in the parenting responsibilities, concerns, and experience is positive for the couple's marital happiness during the transition to parenthood, a stressful and challenging time universally. No first-time pregnant mother knows how much she will be able to count on her partner to back her up, after the baby's birth.

Two said that a cleaner home was more important to them. One parent said: We've over the years gotten a language, like, okay, I'm tired of picking up the kitchen, I need your help. I'm like, okay. Or . . . if like the whole house is a wreck . . . I've definitely gotten better at realizing if I'm not going to do it, then it means Terry's going to. It's not like some magical elf's going to come in . . . I still have that kind of childlike mentality as far as that goes.

Nine women said that they worked full-time. As stated before, there was one stay-at-home mother, whose work consisted of managing the home of two adults and three children, while her partner worked more than full time. There was also one stay-at-home unemployed mother, and one stay-at-home artist mother, who could work from home and be away on weekends when her partner was home. Another parent worked half of the week, and she and the three stay-at-home parents did most of the cooking and cleaning.

Ten participants articulated that an equal or egalitarian balance between the partners was important to them and their relationship satisfaction .

Gender roles played a part in how six of the participants and their partners made decisions about the division of labor. Of these six participants, four women did household labor more traditionally associated with men's work.

One parent said:

She kind of takes care of the house, I take care of the outside. Kind of a thing of a typical male/female role in a relationship . . . she has a tendency to do more of the female roles than I do. I fix the house, I change light bulbs, I put oil in the car.

Another butch-identified parent said: We've outsourced most of the house cleaning because we both absolutely hate it. Other than the fact that she can't cook, I would say we are very gender traditional." This parent said that before the baby, her wife would do the dishes every night after she cooked dinner, but "now that we have a child, that gets split up because every other night we do the bedtime routine . . . so there are nights where I cook and do dishes if she's putting the baby to bed. So we swap."

Two participants said that both parents tend to go to doctor appointments, if they can, because each parent has a different function associated with gender roles. One said:

If the kid is getting a shot, I'm the one that has to be there to like bear with the child once she goes through the pain of the shot because Leyla just can't handle it, her baby getting poked, but then after the shot, Leyla's there to like do the reassuring cuddle stuff.

One participant did more of what is traditionally regarded as "women's work." She said she did all the cooking (except several times a year) and laundry, more of the

inside chores, while her partner took out the garbage, took care of the outside part of the house and yard, and dealt with their dogs.

None of these six participants complained or felt bad about the gendered division of labor in their relationship. Rather, they indicated they felt the division was comfortable and worked, for both partners.

Issues of conflict were discussed by two participants regarding their partners' resentment about two child-care issues. One birth mother has taken her maximum time off from her job, and feels unhappy that the non-birth mother, who has a more responsible and lucrative position with a less flexible boss, has not done "her share" in taking time off from work when their child has been sick. The participant said she finally had to have a difficult talk with her boss, whom she described as clueless about her situation:

I get that you probably don't know what it means for two women to try to be doing this. Like, he's 38, he has a young daughter . . . but they have a full-time nanny taking care of her. . . . I need to not feel guilty if I need to stay home with my kid.

The second birth mother's resentment concerned the morning routine of getting up, getting the child ready for daycare, and drop off and pick up at daycare. The non-birth mother works further away and needs to leave very early in the morning, thereby missing the demanding childcare that falls to her partner to do. What makes her partner resentful, she says, is that "she feels she is doing more than 50% . . . because we wanted to do this co-parenting thing, like both be primary care-givers." Each parenting couple has to

decide, explicitly or implicitly, how important it is to be as equal as possible in the areas of childcare and work/household responsibilities.

Five participants said that they and their partners each cut back on work after their baby, to provide childcare, and spend time with her/him. Three of the participants who felt hurt and frustrated by their child's preference for the birth mother said that by spending more time with their child, they were able to decrease that preference substantially. The findings concerning child preference for the birth mother will be taken up in a separate section. Two of these participants have partners in school who work at night, so they now put their child to bed four nights a week. They did not complain about this, but instead appreciated the positive impact on their relationship with their child. After experiencing a painful child preference for her partner, one mother said that she decided to take a day off every week for the better part of this year, which allowed her to bond with her daughter in a way that she had not been able to before, leading to a higher relationship satisfaction for her, for her partner, and a better foundation for their daughter.

Sex: "Hey, Hi . . . No, I'm Tired."

Sexual contact between the parenting partners during the transition to parenthood, and how it relates to relationship satisfaction, will be described in this section. All of the participants described having active and fulfilling sex lives in the beginning of their relationships, but in general, the longer the relationship length and the older the age of the participant, the less sex the couple tended to have. I was interested to learn if participants felt that sex was more of a stress or an enhancer of relationship satisfaction during the transition to parenthood.

Six participants said that their sexual relationship with their partner was very important to their relationship satisfaction during the transition to parenthood. Interestingly, the two participants for whom sex was the most important, Nell, and Peggy, were the two youngest women interviewed, 27 years old and 28 years old. Both said that they now have regular weekly or biweekly sexual contact. Sex was not an issue for Nell and her partner before the transition to parenthood but it had been the major conflict between Peggy and her partner. I will briefly describe each of their experiences.

Nell said that before pregnancy, she and her partner, Chris, had sex a lot, like five times a week. Nell said sex was important to both of them, and that they had had great sex for the seven years they had been together before the baby. When Chris got pregnant she did not want as much sex. But once they got close to labor, they started having sex “all the time because we were trying to get the baby out.”

After the baby was born, Chris’ body did not get back to normal for nearly three months. Nell acknowledged that that was disappointing for her:

I did feel a little bit rejected after the baby was born. . . . I knew there would be a time of physical healing, when she wouldn’t want to be touched . . . but my brain kind of thought, okay, the pregnancy’s over, we can have sex like normal again. And we couldn’t.

They had the baby in bed with them for two months, and then transferred her to a crib in a small alcove in their bedroom. Now that their baby is a little older, they have sex about twice a week, but are afraid of waking the baby up with their sounds during sex. “I think we fight more when we don’t have sex as often. We get just a little more snappy. So that’s hard.” The family lives in a very small rented apartment. Nell thought that once the

baby got into a room of her own, they would have more sex, but she did not think that would happen soon, for economic reasons. Nell did not seem terribly distressed by the decrease in sex and voiced confidence that it would resume at some point.

Peggy, with a one year old, was the mother for whom sex was most important for her relationship satisfaction, and feeling of connection with her partner. She said that the biggest conflict they had before parenthood centered on sex. Peggy describes it:

She was like, “I’m not in the mood” . . . if we ever fight big, it’s about that . . . we’d get into fights when we got into bed, and I’d maybe want to have sex, and she wouldn’t . . . then we’d fight until like midnight, and then I’d always say, “look, we’ve been fighting for three hours, if you’d just had sex with me it would have taken like 20 minutes.”

Peggy’s partner’s pregnancy allowed Peggy to relax more about their sexual contact, accept her partner’s lower libido, and not press for as much sex, so that issue lessened for the couple.

What is relevant for this mother’s relationship satisfaction is that the fights about sex have decreased now that they have a child. As improbable as this finding is, that there is more relationship satisfaction about sex after the transition to parenthood than before, Peggy explains that her partner’s timeline for motherhood was earlier, and her desire for motherhood greater, than her own, while her desire for sexual contact was greater than her partner’s. In their negotiations about becoming parents, Peggy’s partner said she would make a commitment to more sex, after their transition to parenthood. Peggy was skeptical, but, to her amazement and satisfaction, her partner has kept to her side of the bargain, and is more willing than ever, to say yes to Peggy about sex.

Participants who reported that they and their partner had fairly realistic expectations and made promises that they were able to keep after the baby was born reported higher relationship satisfaction. Promises made that were promises kept established a firmer base of trust between the partners.

All but one of the participants reported less sexual intimacy with partners. The majority of the mothers/parents reported that they did not feel having regular or frequent sexual contact was necessary for relationship satisfaction. What was important for the majority of participants during the transition to parenthood was that the couple still felt warmth and affection, and wanted to cuddle, hug, and be physically close.

On a continuum, three women described satisfaction with their sex life during the transition to parenthood, four women described dissatisfaction with their sex life during the transition to parenthood, three women expressed a lack of interest in sex, and three others would like more sex but it was not an issue or source of conflict between the partners.

The two mothers discussed above, Nell and Peggy, reported satisfaction with the amount and frequency of the sexual contact of at least twice a week. One woman, Elgie, reported that sex was not a problem in her marital relationship, even though it had been impacted by pregnancy and the transition to parenthood. She attributed this in part to the couple's ability to talk and listen to one another, resulting in both partners feeling understood. Exhaustion was the main reason offered by ten participants for not having more sex. There was less time, less energy, and less space to connect in an intimate way than what was available before the transition to parenthood.

Lauren cited their exhaustion as the main deterrent against being sexual. She says that she missed it more than her partner, Stacy, after the first baby came, though she did not think this was due to her partner having given birth to their son. Lauren thought it reflected their dynamics all along. As their first baby began to sleep better, they began to find their way back to each other, albeit much less frequently than before the transition to parenthood. “I think definitely the sheer tiredness right now has definitely put a damper on things and it’s the type of thing we like in theory want to, it’s just that we’re so tired right now . . . having kids has decreased it.”

Logan describes a pattern of having sex about once every two months. She would like to have more frequent sex but says they are both so exhausted. Her job is stressful and demanding, and her partner has always preferred sex in the daytime. She says:

Sometimes we go past two months, and I’m like, “Oh my God!” But we’re so tired. . . . And then at night, when we get in bed and our bodies touch, I’m like, “hey, hi”, and she’s like, “no, I’m tired.” But she was always more into it in the afternoon, but now, the kid’s awake in the afternoon.

Another mother, Molly, said that both of them wanted a more regular sexual relationship, but after nearly ten years together, they each got so busy with their individual lives that their sex life became “irregular.” Once Joan was pregnant, and then nursing, their sex life disappeared. For example, her partner’s breasts were often tender and super sensitive, and that part of her body became “off limits.” Molly says that once their son began sleeping through the night, the parenting couple began to feel less exhausted. As they began to talk more, they began to feel a little sexual interest return. “I think our attraction to each other improved once our communication improved.”

Rose described sex as not that important for her and her partner, Ali. Both of them had serious health problems in the past few years, including some depression, which lowered their energy significantly. Rose was careful to point out though, that Ali was her best lover ever.

One participant who wanted more sex during the transition to parenthood reflected on the impact of her lack of intimacy with her partner:

And now, when your whole life is about logistics and coordination, and you have no reserves, and you got six hours of sleep, in two segments, and then you have to get up with a kid vomiting, it's just not so intimate . . . I think if we really didn't make each other laugh, and weren't really, really in love, and weren't both very committed people by nature, I just . . . I understand why a lot of couples don't really make it through parenthood, it's not good on a relationship.

Legal Actions as Precautions and Declarations—"What the Fuck, No One Else Has To Adopt Their Own Kid."

All of the participants took multiple legal actions as precautions to protect their family, and their relationship with their child. The legal actions also served as declarations to family and the outside world that they are a family, and want and expect to be perceived and treated as such. Successfully managing these legal challenges enhanced participants' sense of security and relationship satisfaction. All of the participants acknowledged their concern and disappointment, and in some cases, their outrage, that their sexual orientation did not allow them to have the same legal rights as a family, and as a parent, that heterosexuals have.

The major legal actions taken were marriage, domestic partnership, adding the non-birth mother's name on the birth certificate, and adoption. Ten participants had gotten married before they had children, which seemed important either to them or their partner or both. Two others, a bit older, had had a commitment ceremony, where family and friends of the couple gathered to celebrate their union. Nine of the participants had registered for domestic partnership with their partners. Six of the participants and their partners had gotten legally married in the brief window of opportunity in 2008 in San Francisco when Mayor Gavin Newsom made that option available for 18,000 same-sex couples. It was not uncommon for participants to have registered as domestic partners and to have married twice, once with friends and family, and once at San Francisco City Hall.

One participant explained the sequence of their domestic partnership and two marriages:

The domestic partnership was mostly for the insurance benefits and stuff like that. . . . Practical. . . . And then when we got pregnant, my partner's mother was constantly harassing us that we weren't really married because she wasn't at the wedding . . . and so we had a ceremony in the backyard . . . and then a year from that day, we took our daughter with us to City Hall, and got legally married there.

Another participant who had gone to City Hall to get legally married with her partner expressed her satisfaction that because they were married, they could do a step-parent adoption, and not a more rigorous second-parent adoption. She describes her experience with the necessary home visit from the county social worker: "The social worker asked, why do you want to adopt this child, and I gave him a funny look, because

I thought that was a stupid question. I answered because she's my daughter." More than half of the participants gave me the exact same answer when I asked them why they had wanted to adopt their child.

A typical comment was the following:

I'm not concerned about here in California, but we travel, and we plan to move. . . . It makes me very angry that I have to carry my marriage certificate around in my wallet like my license to prove . . . but um, yes, a little more secure.

One participant said that they registered as domestic partners so that she could then adopt her daughter. "If anything should happen to Dee, if anything should happen to our relationship, it was really important to both of us to have our daughter protected in this way."

Another mother who had registered with her partner for domestic partnership said that her understanding was that it was necessary to do that at least one full year in advance in order to be able to have the non-birth parent's name on the birth certificate. This mother said:

I'm now thankful to have the protections of the domestic partnership since it allowed us to proceed with the adoption, and provides us rights we wouldn't otherwise have. At the time, we were a bit annoyed we had to involve a governmental agency in our relationship and family planning at all.

Nine of the thirteen non-biological mothers/parents had already adopted their first child. Seven of the nine mentioned that some of what motivated them to start the adoption proceedings early on in their child's life was a fear that someone else might try to claim their child. This fear was usually mentioned in an apologetic way, saying that

they knew it was extremely unlikely, but that it had weighed on them before the adoption. There were fears that the donor or his mother might come forward (three), or that the birth mother's parent(s) might not recognize the parental rights of the non-birth mother in the event of the birth mother's death (three). One participant worried that her religious, evangelical mother might do something nutty or intrusive. "They think they're doing God's will. . . . My mother is definitely capable of it." Another said that she had "worst case scenario brain" about the sperm donor's mother. "I didn't want his mom . . . his mom is like, the only person in his life that doesn't know. Because she could, potentially have, um, an issue, like an issue with it."

Two were in the adoption process when we spoke, and two said that they planned to adopt their child in the near future. One woman said,

I'm excited to adopt my daughter . . . I had a moment when we were first starting it of just being so pissed off because most of the people that we know in our peer group . . . we're the only same-sex couple in this group, and so, I had a moment of feeling like, what the fuck, no one else has to adopt their own kid.

Neither of these two participants felt worried or insecure about their relationship with their child, partly because they felt so secure about their partner's commitment.

The nine that had already adopted their child had a range of feelings about the disappointment of having to adopt their own child, which their heterosexual peers do not have to do, and the benefit/privilege of getting to legally adopt their child, which is prohibited to same-sex non-birth parents, in so many other locations in this country and the world. Almost all of the parents who had adopted their children acknowledged the irritation and unfairness they felt in having to adopt their own child, but also their

gratitude for living in the state of California, and the Bay Area, where there were legal actions that could be taken to protect their family.

One mother said that adopting her daughter was important for her and her extended family. She said:

It shows just kind of a little bit more solidity for my family to see that I've adopted her and that it's not just a whimsical thing . . . when my father sees articles about gays and lesbians having children . . . he would call me up and say . . . make sure this is covered in your adoption.

In addition, this participant described her partner's father as intensely rightwing and conservative, a man who had written off his daughter and granddaughter because of his daughter's sexual orientation. This mother said that her partner's father was powerful in another state, and she wanted to make sure that if anything ever happened to her partner, she would not have to feel trapped in California where she feels more protected. This mother said she always carries the adoption paper with her in her wallet.

It was as if the more legal actions taken, the greater likelihood of protecting their family. Expressions like, "playing it safe," or "going the extra mile," described their decisions to pursue as many of the legal options available to them as they could.

Child Preferences for the Birth Parent

Relationship satisfaction for the participants was clearly affected by the presence or absence of a strong preference expressed by their child for the biological mother. In families with no child preference between the parents, feelings of jealousy and competition are minimized. When the non-biological mother feels "maternal jealousy" about her child preferring her partner to her, relationship satisfaction suffers.

Typically in a traditional heterosexual relationship the issue of a first child preferring her/his mother to her/his father is expected. The role of father is considered to be a less primary parenting one than the role of mother. Men have not traditionally been socialized to expect to be a primary parent. Men are traditionally in the support role of provider out in the world, as well as the back-up support of their wives, who often provide secondhand reports about the child to their husbands. For some women with an unconventional gender expression and identity, i.e., less feminine, more identified or equally identified with maleness instead of femaleness, the role of less primary mothering or parenting may be a good fit. Logan said:

I like my role. . . . I like being a father, I like being a dad . . . I feel like I'm actually kind of a hybrid, I'm a mom/dad . . . that's kind of how I feel, like a Mommy Baba . . . because I am a woman, even though a lot of the things I like are masculine.

Even for some lesbian non-birth parents who identify with the role of father, feeling rejected by one's child may still sting and create a lack of relationship satisfaction in the transition to parenthood. Furthermore, since most women are socialized to be the primary parent known as the mother, two women in a love relationship who decide to have a baby must confront the desire of one or both parents to be in a primary parenting role. The partners may agree on their commitment to being co-parents, i.e., equally involved, or they may agree that one mother is going to be more primary. Conflict during the transition to parenthood is more likely when the partners do not agree on the parenting arrangement. The couple may agree before they have the baby, but once the baby is there, s/he may trump whatever plans the partners had agreed to by preferring one

parent (usually the birth mother) to another. Among the participants there were some children who expressed a strong preference for the biological mother, and some who did not, and the child preferences impacted the quality of relationship satisfaction.

Eight of the participants reported that their child did not express a strong preference for either parent. The following examples illustrate their experiences.

Opal said that there was no competition between the mothers. When her partner went back to full-time work, she decided to scale back her own work, and care for their child two days a week at home:

I had more flexibility in terms of my company . . . I think I felt that my partner was probably better-suited for climbing the corporate ladder than I was . . . I think we talked about the fact that because she was the birth mom, wouldn't it be great if I got to be the one to stay home and be the primary care-giver, because that would somehow balance it out.

In fact, by the time her partner walked in the door at the end of the day, Opal would be happy to pass the baby off to her. Opal describes her son's attachment to them both: "he would light up when he would see me, and he'd light up when he'd see her." Opal described her pleasure at seeing the attachment between her son and her partner: "she would come home and be so happy to see him, and he'd be happy to see her, and she'd pick him up, and it would be just lovely to see that."

Peggy also describes a family with no overt competition about affection of her child. She says that their son is a big boy, and practically half the size of his bio mom, so that she ends up carrying him everywhere.

When I carry him, he's higher up. I think he just likes to be higher up. But he kisses us both the same way. And if I drop him off at daycare, he cries and reaches for me. And if Gigi drops him off at daycare, he cries and reaches for her.

Factors that seem to increase a child's preference for and attachment to the birth mother over the non-birth mother are breast-feeding, and/or the birth mother's choice to stay home and be the primary care-giver. Factors that seem to increase the upsetting impact on the non-birth mother involve histories of maternal abandonment or early family trauma, as well as the non-birth mother's comfort with a less primary parenting role. In addition, each couple has a history together of a lot or a little competition between the two partners.

Five participants reported that even though their partners were able to breastfeed successfully, there were no consistent or problematic child preferences. One of these five women said that her partner's "boob advantage" was annoying, but not a big deal for her. She said being able to talk about it with her partner was the way she could discharge her frustration, and then let it go.

The dynamic of a breastfeeding mother with a second non-breastfeeding parent creates a situation in which one parent is able to experience a profound physical, emotional, and psychic connection with their child that the other parent cannot. The breast comforts as nothing else can. It is difficult to know how much a part of a young child's preferences for her/his birth mother stems from a bonding that was begun before birth. Elgie said that her wife had terrible feelings of loss that she could not breastfeed their child, and those feelings became entwined with insecurity about the decision for Elgie to stay at home with their baby. Elgie said about her partner: "She kind of

romanticized what it was to stay home. . . . She was more concerned that our daughter was going to be more attached to me as the primary caregiver.” Elgie did not think her wife would have been so worried about this if she had been able to successfully breastfeed their daughter.

Lauren spoke of the difficulty her partner, Stacy, had in breast-feeding their son, which allowed them to both bottle feed him, so that he did not express a preference in his first year and a half of life. What did cause a preference to develop was her partner’s knee surgery recovery, which lasted a couple of months, making her largely unavailable as a parent. After the recovery period their son began to show a preference for Stacy.

I spent a lot more time with him so he was more needy for her when she was home We’d have a great day together . . . and the minute she came home from work, it was like “see you later.” He sort of took me more for granted.

There were three participants whose partners were not able to breast-feed, for different reasons, and none of these three women reported that their child expressed a consistent preference for the birth mother. There were five participants who reported that their relationship satisfaction during the transition to parenthood was adversely affected to a significant degree by their child’s preference for their partner, the birth mother.

Logan’s wife stayed home with their child for nearly a year while Logan went back to work after six weeks. “There was definitely a period where I felt like he didn’t like me.” Their son seemed to regard her, Baba, as a competitor for Mommy’s affection and attention. And Logan, too, felt frustrated having to share her partner’s attention. Logan describes that as one of the hardest things for her:

We just don't get to sit down and talk as much as we used to. We used to tell each other every single thing. . . . Now I'm lucky if I remember to tell her the important stuff that happened . . . I get home, and I want to tell her about my day, and our son is like, "Mommy, Mommy, Mommy, Mommy," and she just can't listen.

Logan and her partner, Terry, went to couple therapy over this issue, and found it helped them become more aware of their own and each other's needs. Logan said, "We were both stuck in that things needed to be exactly fair all the time. We really got that things don't, can't actually . . . can't always be completely fair all the time." Logan reported the progress they made concerning sleeping in on the weekends. When her son gets up and wants his birth mother, and it is Logan's turn to take care of him:

I say no, Baba's here, Mommy's sleeping, and Baba's here. Baba will take care of you. It takes him a minute, and then he's like, oh yeah, that's right, Baba does take care of me . . . and sometimes, even if he doesn't want me, tough.

Another example of a non-biological mother suffering from her child's preference for her partner is from Cathy. The problems she and Mo experienced during pregnancy and the first year of Jack's life centered on gender role conflict and Cathy's difficulty coming to terms with her envy of Mo's role as mother. Additionally, when Jack became six months old he developed a powerful preference for Mo, which Cathy had not anticipated. Cathy had hoped and expected that her role as stay at home / work from home mother would ensure a balancing of need and attachment between the two mothers. Knowing that her son prefers his birth mother, Cathy sometimes feels ambivalent going

to him when he is crying or in need of comfort if Mo is around, since who he really wants is Mo. She reflected on her dilemma:

That's not what will comfort him. . . . And, how much do I want to put my heart out there every time that I go to comfort this child, that I'm crazy in love with, to hear him say, "I want Mama." I only want him to say that so often before I feel like, "okay, he wants you, why don't you just go," because I don't really want to be rejected right now.

For Zoe, who very much wanted children, parenthood meant losing her intimate connection with her wife, shutting down in reaction, and watching her wife develop a strong bond with their son as she felt more and more excluded. She grew depressed and shut down from feeling so alone, hurt, and resentful. Zoe describes an example of her experience with her partner, whom she felt was not able to understand what it was like for her. Zoe's special bonding time with her child was sharing a bath with him.

And Nora would come in . . . and say we gotta get dinner, and I'm like, I'm having fun in here. . . . It was a point of contention. And I'd say, "I don't think you get it, this is my snuggle time." "Well, you can snuggle after we eat." "Well, no I can't . . . he doesn't want to come to me," and then it would turn into this, "why do you want to say that in front of him," and I'm like, "I'm just telling you how I'm feeling, he won't come to me . . . he runs past me to go to you, he wants you."

The developmental milestone of weaning their son at 16 months was made with Zoe's needs in mind. Her partner's decision to agree to wean their son meant a great deal to Zoe, and to her sense of relationship satisfaction, as she describes:

There's no way I could have pushed Nora to have sex when she was having a love affair with her boy. No way. She had no libido. Breastfeeding takes libido completely away, for most women. . . . But now she's weaned him. She finally looked at me, and said "you want me to wean him, don't you?" I said, "I think it's important to wean him, for your sake, for my sake, and for his sake. He needs to be a little more independent, he needs to know that we are both his parents." And that caused a huge uproar. . . . But, I said, we need a life . . . And the funny thing is, as soon as she got it, it was ta da! Like the sun came out for me. I don't even know what happened.

The Impact of the Extended Family Upon the Parenting Couple

Relationship satisfaction during the transition to parenthood increases when the extended families gather around the new parents to give support and reassurance. Eleven out of thirteen participants reported that the transition to parenthood brought their families of origin closer, however, not necessarily right away. The presence of a baby in the family is one that many of the grandparents seemed to appreciate. Of the two participants for whom that was not the case, there was family hostility or disapproval based on their daughter's sexual orientation, unconventional gender expression and identity, and non-traditional family structure. For one participant, whose siblings and parents are religious and fundamentalist, the intention to rear a child by a lesbian parenting couple, without a father, was completely unacceptable to the family of origin.

For some grandparents, their lesbian daughter's child offered an opportunity to become more involved, especially for the grandfathers, and especially if the grandchild was a boy (eight of the children were male, five of the children were female). Five of the

participants' children were first grandchildren. In general, the younger the participant, the more likely her relationship with her parents was positive, and the more acceptance and support for the daughter's lesbian sexual orientation. This probably reflects the progressive socio-cultural and legal changes that have occurred, especially in the last ten years.

Five of the participants spoke of an unequivocally positive and affirming response from their parents and siblings when told that the couple intended to get pregnant. Two of the participants chose not to tell their families until their partners were already pregnant, and six of the participants had an experience along a continuum of neutral to disapproval to hostility. The two participants with medical conditions met with family concern that parenting would worsen their health.

Other participants also described how telling their parents about their plans to become parents themselves seemed to re-open difficulties parents had with their daughter's sexual orientation. All of the participants said that their parents had gone through a difficult time initially after hearing that their daughter was lesbian, and did not want to tell their friends or relatives for quite a while. One participant said that her mother had weeded through her social community, some years earlier, getting rid of anyone who was not supportive and affirming of her two lesbian daughters. There was often a positive shift in parents' response once the child arrived, however. Several participants thought that seeing the couple with a child of their own helped the families of origin to see them as more like them, to feel closer, to see their daughter as a full adult in her own life, and to recognize the couple as more of a "real" family. Acceptance by the family of origin enhanced participants' experience of relationship satisfaction.

An example of this comes from Zoe, whose family is from the South. Zoe was one of the most unconventionally gendered participants, and in public is often mistaken for a man. Her mother in particular had a difficult time with Zoe's gender expression, identity, and sexuality for as long as Zoe can remember. Zoe stated that she is aware of being a lesbian from the age of two years old. Zoe describes her mother's reaction to the news that they were pregnant:

Mom didn't take it so well . . . she was like "you're way too old to be having kids at this point." And I'm like, "Mom, the reason you don't want me to have kids is because we're gay . . ." and we'd get into this . . . but since the kid's been born, my mom and I get along absolutely fantastically, never a word, never a problem.

However, Zoe is one of the five participants with siblings who are disapproving and non-supportive of the couple's parenthood. These siblings do not want their children around the children of the lesbian couple, and all of the family must deal with the management of these dynamics.

Another participant, Opal, one of the oldest, together with her partner for the longest time, describes a period after their firstborn when both sets of parents kept their distance. She thinks that once they had their second, and then third child, which all happened rather quickly, both sets of grandparents began to come around. Both of the grandmothers had raised large families. It seemed to Opal that when the lesbian couple's family began to resemble their own family of origin with multiple children, the grandmothers especially became more comfortable and came closer. Opal described her amazement and pleasure in her mother's acceptance and even praise, once Opal became a stay at home mom.

Our relationship has shifted, now that I'm home with the kids, so I certainly get her much better . . . probably now, I'm relating better to my mom than I did 20 years ago . . . there's many more commonalities . . . she's just written me notes, saying she's just so proud of me, and the way I am with the kids, and "you're so patient, and you're like your father."

Another participant with an unexpectedly positive story about the impact of her son on her relationship with her parents is Bets. "My relationship with my Mom has gotten closer, for sure. From being a parent. . . . And my mom loves to spend time with him. And talk to him on the phone." Bets described her relationship with her father as extremely alienated and distant before her son was born. She says that her father was never around while she was growing up, that he is politically an active Republican, and that he treated her sexual orientation as a phase to be gotten over. With amazement in her voice, Bets said:

But my father came here the day after the baby. And recently, my partner's father just passed away . . . it's almost like, since right before his decline, my father has been really present. Like, he's over here once a month, he wants to babysit, he texts all the time! I think he knows, he's like the only Grandpa left.

Bets describes her father's increased involvement with her and her family as helped along by the sex of her child and the fact that her son acts so traditionally male. She describes her son as obsessed with "boy stuff." Bets commented on her parents' reaction:

They super love it. I'm sure they thought we would be like, "Oh, they're gonna raise like, a boy who wears pink!" . . . I got him this awesome kitchen, on Craig's

List . . . he loves using the kitchen! They freaked. They're like, "Oh my God!" I said, "trust me, its, he likes the pots and the pans. Like, keep him out of my kitchen!" . . . But my mom said, "Oh, they have so many pink ones. I don't want to get him a pink one. Are you sure you don't want to get him one of the tool shelves?"

The mother most distant from her family, Marta, described a different, more negative experience. When Marta came out to her mother and stepfather, her stepfather worried that he had turned her gay, because he had treated her "a little like a guy. It was very upsetting to him and he didn't know how to handle it. He taught me that I'm just as good as men."

During one phone call, she mentioned to her stepfather that they were thinking of having a child. Marta recalled that he responded with disapproval, asking her:

"Why would you think of doing that to a child? I don't know why you would ever do that to a child." . . . And my mother, every time I'd tell her that we were going to get pregnant, she'd say oh, that's nice, and change the subject. . . . So after we had the baby, I didn't really do much to notify them.

The other participant who described a transition to parenthood that had a negative impact on her family said:

Their religion tells them we're going to hell, so they don't really know what to do with it. . . . My mom has the hardest time, we're not close anymore . . . around me being queer and around me having a baby . . . in fact, my mom's had a harder time since we had the baby. It's gotten worse since we had the kid.

Family acceptance and support of their daughter and sister helps to make a positive transition to parenthood for lesbian non-birth mothers/parents more likely, just as lack of family support and acceptance cause significant disappointment. The transition to parenthood requires hard work and persistence in a new and confusing developmental role that can be eased by the support and validation of the grandparents. Participants spoke of their relief, pleasure, and gratitude when they spoke of their parents and siblings including them like everyone else. Each of the eleven women relished her child's place in her family of origin and valued the connection to her child of cousins, aunts, uncles, and grandparents.

Friends

All of the participants described a transition to parenthood that involved less time alone for the couple, and less time for friends. They all felt it was worth it but acknowledged that the transition to parenthood involved having to sacrifice some of their own individual and couple needs to meet the needs of their child. One mother with a year-old daughter said: "And babysitting, although all your friends say they'll do it, it doesn't really happen that much." Most of the parents I interviewed said that for them the transition to parenthood meant a decrease in time and energy, so that it was easier for them to relate to other parents who they felt could understand what they were going through. Not all of the friendships they had had before becoming a parent had endured. Friends who seemed to expect that nothing would change from before the transition to parenthood were more likely to be experienced as not supportive.

I was surprised by the number of participants who were not motivated to seek out other lesbian families. Five of the thirteen participants said that having other lesbian

parenting couples in their life was important to them while eight said that they were not particularly motivated to connect with other lesbian parenting couples. It may be that as their child grows older, parents will want to provide other families in their child's life that reflect back her/his own family structure.

Two of the participants said that they had sought out a lesbian non-birth mother support group that had resulted in making new connections and social relationships with women in their situation with small children. Even though both women said the group had dissolved by the time I spoke with them, each one felt it had been extremely helpful, especially for the one parent dealing with a child who expressed a consistent preference for the birth mother. Further, each said she had met people who had remained friends, and that they were able to socialize as a couple with other lesbian couples with small children. Both of these women live in a large metropolitan area with a lot of lesbian parenting couples and families.

One of these mothers talked about her need to connect with other non-biological parents who are also butch. "We have talked about starting a group. We have talked about writing a book . . . something needs to be out there." This mother experienced a great deal of pain and suffering from feeling like she was unimportant to her child for the majority of the first year of the child's life. For her, being with other butch non-birth mothers/parents was invaluablely validating. She describes what she got:

Now I can put these things in context . . . I found a little tidbit from my group . . . that there's some developmental issues around it for children . . . if I had known it's a developmental thing, I just feel like I would have been much more prepared.

Eight of the participants felt comfortable with the straight friends they had, or the mix of friends, who had small children. There were four women who had well-established friendships with other couples who had begun to have children around the same time they did. They did not really feel a need to connect with other lesbian parents, although they liked the idea of their child seeing other children with similar families. One such participant said:

The thing is we don't feel like there's a hole in our life. But for the sake of our son, it is in our mind . . . I want him to be exposed to other gay families . . . because we want him to not feel alone and isolated. We're both concerned about that. I'm probably more concerned than she is.

One parent said that their friends have changed since having a child. She described her partner meeting other mothers in a group, or at the library, and then later getting together as families. She says they have more straight friends than before the transition to parenthood, more straight friends with children, whereas before the transition to parenthood they tended to socialize mostly with lesbian friends without children. In her words:

You just tend to gravitate to people with similar interests . . . we've made some really good friends, straight couples with kids, and they're really cool and awesome . . . I think . . . some of them . . . have relatives that are queer or whatever, you know, it's just been kind of open. And it's interesting because a lot of our closest friends from her mommy's group are straight friends in bi-racial couples . . . and they have their own struggle . . . and that openness of acceptance.

A mother who lives in what she calls, “the burbs,” said that having kids has “changed my relationship with the community at large . . . it’s like I got street cred now in the burb . . . I got kids too . . . I’m walking the same path you guys are walking, even though I’m gay.” This mother of three said that when you live in a suburb as her family does, there just are not many other gay people around. “If you’re going to be with people, you’re going to be with the straight community . . . the Catholic church here, in spite of being a Catholic church, has always been a really welcoming community for us.”

Another mother, who lives in a small conservative town on the periphery of the Bay Area, said that they had chosen a Christian pre-school for their child, and that they tended to socialize with other parents with children at that school. She said that the teachers have been inclusive and responsive to their needs as a lesbian-headed family. She said that the first Christmas party, “we came in and everyone’s like oh, you’re Annie’s parents. They were all like, oh, so you’re the lesbian couple kind of thing.” This participant said that her partner was interested in getting involved in a local church, to make social connections, and that she felt positive about that. “The people that we’ve been running into more and more kind of have a tendency to attend church more often than anything.”

The mother whose partner lost their first daughter in labor talked about going to a support group for parents whose children died at birth. All the rest of the couples were heterosexual, and a relatively cohesive network has developed over the past several years. This mother did not express a longing for connection with other lesbian parents. Here is a description of her experience as these couples have become parents with children in the past year or two:

There were about a dozen families that just sort of formed this organic friendship and community . . . somebody will have a barbeque. Somebody will say, I'm going to the zoo on Tuesday . . . we register for the same music classes together . . . we all just kind of stayed together.

The transition to parenthood requires the parenting couple to decide how much, as one parent said, "it is all about the kids" and how much they want their social community to stay the same. All new parents must balance the social needs of their child and themselves, and decide how much effort to put into finding new friends who reflect their changed family structure. Some participants expressed more of a need to socialize with other parents who are also lesbian, while others did not. Some live in areas that have other lesbian families just naturally living nearby, while others live in areas where they are the only lesbians around. The latter group expressed more acceptance that their social support network was composed of mainstream families.

The next section closes this chapter with a focus on the hardest and the best things for lesbian non-biological parents during the transition to parenthood.

Hardest Things About Being a Lesbian Non-Birth Parent During the Transition to Parenthood

Because there is so little information and knowledge known about the aspects of being a lesbian non-biological parent during the transition to parenthood that contribute to lower relationship satisfaction, I asked participants what was the hardest thing for them about being a lesbian non-birth mother or parent.

Their answers can provide important information for other women in their situation, as well as for lesbians who want to be non-birth parents, and for their partners.

Participants spoke about internal struggles to feel entitled as an equal parent, and/or confusion about not knowing one's role before the baby comes; about interpersonal family dynamics of your child preferring the birth mother to you; and about external issues, such as feeling invisible or "less than" as a parent, having to deal with a lack of language in explaining one's family, or being asked details about the "father" of your child.

Five of the participants said the hardest thing for them about being a lesbian non-biological mother/parent had to do with dealing with other people's questions and reactions to their family out in the world. Babies and small children tend to elicit interaction and dialogue with strangers, but participants said that communication that brings out the lack of biological connection to their child is painful. Non-traditional families are often in a position where they have to provide more information to help others understand that this is a family too. It can be anxiety-provoking or burdensome, especially for people who are more introverted or private. One mother said:

The hardest thing for me so far has been when we're out in public, people asking me, "are you her aunt, or are you guys friends?" I mean we got that anyway, when we were out in public together, like "are you sisters?," even though we look nothing alike . . . over the last couple of months [her child was the youngest, at five months], I've struggled with what my response to that question should be . . . because a lot of the responses feel awkward to say. They just feel awkward coming out of the mouth or they downplay my role. And I've decided that the best thing to say is no, she has two mommys. Instead of saying no, I'm the other

mother, or I'm the second mother, you know, anything as a qualifier to me as just being her mom.

The lack of socially accepted language adds to the difficulty in explaining, showing, and understanding the reality of this family structure, and how it differs from the hetero-normative paradigm. One parent who goes by the parental name of Moppa said:

The hardest thing probably would be having to share the label with people that I'm a Moppa. I would take my child to this music class every Friday . . . they would be in the circle, they would say hello to the mothers and hello to the nannies and hello to the daddies if there were any daddies there. And it took me the longest time to get over the fact that it was okay that I was being lumped in with the mom . . . until it . . . dawned on me that, okay, Moppa, you always think of it as a foreign language version . . . so get over it. You are technically a mom in the greater groove.

One mother said that it was hard for her to be so out as a lesbian mother, but that she felt it was necessary for people in her workplace to understand and accept that she has parental responsibilities such as having to stay home with a sick child. She said that she was perceived by her boss to be in a father role, relative to her partner, and he did not understand or accept her need to take family-related time off from her job. His lack of understanding had led to her feeling great pressure not to take time off from work, causing conflict between her and her partner. She said:

I needed people to stop pushing those image things on me, because they're like, oh you didn't give birth, oh, okay . . . like assuming that he's really her kid, not like really my kid . . . so there's like an education piece.

Ten of the participants talked about how the physical resemblance between their child and them, or their child and their partner affected interactions with the external world. Seven of the participants said that there were aspects of their own physical appearance that their child resembled, for example, the child's coloring, hair color or texture, eyes, or smile. When a participant was out in public alone with her child, she received positive comments about how much her child resembled her, in this way or that way, and that was pleasing to her. Going out in public with her partner and child, however, was sometimes experienced as a challenge. Participants seemed to feel discouraged by others commenting on how much their child looked like the birth mother.

One mother said that when she was with her son in an elevator with strangers, they might comment on his curls and her curly hair, as in "I can see where he gets his curls from." But when the family was together out in public, this mother said, it was a different experience and she tended to get flustered by people's comments:

If my partner is there, there's no question. That's hard for me. Because it's just so evident he really . . . like coloring wise, his hair, everything. He really looks like her. . . . Some people say, 'oh who's the mom? I'll be engaging with him, like intimately, and then I get really stuck [for words] sometimes. . . . Tory will jump in before I do, and she'll do like, "we're both his moms, we're a two mom family . . ." I think she needed it to be both of us right from the beginning . . . I would get stuck sometimes when people would ask . . . I think I felt like some fear of, okay,

I keep coming out all over the place, people I don't even know, I'm just like out period . . . some fear about that and some about language.

Five participants said that what was hardest for them was their child's preference for their partner, which is discussed in an earlier section. Three of the five said that they had anticipated there might be a preference for their partner before the baby came, but that it was much more painful than anticipated, and caused more upset or conflict between the parents than anticipated. One parent said:

The hardest things are that I don't have the same bond. I don't have the same closeness right away with the child . . . the manifestation of that by the child is painful to me. And, I'll add to that, there's no time alone, unless you're at work or something, and there's no time alone with your partner.

Two said they had not anticipated their child would prefer their partner because they had always loved kids and kids had always loved them. One woman said that feeling so unimportant in the family was the most difficult thing for her, and the second hardest thing was being asked about the dad:

When someone says, "what's the daddy look like?" I often say, "well, I am the daddy," and they will be, you know, "he kind of does look like you" . . . but I don't hear that question as much now as before he was born or when he was first born . . . it hurt more I think when he was first born. "So what's the dad look like? What are the dad's features?"

She said that questions about the dad made her feel unimportant and like she did not belong to the family. She said that she felt insecure in a way she had not felt since childhood, and that her fear was "not to belong." This mother was adopted, and reflected

that some of her early life experience may have contributed to how she felt early in her son's life.

Two mothers said that the hardest time for them was when their partner was pregnant. Both situations had to do with gender, but for different reasons. The first mother felt invisible and adrift, not knowing where to emotionally settle, as a non-birth mother. She also emphasized the challenge of a lack of language. She says:

I think it was really hard, anticipating the birth of our son . . . I just felt, so much, like, this is . . . Like, how do I explain, to anyone, that I felt . . . me being a femme dyke, not being pregnant, and having my girlfriend be pregnant, and like, just feeling invisible around it. And knowing people felt awkward about it. Not having the words.

Cathy, whose struggles with her partner's gender dynamics were described earlier, said the hardest thing for her was her partner's pregnancy because she had always expected that she herself would be the birth mother. For Cathy, getting to experience her own pregnancy and biological child more recently was very healing. She says:

In our family dynamic and in our relationship I think it's been helpful because we've each gotten to experience the other side of the coin . . . I never thought I was going to get to have this experience at all . . . none of it happened the way I wanted . . . but it's happening and that's so amazing.

One mother who regards her role as the taskmaster in her family of five, the organized one who keeps the household running smoothly, said that for her, the hardest thing was that, as the non-birth mother, she did not feel she was the "fun mother." She is the "practical mother" while her partner is the "playful mother." Opal describes it:

Our only friction in terms of parenting is that . . . I don't always want to be the bad guy. . . . I think somewhere in the back of my mind I don't want to be that because I feel like I've got less credibility because I'm the non bio.

When I asked Opal what she meant by less credibility, and did she think her partner felt that way at all, she said:

I guess I just assume that because she gave birth to them there's some sort of special bond there that I can't recreate, whether they feel that or know that, I don't know . . . she's never projected any like "I gave birth to them, I have any kind of special, you know, rights, or connection." . . . That's just all my kind of internal stuff.

She reflected that it was like a football game, where her partner, as the biological mother, started out ahead of her. She offered this analogy:

I've got to try a little harder to balance it out. And now, when I have to be the organized taskmaster, the tell-them-to-pick-up-their-stuff Mom, did I just lose . . . I got penalized ten yards for that. . . . But I'm not being *made* to feel that way.

Five participants stated that less time alone with their partners was hard for them. Even though they were happy to be parenting, and felt a deep attachment and love for their child, there was a frustration about how much the adult intimacy had decreased between the partners. As one mother said about missing her wife:

I would like more time alone with her, and it impacts the sex, too. It's hard sometimes . . . and then, when we are alone, I don't know, we're tired. I don't know what to say because I'm not used to being alone with her. . . . It does make me sometime worry, are we just all about the baby, all of the time?

The Best Things About Being a Lesbian Non-Birth Mother/Parent—“Now There Are Three of Us.”

Four participants spoke of the incredible opportunity to be a parent to a child whom they love within the context of not *having* to love them because of hormones and biology. Two of these mothers had their own biological babies with them at the time of the interview, and were able to think about the difference they felt with their first child vs. their second child. They both said something like, “You do not have a choice when you are the birth mother, with hormones, and biology, you have to love and care for them!” For both of these women that seemed to make the attachment to their first child more special. One mother said: “I’ve had the opportunity to be a parent . . . in a situation that I couldn’t imagine a way that it could be any better.”

Seven mothers/parents said the best thing for them was their child, and getting to experience parenthood with their particular child, whom they felt so attached to. One parent who I interviewed on her child’s first birthday said:

The best thing is just having a hand at raising this beautiful baby, and just seeing it happen. . . . It’s so cool because we have a third person that’s part of us now where it was just the two of us for so many years. Now there’s three of us so we’re getting to know somebody who’s a piece of us.

The next chapter will provide an overview of the significant findings of this study and an integration of the current study’s findings with other studies. I will also include limitations of the study, and recommendations for future research.

CHAPTER FIVE: DISCUSSION

Introduction

The intent of this research project was to explore the lived experience of lesbian non-biological mothers/parents during their transition to parenthood. The specific focus on only non-birth lesbian parents during the transition to parenthood has not previously been addressed in the literature. To sharpen the focus of this qualitative study, participants were chosen who experienced the birth of their first-born child within an intact committed lesbian couple relationship. At the time of interview, the participant's first child averaged two years of age. The transition to parenthood was a recent memory for the participants to reflect upon. The women in this study can tell us much about what is needed to provide a positive transition to parenthood for all mothers, but especially mothers with marginalized, devalued, and ambiguous maternal/parental identities.

For all new parents, the transition to parenthood brings new responsibilities and roles. It requires the development and consolidation of the identity of a new mother or parent, and the capacity to confront and work through unresolved childhood issues. In addition, lesbian non-birth parents during the transition to parenthood face extra and unique challenges, internally, interpersonally, and externally. These challenges include an expansion of their already marginalized role as a lesbian woman who now must occupy the metaphorical and literal space of "the father," typically, the parent who is not the birth mother. This is a complex personal and social identity only made possible within the last thirty years, and one that mainstream society is still struggling to recognize and understand. The contentiousness of the issue of same-sex marriage today indicates that mainstream society is not yet ready to recognize and support same-sex parents and their

relationships with their children, especially non-biological same-sex parents who do not conform to the family law definition of who is a legitimate parent based on biology or legal marriage.

Interpersonal challenges for the lesbian non-birth mother/parent include how to construct and navigate a place for herself within one's nuclear family with partner and child, while managing her feelings about that place. There is the necessity of finding a way to share maternal and parental responsibilities and roles with one's partner, the child's birth mother, who has the advantage of occupying a role that is seemingly as clear as the non-birth mother/parent's is ambiguous. Each lesbian non-birth parent must face the challenge of establishing her own parental identity within the "conceptual invisibility" described by Mitchell and Green (2007). Socio-cultural and legal recognition and understanding, taken for granted by fathers, biological or not, is not a given for a lesbian non-biological parent, and often results in an initial insecurity about one's legitimate parental identity. The question of "Who am I?" when the "I" is not the biological mother or father, can be the bridge into the lived experience that begins to supply the answers to that question. Theories from feminism and social constructionism assert that parental roles and identities form and develop from the material parental practices and duties that are carried out (e.g., Chodorow, 1978; Ruddick, 1983).

This chapter will first discuss the major findings drawn from the research data in relation to the original research questions and to prior research. A conclusion that summarizes the important findings and concepts follows that. Finally, limitations of the study are addressed and recommendations for further research are discussed.

Findings in Relation to the Research Questions

In the current study there were five research questions designed to elicit information about the types of experience that contributed to the transition to parenthood for a lesbian non-birth mother or parent. First, how do non-biological lesbian mothers describe their transition to parenthood? Second, how is the necessary childcare, paid work, and housework shared between the partners? Third, in what ways, if at all, do gender identification and expression impact these roles and responsibilities? Fourth, how do non-biological lesbian mothers describe their relationship quality and satisfaction with their partner during the transition to parenthood? And fifth, how much or how little does a non-birth parent feel that sex is important to relationship satisfaction during the transition to parenthood?

According to Strauss and Corbin (1987) it is through systematically studying and validating the relationships of each category to other categories that “one’s own and others’ assumptions about phenomena are questioned or explored, leading to new discoveries” (p. 62). As the research participants talked about and reflected upon their experiences, the interactive dialogue led the participants and the researcher into both expected and unexpected territories.

I will explain how I organized the findings with respect to the five research questions. In response to the first research question, I began to “see” and understand the experiences the participants described to me as referring to developmental stages, literally the steps that a lesbian couple must go through to successfully achieve their goal of creating a biological child from one of the partners and becoming parents. Therefore, I decided to highlight the specific steps each lesbian couple must take, which became the

first category of findings presented in the preceding chapter. Applying the necessary chronological sequence made the most sense to me as a way to arrange the material the participants described.

Of the five research questions, I realized that two were the more substantive (the first and the fourth) while the other three could be considered subordinate. The findings were thus divided into two major categories: Developmental Stages of Lesbian Non-Birth Mothers/Parents During the Transition to Parenthood, and Relationship Satisfaction of Lesbian Non-Birth Mothers/Parents During the Transition to Parenthood. I chose to include the findings about sex and the division of labor as sub-categories of the second major category because of the importance of those factors to the relationship satisfaction of each lesbian non-birth parent, although references to participants' experiences of sex and the division of labor also appear in the presentation of findings related to Developmental Stages. I also folded into various subsections the findings related to the third research question, about the importance of gender and gender dynamics in these participants' experience rather than giving it a subsection of its own, as it was a relevant factor in all groups of findings. Later in this chapter, however, I will discuss how gender dynamics played out in the transition to parenthood.

In this chapter, I answer the five research questions by discussing the major findings that speak to the issues raised.

Findings in Relation to the Existing Literature

I plan to consider the relationship between this study and the literature by focusing on my two major categories that emerged from coding, organizing, and "listening" to the findings. First, there are the developmental stages, or steps, that must be

gone through to accomplish the goal of the transition to parenthood. Second is the issue of relationship satisfaction for lesbian non-birth parents during this important time. How do the findings of previous studies prove similar or different from the results found here, and why might that be?

I will proceed in the next section to discuss the major categories and subcategories, highlighting certain themes that seem most relevant and common.

Developmental Stages of Lesbian Non-Birth Mothers/Parents During the Transition to Parenthood

To review, the steps referred to as Developmental Stages in the current study are, first, to assess a desire for parenting and together decide to pursue a path to pregnancy; second, to accept the need to acquire sperm and develop a mutually agreed upon plan as to where to get it; third, to begin the insemination process, which can last anywhere from a short time to a long time; fourth, to experience one's partner's pregnancy, and go through that with her; and fifth, to go through labor and post-birth together, as the couple moves into a new developmental stage in the transition to parenthood by having a baby and beginning to take care of the baby at home together. I am calling this last stage "labor and post-birth adjustment of the first three months." I will now discuss each of the five stages, in chronological order.

Desire for Parenting

As I asked in the literature review, who does or does not wish to mother? One of the findings that emerged from my research was that some lesbian non-birth parents wish to parent but not necessarily to be thought of or called a mother. This finding was illustrated in the non-empirical publication by Aizley (2006) with chapters like "High

Femme Dad,” or “Confessions of a Lesbian Dad.” I had not seen any empirical findings about the diversity of gender identities and expressions among lesbian non-birth mothers/parents until the publication of the recent article, “Mothers, Fathers, and ‘Mathers:’ Negotiating a Lesbian Co-Parental Identity (Padavic & Butterfield, 2011)

There seems to have been an assumption in the literature that if a woman is parenting, she of course identifies as a mother, but through my study I have learned that is not always the case. Reimann (1997) stated that she found that the majority of the women in her study did identify as mothers, so in part, the gender variation among lesbian parents now may reflect the larger socio-cultural openness. Therefore, to acknowledge the diverse gender identities and expressions of these thirteen mothers/parents, I have included the term “parents” whenever the term “mothers” is called for, as in “mothers/parents” in order to be more accurate and inclusive. This finding constitutes a conceptual shift in my original thinking in which I framed the topic “non-biological mothers” rather than a term that accurately reflects the diversity of the concept “non-biological mothers/parents.”

Reimann (1997) found that the more common conflict among her 25 lesbian couples concerned whether to have children or not, not which partner would go first in carrying a child. This contrasts with the 13 participants in the current study, 11 of whom spoke of the desire for parenting as being a conscious priority, “a deal-breaker,” for them in selecting wives or partners. Previous relationships were ended because of the discrepancy in desire for parenting between the partners.

As the socio-cultural and legal conditions continue to change, making same-sex parenting more acceptable, it is likely that more women who come out as lesbian will

expect to have the option of becoming a parent. Historically, coming out as a lesbian meant letting go of becoming a mother. Many women in the past chose legal marriage and children over following their authentic sexual orientation because their desire to parent was so compelling and strong.

Because of the changing social attitudes that permit a wider range of sexual and gender expression, there has been an increase in lesbians considering parenthood for the last two decades. The trend toward lesbian women considering biological parenthood as an option is reflected in the literature. Earlier studies (McCandlish, 1987; Reimann, 1997) found that the desire to parent in lesbian non-birth parents was much less compared to their partners. More recent studies (Dunne, 200; Ben-Ari & Livni, 2006; Goldberg, 2008; Sullivan, 2004) have found a higher percentage of non-birth parents also wishing to carry a child, although they give little information about whether non-birth mothers did or did not wish to parent at all, or had unconventional gender identities and expressions that conflicted with wanting to be pregnant. Of the eleven women in my study who strongly desired to parent, five of them also wished to carry a baby. At the time of my interviews, two of the non-birth mothers of the first child had young infants with them, and two others were about to start inseminating. The fifth had a health condition that prohibited a pregnancy.

Factors considered important in the studies of Goldberg (2006), Sullivan (2004), and Mezey (2008) regarding the choice of which partner would go first when both partners wished to carry a child—age, job flexibility, emotional readiness—were salient in this study as well. However, in this study gender issues were also brought up by

participants, as with a participant saying she felt more comfortable with her conventionally-gendered partner going first, because that seemed “more normal” to her.

It is difficult to compare the desire to parent in the different types of lesbian families that are included in the literature. The family dynamics of a parenting couple where both parenting partners have been the original planners, with their child for the same amount of time, all three in it together from the beginning of the child’s life, create attachments and dynamics that are different than when the two parents have had different time and involvement histories with the child. This study purposefully focused upon the “three in it together” lesbian family model, with one birth mother and one non-birth mother/parent, to help elucidate the dynamics involved in this particular experience of lesbian couples’ transition to parenthood.

The 13 participants in this study acknowledged that the more mutual the desire to parent in both partners, and the more in agreement of who and when to try to get pregnant, the easier and more positive the transition to parenthood. As with so much about relationship satisfaction, it was not what was decided that was so important. What was important was the fact that both partners were in agreement with the decision, and both felt a sense of mutual ownership of the decision. C. Cowan and P. Cowan (1992) found this to be an important factor with heterosexual couples’ transition to parenthood.

I will next discuss the issue of sperm donor choices, an under-studied aspect of lesbian family planning during the early transition to parenthood. So far in the literature, known or unknown donors, and “yes” or “no” donors have been discussed, but not the emotional experience of lesbian non-birth mothers/parents in making sperm donor choices.

Sperm Donor Choices

The choice of whose sperm to use to help make their child is vital. All the participants in this study wished to have sperm donors who would not need, want, or expect to be involved in the parenting of their child. All the participants and their partners wanted total control over the parenting decisions, without input from the donor/father. At least half of the participants verbalized a fear of intrusion, however “far-fetched” they felt it was, represented by the donor, his mother, or his parents. Six of the participants reflected that they felt a greater vulnerability vis-à-vis their relationship with the sperm donor than their partners felt, and anxiety or parental role insecurity that was recognized by both partners in the couple. Also, as reported by participants, both partners recognized the more powerful position of the birth mother, that their child would have her genes. Role insecurity or ambiguity, and the lack of genetic connection were the two main motivations behind birth mothers turning over more of the control about the sperm donor choice to their partners, which the majority of the birth mothers did.

More than half of the participants spoke of a tension between protecting the family from possible intrusions and providing the child(ren) the opportunity of knowing the biological father. Those who chose known donors did it because of financial reasons or to provide their child(ren) with a chance to have an actual relationship with the donor, if the child expressed that desire when s/he got older. All the participants who chose an unknown donor chose an identity release donor, so that their child(ren) could have access to their donor’s identity after turning 18 years old. Three participants mentioned feelings of competition toward the sperm donors, which they were able to successfully work through with the support of their partner/wife. Once the child was born, and an actual

person in the family, participants said they felt gratitude, relief, or satisfaction in choosing donors that their child could either get to know as s/he grew up, or one day identify at their discretion.

Similar to the findings of the National Longitudinal Lesbian Family Study (Gartrell, Hamilton, et al., 1996; Gartrell, Banks, Hamilton, et al., 1999; Gartrell, Banks, Reed, et al., 2000; Gartrell, Deck, et al., 2005), the choice of known donors versus unknown donors in this study were about even. One difference between my study compared to the Gartrell study was that all of the couples that chose unknown donors in my study chose identity release unknown, or “yes” donors, whereas in the Gartrell study, a large majority of the couples chose permanently unknown donors (“no” donors). The difference may reflect the times, as there were probably fewer yes donors available to lesbian couples when Gartrell and colleagues recruited their participants. As more lesbian parents talk about this issue, lesbians pursuing a transition to parenthood are better informed about choices and long-term ramifications.

There is very little detailed information about the sperm donor choices in earlier studies, beyond the statistics of how many known, how many unknown, how many “yes” or “no” donors.

The issue of physical resemblance between the participants and their first child was a major consideration for participants in this study as they thought about donor choices. It was important for the child to “fit in” to their family of origin, and that people who saw the non-birth mother/parent and her child together would register the dyad as a parent-child relationship. As one woman asked, ‘how much will this kid look like me?’ Most of the participants really thought, and cared, about this issue, and wanted to try to

arrange for some possibility or even likelihood of physical resemblance. An example of wanting to make the child as much like the two lesbian mothers as possible was the couple who decided to ask the participant's younger brother if he would be the sperm donor.

One of the more common emotional experiences for a lesbian non-birth mother/parent in choosing a sperm donor is regret that she is unable to get her wife pregnant, and needs the help of a third party. Depending on personality, sensitivity, and other factors, some non-birth mothers/parents barely experience their disappointment or loss, but as indicated by the mother called Cathy, there are some for whom it is necessary to mourn what is not possible before moving on to what is possible, and start making it happen.

Insemination

Insemination is rarely discussed in the family studies literature, and with very little detail when it is. Although some heterosexual couples struggling with infertility issues as well as single women may use this form of assisted reproductive technology, insemination is a necessary process for lesbian couples that want a biological baby, making it a particularly lesbian experience. It is known as donor insemination, alternative insemination, AI, or in old-fashioned language, artificial insemination. Lesbians tend not to refer to it as "artificial." In fact, one of my findings is how much it meant to at least five of the participants to "make it as natural as it can be," which was usually said with ironic awareness.

The shorter the insemination time, the less time, energy, money, and planning are used up. The stressfulness of this stage cannot be overestimated when it goes on and on

and on, as it does for many lesbian couples. The couples in my study were fortunate, compared to the participants in Goldberg's (2006) study, where the average number of insemination (monthly) attempts was nine. For eight of the 13 participants I interviewed, the insemination process took three months or less. The couple that took the longest to get pregnant experienced an insemination period of nearly three years, spending upwards of \$30,000.

Some of the participants said that part of what made the insemination period so stressful was dealing with their partner's disappointment or depression when it became clear she was not pregnant. The participants provided crucial support for their partners during this challenging time, bearing witness, helping their partner to feel less alone, and going through it together. Once pregnancy was achieved, the next developmental stage began.

Pregnancy: Visibility/Invisibility

A major theme for lesbian families, and especially lesbian non-birth mothers/parents, is invisibility, from the macro level to the micro level. Historically, the choice of recognition of queer individuals and relationships was either not to see them at all, or to see pathology or immorality. Queer families were not thought to exist, they were not seen, and same-sex relationships were not mentioned in polite company. Invisibility was the best one could hope for when the alternatives were pejorative judgment or danger.

Invisibility of lesbian non-birth mothers/parents occurs when they are not seen and understood accurately and respectfully. When lesbian or same-sex families are not considered part of the literature of family studies, that is invisibility. When there are not

laws in place to protect lesbian non-birth mothers/parents, that is invisibility. When lesbian non-birth mothers/parents are not allowed to sign their child's report card or be recognized by their child's pediatrician (Padavic & Buttefield, 2011), that is invisibility.

Invisibility is often described in the literature as one of the major challenges for a lesbian non-birth mother/parent (Muzio, 1999; Glazer, 2001). It is discussed mainly on macro levels, in the socio-cultural, institutional, and legal areas (Muzio). The invisibility that is discussed in the literature (Muzio; Glazer) of a lesbian non-biological mother not being recognized by the people in her life or in her different communities as a mother or parent was reported by a minority of these mothers/parents. Living in this time period in this particular geo-political area with county- and state-wide protective laws that first, recognize their existence, and second, accept the need for the protection of their parental relationships with their children, places these 13 women, and the many others in their same situation, as among the most fortunate lesbian non-birth mothers/parents in the world. For these 13 women, interpersonal and public recognition of their identity and role as a mother/parent was an important part of their positive experience that contributed to such high relationship satisfaction during the transition to parenthood. However, by expanding the concept of invisibility to inside the non-birth mothers as well as outside, one could say that the women who had difficulty moving into the role of mother/parent could not see themselves as visible mothers/parents.

In the current study, findings relating to participants' experience of invisibility were considered within the internal, interpersonal, and institutional realms. My understanding of what invisibility means is not being seen as a full-fledged parent, by others or by the self. One hundred percent of the participants reported being seen by their

partners as an equal parent. Eight of the 13 mothers/parents said that their extended families saw them as full-fledged parents whereas several others did experience invisibility as a mother/parent from their families of origin. The opposite of institutional invisibility was when a pre-school teacher helped her student make a “Happy Baba’s Day” card for his Baba when all the other children were making “Happy Father’s Day” cards for their fathers. This pleased his Baba immeasurably.

There were two examples of workplace invisibility that stood out. One mother experienced multiple and painful experiences of invisibility at her workplace, especially relative to a male co-worker whose wife was also expecting their first baby. This mother saw that her male co-worker received a lot of positive attention and support that she did not, which felt terrible and unfair to her. The external invisibility dovetailed with her experience of internal invisibility with questions about her maternal identity, and her difficulty in knowing where to internally “land,” as she expected her first child. This mother struggled with the question of “Who am I?” In her situation, there was a biological mother and a known biological father (whom they called the donor and did not regard as a father in the generally accepted socially constructed definition), and she felt she lacked role models to understand where and how she fit in. Once her child was born, her struggles abated, as she moved into active parenthood, and the care-giving role for which she longed.

Another mother’s boss expected her not to lose any work time due to staying home with a sick child. Her boss perceived her parental role as that of a traditional father’s, with a wife to stay home with the sick child, except that her wife also worked a full-time job. Most participants, however, reported that their workplaces recognized them

as an expectant parent, and understood that once they had a child, they had parenting responsibilities as well as work responsibilities.

Participants frequently expressed appreciation for the laws in the state of California, and the accepting attitudes of the San Francisco Bay Area. They felt visible as parents, and importantly, felt safe being visible. Without those laws in place, women said they thought their experience during the transition to parenthood would have been much more difficult and painful. This is an example of the effect of legal acknowledgment and inclusion spilling down into the micro level of individuals and families. When there is acceptance on the macro level that there are lesbian non-biological mothers/parents with children who need their relationships seen and protected, individual mothers/parents feel safer to be more visible, and entitled to feel their parental status. As lesbian non-biological mothers/parents become more visible, society recognizes them more, and the dialectical relationship between visibility, understanding, and acceptance grows exponentially.

Pregnancy: Familial Language and Naming

The developmental phase of pregnancy was the time when most participants and partners felt that becoming a parent was real, thus it provided the necessary motivation, time, and space to figure out their preferred family names, both individually and as a couple.

Because we do not currently have a cultural name for a non-birth mother/parent, individuals and couples either choose a traditional maternal parental name, like Mommy or Mama, or a non-traditional name like Baba or Moppa. In the participant sample of thirteen, there were at least seven different names chosen, each with their own

connotation. There were two Baba's, two Ima's, one Moppa, one Oma, as well as Mamas, Moms, and Mommys. Several of the parents with non-traditional gender identities and expressions verbalized the need to find other parental names aside from Mommy and Mama.

Language and naming was an important topic about which the participants had a lot to say. The thirteen participants discussed using language to communicate and develop the desired family roles and relationships within their family as well as outside their family, to help others perceive and understand them more accurately. Most of the women said that they understood and accepted that it was part of their job, as a lesbian non-birth mother/parent, to educate others around them as to the best or most attuned language to use.

Language and naming was also an important topic in the literature about lesbian families. Brown and Perlesz (2007) found that the development of accurate and experience-near language was especially important for the non-birth mothers in their study. Several other studies (Reimann, 1997; Suter et al., 2008; Sullivan, 2004) discussed how much the lesbian parenting couple tried to "bring in" the non-birth mother, and provide her with a parental role, identity, and legitimacy through language.

Several studies discussed the choice of last name as one of the intentional efforts by the lesbian parenting couple to affirm the parental identity and importance of the non-birth mother/parent (Reimann, 1997; Sullivan, 2004; Suter et al., 2008), and to provide the non-birth mother/parent with a special name or term to signify maternal or parental role or function (Bergen, Suter, & Daas, 2006; Dunne, 2000). All of the participants in this study described these types of efforts, such as giving the child the last name of the

non-birth parent, or providing maternal or parental names that communicate to others the legitimate parental identity of the non-birth parent.

A difference between earlier studies and this one was that a majority of couples in this study gave the non-birth mother/parent's last name to the first child. In Goldberg's (2006) study only 26% of couples chose the non-birth mother's last name, while 44% chose the birth mother's last name, 19% chose a shared last name, and 7% chose a hyphenated last name for their first child. Out of the 13 participants in the current study, seven gave their last name to their first child. Four children had the birth mother's last name, and two children were given a hyphenated last name that represented both parents. It was important for four participants to have the same last name as their partner and child, which evolved from a lengthy process of the partners communicating about attachment to names, symbolic meaning, and which partner was willing to give up her own last name.

The hope was expressed that by the child having the last name of the non-biological mother/parent, it would be clear that the child belonged to the non-biological mother/parent. In addition, for the four participants who chose to have one last name for all the family members, the hope and intention was that others would be more able to recognize and understand that they were a cohesive and intact family.

There is a dialectical relationship between language and the family life it describes. New language and new use of the old language helps to recognize new experience, new roles and identities, all the while constructing space that includes opportunities to recognize, think about, put into words, and make meaning of new family structures (Nelson, 2007; Brown & Perlesz, 2007). Language expands as reality changes,

allowing for increased understanding and clarity of new family roles and structures (Hequembourg, 2004). As stated in the second chapter, the lack of accurate language both reflects and creates a social vacuum (Benkov, 1995), just as the expansion of language helps to explain and develop new social and family forms.

Labor, Birth, and Post-Birth Three-Month Adjustment

The experience of going into an institutionalized setting to give birth can be unsettling to lesbian couples, especially the non-birth mother/parent. Four of the 13 participants had at least one awkward interaction with someone at the hospital, usually a nurse, who requested to speak with the father. None of these unpleasant or awkward social interactions were experienced as a major problem. An example of an awkward interaction involved a nurse addressing a male friend of the non-birth mother as they both entered the floor of the obstetrics unit. He said something like, “don’t look at me,” and pointed to his friend, the non-birth mother to be. The nurse asked her “where’s the dad?” and she replied, “you’re looking at her!” And then they just went on. Multiply this type of interaction by the dozens, at Bay Area hospitals, and one can understand how the obstetric staff of hospitals in this area is now trained not to make assumptions about family structure.

One example of a non-birth mother’s experience that she felt was a problem involved a lactation specialist whom the couple saw at the hospital once a week for several weeks, post-birth. The lesbian couple attended the lactation appointment together, with their baby. The first two weeks the specialist addressed the non-birth mother as “Auntie,” as in saying to the baby, “go to Auntie.” The non-birth mother was speechless with emotion, and later berated herself for her “cowardice.” She felt something like,

“How will I be able to raise this baby if I can’t even stand up for myself?” The third week, however, the specialist seemed to grasp an accurate understanding of the family structure. Instead of saying to the baby, “go to Auntie,” she said “go to Mama,” and the couple apparently felt great relief. The non-birth mother said she learned an important lesson from that experience, which had to do with developing a greater acceptance of herself, and however she reacted, when faced with the ignorance or misunderstanding of others about her maternal role/identity.

Nine of the participants had positive or neutral experiences at the hospital, about which they expressed great relief and pleasure. All of the couples included both names of the mothers/parents on their child’s birth certificate.

Maternity Leave

Similar to Reimann’s (1997) findings, both parents felt the opportunity to stay home with their child was more of a privilege than a burden. In this study, like in others, the birth mothers took more time off for maternity leave than the non-birth mothers/parents (Gartrell, Banks, Hamilton, et al., 1999; Goldberg & Perry-Jenkins, 2007). However, none of the non-biological mothers/parents particularly reported feeling that her partner was more of a parent, or a more primary parent than she. Interestingly, four of the non-birth mothers/parents in this study ended up being the more primary childcare provider, while most of the participants chose to do childcare as much as, or more than, their partners.

The literature tends to describe a typical pattern of a new lesbian parenting couple as both cutting back on work, and both sharing childcare (Patterson, 1995; Patterson & Freil, 2000; Patterson et al., 2004; Reimann, 1997; Sullivan, 2004). That pattern was true

for seven of these participants, who emphasized that both parents wanted to spend more time with their child during his/her first year of life. It was personal preference, job flexibility, assessment of which partner was better suited to the corporate world and thus could be a higher earner, and a motivation to balance out the biological advantage that resulted in four of the non-birth mothers/parents being the primary child care providers. This finding was similar to Patterson's studies.

Previous studies of both lesbian couples and heterosexual couples across the transition to parenthood emphasize an increase in conflict (Belsky & Rovine, 1990; C. Cowan & P. Cowan, 1992; Goldberg & Sayer, 2006). Less sleep and less couple time alone together contribute to the stress in the immediate months after the birth of the first child. Six of the participants brought up issues like feelings of competition about bonding with the baby, breast-feeding vs. bottle-feeding, and missing the attention of their partner. But these issues were largely resolved with three of the six after the first twelve months. Seven of the participants talked about how much love they felt seeing their partners interact with their new baby.

Exhaustion was the main complaint about this time period, and all participants except one cited a decrease in sexual contact for the first few months after birth, which is similar to what (Reimann, 1997) describes.

Impact of Extended Family on Transition to Parenthood

It was in the context of this final developmental stage that participants talked about the significance of their relationships with extended family. The frequent finding in the literature is that children in lesbian-led families have more contact with their biological relatives than their non-biological relatives (Ben-Ari & Livni, 2006; Fulcher,

Chan, Raboy, & Patterson, 2002; Patterson, Hurt, & Mason, 1998). This was not at all the case in this study. Unlike other studies (Ben-Ari & Livni, 2006; Hequembourg & Farrell, 1999; Hequembourg, 2004; Laird, 1998; Fulcher et al.), the families of these non-biological parents were not more resistant to viewing their daughters as mothers/parents compared to the families of their partners, as the participants described the family responses. The social, political, and religious values of each family seemed to outweigh the importance of biology as criteria for family inclusion.

Seven of the participants described an equal tie to both sides of the family, and two of the participants felt that their parents and families were more supportive and involved (than partner's family) in the life of the child and family. This change from earlier studies in the literature is likely due to the passage of time as social and legal changes make same sex parenting more familiar, and therefore more acceptable, to more and more people, and vice-versa. Further, one cannot overestimate the fact that these 13 participants live in the Bay Area, and have all been out as lesbians to their families for years, prior to parenthood.

Five of the children were first grandchildren. The presence of a baby in the family is one that many of the grandparents seemed to appreciate, a highly prized commodity among grandparents, in general. Providing the role of grandparent to your parents through having your first child can trump the shame and stigma of homosexuality/queerness.

Relationship Satisfaction

Relationship satisfaction during the transition to parenthood is an important area of family life that has been widely studied and written about in the family studies

literature (Belsky & Pensky, 1988; C. Cowan & P. Cowan, 1992; Feinberg, 2002). As acknowledged earlier, most of the studies have been from mainstream, socio-economic dominant communities, namely, white, middle-class, educated, and heterosexual. This focus has broadened over the last decade, especially as Goldberg and her colleagues have studied the transition to parenthood for lesbian parents (Goldberg & Sayer, 2006; Goldberg & Perry-Jenkins, 2007; Goldberg & Smith, 2008b), adoptive parents (Goldberg, Downing, & Sauck, 2007; Goldberg & Smith, 2008a, 2009; and working class parents (Goldberg & Perry-Jenkins, 2004; Perry-Jenkins, Goldberg, Pierce, & Sayer, 2007).

The current study of 13 lesbian mothers/parents, not biologically related to their first child, all living in the San Francisco Bay Area, adds to that important literature by looking at what contributed to the unexpectedly high level of relationship satisfaction among almost all of these participants. The present study is the first to examine relationship satisfaction in lesbian non-birth mothers/parents in the transition to parenthood.

There were two primary factors found in this study that positively contributed to relationship satisfaction for the lesbian non-birth mother/parent. First is the positive mirroring and validation by the birth parent toward the non-birth mother's parental identity and role as equivalent to herself. Second is the emphasis on teamwork and on a commitment of both partners to "good" communication. I will discuss these two factors first, in relation to the current study and the existing research. I will also discuss the issue of the Division of Labor as it relates to relationship satisfaction.

Positive Mirroring of the Non-Birth Mother, and the Couple's Sense of Teamwork

Bryan (2002), writing about heterosexual couples during the transition to parenthood, said that if a spouse can surrender individual goals to become a team, relationship stress can be reduced. All of the participants in the current study reported a commitment to being equal parents together, as did all but one couple in Sullivan's (2004) study of 34 Bay Area lesbian parenting couples. Furthermore, each of the 13 participants, at the time I interviewed them, firmly identified as a mother or parent, and practiced multiple parental functions daily, regularly, and in tandem with her wife/partner.

There was, though, an initial period of adjustment after the birth of the first child when about half of the participants expressed some confusion or hesitation about their right to identify as their child's mother or parent. That early time is a vulnerable one for lesbian non-birth mothers when so much of the care for a new-born is physical, and based, optimally, on the breast-feeding connection. The support of the child's biological mother, who has the privilege of occupying a clear, traditional, and easily understood role, is crucial, as the participants said, in helping create an easier transition to parenthood.

Typical of lesbian couples expecting a baby (Nelson, 2007; Sullivan, 2004), there were many efforts on the part of these participants and their partners to offset the biological advantage, and intentionally attempt to bring in the non-biological parent. These efforts validated the parental legitimacy of the non-birth mother, as well as strengthening the couple's sense of co-operation and teamwork. The majority of participants reported regular attendance at their pregnant partners' doctor visits, their

partners ceding control to them about the choice of donors and last names, and an active communication exchange where the partners talked about the pregnancy and the many changes in great detail. The lesbian non-birth mother/parent was very much in it from the beginning, going through the path to pregnancy with her partner, who was carrying the child “for the team.”

Studies of the transition to parenthood in heterosexual couples (Belsky & Pensky, 1988; Bryan, 2002) identify factors that protect against low marital satisfaction and which are similar to those that emerged in the current study, including shared expectations, a more equal division of roles and responsibilities, and active involvement from the father or second parent. These factors rely upon the capacity of each parenting partner to take responsibility for what needs to be done, not to regularly expect the other one to do more, and show up emotionally to communicate about hopes, fears, disappointments, and desires. Parenting partners seem to appreciate feeling that they are part of a team, so that everything does not depend on only one parent. Marital satisfaction decreases when a parenting partner feels that she is doing more than she expected or wanted to do, especially in comparison to her spouse.

Division of Labor

How are the necessary parenting and work roles and responsibilities shared between the partners in this transition to parenthood? This was one of my research questions. My emphasis on the word “sharing” over “division” of labor and childcare is true to the spirit of how I think women partners tend to approach their life together.

The literature describes same-sex couples as sharing the division of labor more easily and with less conflict than opposite-sex couples (Kurdek, 2007; Patterson, 1995;

Patterson et al., 2004), and the results of this study are in accord with that. Nine of the non-birth mothers/parents stated that they felt satisfied with their division of labor both pre- and post-birth. The literature presents the division of labor in heterosexual couples during the transition to parenthood as often the biggest problem that the relationship/marriage faces (Belsky & Rovine, 1990; C. Cowan & P. Cowan, 1992). Women are traditionally more in charge of household responsibilities, and even when both parents work full-time outside the home, women tend to do more, and may feel resentful about it. That resentment tends to decrease relationship satisfaction, first for the woman, then later for the man.

While it may be more common for heterosexual pregnant couples today to expect that parenting and household responsibilities will be equally shared, if those expectations are disappointed, or as the literature puts it, “violated,” relationship satisfaction goes down (Dew & Wilcox, 2010; Twenge, Campbell, & Foster, 2003). The literature shows that the relationship satisfaction in a heterosexual couple during the transition to parenthood goes up when the father is more involved (Belsky & Kelly, 1994; C. Cowan & P. Cowan, 1992). Belsky and Kelly state that “one of the single most important factors in determining satisfaction with the marital relationships and the division of labor is sex role attitudes and expectations and whether they match behavioral outcomes” (p. 31).

Downing and Goldberg (2010) in a study that I found after I completed the literature review for this current study, interviewed 30 lesbian parenting couples with toddlers, and found that “eight of the 30 couples divided paid labor relatively equally” (p. 9). Fourteen couples divided labor with one full-time parent and one part-time parent, and in twelve of the fourteen couples, the part-time mother was the birth mother.

There was more diversity relative to division or sharing of work responsibilities in the current study. Of the 13 participants, eight worked full time, as did their partners; two worked full time while their partners worked part time; one worked part time while her partner worked full time. Five of the non-birth parents provided the primary childcare while their partners worked full time, or in one case, attended graduate school. Biology was not at all the deciding factor in childcare responsibilities once the birth mother felt she could end her maternity leave, which was generally three months to twelve months.

The greater involvement of the non-birth partner in a lesbian couple leads to more relationship satisfaction for the birth mother, which then increases the relationship satisfaction of her partner. However, it can be a challenge to figure out how to share ('the') maternal roles and practices. Instead of the conflict that can occur in a traditional couple with different and well-defined spheres of responsibility, but each one feeling alone, there can be a different type of conflict for a couple who are trying to share the same types of roles and responsibilities, with one or both feeling competitive or envious. Depending on expectations, a woman in the non-birth parent role may feel early on a disappointment that she is not as emotionally or physically involved in the early life of her child as she wishes. Accurate and non-judgmental information about these types of situations can help prepare a lesbian non-biological mother/parent during the transition to parenthood, normalize painful experience, and offer her a realistic expectation that as time passes, the attachments within family life often shift and broaden.

Sex

As sex is such a private and intimate subject, it is not frequently discussed in the literature, and certainly not in studies about lesbian parents. This study included the

question of frequency of sex in the larger question of relationship satisfaction. At the time of the interviews two women said that they were having sex at a frequency of twice a week, which both stated was important to their relationship satisfaction. Six women said they wished they had sex more often, and five women expressed satisfaction with their sex life, whether it was seldom or regular. All described a decrease in their sex and intimate life together with their wife/partner during their partner's pregnancy. There was a wide range of how important sex was to these participants, and how much it contributed to relationship satisfaction.

Legal Issues

All of the participants have their names on their child's birth certificate, under either Parent, Father, or Mother, depending on the policies and politics of the county, the city, and the hospital. All of the participants had taken multiple legal actions to protect their relationships with their child, and the integrity of their family. Legal second-parent adoptions, and stepparent adoptions, available to registered domestic partners in the state of California, were pursued by nine of the couples. Seven of those nine participants cited worry or "far-fetched" fear or "irrational paranoia" as motivation for filing adoption papers very early in the life of their child. Two more couples were in the process of adoption. Ten couples had married before having children, nine had registered as domestic partners, and six couples had gotten legally married in San Francisco in the brief window of 2008 when it was possible to do so in that city. One mother said she felt angry she feels she has to carry her marriage certificate with her at all times, but also, a little more secure.

Conclusion

Lesbian non-birth mothers/parents during the transition to parenthood described the particulars of their “hybrid” position (Bhabha, 1985) with regard to the universal experience of becoming parents for the first time. Their experience suggests new cultural forms of motherhood and parenthood within a family configuration only now becoming more visible. Parenthood, considered as gendered as any activity can be, turns out to be more gender-fluid and gender-adaptive than previously imagined, particularly in the socially tolerant and progressive San Francisco Bay Area. Entirely new cultural forms of “family” and “woman” and “mother” are being embodied by women just like the participants in this study, who were so eager to discuss their experience during the transition to parenthood.

The current study has focused attention on the most marginalized member of this marginalized family form. By her very nature, as a female who does not carry her own child inside her body, yet lives with the woman who does, the lesbian non-birth mother/parent fails to meet the traditional legal definition of parent, based on either biology or legal marriage. The emergence of this new socio-cultural parental identity and role is one that interacts with, transgresses, and transforms ancient understandings of who and what a mother is and does.

Positive experiences of the transition to parenthood for lesbian non-biological mothers/parents involve unequivocal support by their partners, who have a more traditional, powerful, and privileged position in their relationship and in this transition. A positive transition to parenthood also involves being part of a parenting team, working closely together with their wives and partners in arranging how to share the necessary

parenting roles and responsibilities. The way the couple shared or divided paid work, childcare, and domestic and social responsibilities was less important than the lesbian non-birth mother/parent being able to feel personally invested in whatever decisions were made. A commitment to ongoing communication, feeling listened to, understood, and taken into consideration seemed to provide lesbian non-birth mothers/parents with the greatest amount of relationship satisfaction.

Studies such as this, with in depth qualitative interviewing and discourse, shed light on non-traditional and stigmatized family forms, and the roles contained within those forms. Lesbian non-birth mothers/parents embody a challenge to, and an expansion of, dominant cultural ideas and language of describing, defining, and deciding who is a mother or what is a legal parent. With no legal protection, the relationship between these mothers/parents and their children is the least protected of any parent group. But as the participants in this study show, lesbian non-birth mothers/parents can use their formidable resources to form a family and experience parenthood. The law and society may lag behind, but lesbian non-birth mothers/parents keep having children.

Limitations of the Research

There are many limitations for such a small, insular study. The study was limited by all of the participants living in the same geographic area, which is known for its tolerance of sexual diversity and having one of the highest population of lesbian families in the country. The interviews were done with the first thirteen people who volunteered, and met the criteria, not because they represented an accurate cross-section of the lesbian community, in terms of race, ethnicity, class, education, and gender expression. The demographic results do not reflect the efforts that I made to attempt to provide greater

diversity. Having such a homogenous sample limits the research. In fact, it is possible that the findings reflect more of a “best case scenario” of lesbian non-biological parents at this developmental time. Demographics of the participants in this study were similar to those in other studies of lesbian mothers/parents, namely, participants were mostly white, educated, and older than the average age of new mothers. How are researchers to identify and gain access to a more diverse and authentic representation of the larger lesbian parent population? “Students of homosexuality concede that identification is practically impossible due to the hidden nature of the homosexual population. Instead of drawing samples randomly from a complete universe, we are obliged to take them from the most accessible sources” (Donovan, 1992, p. 28).

The majority of participants had first children between one and three years old, but some participants’ children were younger or older than that. Being able to present and compare parents with a similarly-aged first child would offer more precise data. The sample size, at 13 participants, could be increased to give valuable data.

Information was limited to a one-time 1-2 hour interview. More information could be provided by observational visits at the participants’ homes, or daily journals written by participants. Obtaining such data would undoubtedly provide richer and deeper understanding of their experience. It would also enrich the study to have interviews with the partners, to compare experience and perceptions, and to gather data at more than one point in the transition to parenthood.

Additionally, it seemed to me that this group of 13 lesbian mothers/parents were motivated in part to volunteer for this study because they are so happy with their families and lives, and it was enjoyable for them to talk about. A significant number of parents

had what they called “easy” babies. A significant number had first grandchildren. This was a self-selected group of participants who felt, by and large, quite successful in their family life.

Further Recommendations for Research

The family studies field of research continues to need inclusion of more diverse family structures. Lesbian non-biological mothers/parents during the transition to parenthood are in need of recognition, attention, research, study, and support. They want to share their experience, to help other and future lesbian non-birth mothers/parents. Imagine a row in the parenting literature section of your bookstore filled with books based on reliable research about what to expect as an expecting lesbian non-biological mother/parent. Imagine many, many lesbians visiting those (online or actual) bookstores in need of bibliographic information that they can trust, identify with, and use to prepare for their own transition to parenthood. Imagine their relief and pleasure at finding such a book, which unfortunately, does not yet exist.

As the topic of lesbian non-biological mothers and parents during the transition to parenthood is so understudied, there is clear need for future research. One of the main reasons to study lesbian non-birth mothers/parents is because they embody a new and marginal socio-cultural family role and a complex blend of gender identities. They are helping to rewrite family law by presenting a challenge to the criteria of who is a parent, based on biology or legal marriage. Studying them in many different geographic areas, where there is a vast range of socio-cultural and legal acceptance and recognition of their parenting rights, responsibilities, roles, and identities will lead to greater understandings

of the intersections of the different social realities in which lesbian families are parenting, as well as the impact on the health and well-being of the individual family members.

Ubiquitous to most recommendations for further research in lesbian parenting studies (Goldberg, 2005; Mezey, 2008; Reimann, 1997) is an acknowledgment of the difficulty in research recruitment of lesbian parents of color, working class parents, and lesbian parents with multiple marginal and oppressed social locations, and the strong need to do so. My study is no different. Mezey is to be given great credit for her dogged efforts to recruit a more ethnically diverse sample in her study of lesbians' choices of remaining child-free or pursuing parenthood. It has been noted that the type of lesbian family form I was interested in studying, because of the asymmetrical biological connections between the parents, is not typically pursued by African-American lesbians (Gartrell, Hamilton, et al., 1996). Study of the diversity of lesbian family formations would be in itself a worthwhile area to research, though more funding is needed to broaden the research base. As more researchers emerge from communities of color and oppressed social locations, there will be a greater likelihood of capturing lived realities from within those communities.

Larger studies in areas of the United States less hospitable to lesbians and lesbian parents should be conducted to see how intrusive or impactful the hostile or non-supportive socio-cultural environment is on the relationship satisfaction of lesbian non-birth mothers/parents.

Gender dynamics in lesbian couples, in general, and especially in lesbian parenting couples, is under-recognized and understudied. There are many questions to be addressed about the influence of gender dynamics in lesbian parenting couples. Power

dynamics between lesbian parenting couples from different family formations could be studied to compare differences and similarities.

Two interesting family situations, unique to lesbian parenting couples, warrant further research. The first is when the sperm donor is a biological relative, brother or cousin, of the non-birth mother/parent. Such a choice represents desire on the part of both parents to share a biological connection with their child, and for their child to be as much like the two of them as possible. Long term consequences of this particular sperm donor choice is not something that has been studied, as far as I am aware.

The second situation involves the donation of an egg from one partner to another, so the gestational mother/parent is not the biological mother/parent, and both parents feel a biological connection to the child.

Also, I have not been able to locate any mention in the literature of a newer type of lesbian stepfamily, one that forms from a previous lesbian parenting relationship, often the original family. It is unclear how such a stepfamily is similar or different to a more familiar heterosexual stepfamily structure. It certainly is a family form that will become more common as time goes on.

Another unattended area is lesbian non-birth parents during the transition to parenthood who experience marital/relationship dissolution. I chose to study women who were in their original parenting marriage/relationship because I did not want to bring in more complications. But the rubber meets the road in terms of power dynamics when the marriage begins to break up. The legal system, often reflecting social prejudice more than social reality, provided opportunities for fathers to take advantage of laws that discriminated against ex-wives who left them for another woman. Unfortunately, today,

it is not uncommon for the legal system to favor a lesbian birth mother and deny equal or any custody of their child to an ex-partner. In many areas, the lesbian non-birth mother/parent is treated like a legal stranger to her child, with no parental rights and responsibilities. Further research into the role of the lesbian non-birth mother/parent will hopefully contribute to changes in family law, and the legitimacy of a lesbian non-birth mother's legal standing.

The iconic family structure of “one man and one woman” that has been the primary tradition in recent Western culture, as the “Defense of Marriage” Act asserts, is being tugged on and stretched and accommodated to include a different cast of characters. For same-sex couples, all of the different paths to creating a family, with the resultant family structures, with their unique and universal family processes, need further research. As same-sex marriage laws are being fought over on every possible level, from international to national to state and local jurisdictions, same-sex couples are entering the transition to parenthood with as much excitement and trepidation as heterosexual couples do, albeit not with the same history and meaning. Lesbian non-biological mothers and parents during the transition to parenthood offer an incredible convergence of experience to share. If it is true that it is sometimes by going to the periphery that is possible to obtain the best view (and a unique understanding) of the center, then studying lesbian non-birth mothers and parents during the crucial time of the transition to parenthood may sharpen the lens with which we view all parents and families at this particular developmental and historical time.

APPENDIX A: RECRUITMENT LETTER TO COLLEAGUES

March 3, 2010

Dear _____

I am entering the data collection phase in my doctoral candidacy at **The Sanville Institute**.

My qualitative research examines the subjective experience of lesbian non-biological mothers/parents during the transition to parenthood, or the first 3.5 years of their first child's life.

I am looking for 7-11 mothers who live with their partner and child, forming a family. I am focusing on the mother whose partner carried their child. I will spend between 1-2 hours in a direct face-to-face interview, audio recorded, in the location of her choice (for example, in my office, her office, or home).

If you can think of someone who might be interested in participating, I would appreciate hearing from them directly or hearing from you the name and contact information so that I may contact them directly. My email is janetlinderlcsw@yahoo.com and my phone number is my office number, (415) 285-1131.

I very much appreciate your time and attention as I move toward completion of my doctorate.

Sincerely,

Janet L. Linder, LCSW, BCD
4112-24th Street
San Francisco, CA 94114

APPENDIX B: FLYER

RESEARCH PARTICIPANTS NEEDED

LESBIAN NON-BIOLOGICAL
MOTHERS
DURING THE TRANSITION TO
PARENTHOOD

Lesbian mothers whose partners carried their first child, whose first child is under 7 years of age, who live with their family together, and make co-parenting decisions with the biological mother of their child(ren).

There is often, at least initially, legal uncertainty and social invisibility for lesbian mothers who are not biologically related to their child(ren). The impact of the socio-cultural environment, the lack of established language to describe roles and relationships, and the experience of the transition to parenthood will be explored. 1-2 hour interview, confidential and private. If interested, please email janetlinderlcsw@yahoo.com or call Janet Linder at (415) 285.1131.

APPENDIX C: LIST SERVE LETTER

A STUDY OF LESBIAN NON-BIOLOGICAL MOTHERS DURING THE TRANSITION TO PARENTHOOD

Janet Linder, LCSW, is conducting a study of the transition to parenthood with lesbian non-biological mothers. There is no socially sanctioned or legally recognizable role for a lesbian mother whose partner carried and gave birth to their child within the context of their committed relationship. How women feel about and manage their roles and relationships with their partner, child, self, extended family and friends is the focus of this study. The impact of a first child on a non-biological mother and her couple relationship with her partner will be explored. Another focus will be on if and how gender roles play a part in each couple's decisions about how to divide paid and unpaid work, childcare, and domestic responsibilities.

Lesbian mothers whose partners carried their first child are invited to participate. This study will focus on women whose first child is up to seven years old. Women will be interviewed to learn more about their experience during the transition to motherhood.

This study is for a doctoral dissertation under the supervision of Dr. Mary Coombs at The Sanville Institute. This study will help people, professionals, and other lesbian mothers, to understand more about the experience of lesbian mothers who are not biologically related to their children.

Janet is a licensed clinical social worker in San Francisco and Berkeley, and a lesbian mother herself. You are invited to contact Janet by email or phone if you are interested in participating, or want more information.

janetlinderlcsw@yahoo.com or (415) 285.1131

APPENDIX D: LETTER TO PROSPECTIVE PARTICIPANTS

March 3, 2010

Dear _____,

Re: Qualitative Study In Clinical Social Work Title

“Lesbian Non-Biological Mothers: Their Subjective Experience During
the Transition to Parenthood”

Thank you for your interest in participation in a qualitative research project. If you are reading this, a professional colleague of mine, or a friend or acquaintance of yours has probably already spoken to you about the fact that I would be following up with you.

Thank you for your time and consideration. This study is part of my educational requirement at **The Sanville Institute** for achieving a degree of Doctor of Philosophy in Clinical Social Work.

I am pleased that you are considering participation in this valuable research. I will be contacting you by phone or email if you let me know you are interested by calling me or emailing me at the designations in the prior paragraph. If interested, please let me know in your communication by telephone or email whether you would prefer a telephone screening or a face to face contact for that purpose. I very much look forward to hearing from you soon.

My research examines the subjective experience of lesbian non-biological mothers/parents during the transition to parenthood, namely the first few years of your first child's life.

In most areas of this country, there is no socially sanctioned or legally recognizable role for a lesbian mother whose partner carried and gave birth to their child within the context of their committed relationship. How women feel about and manage their roles and relationships with their partner, child, self, extended family and friends is the focus of this study. The impact of a first child on a non-biological mother and her couple relationship with her partner will be explored. Another focus will be on if and how gender roles play a part in each couple's decisions to divide paid and unpaid work, childcare, and domestic responsibilities.

Lesbian mothers whose partners carried their first child are invited to participate. This study will focus on women whose first child is up to a few years old. Women will be interviewed to learn more about their experience during the transition to motherhood.

The transition to parenthood is widely recognized as an important and challenging focused on queer parents. I hope to speak with non-biological mothers in lesbian parenting couples, who live together with their partner and child(ren), to hear about what it is like for them. Much of the past research on queer families has focused on the children being reared by same-sex parents, unfortunately needing to defend the validity of these family structures for legal and political reasons. As the bigger world begins to "catch up" with the reality of queer parenting, there is a need for accurate and nuanced information about the diversity of family life in queer communities. This study is one step toward collecting and providing valuable information for queer parents themselves, and the professionals who support them. What do you wish you had known, before you set out on this journey? What do you wish others like teachers, therapists, doctors, and policy makers could know about your experience and your family life?

This study is completely voluntary, and if you are selected to participate, you will not be personally identified in any way in the study. You may withdraw your consent at any time up until the publication of the research.

What would be asked of you is as follows:

1. A screening contact with me about the study by telephone or in person (whichever is preferred and convenient from your perspective) of 30 minutes or less
2. At a mutually agreed upon space, a private 60-120 minutes audio-recorded conversation (for which you would sign a consent) with you about your experience as a mother or parent (whatever language you use about your parenting role and however you identify) during your transition to parenthood and up to the first few years of your first child's life. (Audio-recording is part of the research design and typical in qualitative research). The recording will be transcribed with a disguised first name and number, known only to me. The information will be kept locked securely by the investigator.

A follow-up phone call from me of no more than fifteen minutes within two weeks after our recorded conversation.

Discussion of parenting and family life, whether recent or old, may stir up feelings of discomfort, including anxiety, sadness, tears, anger, and so on, as well as intrusive thoughts. That is certainly one of the risks for you. Equally, discussion of these matters, in a confidential format and for the purpose of expanding clinical and professional knowledge in this area, may also feel quite liberating. I want you to remember, as you decide about participating,

that **You may withdraw from this voluntary study at any time and for whatever reason(s) up until the publication of the dissertation research study by calling me at (415) 285.1131, or emailing me at janetlinderlcsw@yahoo.com at any time.** This research proposal has been approved by the dissertation committee, the Institute's human participants; committee, and **The Sanville Institute.**

Sincerely,

Janet L. Linder, LCSW, BCD

APPENDIX E: INFORMED CONSENT FORM

THE SANVILLE INSTITUTE**INFORMED CONSENT FORM**

I hereby willingly consent to participate in the study, **Subjective Experience of Lesbian Non-Biological Mothers/Parents During the Transition To Parenthood**. This doctoral research project will be conducted by Janet L. Linder, Investigator, under the direction of Mary Coombs, Ph.D., Principal Investigator and faculty member, and under the auspices of **The Sanville Institute**.

➤ I understand the procedures to be as follows:

1. Voluntary, self-selected participation in a research project screening of 15 minutes or less over the telephone or in person with the Investigator.
2. Voluntary, self-selected participation in a tape-recorded interview of 60-120 minutes in a convenient location with the Investigator.
3. Receiving a follow-up telephone call of no more than 10-15 minutes within two weeks after completing the interview with the Investigator.
4. A voluntary decision on my part about receiving the research results following completion of the study.

5. Potential publication of the study or parts of it in which the anonymity and confidentiality of the research participant will be preserved. Such publication would exclude any reference to my name or personal identity.

➤ I am aware of the following potential risks involved in the study:

1. I might feel vulnerable talking with the Investigator on tape despite the agreed-upon procedures for ensuring anonymity and confidentiality.
2. A self-examination and reflection on particularly difficult experiences, memories, and emotions could trigger some discomfort in the form of tears, anxiety, vulnerability, negative self-thoughts, even of one's own feelings about one's own trauma history.
3. Sometime after the interview with the Investigator has been completed, I may still have some uncomfortable recollections about past traumatic experiences or memories that could feel troubling.
4. If I have elected to receive the results of the research study and find those results both interesting and relieving, I might still be discomforted in recalling other situations related to the research that I wished I had discussed or other forgotten situations that now emerge.

➤ Provisions to be made in case of emotional discomfort:

1. The Investigator will remind me that participation is by choice; voluntary. I understand that I may drop out of this research process at any time without explanation or recrimination.
2. The Investigator and I will be monitoring my comfort levels in all contacts and I may take a break at any time or discontinue my participation in the process altogether.
3. The Investigator has left contact information for herself and for the Principal Investigator , and I have been encouraged to contact either of them should stress related to this research project arise for me.
4. I know that the Investigator will be contacting me in a couple of weeks and I may discuss any emotional discomfort I may be feeling with her at that time.
5. The procedures for this research project include up to three consultations with a qualified person made available through the Investigator and the Principal Investigator to work through any lingering emotional discomfort in relation to this research study should that occur.

I understand that I may withdraw from the study at anytime.

I understand that this study may be published and that my anonymity and confidentiality will be protected- that is, any

information I provide that is used in the study will not be associated with my name or identity.

Signature_____

Date_____

If you would like a copy of the results of this study, please provide your name and address.

Name_____

Address_____

APPENDIX F: INTERVIEW GUIDE

Introduction

Thank you so much for agreeing to this interview and for being a part of my research project. As you know, I am interested in hearing about your experience of being a lesbian non-biological mother during the transition to parenthood, and what it has been like for you. I want to understand you and your process, and believe that a study such as this can help others to understand what it is like to be parenting in your unique position. I am wanting to know how life has changed for you in this transition to motherhood, decisions that you and your partner made to arrive at the path to pregnancy, how being a mother is for you, and how it is different from or similar to what you expected. As we go along, feel free to express yourself however you wish and to let me know your thoughts and feelings.

First of all, I would like to know how old you are, and how long you consider that you have been in a transition to parenthood.

Tell me about your interest in being a mother.

Tell me about your process with your partner, in deciding to become parents.

How did you decide on a path to pregnancy?

What is your experience as a non-biological lesbian mother during the transition to parenthood? How has being a non-biological lesbian mother in the transition to parenthood changed you? (Include changes in the following areas: relationship to self; relationship to partner; relationship to child; relationship to extended families, both biological and non-biological; relationship to institutions (for example, the lesbian

community/pre-schools/religious community/medical and health care providers) and the people in them; and relationships in ordinary day-to-day life).

Has the transition to parenthood impacted your division of labor with your partner, and if so, how? Does your current division of labor impact your relationship satisfaction with your partner?

What kind of language do you and your partner use in naming yourselves as mothers? Has the language you use changed over time at all?

Have you and your partner taken any legal action to protect your family? Who initiated that, and did it have any impact on you or your partner?

What would you say are the hardest things and the best things about your role as a lesbian mother who is not biologically related to your child?

Do you and your partner plan to have more children? Do you intend to be a biological mother?

Do you feel your gender identifications or gender expression impact you as a parent? If so, how?

What has been the impact of your child on your intimate relationship with your partner? Has it changed over time?

Is there anything you would want to tell other lesbians who are planning to parent together?

Is there anything you would like to add? How was this for you?

APPENDIX G: CONTACT INFORMATION LEFT WITH THE PARTICIPANT

Research Study: Subjective Experience of Lesbian Non-Biological Mothers/Parents During the Transition to Parenthood

Principal Investigator: Dr. Mary Coombs, Ph.D. at (510) 527. 3778 or via email at mmcoombs@sbcglobal.net

Investigator: Janet Linder at (415) 285.1131 or via email at janetlinderlcsu@yahoo.com

APPENDIX H:

PROTECTION OF RESEARCH PARTICIPANTS APPLICATION

Title of Research Project Subjective Experience of Lesbian Non-Biological Mothers During the Transition To Parenthood

Principal Investigator: _____

Investigator: Jenet Linder, MSW
(print name and degree)
(print name)

I have read the Guidelines, Ethics, & Standards Governing Participation & Protection of Research Participants in research projects of this Institute (in Appendix D of the Student and Faculty Handbook), and I will comply with their letter and spirit in execution of the enclosed research proposal. In accordance with these standards and my best professional judgment, the participants in this study (check one)

_____ Are not "at risk."

☒ May be considered to be "at risk," and all proper and prudent precautions will be taken in accordance with the Institute protocols to protect their civil and human rights.

I further agree to report any changes in the procedure and to obtain written approval before making such procedural changes.

Mary Coombe, Ph.D. 4/26/10
(signature of principal investigator/date)

Jenet Linder, MSW 3-11-10
(signature of investigator/date)

Action by the Committee on the Protection of Research Participants:

Approved ☒ Approved with Modifications _____ Rejected _____

Judith R Schore Ph.D. 4-15-10
Signature of representative of the Committee on the Protection of Research Participants/date

Whitney M. Hough, PhD 4/26/10
(signature of dean & date)

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