

The Other Mother: An Exploration of Non-Biological Lesbian Mothers'  
Unique Parenting Experience

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## Abstract

Lesbians have been birthing and raising children for a long time. Yet it is only within the last few decades that two women within an existing lesbian relationship have chosen to become parents where one woman carries and is genetically related to the child; and the other experiences an incomparable mother-child relationship, being present from birth, but having no biological connection to the child. The connection of being one of two mothers, but as the non-biological parent of the child, renders the mother in a position where she potentially faces another type of invisibility within an already marginalized population. Previous research primarily focuses on lesbian parenting and the development of their children in comparison to heterosexual couples and their children. That research helped to shift public perceptions on lesbian parenting to normalize it, change laws regarding lesbian adoption, and lessen discrimination concerning same-sex marriage (Clarke, 2008). The present study aimed to enhance understanding of the non-biological lesbian mother's experience of motherhood, including unique challenges and benefits she may derive from this experience. Ten non-biological lesbian mothers participated in individual, semi-structured interviews to examine and help characterize their distinct experiences as mothers. Interview topics included: the decision making and insemination process used, experience during pregnancy and childbirth, changes in identity and unique sense of motherhood, impact of being not genetically related to one's child/ren, and issues around inclusion, control and affection with respect to immediate family, extended family, society, and professionals. Modified Consensual Qualitative Research (CQR) methods were used to analyze interview responses. Analysis revealed common themes such as factors determining birth

mother, donor choices and challenges, jealousy issues concerning birthing and feeding of child, and the importance of sensitivity from the birth mother. Additional themes reflected issues around genetic ties, heteronormativity, redefining of family, identity challenges, and impact of legal processes. Practice implications and research recommendations are provided.

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## Chapter 1

### Introduction

#### Statement of the Problem

Lesbians for many decades have lived as a marginalized population. Only recently have signs of change impacted this reality. According to the Human Rights Campaign, twenty-nine states denied marital rights in the Lesbian, Gay, Bisexual, Transgender (LGBT) minority population by adopting constitutional amendments restricting marriage as between a man and a woman (Human Rights Campaign, 2014). Minnesota voters decided in November 2012 to defeat the Same-Sex Marriage Amendment, that would have defined marriage as between a man and a woman, refusing to further marginalize the Lesbian, Gay, Bisexual, Transgender (LGBT) minority population (OutFront Minnesota, 2012). In fact, on May 6, 2013 Minnesota passed the Freedom to Marry Law, joining now 19 other states in voting to allow Same Sex Marriage. Yet despite these monumental turning points, 31 other states other than Minnesota still ban same sex marriage essentially reinforcing the invisibility of the (LGBT) population in social, political and legal realms, rendering their relationships and families unequal to heterosexual ones. In another sign of progress, on June 6, 2013, the Supreme Court struck down The Defense of Marriage Act (DOMA), a federal law that denied federal benefits to legally married same-sex couples, acknowledging it as unconstitutional discrimination (Human Rights Campaign, 2014).

Within existing LGBT communities non-biological lesbian mothers represent another unique population, with an additional set of invisibility and equality issues within her own family, community, and society. Only in recent decades have two lesbian women

come together to parent, creating a new type of family where both parents are mothers, but only one is biologically related to their child/ren. While both mothers raise their child/ren from conception, the non-biological mother has a distinctive and complex experience. This study seeks to better understand the subjective experience of this unique group of lesbian mothers within a sexual minority population, as well as how they cope with distinct challenges, re-define their identities and learn to navigate and find resilience.

### Significance of the Problem

With the removal of homosexuality as a disorder from the Diagnostic and Statistical Manual of Mental Disorders (DSM-II) in 1973, many women emerged publically as lesbians and began raising children in open lesbian partnerships. Typically these children were birthed in a previous heterosexual relationship and existed prior to the lesbian relationship (Clarke, 2008). By the 1990s lesbian women began planned parenting, often by adopting children and raising them with two mothers and no father. Both of these women were not biologically related to their children, which gave them an equal relationship with the child (Gartrell et al., 1999). With the advances in reproductive technology, insurance companies' financial coverage, as well as a greater societal acceptance, lesbian women within an existing partnership began birthing biological children often using an anonymous or known sperm donor (Gartrell et al., 1999). While only one of these lesbian women carries and is genetically related to the child, the other woman experiences a disparate mother-child relationship by being present from birth, but having no biological connection to the child (Clarke, 2008). This connection of being one of two mothers, but not being genetically related to, nursing nor



usually resembling the child, places the non-biological mother in a position where she might not be recognized as the mother by society, and could potentially feel excluded and unequal within her primary relationship with both her partner and child (Clarke, 2008). Thus, this group of lesbian non-biological mothers, often face another type of invisibility within an already marginalized population.

Early research in the late 1970s on lesbians raising children focused primarily on issues posed in custody battles around children from previous heterosexual relationships (Benkov, 1994). This research was primarily concerned with how *fit* lesbians were to parent and how the disclosure of their sexuality might negatively impact the child, particularly around psychosexual development (Clarke, 2008). From the 1980s to early 1990s, studies were conducted on lesbian-raised children comparing their psychological adjustment to a norm group of children from heterosexual parents. Interestingly, the results consistently showed that children raised in lesbian households functioned as well if not better than those from heterosexual homes (Johnson, 2012).

Research from the mid-1990s changed focus as lesbian women were planning parenthood. These studies centered on family functioning, again showing that having lesbian mothers might actually benefit children (Harne et al., 1997). This body of research helped to: shift public perceptions on lesbian parenting and normalize it, change laws around adoption and foster parenting, and lessen discrimination concerning same-sex marriage (Clarke, 2008). However, there is scant empirical literature focusing on distinctive challenges and benefits of same-sex lesbian parents, their families and extended communities. While most previous studies focused on either the lesbian biological mother as mother, or the lesbian couple together, almost no research delves

into the psychological, emotional and relational experiences of the non-biological lesbian mother. Therefore additional investigations are warranted to explore this unique position.

For the purposes of the present study, *non-biological lesbian mother* refers to an identified lesbian woman, partnered with another identified lesbian woman who carries and births their child(ren). The non-biological mother was present during and/or participated in the conception of the child through either anonymous or known donor sperm. Although she is not the biological mother and did not birth or nurse her child, she is still considered the child's mother in addition to and equal to the biological mother. The present study aims to enhance the understanding of the non-biological lesbian mother's experience of motherhood, including the unique challenges she might face, as well as the benefits she may derive from this experience.

## Chapter 2

### Review of Literature

Due to very limited research on non-biological lesbian mothers' unique role in their nuclear families, this review begins with a summary of literature from the history of early lesbian research on planned lesbian families and family functioning. Next, literature on social and family support for lesbian families, lesbian parent identities and roles is reviewed. This is followed by literature on legal issues for lesbian parents, lesbian couples' reproductive decision-making and issues, and unique issues for lesbian parents. Lastly this review contains a summary of literature specifically concerning the non-biological versus biological lesbian mother.

Though lesbians have been birthing and raising children in the past, only within the last few decades have two women within an existing lesbian relationship chosen to become parents; these women must make a number of decisions regarding the process and method they will employ (Pennington, 1987; Pies, 1987). These decisions often require a great deal of conscious, thoughtful planning and deep discussions between partners that include interpersonal, intrapersonal, social, cultural, ethical, as well as financial and practical concerns. These issues include, for instance: whether they will adopt or have one of them give birth, who will birth the child, what type of donor and reproductive method they will use, and how these decisions might possibly impact their relationship with each other as well as with their extended families and social communities (Pies, 1990; Steckel, 1987).

Lesbians rarely become parents by accident (Pies, 1990). In fact, Millbank (2008) argues the basis of lesbian families hinges on the *intentionality* of having or conceiving

children. The *intentionality* model should supersede the *functional family* model which uses the *performance* aspect as its basis. Although the functional family model has supported and helped achieve legal recognition for same sex couples and their families, the model falls short of protecting the non-biological mother in intra-lesbian disputes or donor versus lesbian mother disputes. Millbank (2008) suggests a *presumed parent status* (i.e., both mothers legally registered as the parents of the child) should be a necessary preface to child rearing in lesbian planned families. This approach would ultimately benefit the child and entire family, as it would offer greater clarity of intention of family connections and eliminate the likelihood of conflict between the biological and non-biological parents.

Most western cultures identify a parent as someone having a biological connection to the child. When lesbian couples choose to have one partner birth their child, it renders the other partner as the non-biological mother, possibly raising issues around equality, recognition, validation, support, and attachment to the child. Most cultures struggle with the notion that children can only have one “real” mother, which also can put an enormous strain on the lesbian couple wanting to conceive. Hitchens (1986) suggests of greater concern is the non-biological mother having no legal connection to the child, unless she adopts or is allowed to legally marry her partner. Moreover, should the couple ever separate, it is unclear what this separation could mean for the relationship between the non-biological mother and her child.

Thus, in addition to the normal stress and strains of parenthood, lesbian planned families often have unique issues to contend with when planning their families. These additional issues may necessitate an even greater sense of community and support from

friends and extended families members. Depending on the surrounding culture, however, this needed type of support might be more difficult to acquire. Many lesbian parents have turned to lesbian support groups for new parents and other professional support such as individual or couples therapy to provide a safe place for sharing, problem-solving, coping and sometimes merely surviving early parenthood (Pies, 1990). Given the unique and sometimes complex situations lesbian parents encounter, Pies (1987) argues for the necessity of educated, sensitive counselors and therapists, who can be a pivotal force to help with the decision making process of planning lesbian families as well as the subsequent impacts of these decisions.

#### Planned Lesbian Families: Reproductive Processes, Issues and Family Functioning

When lesbian families begin planning to create their families, in addition to typical struggles families contend with such as finances, resources, availability, they must decide on a particular reproductive method or technology. Only recently has modern reproductive technology made it possible to procreate without having sexual intercourse. Initially, in many countries, the “lesbian mother,” with regard to artificial reproductive technologies, was seen as a somewhat “unnatural mother” and some type of “heiress to the monstrous figure of the mad scientist” tampering with embryos (Bryld, 2001, p. 299). In Denmark, lesbians were excluded from access to assisted reproductive technologies in many medical clinics (Bryld).

Bryld (2001) describes the political history in Denmark from the early 1980’s after the birth of the “first test-tube baby” (p.303). What had originally been a genetic engineering experiment suddenly became a clinical reality, as 400 women expressed a

desire to conceive using this technology. A flood of fears emerged, ranging from fertilizing chimpanzee eggs with human sperm, orphaned embryos, cloning humans, and sexual selection. These fears set the stage for the lesbian mother to become something of a social monster. As parliament was pressured by Christian coalitions to support the definition that life begins at the moment of conception, the sanctity of heterosexual intercourse was upheld, which later led to attacks on the reproductive rights of lesbians and single women (Bryld). In 1997 a bill concerning medical assisted reproduction was passed that required medical professionals to only assist stable infertile heterosexual couples; infertility was deemed a disease of a couple (male and female). This bill essentially rendered the lesbian mother a stigmatized demonic figure from whom innocent fetuses need protection (Bryld).

Baetens and Brewaeys (2001) conducted a meta-analysis of several studies exploring the social objections to what has been coined the “Lesbian Baby Boom” (Patterson, 1994, p. \_). This term refers to a sudden increase in the number of lesbian women having children within a lesbian partnership, and raising the children from birth in a “fatherless family.” As *infertility* is a medical term applied to a heterosexual couple, it cannot be applied in the same way to a lesbian couple’s inability to conceive. Shenfield (1994) argues that donor insemination does not technically treat a male partner’s infertility but rather bypasses it in order for a heterosexual couple to start a family. Shenfield argued this same right should be granted to lesbian couples as their infertility is also bypassed, though primarily for social rather than medical reasons. ‘Family’ is a social construct, and it should not to be based on religious beliefs and values (Poverny & Finch, 1988). Instead, family should be based on “intimacy, mutuality

and interdependence” (p. 513) and therefore, access to reproductive treatments to start a family should not necessitate medical infertility (Baetens & Brewaeys).

Baetens and Brewaeys (2001) concluded that most of the social objections for lesbians to become parents using artificial reproductive techniques are based on several assumptions: 1) a father is essential and a right for all children (Abelin, 1971; Block, 1983; Chodorow, 1978; Englert, 1994); 2) lesbian relationships are less stable than heterosexual ones (Patterson, 1997); 3) lesbian women are naturally less maternal than heterosexual mothers (Falk, 1989; Patterson, 1992); 4) children of lesbians are at risk for gender identity confusion and will likely become gay or lesbian (Falk, 1989; Green, 1992; Hitchens & Kirkpatrick, 1985; Lewin, 1981; Patterson, 1992); and 5) lesbian children are more at risk for emotional, psychological and social problems (Tasker & Golombok, 1995).

The studies included in Baetens and Brewaeys (2001) meta-analysis do not support these assumptions. The findings unanimously support that lesbian mothers were not different from heterosexual mothers with regard to their psychological health, maternal traits or attachment to their children (Ghazala, 1993; Golombok et al., 1983, Kweskin and Cook, 1982). The children of lesbian mothers did not differ from children in heterosexual families with respect to gender development (Green et al., 1986; Golombok et al., 1983) or emotional/behavior development (Huggins, 1989; Puryear, 1983; Tasker & Golombok, 1995) or social connections (Golombok et al., 1983; Gottman, 1990; Green 1978). The authors concluded that children conceived using donor insemination within a lesbian relationship without a father figure in the family did not differ in any adverse manner from children born and raised in heterosexual relationships. In fact, a number of

studies revealed the relationships between lesbian mothers and their children were of a higher quality than those in heterosexual families (Chan et al., 1998; Gartrell, 1999; Golombok et al., 1997; Patterson, 1994).

#### Studies Comparing Children in Lesbian-led Families to other Types of Families

A later follow up study (Golombok, Tasker, & Murray, 1997; Tasker & Golombok, 1998) again investigated developmental outcomes for children raised in lesbian-led families. Thirty children from lesbian planned families were compared to 42 children of single heterosexual mothers, 41 children born to heterosexual couples without any fertility treatments, and 43 families with children conceived from donor insemination. The criterion for being in the lesbian-led families was the child was raised in a lesbian household prior to age one. The lesbian mother group and single heterosexual mother group were volunteer groups, whereas the heterosexual families were recruited through hospital and clinical records.

Semi-structured interviews were conducted with the mothers from all groups with the intent to collect data concerning family relationships and the child's well being. This study intended to assess any emotional or behavior problems in the children. A battery of test were also administered to the children, including the Pictorial Scale of Perceived Competence and Social Acceptance for Young Children (Harter & Pike, 1984) assessing self-esteem; the separation Anxiety Test (Klagsbrun & Bowlby, 1976) exploring attachment; and the Family Relations Test (Bean, 1976; Bene & Anthony, 1985) examining family connections.



Results showed that children from lesbian families and single heterosexual mothers were psychologically well-adjusted and were not more likely to have behavioral or emotional problems than children raised with fathers in the home. There were no differences in the children's sense of acceptance from mothers or peers across all types of families. The only significant difference was that children in father-absent households appeared to feel less confident about their physical skills and cognitive abilities than those in father-present households (Golombok et al., 1997). Tasker (1999) hypothesizes their level of confidence could have been influenced by their sense of approval or disapproval from society. Children in father-absent homes also showed closer maternal relationships and greater security of attachment than those in father-present households. This study also showed that when comparing the involvement of the non-birth mother parent, non-biological mothers played a more active role in ongoing caregiving than did most of the fathers in heterosexual families.

Although this study did not find many significant differences, it does suggest there are some differences in family forms and the possibility of social stigma of the child and family which can lead to some lack of self-confidence. Tasker (1999) suggests that is a meaningful finding with respect to how clinicians might approach working with the child and family.

Bos, van Balen and van den Boom (2005) reviewed 44 empirical studies on lesbian families from 1978 to 2003. The aim of these studies primarily involved demonstrating whether lesbian parents and their children differ significantly from heterosexual children and their parents. These studies focused on child development, gender identity, gender role, sexual orientation, emotional and behavioral development,

social relationships, cognitive functioning, parental functioning, mother's psychological health, and maternal abilities.

Generally, no significant differences emerged, with one exception; there was an indication that lesbian-led families have better parent-child relationships compared to those found in heterosexual families. There is some question as to how differing motivation and desire to have children might impact this outcome, and future research on these internal processes would be beneficial. By nature, lesbian-led families must go through a more complex decision-making and planning process to conceive than most heterosexual families. Clearly, lesbian-led families will not conceive by mistake, which could suggest their children are overall a result of a stronger desire and motivation to have children and result in a stronger parent-child relationship than most heterosexual families (Bos, van Balen and van den Boom, 2005).

Bos, van Balen and vanden Boom (2004) compared 100 lesbian-led families to 100 heterosexual families with naturally occurring children. They specifically examined the types of factors that influence the parent-child relationship such as experience of parenting, parenting goals, parents' relationship, and social support. They use various measures to collect data such as questionnaires and the parents' personal diary of activities. Participants were matched on degree of urbanization, age and sex of the children, education level, and employment/family time, though the non-biological mothers differed in having more family time and less outside employment than fathers. Also significant differences were found between the age of the biological lesbian mother and the heterosexual mother.

Multivariate analyses of variance (MANOVA) were performed for all dependent variable to look for significant differences between the lesbian and heterosexual families. One-way ANOVAs were carried out when Wilks' criterion was significant to compare both the lesbian and heterosexual mothers and the non-biological mothers and heterosexual fathers. The results of the Wilks criterion showed a significant effect,  $F(11, 160) = 3.80, p < .001$ . The results showed no significant differences in parents' competency or sense of feeling burdened. Both groups felt it was important for their children to be independent; however, lesbian parents valued "conformity" to traditional child-rearing goals to a lesser extent than heterosexual parents. Also, the non-biological lesbian mothers felt a greater need to justify their position as mother and the quality of their parenting than did heterosexual fathers. This is quite possibly due to the enormous and unique societal pressure they feel to be seen as an equal mother (De Kanter, 1996, Muzio, 1999; Nekkebroeck & Brewaeys, 2002).

A number of methodological limitations should be kept in mind when examining the results from all of the above studies: 1) they are based on relatively small samples sizes which reduces the chance of finding significant differences; 2) participants are volunteers consisting of white, middle class, well-educated lesbian mothers which compromises the ability to generalize these findings to the lesbian mother population; 3) the children were relatively young and had not likely fully understood the implications of being raised in a lesbian household; 4) much of the data are based on self-report, either through questionnaires or interviews with parents. Although larger scale studies likely would provide more valid and reliable results, these findings do suggest that lesbians should not be denied access to reproductive technology.

One study exclusively investigated the processes lesbian couples go through when planning their families and their subsequent decision making (Touroni & Coyle, 2002). Gartrell et al. (1996) discovered that lesbians choose to become parents for many of the same reasons heterosexual couples decide to have children: love of children, belief that they will be good parents, and a desire for stability in their lives. Lesbian couples, however, have additional concerns that shape their decision making process such as the impact of raising a child in a homophobic society, the impact of various discriminations on their child, and the lack of informal support for lesbian parents (Gartrell et al., 1996; Hare, 1994; Harris & Turner, 1986).

Touroni and Coyle (2002) examined in depth decision making in lesbian planned families through a phenomenological qualitative exploration of nine lesbian couples in Britain. Lesbian couples who were expecting or who had children solely within their current relationship were recruited through lesbian and gay press and lesbian parenting support groups. Nine couples who all lived in urban areas were interviewed in their homes as couples rather than individually, in an attempt to capture a negotiated version of their process. Interview questions asked about their demographic and background information, their motivation to become parents, decisions about conception, the role of the non-biological mother, and responsibilities regarding childrearing.

The researchers found four major themes: internal factors concerning decision making about having children; 2 external factors: decisions concerning known and anonymous sperm donors; and the possible impact of biological connection on parenting. One of the main factors influencing the decision to have children was the couple's perception of the quality and dynamics of their relationship. Another influential factor

was being at a certain stage of life where their “biological clock” was pressing. The decision to use an anonymous or known sperm donor was influenced by concerns around control and autonomy. Those who wanted an anonymous donor did not want any outside interference from a donor who might possibly threaten their family system. Some who chose a known donor also had control concerns but these tended to concern a desire for minimal interference from fertility clinics with respect to the insemination process. Both of these factors related to strategies for protecting the lesbian family from outsider influence. With regard to the impact of the biological link on parenting, participants felt the biological connection predetermined the nature of the relationship each parent would have with the child. They expressed that the biological mother would naturally have a stronger, more fundamental connection with the child, and the non-biological mother would have to create meaningful bonds with her child.

Summary. These studies suggest there generally are no significant differences in development or functioning between children raised in lesbian-led families and those raised in single or two parent heterosexual families. One noteworthy exception is studies found better parent-child relationships in lesbian-led families. There are likely differences in internal processes such as motivation and desire to have children. Other differences were social stigma for lesbian families, and a lack of legal, familial, societal and professional support. Clearly these differences could have a huge impact on lesbian-led families with regard to planning for their families.

In fact, Baetens and Brewaeys (2001) suggest that given the added social stigma of lesbian couples planning families, these couples are likely to have thoughtfully and carefully reflected on many aspects and impacts of starting a family that many

heterosexual couples do not consider. In addition to social marginalization and stigma lesbian couples may face, they also have to make decisions concerning which lesbian in their relationship will birth their child, how this will impact each mother's role and relationship to the child, and the type of donor and type of insemination method to be used (Baetens & Brewaeys, 2001). Research is needed to explore the specific challenges lesbian couples face as they begin their decision making process, as well as the subsequent impact these decisions might have on themselves as a family. Researchers should be aware that lesbian couples' family planning is entrenched in an evolving social culture and context which invariably impacts the types of issues and concerns these couples confront (Touroni & Coyle, 2002).

#### Lesbian Parent Identities and Roles

Motherhood cannot be defined by sexual orientation, as clearly there are many heterosexual and lesbian mothers; however, culture still attempts to construct the role of mother from a heterosexist history and perspective (Slater, 1995). As more non-traditional families emerge, the traditional construct of motherhood is being challenged; indeed, the identity and role of mother is an evolving construct (Ciano-Boyce & Shelley-Sireci, 2002). The non-biological mother in a lesbian-planned family faces a unique challenge in constructing her own identity as mother, and negotiating parenting roles within the relationship.

Ciano-Boyce and Shelley-Sireci (2002) surveyed various types of couples: 18 lesbians parents who had adopted a child, 49 lesbians parents who birthed a child, and 44 heterosexual parents who adopted a child. The purpose of the survey was to discover

how the parents experience and perceive their parenting role, respond to their child when the child seeks nurturing, and how they negotiate the expectations of primary caregiver. The researchers recruited couples through newsletters, support groups and word of mouth. Most couples lived in rural Massachusetts and near an area that has a strong politically active lesbian community. Interested participants were sent two copies of a questionnaire *Understanding All Families*, one for each parent. All were in committed relationships, predominantly Caucasian, well-educated, and ranged in age from late 30s to early 40s. The questionnaire contained various categories relevant to this study: Family composition; Who Does What? (Cowan & Cowan, 1990) which measures decision making, household tasks, and childcare; Parent Competition Scale; and Background Information.

One-way ANOVAs were conducted when appropriate, and when significant differences were found, post hoc *Fisher's LSD* comparisons were conducted. Results suggested lesbian parents, who had birthed a child, divided childcare tasks in a way that the birth mother performed more of the childcare duties. The birth mothers reported wanting to do more childcare, and the non-birth mothers were satisfied with their parenting role and division of duties. The birth mothers, however, were less satisfied with their partner's level of involvement in the child's life. Lesbians who adopted their child ( $n = 18$ ) were distinctly different in that they had more equal childcare practices, but were less satisfied with the division of childcare duties.

Slater (1995) suggests that despite the intention of lesbian couples to have an egalitarian relationship, societal expectations around parenting may possibly make this more difficult. Yet, Ciano-Boyce and Shelley-Sireci (2002) had found that lesbians who

adopted did manage to divide childcare tasks equally, raising the possibility for a biological factor that naturally creates some type of inequality for those lesbian couples who birth a child. Benkov (1994) discusses the effect of biological asymmetry when one parent births a child, resulting in a primary (nurturing, feeding) caretaking, and secondary (rough or active play) caregiver role. Some lesbian couples work hard to balance this asymmetry, while others might assume this is natural and not question it. In other cases, particularly with regard to lesbian adoptive parents, the child may determine whom they look to for primary caregiving versus secondary caregiving. The adoptive lesbian parent might have wished to be the one sought out for nurturing, but instead the child chooses the other parent for those needs. This dynamic could cause internal shame for one of the lesbian parents, and might explain any dissatisfaction with their role, and lead to more detachment in their relationship with their partner or child. The child may choose who seems better able to meet their primary needs for nurturing vs. secondary needs for more independence and autonomy. In any case, it is evident that a desire and intention to have equal division in parenting roles and to operate outside of traditional cultural expectations and norms, may not prevent role ambiguity and tension within couples' relationships (Ciano-Boyce & Shelley-Sireci).

Gabb (2005) investigated how lesbian families with children negotiate their parent roles and gender identities. Gabb considered inclusion of the children's perspectives with the adults' as crucial to understanding the family interrelations. Exploring the family from "the ground up" creates an inclusive concept that is created around family dynamics and practices (Dunn & Deater-Deckard, 2001; Morrow, 1998). Semi-structured, in-depth interviews were used to explore the lives and relationships of 18 lesbian mothers and 13



of their children living in the Yorkshire region of the UK. Eleven of the 18 mothers were the biological birth mothers. Participants were recruited through a lesbian mailing list from a woman's bookshop. Snowballing through the researcher's personal network was also used to recruit families. Participants were spread across socioeconomic class, with half self-identified as middle class and the rest either self-categorized as working class or unable to classify themselves. The women were predominantly white, with four parents identifying as "black" or non-UK. Three of the lesbian mothers conceived through artificial insemination and the rest through sexual intercourse. Two-thirds were in two lesbian parent households, and one-third were single parents. The children interviewed ranged in age from seven to 19 years of age.

The results suggest lesbian parents continually redefine roles within their families. At the same time, in many cases the non-biological lesbian mothers felt uneasy about being called or perceived as "mother," even though most of them carried out motherly duties and roles just as the biological mothers. These findings speak to a sense of dislocation or lack of belonging for the non-biological mother, and a possible struggle with respect to their status and identity. In contrast, the children did not perceive their families through any particular heteronormative framework, and they did not feel they were lacking anything. The children included various people such as other relatives and special friends in their family structures (Allen and Demo, 1995).

Gabb (2005) concluded the child's ability to redefine family through their experience of emotional ties and actual behaviors enabled the non-biological mother to be much more easily incorporated within her family. Despite this, Gabb emphasized that the child's perspective does not hold the same view as the surrounding culture their family

resides within, and this culture continues to render the non-biological mother in a precarious situation with no real legal rights to her child.

In contrast, Goldberg and Peryy-Jenkins (2007) examined the division of labor across the transition to motherhood in lesbian couples. The researchers specifically looked at whether biology dictates who does the unpaid labor and if the non-biological mother does most of the paid labor. Interviews explored how these women interpreted this division of labor and whether the women perceived the biological mother as the more primary parent and the “real” mother.

Goldberg and Peryy-Jenkins (2007) interviewed 29 lesbian couples (58 women) at two different points in time: during the last trimester of the biological mothers’ pregnancy, and then again 3-4 months postnatally. Lesbians were recruited through newsletters, listservs and websites relating to lesbian communities. Each lesbian parent within the couple was interviewed separately for approximately one hour over the phone, with the exception of two couples who were interviewed in person. Couples resided across the United States with 41% residing on the East Coast, 21% on the West Coast, 21% in the Midwest, and 17% in the South. Criteria for participation in the study were: 1) women living in a committed lesbian relationship; 2) both members of the couple were becoming parents for the first time; 3) one member of the couple must be returning to work after the birth. Interview questions elicited information about relationship quality, mental health, social support and employment.

Paired sample t-tests were conducted and one-way ANOVAs were used to examine change in the division of labor over time. The researchers used gender theory and economic theory to generate competing hypotheses about the meaning of the

findings. No significant differences with regard to the division of housework were found; however, biological mothers were expected prenatally, and actually performed postnatally, more childcare than non-biological mothers. At the same time, most couples did not recognize the biological mother as the more primary parent often because the non-biological mother was equally invested in bonding with her child, which is supportive of gender theory. Economic theory gained some support in that financial situations forced the non-biological mother to return to work, leaving the biological mother to perform more childcare duties; however, household tasks were held constant, a finding that did not support the economic perspective. The authors concluded these findings offer greater support for gender theory in that it was the *mothering behavior*, not the biological connection, that determined motherhood. In other words, lesbian couples who intentionally created opportunities for the non-biological mother to attach with her child limited the effects of biological motherhood (Goldbert & Perry-Jenkins, 2007).

#### Summary.

There are a number of limitations for this set of studies: 1) all of the studies had relatively small sample sizes which limits statistical power, thus decreasing the chance of finding significant differences in studies with a quantitative component; 2) only 3-4 months passed between the interview rounds in the Goldbert and Perry-Jenkins (2007) study which could indicate an “acute phenomena”; thus, a later follow-up interview is recommended; 3) recruitment methods could be biased towards couples with fewer problems and/or those active in a gay and lesbian community, and participants were predominantly white, educated lesbians. These sample characteristics limit the generalizability of results to the greater lesbian population, particularly with respect to

class, racial, occupational and ethnic diversity; and lastly 4) In several studies, both mothers from a couple were interviewed and it is possible some of the mothers did not feel free to share honestly if there was tension or difficulties within their relationships.

These studies suggest that despite lesbian mothers' intentions to create egalitarian households with equal division of household tasks and parenting duties, differences inevitably arise often due to societal expectations, biological factors, and/or the children's predilections. Many lesbian mothers reported feeling that societal norms dictate how they perceive themselves as mothers, especially if they did not birth their child, and that language continues to define and influence parental roles and their internal experiences.

As society evolves towards more accepting political vision and societal norms, more lesbian mothers will likely become visible, and notions of marriage and families will continue to be explored and debated. The institutionalization of marriage and family life continues to have enormous influence over perceptions and internal processes around identity, deservedness and belonging. The intersections of gender, sexuality and parenthood continue to evolve and are shaped by the progressing political and social changes (Goldbert & Perry-Jenkins, 2007)

#### Unique Issues Experienced by Lesbian Parents

McNair, Dempsey, Wise and Perlesz (2002) examined portions of data from a larger study of LGBTI families to explore the differing roles and responsibilities for the biological and non-biological mothers as well as the biological fathers. The researchers also explored self-perceived strengths of and challenges for lesbian families. Data was obtained from questionnaires completed by 136 women. More than half of the women

had been in their current relationship for at least 5 years, and more than half of the women were already parents. The women were all highly educated and the majority were from Melbourne. Larger cities typically draw larger lesbian and gay populations (Weston, 1995). Moreover, the questionnaire was lengthy and complicated and likely targeted more highly educated individuals.

Particularly noteworthy findings include the notion that these lesbian couples created an important distinction between “fatherhood” and “parenthood,” with most couples defining the biological and non-biological mothers as parents. Legal insecurity was the greatest challenge for lesbian couples, particularly with regard to access to assisted reproductive technologies and the lack of legal recognition for the non-biological mother as well as for their family. Other significant challenges related to fears and experiences of prejudice within the greater community, family rejection, and discrimination their children faced at school. The major strengths reported were their pride and success at raising happy and healthy well-adjusted children, despite the homophobic society within which they live. The lesbian couples felt proud of their carefully planned families that were open minded and accepting of diversity; and they reported flexible gender roles and an extended community of diverse, supportive people within which they raised their children.

Pelka (2009) explored different variables common in lesbian-led families (infant preference, infertility, gender and role identifications) and how these variables relate to jealousy feelings that exist between many lesbian co-parents. Pelka also examined variables thought to protect against jealousy, such as using IVF- to take the eggs from

one mother and implant them in the uterus of the other mother (a process referred to as *biologically co-mothering*).

Thirty lesbian-led families from a major northeastern city, with at least one child, were recruited through a gay and lesbian parents' listserv, advertisements in a lesbian magazine, a message board for women using IVF, a lesbian parent support group, and word of mouth. Ten of the couples adopted infants, 10 used artificial insemination, and 10 used in-vitro fertilization to co-mother. Pelka (2009) conducted in depth semi-structured interviews with couples together, primarily in their homes. A few interviews were conducted by phone due to long-distance and budget constraints. The researcher asked 30 open-ended questions during the interview, on topics such as: relationship background; division of household chores and childcare; reasons for choice of insemination method or adoption; process around sperm donor selection; issues around kinship and biological connections to their child.

Data analysis involved grounded theory to look for emerging themes (Glaser, 1995, 1998; Kavale, 1996). A predominant theme reflected the presence or absence of feelings of jealousy, envy, or resentment concerning a partner's connection to their child. Most often the non-biological mothers expressed jealousy around the physical relationship between the birth mother and child, including pregnancy and breastfeeding. Contributing factors included a dual desire to carry a pregnancy; infertility experiences; and perceived unequal biological connections of mothers to their child. Mothers who used artificial insemination expressed the greatest amount of jealousy, whereas others, such as those who adopted or those who used IVF to biologically co-mother, as well as

couples where only one partner desired to carry the child, seemed more protected against jealousy.

Limitations of this study include the size and composition of the sample which limit the generalizability of findings to a larger population. Also the interviewees were essentially self-selected, and as such, the sample seemed to consist of generally happy and confident couples. As many couples reported struggles with jealousy, however, the results suggest jealousy is even more widespread in lesbian families with asymmetrical biological connections. Pelka (2009) suggested couples need to be prepared for these jealousy feelings particularly if the non-biological mother also desires to carry a child, and/or the birth mother breastfeeds (with the likelihood the infant will prefer the birth mother at least during initial motherhood).

Hayden (1995) writes about the reformulation of biology in lesbian kinship, drawing upon previous ethnographies concerning biology in the broad sense. Weston (1991) argues that the gay and lesbian kinship becomes very distinctive from heterosexual mothers when the biological connection becomes decentered allowing for “choice” or “love” to emerge as the defining feature of these families. Lewin (1993) on the other hand, suggests there is no distinction between the ways lesbian mothers and heterosexual mothers negotiate their sense of kinship and relationships. Lewin argues that in American culture, the concept of “motherhood” is a reflection of “womanhood” that surpasses the difference between these two populations of mothers. Hayden (1995) essentially brings these two ethnographies together suggesting biology is like a central axis around which the uniqueness of gay and lesbian kinship revolve, such that when

biological binds are displaced, a sense of distinctiveness emerges; yet when biological ties are central, any differences become irrelevant.

Summary. These studies explore issues that are unique for lesbian parents, with legal insecurity being one of the greatest issues particularly around assisted reproduction access and lack of recognition for non-biological lesbian mothers and their families. Experiences of social prejudice, family rejection and discrimination of their children at school were also of great concern. Jealousy between the birth mother and non-biological mother are also unique experiences that are not found, at least to the same degree, as heterosexual couples experience. Jealousy is likely due to both women having a desire to carry a child and only one of them being able to carry and birth the child, leading to a stronger physical bond. The more positive findings in the studies were a pride that, despite these unique challenges, many of these lesbian households felt they had intentionally created a very healthy, happy family supported by diverse extended communities. The lesbian couples also were able to create a unique bond with their child that was not biology based but rather based on intention, love and attachment.

#### Legal issues for lesbian parents

The legal system has historically been unfriendly to gay and lesbian people, particularly when it involves the custody of children. Many arguments have been used to prevent custody or even visitation rights for lesbian mothers, including the fear that the child would contract AIDS (Selwy, 1986). There have been many instances where grandparents obtained legal custody from lesbian mothers under the “best interest of the child” predominant standard. Polikoff (1986) describes the need for many lesbian



mothers to portray themselves as close to the norm of their heterosexual counterpart as possible in order to retain custody of their children after a divorce. She states that the legal framework has not been sympathetic to the lesbian mother and often perpetuates patriarchy.

Polikoff (1986) writes that in lesbian relationships, both mothers deserve legal rights in parenthood, not only in the event of their relationship dissolving, but also to grant equal power within their relationship. She believes the lack of equality can impact the children as well as the parents' relationship with each other. The unique position in lesbian families lies in the potential for having two parents with potentially equal power. Not only does this equality challenge the patriarchal values within our society, it creates an environment within the home that can make a huge contribution to future generations by instilling this value of equality in the children (Polikoff, 1986).

In a later article, Polikoff (1989) advocates for an expanded definition of parenthood that both protects parental autonomy and promotes the best interest of the children. She suggests the definition of parenthood include someone who establishes and maintains a "functional parental relationship" with the child as a result of the legal parent intentionally creating and supporting that parental relationship. Many families with children do not conform to the heterosexual model of one mother and one father; therefore, the law needs to not only recognize but preserve the integrity of these non-traditional families. Ultimately, such legal recognition is in the best interests of the child, as it enhances their stability and continuity by protecting functional parental relationships (Polikoff).

Malloy (1992) focuses specifically on the dissolution of lesbian families and how current statutes in many states deny the non-biological lesbian mother visitation or custody rights of their own children. She argues such statutes do not uphold the best interests of the child. Malloy asserts that in lesbian planned families, both women agree to start a family together and therefore both should be entitled to legal protection. As lesbian planned families are becoming more commonplace, legislative action is needed to reform such rulings in order to prevent the courts from denying lesbian mothers the right to pursue custody and/or visitation of their children (Malloy).

Shapiro (1999) describes how many people perceive that gaining the right to have second-parent adoptions (the adoption of a child by a second parent in the home who is not married to the legal parent of the child) for lesbian couples would be the gay and lesbian rights movement's crowning achievement. Using lesbian legal theory (Robson, 1992) Shapiro examines both perceived benefits and problems of second parent adoptions. Lesbian legal theory places lesbians in the center of analysis for the purpose of promoting lesbian survival (Robson). This theory is suspicious of the law because it has been used in the past to criminalize, marginalize and penalize lesbians and their existence and rights.

Shapiro (1999) cautions, however, that although second parent adoption does protect those who can be granted them, it also divides the lesbian community and contributes to their domestication. The division occurs because only some lesbian mothers are allowed to adopt their children. Mothers who raise children from their partner's previous heterosexual marriage will never be entitled to adopt these children despite that fact that the birth mother considers both she and her lesbian partner to be

their mothers. This potentially divides the community into “real” lesbian mothers and those “other” lesbian mothers. Low income mothers or those with an unfavorable background, such as addiction or criminal history, are also less likely to be able to afford a second parent adoption, which potentially divides lesbians into “good” and “bad” ones. Basically, those who benefit most from second parent adoptions are those who are already privileged, which only perpetuates that subgroup’s political power.

Shapiro (1999) also argues that second parent adoption increases the domestication of the lesbian community in various ways: by encouraging them to conform to a nuclear heterosexual family model; by increasing the notion that a “real” mother must be a legal mother; and by fostering the belief that the law will protect rather than constrain lesbians. Although Shapiro does not support abolishing the hard won struggle for second parent adoption, she does advocate that the problems created by the adoptions be acknowledged, and that lesbians seek a better, more lesbian-centered, non-legal method for resolving relational conflicts over their children rather than relying on the law.

Summary. These articles address some of the legal issues that lesbian couples contend with in connection with having children. There is a strong argument that lesbian mothers should have equal power within their relationships with their children, and that one way this can be achieved is to redefine parenthood to include someone having a functional parental relationship, as designated by the legal parent. A functional parental relationship is seen as not only fair but as in the best interests of the child; and further legislative reform is needed to protect, in particular, the non-biological mother and child relationship. Not all authors are unconditionally supportive of a legal, functional parental

relationship. In the final article in this section, although Shapiro (1999) does not suggest abolishing the hard won right to second parent adoption, she does argue that it creates further division within the lesbian community and encourages conformity to a traditional heterosexual model of family.

#### Lesbian Families support with community and extended families

Lesbian planned families have been increasing since the mid 1990's (Flaks, Fischer, Masterpasque & Joseph, 1995; Patterson, 1995; this increase likely is due to the legalization of same-sex, second parent adoption as well as greater access to alternative methods of reproduction (Gartrell et al., 1996; 1999). With this increase comes an increase in the need for more social support, both for the children and family as well as to help insulate against challenges and experiences of homophobia they might face.

Patterson, Hurt and Mason (1998) explored the experiences of 37 lesbian families who met the following criteria: had at least one child between the age of four and nine who lived at home with them; this child must have been birthed or adopted by a lesbian mother or mothers; and their family had to live within the greater San Francisco Bay Area. Families were recruited through word of mouth and were then contacted by phone to discuss the study and schedule an interview. Twenty-six of the families were comprised of lesbian couples, 7 were a single mother and child, and the remaining 4 families were lesbian couples who had separated and had joint custody of their child. The researchers conducted semi-structured family interviews, asking about family background information as well as contact with grandparents and other adults outside of the home. Next they conducted an individual interview with the child and measured their

self-concept using the Well-Being scale from Eder's (1990) Children's Self-view Questionnaire (CSVQ). While the child was being interviewed, the mothers completed questionnaires including the Child Behavior Checklist (CBCL) (Achenbach & Edelbrock, 1983).

Consistent with earlier findings concerning lesbian families (Lewin, 1993; Weston, 1992), the children had regular contact with adults that included grandparents, other relatives, and unrelated male and female family friends. The children had more contact with the relatives of their biological mother, however, than with relatives of the non-biological mother. The research also revealed several characteristics of the children's social networks: most of the mothers used anonymous sperm donors and had almost no contact with the relatives of the biological father or sperm donor; the adults children had social contact with were fairly evenly split between lesbian/gay and heterosexual people; many of the adult women in the child's life were the mothers' former partners; and most children had regular contact with adult men outside of their families.

The Patterson et al., (1998) study also found significant associations between children's outside contacts and their adjustment levels. The children who had regular contact with their grandparents had fewer behavioral problems, and children who had regular contact with unrelated adults had a significantly higher sense of well-being. These findings are also consistent with earlier research (Smith, 1995; Tinsely & Parke, 1984, 1987).

There are several limitations to this study. The research is exploratory in nature, and data were collected from a fairly homogeneous group of middle class lesbians who

lived in the same geographic area. These limitations and the qualitative nature of the study, restrict the generalizability of the findings to the greater lesbian parent population.

Perlesz et al. (2006) conducted multi-generational interviews with 20 lesbian-planned families living in Victoria, Australia. The researchers explored how lesbian families, their children and grandparents “do family,” especially from the perspectives of the children and grandparents. The authors defined “doing family” as how families create new structures and function differently as a family, while still existing within a heteronormative constructed society. Of particular interest was how the two generations (children and grandparents) overlap conventional and marginalized spaces as they navigate modern family life.

Lesbian parents were recruited through a snowballing selective process by advertising in the lesbian and gay media, gay pride festival, lesbian chat rooms, and professional health networks searching for families who were not as publicly out about their sexual identities. From this population, the researchers selected a smaller sample diverse in age, ethnicity, class, geographic location and family configuration.

The lesbian parents chose the members of their families who would be included in the interview, and all but one family included their children. The interviewees included 36 lesbian parents, 20 children, three grandparents, and two donor/fathers. Each family was interviewed as a unit, and interviews were non-structured, audiotaped and lasted from 1.5 to 5 hours. Questions related to how different family members defined and described their families. Data analysis consisted of extraction of themes from the transcribed interviews using an inductive grounded theory comparative method. Data analysis was supported using the NVivo qualitative software package.

Findings suggest that although family constellations and structures have changed significantly over the past thirty years, particularly with the increase in lesbian-planned families (deVaus, 2004), many of the ways the children and grandparents in this study comprehended family and portrayed their family to the outside world, still appeared to be influenced by traditional dialogue about family, such that it involves two heterosexual parents with children. The researchers asserted that there is a multifaceted interplay between modern and postmodern culture, which is best comprehended by examining the interface between the two in an array of different realms (Stacey, 1990). Perlesz et al. (2006) concluded that although one cannot fully comprehend the postmodern world by exploring the perspectives of the children and grandparents, they nevertheless gave a unique perspective of a landscape that cannot yet be fully understood.

Demino, Appleby, and Fisk (2007) compared lesbian planned families and lesbians without children with respect to their perceived level of social support and how this helps safeguard against not only their varying degrees of internalized homophobia, but also against the pressures related to their major life transition into parenthood. Mildner (2001) defines *internalized homophobia* as construct encompassing a variety of facets concerning one's lesbian or gay identity: feelings about one's lesbian or gay identity; perceptions about other peoples' opinions of homosexuality; associations with other lesbian or gay peers; and disclosure of one's sexual identity. Internalized homophobia has been associated with a lower level of disclosure of one's sexual orientation (McGregor & Carver, 2001; Szymanski, Chung, & Balsam, 2001) and with less social support (Nicolson & Long, 1990; Shidlo, 1994), which is consistent with Mildner's claim.

Participants in Demino's study (2001) were 89 self-identified lesbians living in northeastern United States, recruited through lesbian mother groups, advertising in lesbian newsletters, and distributing flyers in lesbian and gay community centers. Packets including the Nungesser Homosexual Attitudes Index (NHAI), the Social Support Questionnaire (SSQ), and a demographic questionnaire were mailed to participants. The NHAI (Nungesser, 1983) uses a 5-point Likert scale to measure dimensions of internalized homophobia. The SSQ (Sarason, Levin, Bashman, & Sarason, 1983) is a questionnaire measuring perception of and satisfaction with social support. The participants were predominantly highly educated women with a mean age of 40 for mothers and 42 for non-mothers. Participants had similar income and religious affiliation.

Demino's (2001) statistical analyses showed that mothers reported a higher degree of internalized homophobia than did non-mothers; this result was attributed to a significant difference in internalized homophobia specific to the disclosure of their sexual identity. Mothers also perceived significantly less social support from friends in general, including gay and lesbian friends, and significantly more support from their families of origin. Internalized homophobia was thought to be related to disclosure of their sexual identities, as that increased visibility may lead to more social stigma than would be imposed upon their children (DeMino, 2004). Internalized homophobia may also increase their vulnerability to societal homophobia that ultimately questions the legitimacy of their families and their competency as mothers. This is likely more of an adaptive process rather than a reflection of a low level of lesbian identity formation (Cass, 1979; Sophie, 1986) or of a high level of internalized homophobia (Nungesser, 1983).



DeMino (2001) postulated that the mothers' perceived shift from gay and lesbian community social support to more family of origin support was indicative of a synthesis of the lesbian and mother identities into a self-concept suggestive of positive Homosexual Identity Formation (Cass, 1979; Sophie, 1987). In this respect, the lesbian mothers' primary support group was no longer limited to the lesbian community. The legalization of same sex, second-parent adoption in the states from which these participants were drawn might have helped to normalize the lesbian planned families and legitimized the role of non-biological mothers, thereby increasing family support. Similar to heterosexual couples who have a child and often turn away from friends towards family for support, lesbian planned families also may experience their families as their primary source of support (Demino, Appleby, & Fisk, 2007)

This study by DeMino (2001) has several limitations. First, the sample used was small; however the authors argued that their statistical analyses of specific hypotheses reduced the likelihood of sampling error. Second, the sample was very homogeneous which limits the ability to generalize results to the lesbian population. All mothers were from a similar geographic location where second-parent adoption, same-sex marriage, and civil unions are common, so results may be specific to this region only. Also the sample was not diverse ethnically nor socioeconomically; however with the high cost of reproductive technologies and second-parent adoptions, it may be that only the more affluent lesbians are able to access these methods to motherhood. Lastly, the instrumentation used might not have been sensitive to all of the relevant issues for this particular population.

Summary. The results of these studies suggest lesbian planned families often create strong support networks to help insulate against some of the challenges they face from externalized as well as internalized homophobia. Having faced varying degrees of marginalization and stigma, these families often feel more freedom to create a very diverse social network that includes both lesbian and heterosexual friends and to foster relationships between their children and this supportive community. Yet despite their wide ranging support system, lesbian planned families often turn to their families of origin for more primary support, which appears to have a positive impact on children.

#### Grand Summary

Research on lesbian planned families is relatively nascent, but several important findings have been obtained in extant investigations. Comparisons to heterosexual families are helpful in assessing unique external challenges they face and the types of internal processes necessary to overcome these obstacles when planning a family. Lesbian planned families not only potentially deal with discrimination, social stigma, lack of legal access and rights, but also the possibility of rejection from families, and lack of societal and professional support. Research shows that despite these challenges, thoughtful planning and intentionality result in raising well-adjusted, healthy children. Rather than continuing to compare lesbian planned families to other populations, however, it is important for research to focus more within the lesbian planned couple to explore the unique positions of both mothers. Qualitative research offers an in-depth exploration of the unique positions of individuals within lesbian planned families.

Existing research indicates the non-biological mother typically holds a disadvantaged and unequal position within the lesbian planned family. Although she is the mother of her child in all respects (e.g., having a strong attachment, having all the motherly responsibilities), she potentially can be perceived as invisible by society, have no legal rights, and may not even not be recognized as a legitimate equal mother by her own extended family. The ways in which two women starting off within a potentially equal relationship deal with the inequality that choosing motherhood presents to their relationship are worthy of further inquiry and exploration. Accordingly, the present study sought to examine more thoroughly the non-biological mother's unique position by conducting qualitative semi-structured interviews to obtain more in depth descriptions of their personal experiences. Non-biological mothers' perspectives were elicited to understand what they regard as the challenging issues, circumstances, and decision making processes, and how these impacted their relationships with both their partner as well as their child(ren). Participants also were queried about the possible rewards ~~they~~ experienced, how they felt supported by her partner, family and community, and the positive resolutions they might have created in the face of inequities and discrimination.

Eighteen interview questions with prompts were used to investigate four major research questions concerning the non-biological lesbian mother's experience of motherhood and the unique challenges and gifts she might face:

- (1) How do non-biological lesbian mothers describe their decision making process in determining which woman in the partnership will birth their child, and how does this process and subsequent decision impact their sense of self and their relationship with their partner?

- (2) After their child's birth, how do non-biological lesbian mothers experience their identity/role in motherhood? Is it different from their partner's role, and how does this affect their relationship?
- (3) In what way, if at all, does the lack of genetic connection to their child impact the non-biological lesbian mothers' relationship with their partner and child?
- (4) Using Fundamental Interpersonal Relations Orientation (FIRO) theory (Shutz, 1958), how do non-biological lesbian mothers experience issues around inclusion, control, and openness within their immediate family, extended family, and society?

## Chapter 3

### Methods

#### Design

A qualitative research design was developed for this study as it allows for a greater in-depth exploration and understanding of the complexities of the participants' realities (Bryman, 2004). This current study employed an inductive and interpretative approach to examine subjective perspectives through participants' descriptions of common experiences and phenomena; the results were expected to further develop concepts and hypotheses about non-biological lesbian mothers' experiences of motherhood as an outcome of this process. A pilot study was conducted with two non-biological lesbian mothers to improve the design and interview protocol. Ten non-biological lesbian mother participants were recruited to participate in individual, semi-structured interviews to examine and help characterize their distinct experiences as mothers. A modified version of Consensual Qualitative Research (CQR) developed by Hill et al. (1997) was used by two researchers to analyze interview responses and a licensed psychologist audited their work to ensure its validity.

#### Participants

The population of interest for this study was non-biological lesbian mothers and after receiving approval from the University of Minnesota Institutional Review Board, an email invitation (See Appendix A) was sent to the administrators of two different LGBT websites, one lesbian supporting organization as well as two Facebook groups. The email invitation was posted for the opportunity to participate in a study being conducted to

better understand the experiences of non-biological lesbian mothers. This invitation included a description of the study, an informed consent document, as well as a link to participate in the online survey.

This current study set out to target 10-12 interviews based on the Hill and colleagues' (Hill, Williams & Thompson, 1997) recommendations that this sample size is both small enough to examine each case thoroughly and sufficiently large to obtain data saturation (i.e., when the researcher is no longer hearing new information). In this study, data saturation was obtained after conducting 10 interviews.

Criteria used to select the sample from those individuals who indicated a willingness to participate were: (1) non-biological lesbian mother, partnered with the woman who birthed their child/ren within their relationship, (2) did not herself, birth any children in this relationship or previous relationships, and (3) lived in the state of Minnesota (to allow for in-person interviews, thus allowing for greater rapport building and a more open honest sharing from participants). A total of 71 survey respondents provided contact information. Of these, 64 met criteria for participation in the interviews. Individuals who met these criteria and indicated a willingness to be interviewed, were contacted by email by the researcher to answer any questions concerning the study. This researcher contacted 22 individuals in order to obtain 10 interviewees.

#### Instrumentation

*Screening survey/demographic questionnaire.* All potential participants were invited to participate in a 10-minute online screening survey hosted on Qualtrics. The survey was divided into three sections. The first section listed criteria that confirmed the participants' eligibility for the study (i.e., "Do you consider yourself a non-biological

lesbian mother?"; "Did your partner birth your child/ren?"; and "Were you and your partner together when you and your partner planned to become mothers"; and "Were you together when your child/ren were born?")

The next section asked respondents to provide demographic information items (e.g., their age, race, level of education, current relationship status, length of time with current partner, and information about the children they share). The last section of the survey contained an invitation to participate in a 60-90 minute individual, face-to-face interview to discuss further their experiences as non-biological lesbian mothers.

Individuals interested in participating provided their contact information (See Appendix B for screening survey/demographic questionnaire).

*Interview Protocol.* This researcher developed a semi-structured interview protocol that explored the non-biological lesbian mother's experience of motherhood and the unique challenges and benefits she might encounter (See Appendix C for the semi-structured interview protocol). Eighteen questions were derived from a review of literature, the three dimensions of the FIRO theory ( Schutz, 1958 ), as well as the clinical experience of the researcher. Schutz' FIRO theory suggests that all human interactions can be explained from three main dimensions or needs that people want to obtain: inclusion, control and openness. This theory has been widely used when assessing group dynamics and suggests that all three dimensions are occurring simultaneously, however one dimension predominates depending on what issues are occurring within the group (Schutz, 1958). This theory served as a framework for exploring the needs and issues that non-biological lesbian mothers experienced.

A semi-structured interview approach is generally used when the researcher has a set focus and framework of ideas; it ensures that all participants receive the same basic questions, however, not always in the same order or with exactly the same wording. A semi-structured format allows the interviewer to ask new questions that might arise as a result of what the interviewee shares, and to offer prompts to encourage elaboration and clarification (Patton, 2002). This open-ended style of questioning not only builds rapport but also allows the interview to flow in a conversational manner, enabling participants to reflect and share to a greater depth, thereby enhancing greater exploration and understanding of their point of view (Lindlof & Taylor, 2002). Because questions are asked in approximately the same order, participants' responses lend themselves to cross case data analysis.

The questionnaire explored the following topics: the decision making and insemination process used, experience during pregnancy and childbirth, the change in identity and unique sense of motherhood, impact of being not genetically related to their child/ren, impact of their decisions and experiences on their relationships with their child and partner, and issues around inclusion, control and affection within their immediate family, extended family, society and professionals.

The online survey and interview protocol were piloted on two non-biological lesbian mothers to evaluate how participants would react to the questions and to correct any ambiguities in the questions. Minor revisions were made to the interview questions to enhance clarity based on pilot participants' feedback and to achieve a credible research instrument (Holloway, 1997).



## Procedure

As mentioned previously, 71 individuals responded to the survey and agreed to be interviewed; of these 25 lived in the state of Minnesota . Those participants who met the criteria, were willing to participate, and living within a few hours of Minneapolis, MN were contacted by the primary researcher through email. Participants were sent a packet of information with a description of the study and an informed consent form (See Appendix D), which they were asked to sign prior to the interview and return. Those who responded were scheduled for an interview. Interviews were conducted in locations chosen by the participants, (e.g., their homes, local LGBT church, researcher's home, etc.) to increase the likelihood they would speak openly about their feelings and experiences. This researcher conducted all interviews. This ensured consistency in how questions were asked as well as how prompts or follow-up questions were used.

Prior to the onset of the interview, participants were given the opportunity to ask questions and were reminded of the confidentiality of their information, of their right to refuse to answer any question(s) if they did not feel comfortable answering, and to withdraw at any time from participation. Upon the participants' consent the audio recorder was turned on and tested briefly. The participants were then asked all of the questions in the interview protocol. The sequence of questions or the use of prompts varied somewhat across interviews as needed. All interviews were audiotaped and lasted approximately 45 to 90 minutes (Mdn= \_66 min).

All interviews were transcribed verbatim by a professional transcribing service or by the research team. Audiotapes were erased once the interviews were transcribed and

identifying information was removed and replaced with an assigned code number to ensure confidentiality.

### Data Analysis

A modified version of Consensual Qualitative Research (CQR) developed by Hill et al (1997) was used to analyze interview responses as CQR methods are particularly well suited for analyzing interview data. Though initially developed to examine client's experience of psychotherapy, CQR is easily adaptable for investigating the rich descriptions of complex human phenomenon. In the CQR method participants are viewed as experts of their own internal experiences revealing phenomenon to researchers through their discourse about their subjective experiences (Stiles, 1997).

The CQR method is a discovery-oriented, inductive approach characterized by using open-ended questions, relying on words rather than numbers, small sample size, recognizing the importance of context to understand specific parts of the experience, data driven results, and the consensus of a research team for drawing conclusions. However, where Hill recommends using 3-5 researchers to gain multiple perspectives and eliminate researcher bias, this study used two researchers who initially analyzed data and developed consensual judgments. The three dimensions of Schutz's (1958) FIRO theory were used to inform data analysis. An outside auditor was employed to ensure the validity of the work of the two researchers.

The CQR method consists of four main steps. Initially, the researchers develop domains or major topic areas that reflect participants' theoretically comparable responses. The second step entails examining each participant's case and finding core ideas or

abstracts (summaries or participants' words) that best illustrate these domains. Step three involves conducting a cross analysis to develop categories reflecting similar and more specific core ideas within each domains for all cases (participants). Four labels are then assigned to each of the domains and categories to reflect the frequency of participants' responses (i.e. *General*, *Typical*, *Variant* and *Rare*). *General* denotes all but one or two cases, *Typical* denotes more than half, *Variant* denotes less than half but more than one or two cases, and *Rare* denotes only one or two participants being represented.

The analysis team consisted of the primary researcher and a master's degreed female individual who was trained by the primary researcher in CQR methods. The primary researcher had worked on a previous study using CQR and was familiar with this type of analysis. A licensed psychologist audited the domains and categories to ensure the work of the primary research team was valid.

Initially the two researchers reviewed one of the interviews together to ensure a consistent method of coding was being used, and then developed preliminary domains and categories. The researchers independently went through each of the remaining interviews creating preliminary domains and categories based on participants' responses. They then met and discussed their individual codings, discussing any disagreements until a consensus was reached.

Each interview was methodically coded in this fashion using the preliminary domains and categories until all 10 interviews had been completed. While coding interviews any significant responses that did not fit any of the domains or categories were then put into a new category that would later be re-categorized. After all codings had been completed, the significant material that did not fit into any of the existing domains

or categories, was then assigned to or adjusted to fit existing domains or categories. The licensed psychologist who served as the data auditor met with the research team to review the final domains and categories and discuss any discrepancies until consensus was reached.

## Chapter 4

### Results

#### Participants

Seventy-one non-biological mothers began and completed the online survey, and demographic statistics for the initial survey respondents are presented in Table 1. The sample was largely Caucasian (94.4%), married (71.8%), highly educated (83%) with at least a 4 year college degree, currently employed (83%), and had been in their relationship for at least 5 years (76%). Of the 71 online survey takers, 90% ( $n = 64$ ) lived within the United States but not in Minnesota, while 35% ( $n = 25$ ) lived in the state of Minnesota. Overall, 87% ( $n = 62$ ) of those who completed the survey consented to participate in an individual interview.

This researcher determined that in-person interviews would result in the best data collection and therefore, chose to interview only those within a reasonable driving distance. Of the 25 survey takers in Minnesota, 84% ( $n = 21$ ) lived within the Twin Cities. Ten interviewees were selected based on the selection criteria as well as availability. The selection criteria required that these non-biological mothers identified as non-biological lesbian or queer women, were partnered currently as well as at the time they planned to become mothers and when their child/ren were born. Additional criteria included having never birthed a child/ren, and their current partner had birthed their child/ren.

The demographic characteristics of the interviewees are similar to those of the overall survey sample (see Table 1). For example, they were also largely Caucasian ( $n = 9$ ), married ( $n = 8$ ), highly educated ( $N = 10$ )

Table 1

## Demographic Characteristics of Survey Respondents and Interview Participants

Variable	Survey Participants (N=71)		Interview Participants (N=10)	
	<i>n</i>	%	<i>n</i>	%
Mean Age (yrs)	35.1	--	36.8	--
Race/ethnicity				
African American/Black	1	1.4	0	0
Biracial (specify)	1	1.4	1	10
Caucasian/White	67	94.4	9	90
Chicano/Hispanic/Latino	1	1.4	0	0
Other (Specify)	1	1.4	0	0
Highest level of Education				
Some College	9	12.7	0	0
2 Yr. Associate	3	4.2	0	0
4 Yr. College degree	23	32.4	1	10
Master's	24	33.8	7	70
Doctoral	9	12.7	1	10
Professional	3	4.2	1	10
Currently Employed				
No	12	16.9	0	0
Yes	59	83.1	10	100
Relationship Status				
Partnered	17	24	2	20
Separated	2	2.8	0	0
Married	51	71.8	8	80
Other	1	1.4	0	0
Time together in relationship				
1-2 yrs.	1	1.4	0	0
2-3 yrs.	2	2.8	0	0
3-4 yrs.	4	5.6	0	0
4-5 yrs.	10	14.1	1	10
5-10 yrs.	29	40.8	5	50
More than 10 yrs.	25	35.2	4	40
Number of Children				
1	42	59.2	4	40
2	24	33.8	5	50
3	5	7	1	10
Given birth previously				
Yes	2	2.8	0	0
No	69	97.2	10	100
Intend to birth in future				
Yes	22	31	1	10
No	48	67.6	9	90
Unsure	1	1.4	0	0

with at least a 4 year college degree, currently employed ( $N = 10$ ), and the majority had been in their relationship for at least 5 years ( $n = 9$ ).

### Interview Results

The interview results are organized around the four major research questions of this study: (1) How do non-biological lesbian mothers describe their decision making process in determining which woman in the partnership will birth their child and how does this process and subsequent decision impact their sense of self and their relationship with their partner? (Interview Questions 1-4); (2) In what way, if at all, does the lack of genetic connection to their child impact the non-biological lesbian mothers' relationship with their partner and child? (Interview Questions 5, 7, 10, 11, and 16-18); (3) After their child's birth, how do non-biological lesbian mothers experience their identity/role in motherhood? Is it different from their partner's role and how does this affect their relationship? (Interview Questions 6 and 8); and (4) Using Fundamental Interpersonal Relations Orientation (FIRO) theory (Shutz, 1958), how do non-biological lesbian mothers experience issues around inclusion, control and openness within their immediate family, extended family and society? (Interview Questions 9, 10, 12, 13, 14, and 15).

The domains and categories are listed with the corresponding interview questions in descending order of prevalence. Quotations are provided from various participants to illustrate each domain or category. An effort was made to equally represent the voices of all 10 participants. The questions asked of participants were multifaceted and resulted in complex responses. Many of the couples had multiple insemination attempts with both known and unknown donors and several had multiple children; so many of the experiences such as insemination, childbirth and adoption were experienced differently

with each attempt or for each child. Therefore, some participants responses were classified in more than one category within a domain. Thus there are a greater number of responses than number of participants for many of the domains.

#### Clinical Impression of the Interviewees

Based on their verbal and non-verbal behaviors, this investigator's impression is that interviewees were fairly open and honest. Answers were forthcoming and did not typically require much probing. Their answers were thoughtful and for many, entailed deep emotional responses. Depending on how much time had lapsed between the birth of their first child, some interviewees seemed to struggle more with remembering the emotions connected to their experiences. Most seemed very comfortable and eager to discuss what their experience had been like as the non-biological mother. Due to the complexity of responses, the answers to interview questions are categorized under headings

#### **Interview Question 1: Tell me about the decision-making process you went through with your partner when you decided to have children?**

Responses to this question are listed under the heading Decision Making Process; they yielded 6 Domains: Decision Making Process, Factors determining birth mother, Emotional Reaction to Decision Making Process, Impact of Decision Making Process on Partner Relationship, Timing for pregnancy, and Impact of Decision Making Process on Sense of Self. ( See Table 2)



Table 2

## Domain and Category Frequency for Interview Question 1

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Domain/ <i>Category</i>	N
<b>Interview Question 1: Tell me about the decision-making process you went through with your partner when you decided to have children?</b>	
Decision Making Process	10
<i>Agree</i>	9
<i>Defer to Partner</i>	4
<i>Dominating</i>	4
Factors Determining Birth Mother	10
<i>Desire to carry</i>	6
<i>Desire to Not Carry</i>	5
<i>Infertility</i>	4
<i>Logistics</i>	4
Emotional Reactions to Decision Making Process	10
<i>Primarily Positive</i>	6
<i>Primarily Negative</i>	5
<i>Concerns</i>	1
Impact of Decision Making Process on Partner relationship	8
<i>Neutral</i>	5
<i>Hindered</i>	4
Timing for Pregnancy	8
<i>Age</i>	3
<i>Readiness</i>	3
<i>Career/Money</i>	2
<i>Family Member</i>	1
Impact of Decision Making Process on Sense of Self	7
<i>Neutral</i>	4
<i>Hindered Relationship</i>	3
<i>Mixed Effect</i>	1

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*Note.* Participant responses were complex and often classified multiple times, and participants sometimes referenced multiple events. Therefore "n's" refer to number of comments and may total greater than the sample size.

## Decision Making Process

**Domain 1: Decision Making Process (n = 10).** Participants in this Domain described the process of decision making about a variety of issues dealing with creating a family such as having children, type of donor, insemination method, etc. There are three categories: Agree, Defer to Partner, and Dominating.

**Category 1: Agree (n = 9).** Participants in this category primarily experienced mutual consent when making decisions.

*It was very thorough, which makes me very happy. So, we considered a lot of variables. We talked through everything around how we wanted to go through the process, and had to negotiate some other things.*

---

*Everything we did was very equal and organic.*

**Category 2: Defer to Partner (n = 4).** These participants did not have strong feelings either way about many of the decisions made and often deferred to their partner

*I followed my wife's lead for this.*

---

*I mean, the biggest thing was, I hadn't planned to have children, and she was very, very, very much not going to change how she wanted things to be.*

---

*So, in some ways, I probably deferred a little bit to her, at first, but then definitely came into my own parenting style.*

**Category 3: Dominating (n = 4).** These participants described their partner as having a more dominating style which gave her more control over decision making.

*There were definite stages where she had a better sense of what he needed than what I did. Maybe because she carried, maybe because she was nursing, or maybe just cause she is more of a control freak.*

---

*But there was definitely a lot of, like, she is kind of headstrong, so when she was ready she was like “This sounds like a good idea...”*

**Domain 2: Factors Determining Birth Mother (n = 10).** Participants described different factors that influenced which of them would carry their child.

**Category 1. Desire to carry (n = 6).** These mothers had a strong desire to carry a child, which led to them being the one to make the first attempt.

*I really, really, really wanted to carry a child. And, I was kind of in the mindset, at that point, where I didn't know if I wanted a second child if I didn't carry it. I was just really determined that I did not want her to carry our second child.*

---

*I wanted to be pregnant. I wanted to be pregnant. I wanted to breastfeed. I wanted to do all those kinds of things.*

**Category 2. Desire to Not Carry (n = 5).** These mothers did not have a desire to carry a child and therefore their partner became the birth mother.

*I've never felt, like, this longing to be pregnant or to carry a child. Like, that hasn't been part of my conception of parenthood, ever.*

---

*I think the idea of being pregnant is interesting to me as like a biological experience, but it's not something that I feel I must like do in order to fulfill my womanhood or anything.*

---

*But I wasn't headstrong about not having children. I just knew that I didn't think I ever wanted to be pregnant.*

**Category 3. Infertility (n = 4).** These women had infertility issues which made it difficult or impossible for them to become pregnant.

*I just didn't have, like, a whole lot of confidence in my ability to get pregnant, honestly. And just knowing the cost, and, um, the logistics associated with it, we gave it—gave it a try with her...*

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*Then I started trying again, and ended up trying for well over a year, spent thousands of dollars on fertility treatments, and was never able to get pregnant. Um, and so, at that point it was a decision—you know, what do we do?*

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*We tried with me for six months, with increasing kind[s] of medicalization, and IUIs and all that. And, we stopped at what would've been—the next step would've been IVF. And we weren't financially in a place where that was really feasible.*

**Category 4. Logistics (n = 4).** These participants had some pragmatic reason that hindered their being the birth mothers.

*We had decided that we were each gonna carry a child...she's one year older than I am. So we thought she'd go first. And then, about a year or two later, then I would have our second child.*

---

*Well she's going to go first anyway, because she's older than me, she's a year older than me, but I knew the other piece of it I think was like, convenience wise, I was in medical school...people...were kind of suggesting it was a little ridiculous for us to start having, trying to have children when we did just cause, I was still in school, we were young, we had a ton of debt, and all that stuff.*

**Domain 3: Emotional Reactions to Decision Making Process (n = 10).** These participants described various emotional reactions to the decision making process with their partners.

**Category 1. Primarily Positive (n = 6).** These mothers primarily had positive emotional reactions to the decision making process.

*You know, there really wasn't anything to feel. Like I didn't feel, there wasn't anything to think about, it just was, and it made perfect sense, and I never felt left out of anything.*

---

*I don't think I would have had a child with a different person, but she's extremely responsible, and as we talked through things, I knew I could trust whatever she said would be like, "OK."*

**Category 2. Primarily Negative (n = 5).** These participants mostly had negative reactions to the decision making process.

*But I was just determined, and I—I—I mean, even—I remember saying to a friend at one point, “This could end up in divorce,” [laughing] because this is such an emotionally heated, like, thing.*

---

*I think at the time, I felt OK about it. I think later on, I..felt like I didn’t think it through very well, and maybe, you know, there was a—a big financial consideration.*

**Category 3. Concerns (n = 1).** One interviewee expressed concerns about consequences of the decision making process.

*I had concerns, I think, about what it would mean for her to be having our second child. So I think there was—it wasn’t as exciting as the first time.*

**Domain 4: Impact of Decision Making Process on Partner relationship (n = 8).** Many interviewees explained the different ways the decision making process affected their partner relationships.

**Category 2. Neutral (n = 5).** Several participants explained their general neutrality around how their relationship was impacted.

*That wasn’t really a decision-making process I guess...but that seemed really kind of easy and obvious, as well.*

**Category 1. Hindered (n = 4).** A few participants explained how their relationships were negatively impacted.

*I think that’s when the decision-making process was the hardest for us—trying to decide, especially for me, do I continue to keep trying, or do we not have a second child at all? Or do I have her give birth to our [child], again?*

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*I think it was the most trying time of our relationship, especially when you—we tried 18 times in two and a half years, unsuccessfully. It was a very difficult process.*

**Domain 5: Timing for Pregnancy (n = 8).** Most participants described different factors that determined when they began trying to get pregnant.

**Category 1. Age (n = 3).** These women’s decision to get pregnant was impacted by one of their ages.

*She’s a little bit older than I am. So, I guess age factored into it a little bit, just in the sense that, like, she wanted [to have a baby].*

---

*We were also getting up in age, ‘cause by this point we were approaching forty, and, um, I think my partner was forty. So, we had that to factor in, as well.*

**Category 2. Readiness (n = 3).** These women’s decisions to get pregnant were determined by their or their partner’s sense of readiness.

*And I was not hesitant like “I don’t want kids,” but hesitant like “I don’t want kids yet,” for a lot of years.*

---

*Um, you know we talked a lot about when, and we decided that we wanted a full year after we got married to kind of be newlyweds, but even then when you are in a lesbian relationship you have to answer a lot of questions about how we are going to do this.*

**Category 3. Career/Money (n = 2).** These mothers had career or financial issues that impacted the timing of pregnancy.

*We had a plan that it would be—[laughs]—when I finished my dissertation—which I say with air quotes—which didn't actually happen that way.*

**Category 4. Family Member (n = 1).** One mother decided to have children at a time when her partner's siblings were also having children.

*We thought maybe we would have a baby around the same time as her brother's youngest kid. So we were sort of hoping to be able to have kids with somewhat [the same] age cousins, and also her parents are thirteen years older than mine, just kinda knowing that we wanted to get going.*

**Domain 6: Impact of Decision Making Process on Sense of Self (n = 7).** Many interviewees described different ways the decision making process affected their sense of self.

**Category 1. Neutral (n = 4).** These participants expressed their general neutrality around how their sense of self was impacted.

*I mean I felt good that she was ready to do it. And I was like non-chalant about it.*

**Category 2. Hindered Relationship (n = 3).** Participants explained how their sense of self was negatively impacted.

*I think in retrospect, I wish I had been able to think through more clearly how I would feel about it. In the end, I think it wasn't clear that I was kind of giving up the—being a biologic mom—at the time, when we made the decision. I regret that...I feel like I failed myself in some way.*



**Category 3. Mixed Effect (n = 1).** One interviewee explained how her sense of self was both positively and negatively impacted.

*You know, 'cause the—it was a lot of, uh—you know, getting older, going through menopause, realizing I was never gonna be a biologic mom, all at the same time. There was a lot of stuff about that. But—mixed with the joy of these two wonderful kids in our life. So, it was a strange thing for a while.*

**Interview Question 2: Please describe the Insemination process you and your partner used and what the experience was like for you?**

Responses to this question are listed under the heading Insemination Process and yielded 11 Domains: Type of donor, Participation in insemination process, Emotional reaction to insemination process, Heteronormativity, Impact of Insemination Process on Relationship with partner, Complications with Insemination process , Impact of Insemination Process on Sense of Self, Agreements with donor, Complications with known donor, Support with insemination process, and Complications with unknown donor. ( See Table 3)

**Insemination Process**

**Domain 1: Type of Donor (N = 10).** Every participant described the type of donor they chose for the insemination process.

**Category 1. Known (n = 8).** A large majority of mothers chose to use a known donor for the pregnancy. Of note, not all were successful.

*It was important for her that I also be considered a relative of our—of our children. And so, for two and a half years, we tried with my brother as our sperm donor.*

Table 3

## Domain and Category Frequency for Interview Question 2

Domain/ <i>Category</i>	N
<b>Interview Question 2: Please describe the Insemination process you and your partner used and what the experience was like for you?</b>	
Type of Donor	10
<i>Known</i>	8
<i>Unknown</i>	7
Participation in the Insemination Process	10
<i>Inclusion</i>	9
<i>Exclusion</i>	4
Emotional Reactions to Insemination Process	10
<i>Primarily Negative</i>	9
<i>Primarily Positive</i>	4
<i>Concerns</i>	6
Heteronormativity	10
<i>Lack of Recognition</i>	8
<i>Language</i>	7
<i>Traditional Mold</i>	7
<i>Legal</i>	6
<i>Homophobia by Professionals</i>	4
<i>Non-Bio Mom as Father Figure</i>	3
Impact of the Insemination Process on Partner relationship	10
<i>Hindered</i>	6
<i>Neutral</i>	4
<i>Improved</i>	2
Complications of Insemination Process	9
<i>Cost</i>	7
<i>Time</i>	7
<i>Stress</i>	6
<i>Legal</i>	1
Impact of Insemination Process on Sense of Self	8
<i>Hindered</i>	4
<i>Neutral</i>	4
Agreements with Donor	7
<i>Verbal role</i>	6
<i>Legal/written</i>	4
<i>ID at 18</i>	2
Complications with Known Donor	6
<i>Exclusion</i>	5
<i>Agreement Change</i>	4

<i>Emotional Reaction to Known Donor</i>	4
<i>Outside Issues</i>	3
<i>Child</i>	2
Support with Insemination Process	5
Complications with Unknown Donor	5
<i>Cost</i>	2
<i>Time</i>	2
<i>Feeling of Disconnectedness</i>	1
<i>Lack of Ethnic Choices</i>	1

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*Note.* Participant responses were complex and often classified multiple times, and participants sometimes referenced multiple events. Therefore "n's" refer to number of comments and may total greater than the sample size.

**Category 2. Unknown (n = 7).** Many participants used an unknown sperm donor from a sperm bank for their insemination process.

*We had a bad experience with her donor, so we ended up using sperm bank sperm when I was trying to get pregnant.*

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*It was always kind of known that we would be using a sperm bank; we would have an anonymous donor.*

**Domain 2: Participation in the Insemination Process (N = 10).** Everyone described how and to what degree they felt a part of the insemination process.

**Category 1: Inclusion (n = 9).** All but one participants described times and ways they felt included in the insemination process.

*I definitely felt included. I think a lot, for in our relationship, the dynamic [was] that I was the one with a lot of medical knowledge, and she wasn't. It gave me a different, a unique role in the process that was, that like kinda brought me into it in some ways more than her, even though it was all happening to her body.*

---

*We tried to make it romantic, lit candles, and it was exciting. I felt, you know, very much a part of, like, “We’re conceiving our child.”*

**Category 2: Exclusion (n = 4).** A few participants described unusual or extreme feelings of being excluded in some way during the insemination process.

*For our first child, I was there every single time...and I felt very included. And then, when we went to conceive our second child, I did not go to the doctor for the IUI. It just didn’t work out in my schedule. And I was very disappointed that I wasn’t doing it, but we decided that it was the right time and everything, and so she went by herself. And I felt like I missed out on that opportunity.*

**Domain 3: Emotional Reactions to Insemination Process (N = 10).**

Interviewees described different emotional reactions they experienced during the insemination process

**Category 1. Primarily Negative (n= 9).** All but one participant expressed mostly negative reactions to the insemination process.

*At first like it was kinda fun to have a part in it, but then it became so relentless; this thing we were doing was like divorced from child making or our relationship or anything, it was like this thing we were doing that wasn’t working. I mean, I was a little bit scared to be dependent on this guy.*

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*The romance was gone; the excitement was gone. I was just like, “You could do it yourself, for all I care.”*

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*Trying to conceive was so emotionally fraught. And you—we—at that point, you've invested so much money, and so much heartache, you know.*

---

*I felt, like, some undue pressure to, like, make it be either, like, sexy or spiritual or something that...[both laugh] it just wasn't. Like, it was so...gross. [Both laugh] It was so confusing. It was so...pressured, sometimes, too; just, like, "Get it in there," right? Just, like, "Get it in the right place." "Is it the right place? Are we doing this right?" "Get it all out of the jar. Oh, it's, like, congealing."*

**Category 2. Primarily Positive (n= 4).** A few mothers described primarily positive emotional reactions to the insemination process.

*I felt like, I don't know, however I was supposed to feel like, that part was exciting...like this is going to happen, like we are really going to do this. I don't know, I was definitely confident in my role at least there.*

---

*With the first pregnancy, um, it was really exciting, because it didn't take very long. You know, we had only tried four times.*

**Category 3. Concerns (n= 6).** These interviewees expressed concerns about the insemination process such as health issues for the birth mother or child.

*I was more worried about her being in, like, physical discomfort, because, like, that was kind of not ever anything she wanted to do.*

**Domain 4: Heteronormativity (N = 10).** Everyone described ways in which they experienced people or systems expressing or assuming a worldview that promotes heterosexuality as the normal, preferred, or superior sexual orientation

**Category 1. Lack of Recognition (n= 8).** Most interviewees described experiences of not being recognized as the mother due to people assuming the child is from a heterosexual family.

*And so, she would get attention as a pregnant woman. And not that I, you know, need some stranger's attention. [Laughs] But just the kind of feeling excluded, like, "Well, that's my baby, too!" Whereas a—you know, if a heterosexual couple—the dad would be included in that as right—assumed to be part of that.*

**Category 2. Language (n= 7).** Participants described language that expressed a heteronormative view.

*And I really try to ignore the comments, cause once again she [ ] also makes comments like "Well, [name of child's] Dad." And I keep trying to correct her that, I think a Dad is a person. Well she's like, "Well, a Dad is the sperm." I was like "Well, could you call that a donor?"*

---

*Even my mom will do it too. Will make a comment of "Well, their dad." And I'm always like "Really, they don't have a Dad, Mom." Like, I don't know if it's a generational thing or they can't wrap their head around it type of thing.*

**Category 3. Traditional Mold (n= 7).** Participants described experiences where they perceived others pushed a traditional mold onto their family.

*One of the things that really tires me is hearing men talk about their relationship with their children and how different it is than the relationship their mother has with them. And it's like, I'm no different than you, like I didn't nurse a child, I didn't give birth to a child, I didn't carry a child for 9 months, and I don't have*

*that difference, so you don't have to, either. You know? So I get really tired about the double standard of men, even though I know really great dads, but almost all of them aren't as involved in their child's life as their wives are, and I think that's ridiculous.*

**Category 4: Legal (n= 6).** These participants commented on ways the legal system reflected the dominant heteronormative culture which denied the non-biological mother her legal rights.

*Every year, I had to prove that we were married for health insurance, so that I wouldn't have to pay the tax—to have a domestic partner instead...Every time we went to the doctor, we—if—if it wasn't our regular doctor that we went to, we had to prove that we were married. So, carrying around your marriage certificate everywhere, and your changes of names, seemed difficult. We had to do the same thing with daycare. So just being in a state of—in flux. That was where we saw difficulty.*

**Category 5. Homophobia by Professionals (n = 4).** A few participants described times when they encountered professionals who they perceived as homophobic.

*We had a lactation consultant in the hospital who actually was the first lactation consultant that we saw, who was definitely a homophobic. And that was, um—felt like a real setback for us.*

**Category 6. Non-Bio Mom as Father Figure (n = 3).** Participants described times when they were perceived as a father figure by people in society.

*I think that it speaks to some sort of—it must speak to some sort of perceived heteronormativity of our relationship, that they have just applied father role to*

*me. And it's not even that they're applying father role; they're applying, like, "You have a child who must be a biological creation of the both of you, 'cause that's what normal families look like."*

**Domain 5: Impact of the Insemination Process on Partner relationship (N = 10).** Interviewees explained the different ways that either the birth mother's or their own insemination process affected their partner relationships.

**Category 1. Hindered (n= 6).** Participants explained how their partner relationships were negatively impacted.

*But the second time, since it hasn't worked, yeah you feel like there must be something you did wrong. You know, and you're like, well then you start to think "Well, we didn't do this, maybe we should have done this." But it's not my body, so I don't get to say that...or if I do say it because it is important to be said, then you run the risk of it really hurting her, and she feels so much more intense feelings about this already because it's already happening to her body. So that is tricky.*

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*I think it set up some—some resentment, you know? In retrospect. Especially when it became clear that that was gonna be it [our last try]. You know...I don't know. I mean, I—I think I had a hard time because I—I felt like I knew all the things that could go wrong, and I never felt like she was being careful enough.*

**Category 2. Neutral (n= 4).** Some of the non-biological mothers explained their general neutrality around how their relationship with their partner was impacted by the insemination process.



*I don't know, I think for both kids it was really, kind of, a really fast process... I know couples that have had years of, like trying, and heart break, and losing babies, and I feel like we didn't have that at all. So I feel like it kind of made our relationship just kind of keep going. Cause there...wasn't a lot that happened.*

**Category 3. Improved (n= 2).** A couple of participants described how their relationships with their partners improved during the insemination process.

*She was very respectful when it was my body, and, like, "Do you want to try again? I'll support you as many times as you want to try?"*

---

*It brought us close together—you know, planning our future, planning a child.*

**Domain 6: Complications of Insemination Process (n= 9).** Participants expressed various complications or challenges around the insemination process.

**Category 1. Cost (n= 7).** These participants expressed concerns about the cost of the insemination process such as medical procedures and travel.

*"OK. So, we're spending all this money, but yet we're not doing everything that's recommended.*

---

*You know, several thousand dollars. And, um, we were doing it at home, so it felt like a lot of margin for error, you know? Samples spilled on sheets. [Laughs] And, like, funny, but really incredibly frustrating stuff. And the process was really expensive and really stressful.*

**Category 2. Time (n= 7).** Participants expressed concerns around time connected to the insemination process.

*And that was just awful. I mean, 'cause I think it happened so easily. You know, we were like, "Ha! This is it." [Claps] You know. And then, it was a big let-down, And then to have try after try after try with nothing happening. And two years went by. It was just really hard.*

**Category 3. Stress (n= 6).** Participants expressed feeling stressed about the actual procedure they used for the insemination process.

*"Oh, let's do it at home. Let's just—we never did that with me. Let's—let's try it." And it was terrible. It was just terrible. It was so stressful, and I think we, like, argued during it. It, like, was not this romantic vision! [Laughs] We were like, "Are they even alive? We probably killed them."*

-----  
*Imprecise and imperfect and hilarious and frustrations and expensive...*

*"How should we get the most sperm in the right place?" Right? And tried, like, a little hands-and-knees method, which just resulted in, like, everything shooting out the wrong way, and a thousand dollars on the sheets. And we both, like, rolled over, turned away from each other, and went to sleep.*

**Category 4. Legal (n= 1).** One individual discussed ways the legal process, inhibited the insemination process, in particular how her insurance policy excluded lesbian infertility.

*So then, we went to a fertility specialist. And that was insane. So, the first time we went, the three of us went together and into his office, and basically we told him the whole scenario and where we were, and he first was like "I think you're probably going to get pregnant because we haven't found anything, have some*

*Clomid, like try a few cycles with that, and then it will probably work, and I probably will never see you again.” But, so we were in Massachusetts where there’s mandated insurance coverage in fertility services. But in order to get it you have to have documented infertility, and then like, he wasn’t sure if what we were doing would count cause you have to have like 12 months of frequent intercourse or something, like that is how it is defined.*

**Domain 7: Impact of Insemination Process on Sense of Self (n= 8).**

Interviewees explained the different ways the insemination process affected their sense of self.

**Category 1. Hindered (n= 4).** For some the process had a negative impact.

*Yeah, at that point I was just kind of—I mean, there was a lot racked up for me in, like, things not working. You know, like I’m not working; my body’s not working; it’s not working. You know? So, just very much like, “Well, my body..kind of sucks.” Or, “My body’s, like, failing us.” You know?*

**Category 2. Neutral (n= 4).** A few non-biological mothers expressed general neutrality regarding the impact of the insemination process on their sense of self.

*It didn’t bother me at all. Yeah, like not at all.*

**Domain 8: Agreements with Donor (n= 7).** Many interviewees described the types of agreements they had with their sperm donor.

**Category 1. Verbal role (n= 6).** These mothers had a verbal agreement with their donor as to what role he would have in the child’s life.

*One of the reasons why we chose my youngest brother to be our potential donor was that he did not want to be a parent himself. And that was attractive to us.*

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*It just was really clear from the beginning that we all had the same goals, like his biggest fear was that he would overcommit to some kind of relationship to the child that he couldn't fulfill, and we were like "Well, we're not interested in having a third parent, and you know, we just want to know who you are and have access to your life and all that stuff [for the sake of our unborn child.]"*

**Category 2. Legal/written (n= 4).** These mothers' had a legal or written contract with their donor.

*We had a known donor and we have a legal contract drawn up with him in advance and then, we agreed for him to try with us at least once per month, to up to three times a month.*

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*We did a kind of template donor, intention form, for a lack of a more specific term—basically, a document that was not legally binding, but said, you know, what the purpose of his donation was, and that he had no intentions to parent, and that he had no intentions to seek any kind of custody, or rights over our son and [we] didn't have any obligation to provide anything for him.*

**Category 3. ID at 18 (n= 2).** Two participants chose an unknown donor who agreed that when the child was 18 years old, he could be contacted.

*We went to a sperm bank, and we paid a little bit extra..I think it was a hundred dollars more per vial [so] we wouldn't know who the donor was, but our child could know who the donor was.*

**Domain 9: Complications with Known Donor (n= 6).** Some participants using a known donor mentioned experiencing complications with their donor.

**Category 1. Exclusion (n= 5).** Several interviewees expressed feelings of exclusion in some way from the donor and the biological mother's connection.

*I was jealous of their relationship sometimes. Sometimes it felt like those two were trying to get pregnant.*

**Category 2. Agreement Change (n= 4).** A few participants mentioned complications when the donor did not keep their original agreement.

*I would say the minute our daughter was born, he just got really obsessive and clingy and wanted to hold her constantly, and wanted to feed her, and wanted to change her diaper, and this is all within the first week of her birth. And we were like, "Dude, back [off]—" Like, "We're sleep deprived; we need a rest." Like, "We're trying to bond as a family here; you need to back off." .... And I mean, even just the way he stared at her—like, he would just kind of gaze at her. And it was so—it was almost like a switch went on with him, like, "Oh, this is my daughter." We kind of started to push him away a little, and the more we pushed, the more he got insecure, and so he would kind of get even more obsessive and clingy, so we actually ended up contacting an attorney and sent him a cease-and-desist letter.*

**Category 3. Emotional Reaction to Known Donor (n= 4).** Participants in this category expressed having experienced a strong emotional reaction to their donor.

*There was something about him being the donor, the biological —you know, father, and—and me not having that biological connection. I kind of feel like I was even extra sensitive to him being obsessive about our daughter.*

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*I certainly have had jealousy toward the donor, Yeah. So, not—they never would exclude me...but— I mean, he, like, came over and took care of our son every Friday, or something, for, like, his first six months of his life.*

**Category 4. Outside Issues (n= 3).** Some participants felt challenged by the confusion of and questions from friends and family regarding what role the donor has in their family.

*I think there was a lot of not really wanting to state who the donor was especially to her family because they knew him...I think she didn't really want to make that connection that this would be an identifiable person. Does that make sense? I don't think she wanted to [have to be saying] "She [the interviewee] is the other parent, not this other person who we chose to be the donor"...Because I think it would been a connected, like, 'Oh, he plays a bigger role than he does,' because he doesn't play a role at all beyond helping us .*

**Category 5. Child (n= 2).** A couple of participants expressed concerns around how they would explain who the donor was to their child in the future.

*Obviously, like, the dynamics of having a known donor, and of course telling our children, you know, who that was, and what that was gonna look like [concern me].*

**Domain 10: Support with Insemination Process (n = 5).** Half of the participants expressed unique or profound experiences of support from professionals, family, friends and community during the insemination process.

*It was really a breath of fresh air to find a clinic that...was very inclusive, and wasn't judgmental about our ages or any of the things that they could have been judgmental about. So that was good.*

-----

*So, she kind of put it out there, and this friend in New Zealand, him [sic] and his wife had talked about it, and said he was like "I don't know if it's awkward, but I will also be in Las Vegas, so if you would also like to fly out we would be happy to do this [donate sperm] for you." So it kind of feels nicer because I feel like it's a, knowing that a couple decided together to do this, and I know they are trying to have a child right now, and it's not happening as fast.*

**Domain 11: Complications with Unknown Donor (n = 5).** Some participants using an unknown donor expressed complications with the process.

**Category 1. Cost (n = 2).** A couple of individuals expressed concerns around the cost associated with using an unknown donor.

*Well, with the unknown donor, it was horrible, 'cause, like, if—if we, you know, didn't make good use of any of it...it was like, "Well, there's four hundred dollars..."*

**Category 2. Time (n = 2).** Two interviewees expressed concerns around the length of time it took for the insemination process to work.

*I don't even know how many times we tried, but it- it just seemed like it was taking forever and felt like such an emotional rollercoaster.*

**Category 3. Feeling of Disconnectedness (n = 1).** One participant described challenges posed by feeling disconnected when using an unknown donor.

*I just—I don't know, I just did not like it. I did not feel connected. I didn't feel involved in the process.*

**Category 4. Lack of Ethnic Choices (n = 1).** One individual mentioned challenges with not being able to find a donor that matched their ethnicity.

*When it came down to choosing a donor that kind of...looked like—I mean, we had never really thought we were gonna find someone that looked like me. We weren't gonna find my particular ethnicity, you know.*

**Interview Question 3. What do you remember about your feelings when you first found out your partner was pregnant with your child?**

**Interview Question 4. What was your experience like while your partner was pregnant?**

Responses to these two questions are listed under the heading Pregnancy and yielded 7 Domains: Emotional Reaction to Pregnancy, Issues Concerning Support with Pregnancy, Control/Lack of Control over Pregnancy, Inclusion/Exclusion in Pregnancy, Impact of the Pregnancy on Partner Relationship, Impact of Pregnancy on Extended family, and Impact of Pregnancy on Sense of Self. (See Table 4)

### **Pregnancy**

**Domain 1: Emotional Reaction to Pregnancy (N = 10).** Everyone described their emotional reactions during their partner's pregnancy.



**Category 1. Primarily Positive (n = 9).** All but one of the mothers reported primarily having positive emotional reactions to the pregnancy.

*‘Oh shit, this actually worked.’ That was the very first thing, we were like “Oh my God, that worked. Like, that’s crazy. He ejaculated into a horse condom. We took it to your friend’s house. Inseminated and that worked.” So I was kind of like “How do people get pregnant all the time?” Cause this is kind of crazy that all of this came together. So, it was really exciting. Kind of that I think at first I didn’t really think it was happening.*

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*We just couldn’t believe it. I think we cried instantaneously. And I just remember...that—I don’t even think that there’s a word for it, that you just feel so overcome with emotions, that you just don’t feel one emotion completely.*

**Category 2. Primarily Negative (n = 6).** These participants primarily had negative emotional reactions to the pregnancy.

*...there was definitely some...a little jealousy, a little apprehension about what—how—you know, what feelings it would bring up for me...as we went forward.*

---

*And so, after she got—once we were already pregnant...things got very difficult for me emotionally, at that point. And I think for a good chunk of the pregnancy, I think really until the baby was much bigger and moving, and I could feel it, and be a little bit more involved, I think that...I had a lot of anxiety throughout most of the pregnancy. And there was a lot of kind of mourning experience and jealousy; being jealous of what she was experiencing.*

Table 4

## Domain and Category Frequency for Interview Questions 3 &amp; 4

Domain/ <i>Category</i>	N
Interview Question 3. What do you remember about your feelings when you first found out your partner was pregnant with your child?	
Interview Question 4. What was your experience like while your partner was pregnant?	
Emotional Reaction to Pregnancy	10
<i>Primarily Positive</i>	9
<i>Primarily Negative</i>	6
<i>Concerns</i>	5
Issues Concerning Support with Pregnancy	10
<i>Support with Pregnancy</i>	9
<i>Lack of Support with Pregnancy</i>	4
Control/Lack of control over pregnancy	10
<i>Control</i>	8
<i>Lack of control</i>	3
Inclusion/Exclusion in Pregnancy	10
<i>Exclusion</i>	8
<i>Inclusion</i>	7
<i>Mixed</i>	1
Impact of the Pregnancy on Partner relationship	10
<i>Improved</i>	7
<i>Hindered</i>	6
<i>Neutral</i>	3
<i>Mixed Effect</i>	3
Impact of Pregnancy on Extended family	8
<i>Improved</i>	5
<i>Hindered</i>	3
<i>Neutral</i>	1
Impact of Pregnancy on Sense of Self	7
<i>Hindered</i>	3
<i>Neutral</i>	2
<i>Mixed Effect</i>	2

*Note.* Participant responses were complex and often classified multiple times, and participants sometimes referenced multiple events. Therefore "n's" refer to number of comments and may total greater than the sample size.

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*I mean, it brought back up the “What if, what if, what if?” If I’d, you know, gotten my shit together, and been brave enough to try to get pregnant earlier.*

**Category 3. Concerns (n = 5).** Several interviewees mentioned having concerns during the pregnancy such as the health of their partner and children.

*I was more worried about her being in, like, physical discomfort, because, like, that was kind of not ever anything she wanted to do. [Laughs]*

**Domain 2: Issues Concerning Support with Pregnancy (N = 10).** Every participant expressed unique experiences with reference to the biological mother and/or other heterosexual couples around issues concerning support by professionals, family, friends and community during the pregnancy.

**Category 1: Support with Pregnancy (n = 9).** All but one participant described unique or unusual types of support they experienced during pregnancy.

*So we had a really great midwife who was a huge advocate for making sure we were there [at the hospital], and then she came and...[she] got me a bracelet right away and she was like “This is her wife,” cause there wasn’t gay marriage in New York at the time, so she was like “She needs to be in there.”*

---

*So, people were really really supportive and, you know, we kind of delayed a little bit telling the world at large, but we told our close friends right away. It was just fun.*

---

*My family, for example, took her pregnancy as legitimately and as seriously as they would've my—you know, my own pregnancy.*

**Category 2: Lack of Support with Pregnancy (n = 4).** A few participants described unusual ways they felt unsupported or excluded from the pregnancy.

*I think to her family it was much more like, I think it would have been the opposite, like if I had been the one who had gotten pregnant I don't know if it would have been as accepted.*

-----

*I didn't actually tell my family until the kids were born, because they're so homophobic that I just didn't really want to deal with it. "Look, here's what's goin' on, and you have two options. You can either be a nice grandma, or you can not have any part anymore, 'cause...I'm not gonna try to explain you [to my child]. And so, she's been distant, but a good grandma. So, it was a little bit, you know, kind of wrapped up with all that homophobia.*

**Domain 3: Control/Lack of control over pregnancy (N = 10).** All of the participants described ways they experienced control and/or lack of control over the pregnancy.

**Category 1. Control (n = 8).** Most participants described ways they felt they had some control during the pregnancy.

*I had input and control where I wanted it, but I tried to also...I mean, I'm a feminist and a women's studies person, so I also was very, like, this was her body.*

**Category 2. Lack of control (n = 3).** A few participants described ways they felt they lacked control during the pregnancy.

*No, I don't think it was equal. It was definitely, she would decide what she wanted. I definitely think my wife sometimes takes a little while to, like, realize that maybe her path is—is not the correct path. And over time, I've learned not to state my opinion about everything.*

**Domain 4: Inclusion/Exclusion in Pregnancy (N = 10).** Everyone described ways they felt included and/or excluded during the pregnancy.

**Category 1. Exclusion (n = 8).** Most participants described ways they felt excluded.

*If someone, you know, saw me out at school, [they] would ask, "How's your partner?" But it never felt like—they were interested in how I was, too. It never felt like—I don't know.*

---

*Everything was in my own—I mean, I think I can say with confidence that, any exclusion I felt was internal.*

---

*When her coworkers wanted to do a baby shower for her, but they kept falling through. And so, I thought I would just make it easier, and be like, "OK, my coworker had a birthday party here [at our house]." I kind of interjected. And [they ignored my comment because ] I don't think that they wanted me to be a part of it anyways. And it was just difficult because my coworkers threw us a baby shower and made sure that my wife could come to it. And so, that was*

*strange to me, only because every baby shower I've ever thrown, the other significant person was invited to it.*

**Category 2. Inclusion (n = 7).** Many interviewees described ways they felt included in the pregnancy.

*We were very, I think, fortunate to have the community we have, and there really wasn't—I can't think of an instance where someone really kind of did something that I was like—yeah.*

---

*I felt very much included in their [her parents' ] joy and, you know, happiness for us as a couple, to have—be having a baby, both times.*

---

*Just like any other normal day. I mean, really, it didn't, she [my partner ] would check in every once and awhile just to make sure I wasn't missing things. She would see if I could feel the baby kicking when she could, like things like that. Or she wanted to make sure, I went to every doctor's appointment. I don't feel like I missed anything.*

**Category 3. Mixed (n = 1).** One mother described ways she felt both included and excluded during the pregnancy

*I feel like I felt included in making a birth plan. Like her midwife had suggested I read a book about, just like birth partner. I didn't actually read the whole book, I skipped through it. So I felt like she [my partner] wanted to include me in making sort of decisions because I think she went to a few different doctors at first, like*

*we went to the birthing class together, but I felt excluded because I couldn't..... relate to things she would be experiencing.*

**Domain 5: Impact of the Pregnancy on Partner relationship (N = 10).** Every interviewee variously explained the ways the pregnancy affected the relationship with their partner.

**Category 1. Improved (n = 7).** Many described how their relationships with their partners improved due to the pregnancy.

*I think overall it made us closer cause...it made us focused on us. Like our little world in a new way, so I think we spent a lot of time visioning our future together and, so I think in our way having that focus.*

**Category 2. Hindered (n = 6).** Several participants explained how their relationships with their partners were negatively impacted by the pregnancy.

*I think my own anxieties created distance...but she was pregnant with our baby. You know? And I wanted her to have some...kind of joy and pleasure in that too, you know? Even though it was hard to watch. So—[sniffles]—so, if there was distance, it was because I was trying to keep things—some things back.*

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*The second pregnancy was definitely very difficult, because our intimacy...was so little, because of how difficult her pregnancy was. I think that created some distance. However, you know, we had a three-year-old, and then we had two more kids joining us, but—you just trudge forward.*

**Category 3. Neutral (n = 3).** A few participants expressed a general neutrality regarding how their partner relationship was impacted by the pregnancy.

*I don't know that it drew me closer to her. We're already pretty close. I just—you know—took care of her, did stuff.*

**Category 4. Mixed Effect (n = 3).** A few interviewees described how their partner relationship was both positively and negatively affected.

*Both. So, closer just because I got to take care of her, and she was amazing, and beautiful, and [sighs] handled it all gracefully, and...more distant, just because there was that feeling of, like—her experience was kind of this universal experience that many people could relate to, and mine was different.*

**Domain 6: Impact of Pregnancy on Extended family (n = 8).** Many interviewees variously described ways the pregnancy had an impact on their extended families

**Category 1. Improved (n = 5).** For several participants their relationships with extended family improved.

*When we got married, they didn't come to our wedding ceremony, and then the reception was three months later. Her mother immediately realized what a colossal mistake she had made in being an ass about the whole thing. But her father called everybody who sent a present, or came, a "gay activist"... And so, we were very prepared to say to him, , once this happened, like, "OK, you are either nice to your grandchild, or we do not come to see you anymore. But he actually likes me [laughs] a lot more than other of his [clicks tongue] children-in-laws. And—so, it actually was not a problem at all. They came out about a week*



*after she was born...came and helped, and did stuff, and our washer had broken, and he bought us a new washer and dryer, and so, like, totally, five years has been a huge progression for him.*

---

*'Cause her parents didn't come to our wedding, It's all actually changed now, but having kids was a big factor in the change process with them, you know? So, I'm pretty sure that for them, that was, like, you're gonna get onboard or you're not, and they got onboard, and they have since...I mean, they kind of define transcendence, I think, 'cause they're Southern Ohio Bible Belt Baptist teetotalers.*

**Category 2. Hindered (n = 3).** A few participants explained how their relationships with extended family were negatively impacted.

*I think to some family members a little bit more, we definitely were strategic about when we told them]. You know, my mother had a very negative attitude of why wouldn't I be the person to get pregnant? And couldn't wrap her head around that I wasn't interested in doing it.*

---

*I don't know sometimes now where I read into things where maybe it's just my own anxieties, or my own kind of issues around things, like, thinking that her parents, like are really happy it turned out this way [ their daughter was the birth mother ].*

**Category 3. Neutral (n = 1).** One participant described her general neutrality around how her relationships with extended family were impacted.

*I mean, her family is very open, and she's been out with them for a long time, and so, telling them was really easy. And her brother's—about a year later—actually went through a very similar process—similar process with his wife, and had a kid at—I think he was sixty. Fifty-nine when their daughter was delivered. So, they were very understanding.*

**Domain 7: Impact of Pregnancy on Sense of Self (n = 7).** Many interviewees variously described how the pregnancy affected their sense of self.

**Category 1. Hindered (n = 3).** A few participants described a negative impact.

*There was a kind of dual thing happening...cause, you know, grad school seems like—or, felt for me, like a constant kind of [laughing] testing of your competency, and coming up kind of lacking, or feeling inadequate. So, kind of having that constantly in this one area of my life, and then having this other whole, like, incompetent, inadequate, “My body is not working how I wanted it to work” in this other area of my life, really. There was a lot of that kind of feeling [laughing] happening in my life...*

**Category 2. Neutral (n = 2).** A couple of interviewees reported a general neutrality around how their sense of self was affected.

*No, not at all. Yeah. Yeah, not at all... So, I was just trying to be a supportive partner, that was my main focus. I mean, I took over the smelly chores and whatever, that kind of stuff. And then eventually like the bending tasks and things like that.*

**Category 3. Mixed Effect (n = 2).** Two interviewees described how their sense of self was both positively and negatively impacted.

*...there was a little bit of excitement at the regular OB or midwife appointments. I don't think I felt any jealousy. I might have felt a little bit of, like, resentment in the fact that I was, like, always doing all of the heavy lifting [both laugh] of things. But—I mean, understandably, I understood why that was necessary.*

**Interview Question 5. Please describe your experience as you watched your child being born?**

Responses to this questions are listed under the heading Childbirth and yielded 5 Domains: Emotional Reactions to Childbirth, Issues Concerning Support with Childbirth, Inclusion During Childbirth, Impact of the Childbirth on Partner Relationship, and Impact of Childbirth on Extended Family. (See Table 5)

**Childbirth**

**Domain 1: Emotional Reactions to Childbirth (N = 10).** Everyone described the emotional reactions they experienced during the childbirth.

**Category 1. Primarily Positive (n = 7).** Most mothers primarily had positive emotional reactions to the birth experience.

*I just remember being so excited. I—I mean, just—could just jump out of my skin, you know.*

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*And so, it's just an amazing process to be right there, and see them being born.*

Table 5

## Domain and Category Frequency for Interview Question 5

Domain/ <i>Category</i>	N
Interview Question 5. Please describe your experience as you watched your child being born?	
Emotional Reactions to Childbirth	10
<i>Primarily Positive</i>	7
<i>Concerns</i>	6
<i>Primarily Negative</i>	4
Issues Concerning Support with Childbirth	9
<i>Support</i>	9
<i>Lack of Support</i>	1
Inclusion During Childbirth	9
<i>Inclusion</i>	9
<i>Exclusion</i>	1
Impact of the Childbirth on Partner Relationship	6
<i>Improved</i>	4
<i>Mixed Effect</i>	2
Impact of Childbirth on Extended Family	7

*Note.* Participant responses were complex and often classified multiple times, and participants sometimes referenced multiple events. Therefore "n's" refer to number of comments and may total greater than the sample size.

**Category 2. Concerns (n = 6).** Several interviewees expressed concerns such as being excluded or about the health of their partner and children during childbirth.

*I had anxieties about being shut out of the birth process and being on the side...*

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*Like, I definitely had a moment of thinking, 'Is he gonna make it?' So, that was scary.*

-----

*I felt like it felt really hard cause I couldn't help her.*

**Category 3. Primarily Negative (n = 4).** These participants mostly had negative reactions to the birth experience.

*It was, a medically scary moment. Just—none of us were prepared for that.*

**Domain 2: Issues Concerning Support with Childbirth (n = 9).** All but one participant mentioned unique experiences with reference to the biological mother and/or other heterosexual couples around issues concerning support by professionals, family, friends and community during childbirth.

**Category 1. Support (n = 9).** Most participants described unique ways they felt supported by others during childbirth.

*I mean there is a reality you have to accept as the non-pregnant partner that technically you are not needed. But...she did really a good job of making sure that I didn't feel that way.*

-----

*I had been a little bit concerned about, just making sure, like, is—is everybody going to treat us the same? All this stuff. And it turned out, really, I had nothing to worry about.*

-----

*“I'm there to support you.” She was like, “I will not support your partner. I will help you support your partner. And I will be there to support you supporting your partner.”*

**Category 2. Lack of Support (n = 1).** One individual described unusual ways she felt a lack of support by others during childbirth.

*And all the people at the hospital were really mean, being like, “Well, your baby has to eat.” And she [my partner] was like, “I don’t know what you want me to do.” So, I feel like that was really hard ‘cause it felt like, [I was] stuck in this mode of “I don’t know how to help you” and...“I can’t help you, and I can’t help the baby.*

**Domain 3: Inclusion During Childbirth (n = 9).** All but one interviewee variously describe the ways they felt included or excluded during the childbirth.

**Category 1. Inclusion (n = 9).** Participants described the different ways they felt included during the childbirth.

*They had me cut the cord.*

---

*The nurses were really, really good to us, both of us...Really intentional about including me, so I didn’t feel excluded by this.*

---

*I just felt so much part of the process, and I got to be in the operating room, and the doctors and nurses treated me very much...as the parent of this child being born. And—both times. And then, because it was a C-section, I got to hold the babies first.*

**Category 2: Exclusion (n = 1).** One mother described ways she felt excluded during the childbirth.

*I’d say at the hospital, after delivery, there was definitely some—not confusion, but...like, medical staff not understanding the makeup of our family, and...*

*walking into the hospital room, not seem—being seemingly surprised, and then, like, mislabeling people.*

**Domain 4: Impact of the Childbirth on Partner Relationship ( $n = 6$ ).** Several interviewees variously explained ways the childbirth had an impact on their partner relationships.

**Category 1. Improved ( $n = 4$ ).** Participants described how their relationships with their partners improved as a result of childbirth.

*It brought us—you know, made us feel, I think, very close to each other.*

**Category 2. Mixed Effect ( $n = 2$ ).** Two interviewees explained how their relationships with partners were both positively and negatively impacted by childbirth.

*I think it helped both of us realize that even though we can make these grandeurs plans of life, that it might not always be how it turns out.*

**Domain 5: Impact of Childbirth on Extended Family ( $n = 7$ ).** *This domain reflects positive effects the childbirth had on participants' extended families. There are no separate categories.*

*My wife's dad, who refused to come to our wedding—after the birth of our first child, he has completely come over to, um, us being a couple and very loving parents to our children. Um, and he cried hysterically when he saw our wedding photos, and that he wasn't there for his daughter's wedding.*

---

*They were just so happy, and came to see the baby, and treated us both as the—the new moms.*

**Interview Question 6. Please describe your initial experience of motherhood.**

Responses to this question are listed under the heading Motherhood and yielded 6 Domains: Emotional Reactions to Motherhood, Issues Concerning Support with Motherhood, Issues Around Inclusion and Exclusion During Motherhood, Impact of the Motherhood on Partner Relationship, Impact of Motherhood on Sense of Self and Impact of Motherhood on Relationship with Child, and Impact of the Motherhood on Family Relationships. (See Table 6)

**Motherhood**

**Domain 1: Emotional Reactions to Motherhood (N = 10).** All of the interviewees described different emotional reactions they experienced during the initial stage of motherhood.

*Category 1. Primarily Positive (n = 7).* Many mothers primarily identified positive emotional reactions to their initial experience of motherhood.

*It was wonderful. Just exciting, and just holding that—you know, holding that precious little baby, and, oh! Just the feeling of them nuzzling up on your neck, and, I don't know, it's just—it's just incredible.*

*Category 2. Primarily Negative (n = 7).* A number of participants described mostly negative reactions to their initial experience of motherhood.

*A little, like, daunting. Like, it was a little overwhelming..I don't—I mean, I don't—what is anybody's—like? It was scary. So, we both just kind of, like, swapped off... bawling for the first couple weeks, you know.*



Table 6

## Domain and Category Frequency for Interview Question 6

Domain/ <i>Category</i>	N
Interview Question 6. Please describe your initial experience of motherhood.	
Emotional Reactions to Motherhood	10
<i>Primarily Positive</i>	7
<i>Primarily Negative</i>	7
<i>Mixed</i>	3
Issues Concerning Support with Motherhood	7
<i>Support</i>	6
<i>Lack of Support</i>	5
Issues around Inclusion and Exclusion During Motherhood	9
<i>Inclusion</i>	8
<i>Exclusion</i>	8
Impact of Motherhood on Partner Relationship	9
<i>Improved</i>	4
<i>Hindered</i>	2
<i>Neutral</i>	3
Impact of motherhood on Sense of Self	9
<i>Improved</i>	4
<i>Hindered</i>	3
<i>Neutral</i>	2
Impact of Motherhood on Child Relationship	5
<i>Hindered</i>	2
<i>Neutral</i>	1
Impact of the motherhood on Family relationships	5
<i>Hindered</i>	3
<i>Mixed</i>	2
<i>Improved</i>	1

*Note.* Participant responses were complex and often classified multiple times, and participants sometimes referenced multiple events. Therefore "n's" refer to number of comments and may total greater than the sample size.

**Category 3. Mixed (n = 3).** Emotional reactions were mixed for a few mothers. *So, it's great. I mean, it's just a precious time with them. And it was terrifying, too. I mean, I had no idea [laughing] what I was doing!*

**Domain 2: Issues Concerning Support with Motherhood (n = 7).** Many participants expressed unique experiences with reference to the biological mother and/or other heterosexual couples around issues concerning support by professionals, family, friends and community during motherhood.

**Category 1. Support (n = 6).** A number of interviewed mentioned unique experiences of support.

*When I asked for help, I got descended on with help. So, we were also very grateful for our community and family, and taking care of things that needed to happen.*

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*And I was home with the baby by myself—but, thankfully, with friends who would come over and help me.*

**Category 2. Lack of Support (n = 5).** Several participants described unusual experiences involving a lack of support in motherhood.

*She [ my mother ] doesn't feel that [what a grandmother should feel ] for my children, partly because people from the South, it's been my experience, are very into blood and genetics. And they're not genetically related to her, so...*

-----

*I had some extended family who had a difficult time—so, some cousins and second cousins who had a difficult time seeing that we were both parents.*

**Domain 3: Issues around Inclusion and Exclusion During Motherhood (n=**

**9).** All but one mother mentioned experiences of inclusion and/or exclusion.

**Category 1: Inclusion (n= 8).** Most participants described ways they felt included during the initial experience of motherhood.

*I think when I really started to hit my stride with the kids, so to speak, it maybe was when my partner went back to work, when they were...eighteen months old. ...and they were the right age to want to bond with the other parent kind of thing. And I developed a much closer relationship with them. And that's been really nice cause —you know, everybody has their strengths. And—and I'm like the teaching parent....part of my joy in parenting is—you know, and so now that they're verbal, and they're very interactive and interested in learning, it just—it's fantastic. 'Cause I feel like, "OK, that's something I can do with you really, really well. I couldn't breastfeed you, but I can teach you...And I can hold you, and I can help you navigate through—you know, the emotional minefields of preschool cliques, and— [Laughs] and being excluded by your friends," and, you know, all that stuff.*

**Category 2: Exclusion (n= 8).** Experiences of feeling excluded during the initial phase of motherhood were also common in the sample.

*I definitely struggled with not having an equitable share in the role in the beginning, because she was breastfeeding, and home...so, that was tough.*

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*I just wish somebody—the day somebody at a restaurant realizes that we're a couple, I will tip them a hundred dollars. Because it doesn't happen.*

**Domain 4: Impact of Motherhood on Partner Relationship ( $n = 9$ ).** All but one participant variously described the ways motherhood had an impact on their partner relationships.

**Category 1. Improved ( $n = 4$ ).** A few participants perceived their partner relationship as improved as a result of motherhood.

*I got to spend unstressed time with them during a time that I think, when one person goes back to work and one person stays home, it's really...bad. I think it's bad for the relationship, and it's too hard. And after five weeks, it's a little better. I mean, those first four weeks are so difficult that being home, I got to spend more time with our daughter. And we were able to support each other. And I think because my wife wasn't able to breastfeed, that—there was never that complete onus, where everything was kind of on her, and she was the machine, and—you know, like, all of that stuff that it happens a lot, that I've heard happen. Being able to actually feed her bottle food, because we had to, was good for my relationship with my daughter and my wife.*

-----

*I think—I—being parents has—it has not caused more stress in our—I mean, it's been good. I—we're closer. I think that things are—it's brought us closer together.*

**Category 2. Hindered ( $n = 2$ ).** A couple of participants commented that their partner relationship was negatively impacted by motherhood.

*I think the—around the—the bedtime thing, as it went on—that kind of created some tension. Uh, and—and a little bit of conflicts.*

**Category 3. Neutral (n = 3).** A few mothers explained expressed general neutrality around how their partner relationship was impacted by motherhood.

*..I think it just means that we prepare for things a little differently than other couples. But I—I don't think it has had an impact on our relationship.*

**Domain 5: Impact of motherhood on Sense of Self (n = 9).** All but one interviewee variously expressed ways motherhood had an impact on their sense of self.

**Category 1. Improved (n= 4).** For a few participants, their sense of self improved.

*I immediately became a better mother than I thought I was going to be with the baby.*

**Category 2. Hindered (n = 3).** Motherhood had negative effects for a few participants.

*You know, like, if something really bad—an owie happens to one of the kids—they always run for my partner first...I mean, like, if she's [my daughter] super upset, sometimes she won't even let me get near her...you know, so there's that—it was hard. 'Cause that was that "I never wanted to be a dad" feeling.*

**Category 3. Neutral (n = 2).** A couple of mothers expressed general neutrality around how their sense of self was impacted.

*The first couple of weeks, you know some people fall in love with their kid right away, and others it takes awhile, and I didn't beat myself up over it because I knew that was normal.*

**Domain 6: Impact of Motherhood on Child Relationship (n = 5).** Interviewees variously how their experience of motherhood had an impact on the relationship with their child(ren).

**Category 1. Hindered (n= 2).** Two individuals described negative effects.

*So it took me like three weeks to get to a place where this was my child. Um, and I wasn't angry at him anymore.*

**Category 2. Neutral (n=1).** One mother expressed general neutrality around how her relationship with her child was impacted.

*We both cared for her really equally, and...now, you know, as they get older, they show preference for people, but it's totally capricious and based on however they feel that week. And so, I don't really get jealous, 'cause she's—she goes back and forth.*

**Domain 7: Impact of the motherhood on Family relationships (n= 5).**

**Category 1. Hindered (n= 3).** For a few participants, becoming a mother obstructed their relationships with some family members.

*So, I had some extended family who had a difficult time—so—um, some cousins and second cousins who had a difficult time seeing that we were both parents. so that—the—like, looking at issues that we were having. And my wife and I decided after the—um, our first daughter was—was going to be one [year old]—that we would no longer do those extended family things if they couldn't get comfortable with both of us being mothers.*

**Category 1. Mixed (n= 2).** For a couple of participants, there were positive and negative effects, depending on the family member.

*[Relationships were] All over the map. I mean, my aunt—my dad’s sister, who is also lesbian—was very welcoming, and, very happy for me, and she was at our wedding...but the rest of my family—yeah...When I finally told my mom, she was like, “Well, I’m flabbergasted.” [Laughs] Was about all she said. Which was better than when I—when I called her and told her we were getting married. “That’s just stupid,” that’s what she said. [Laughs] “That’s just stupid.”*

**Category 1. Improved (n= 1).** One mother perceived that her relationships with her parents improved.

*I think my parents are more supportive than we’d ever thought they would be.*

#### **Interview Question 7. Describe your experience around feeding your child.**

Responses to this questions are listed under the heading Feeding and yielded 5 Domains: Emotional Reactions to Feeding, Issues around Feeding, Impact of Feeding on Child Relationship, Impact of Feeding on Partner Relationship, and Impact of Feeding on Sense of self. (See Table 7)

#### **Feeding**

**Domain 1: Emotional Reactions to Feeding (N = 10).** Every participant described their emotional reactions to the feeding process.

**Category 1. Primarily Negative (n= 7).** A number of mothers explained negative emotions they felt relating to the feeding process.

*I really felt like, if [name of partner] breastfed for a year, like, I was gonna not be in a psychologically or emotionally healthy place. And that therefore we were really not gonna have a good, healthy family.*

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Table 7

## Domain and Category Frequency for Interview Question 7

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Domain/ <i>Category</i>	N
<b>Interview Question 7. Describe your experience around feeding your child.</b>	
Emotional Reactions to Feeding	10
<i>Primarily Negative</i>	7
<i>Primarily Positive</i>	3
<i>Concerns</i>	3
Issues around Feeding	10
<i>Inclusion</i>	7
<i>Exclusion with Feeding</i>	6
Impact of Feeding on Child Relationship	8
<i>Improved</i>	3
<i>Hindered</i>	5
Impact of Feeding on Partner Relationship	7
<i>Improved</i>	3
<i>Hindered</i>	3
Impact of Feeding on Sense of Self	6
<i>Hindered</i>	2
<i>Improved</i>	2
<i>Neutral</i>	2

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*Note.* Participant responses were complex and often classified multiple times, and participants sometimes referenced multiple events. Therefore "n's" refer to number of comments and may total greater than the sample size.



*I went through a period where I was pretty pissed off [laughs], like for a while [about partner breastfeeding].*

**Category 2. Primarily Positive (n= 3).** A few interviewees explained positive emotions they felt around the feeding process.

*I loved feeding my kids, 'cause that was the cuddle time. A lot of eye contact, just kind of staring dreamingly into each other's eyes. Uh, rocking. Just having that whole, like, experience; I really loved it.*

-----  
*I think feeding my own baby was really special. And I'm glad that my wife didn't exclusively just breastfeed.*

**Category 3. Concerns (n= 3).** A few women commented on particular concerns they had during the feeding process.

*It quickly became clear that [breast feeding] was very, very, very hard..it was physically painful. It was psychologically messing with her to do this thing—so, I don't know. That kind of shifted me. If they'd had this kind of glorious, oxytocin-filled experience, I probably would've—[laughs]—been in jealous-land for a long time. But she was so distraught. There was just so much that it—quickly, I was just worried about her.*

**Domain 2: Issues around Feeding (N = 10).** Everyone commented on that they felt included and/or excluded around the feeding process with one or more of their children.

**Category 1: Inclusion (n = 7).** Many women commented on how they felt included during the feeding process.

*The feedings were pretty equitable.*

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*I got to do a whole bunch of feedings. I feel—I felt really lucky to be—to have that opportunity, and to have that connection.*

**Category 2: Exclusion with Feeding (n = 6).** Several mothers described how they felt excluded in the feeding process.

*...That was hard, I think, 'cause I really wanted to—I mean, that's when I felt it the most acutely, that, like..."This is what I wanted to be doing [breastfeeding], and I'm not doing it."*

**Domain 3: Impact of Feeding on Child Relationship (n = 8).** Interviewees variously explained how the feeding process affected the relationship with their child(ren).

**Category 1. Improved (n= 3).** A few individuals described enhanced relationships.

*I got to do a whole bunch of feedings...I felt really lucky...to have that opportunity, and to have that connection. With our first, it was a total—she just locked eyes, and was just there. And it was great to have that—be part of that. She never took the bottle from my wife.*

**Category 2. Hindered (n = 5).** A number of participants described negative effects on their relationships.

*But I think that was the hardest part for me, was that point between when my daughter started breastfeeding exclusively, and they started eating solid food. 'Cause I felt very much like a servant, kind of.*

**Domain 4: Impact of Feeding on Partner Relationship (n = 7).** Most of the participant explained different ways the feeding process had an impact on their partner relationships.

**Category 1. Improved (n= 3).** For a few mothers, their relationship was enhanced.

*It was like 50/50..my partner has a breast issue, so we didn't, she didn't exclusively breast feed. And I feel like as soon as she figured that out, I think it became an automatic switch of now we do this 50/50 percent of the time. Cause she was like, "Now I don't have to get up every night, you can also get up." And I feel like that kind of shifted our relationship to how we even now, who sleeps with the kids, who gets up, we definitely make schedules about that.*

-----

*I think breastfeeding is very intimate. I think it's a wonderful thing to experience and—and to view..I think feeding my own baby was really special. And I'm glad that my wife didn't exclusively just breastfeed.*

**Category 2. Hindered (n= 3).** A few participants explained how their relationships with their partners were negatively impacted.

*'Cause I felt like—and I know she wasn't doing this on purpose, but I felt like she would, you know, sweep into the room, and take the kids away from me, and sit down, and then start to breastfeed, and, like, "Get me a glass of water, and get me this, get me that, get me that, get me that." And I—I remember wanting to throw something at her one time. [Laughs] It was like, "Get your own fucking water! Wah!"*

---

*There may have been some strain, yeah, between her and I, because she was nursing and just because that was such a huge part of our day, and I couldn't do it. And it gave her a sense of being more in control of him, and I wasn't able to do those things.*

**Domain 5: Impact of Feeding on Sense of Self (n= 6).** The feeding process had different effects on the sense of self for several participants.

**Category 1. Hindered (n= 2).** Two mothers described negative effects on their self-image.

*I think it was harder because initially I was feeding my daughter all the time. And then she started being able to breastfeed, and so then I was kind of, like—I felt like a third wheel a little bit.*

**Category 1. Improved (n= 2).** Two mothers described the positive impact feeding had on their sense of self.

*I think feeding my own baby was really special. And I'm glad that my wife didn't exclusively just breastfeed.*

**Category 1. Neutral (n= 2).** Two mothers described a neutral effect on their self-image.

*I think I felt at that time, definitely felt like close to her [my daughter], and just felt like it was different. We didn't have that [breastfeeding], but it was like, I loved being with them when she was feeding. I didn't feel bad or upset.*

**Interview Question 8. How did your identity change as a result of your child's birth?**

Responses to this questions are listed under the heading Identity and yielded 2 Domains: Identity Challenges, and Unique Identity ( See Table 8)

## **Identity**

**Domain 1: Identity Challenges (n = 8).** Many participants described unique challenges they experienced as a result of their identity as a non-biological mother.

**Category 1. Challenge of Labels (n = 3).** A few women mentioned challenges regarding the labels used in relation either to their identity or to the donor's identity.

*Regardless of what they [my children] call me, because no word fit very well. I did—we did struggle with that. Who—what are they gonna call me? Because I wanted there to exist a word that would work. And there isn't...There was a couple of 'em, but it was, like, "Dad" wasn't gonna work. And "Mama" was just gonna be the closest thing. So, it was just that kind of thing; it's just limited in language.*

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*I wanted to have children but still be me, and not be a mom. Like, I was really kind of ambivalent about taking on that identity. And, you know, kind of being like, "I'm a mom!" Or the way—like, "I'm her mom." Like, that, you know, kind of becomes your identity. This person's mom, that's who you are. so I think that there was a while where that still—or, I still had a lot of ambiv[alence]—I loved her. I love doing what I'm doing. I love being a parent. But I was really kind of funny about the word "mom." I think "mom" comes with a lot more baggage than "parent." What's expected from a mom in terms of self-sacrifice and loss of identity—.*

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Table 8

## Domain and Category Frequency for Interview Question 8

Domain/ <i>Category</i>	N
<b>Interview Question 8. How did your identity change as a result of your child's birth?</b>	
Identity Challenges	8
<i>Challenge of Labels</i>	3
<i>Challenge of Identification</i>	7
Unique Identity	1

*Note.* Participant responses were complex and often classified multiple times, and participants sometimes referenced multiple events. Therefore "n's" refer to number of comments and may total greater than the sample size.

*I don't know, there's this thing where, like, "mother,, that's really weird..."*

*'Cause I don't think of myself as my mother.. My mother stayed at home, and gave up a professional career to do that. And I would never, ever, ever, ever, ever in a million years do that...and my grandmother stayed home, and my other grandmother stayed home. So, like, I have a vision of a person who stays home. My aunt stayed home, my other aunt stayed home. And that's a horrible vision to me, with how ambitious I am, and how much I love working. So, my partner doesn't have that, 'cause her family all worked...I have this sort of, like rejection of "mother," even though that's what I am, because..... I have this idea of what a mother is, and it's not what I am. Even though I am a mother.*

**Category 2. Challenge of Identification (n = 7).** Many interviewees commented on challenges they experienced relating to their new identity as the non-biological mother.

*I don't really still—I don't think of myself as somebody who has kids. The fact that I have a child is so bizarre to me that—it's a very strange identity to reconcile. 'Cause I do tons for her. I love her. She's wonderful. But, like, I have this picture still of, like, a parent, and it doesn't quite align with me. Not that I'm not a parent, but this sort of, like, This [is] kind of boring, I guess? I don't know. I'm extremely driven at work and with school, and I've really had that as a core identity of—an ambitious kind of workaholic type. And that's a really hard thing to align with giving to somebody for eighteen years-plus.*

-----

*A mother is a huge shift in identity, because suddenly your life really is consumed by your child.*

**Domain 2: Unique Identity (n= 1).** One mother described the unique identity that grew out of her role as a parent and how she constructed meaning for this unique role.

*The gender identity stuff was pretty prominent...First, I just had more awareness around, like, some of the grief and resentment of not being able to be a dad. I—gender identity-wise...if we lived in a world where it could happen, I would love it if my kids called me Dad. But I don't want to, like, have [to] change my body or anything, either... So, that, I think, my identity just formed more, you know? Um, in that sense. And, uh, that's been really great over time. ...and I remember kind*

*of feeling or settling on this reality that my energy, masculine or feminine; whatever it is, was gonna be something I would give to my kids. And so, even though they call me Mama, like, they're getting it all anyway, you know? #8#*

**Interview Question 9. What was your experience around control or input around childrearing decision with your partner? (FIRO- Control)**

Responses to this question are listed under the heading Childrearing and yielded one Domain: Childrearing ( See Table 9)

**Childrearing**

**Domain 1 : Childrearing (N = 10).** Everyone commented on the process of raising their child with their partner.

**Category 1. Same Page (n = 6).** A number of women commented on the similar opinions they and their partners shared while raising their child(ren.)

*We're really, really...on the same page. I'm the researcher. I'll do more research. I'll say, "Read this! What do you think of this? Read this!"*

*[chuckles]...there's not—been nothing that has been—that we have, you know, had to sit down and compromise on.*

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*We both had equal say in everything. We have, fortunately, very similar [laughs] parenting styles, I think. So, that made it pretty easy. #*

**Category 2. Balancing act (n = 2).** A couple of participants described the need to balance both parenting styles in order for both mothers to feel they have an active role in the child rearing process.



Table 9

## Domain and Category Frequency for Interview Question 9

Domain/ Category	N
<b>Interview Question 9. What was your experience around control or input around childrearing decision with your partner?</b>	
Childrearing	10
Same Page	6
Balancing act	2
Differing opinions	2

*Note.* Participant responses were complex and often classified multiple times, and participants sometimes referenced multiple events. Therefore "n's" refer to number of comments and may total greater than the sample size.

*My wife and I are a great balancing act...I think that...sometimes it surprises people that she doesn't discipline on a regular basis. And I definitely set boundaries with our children, and with our oldest daughter. And then I get my wife onboard on how to follow it. [laughs] I think that...we're a really good match because she can learn to play, and my wife can just put down all boundaries and just play...and then I can help her with the discipline side...but we have a great child, too.*

**Category 3. Differing opinions (n = 2).** Two mothers identified differences between their parenting styles and speculated on how these differences might have caused disagreements between them.

*I think [for] every couple, [differing parenting styles] is hard. [chuckles]...I mean, I don't feel like it's the bio versus the not-bio anymore. It's just, you know, my ideas and your ideas...and we have some real knock-down, drag-outs. [Laughs], but they're not about kids. [They are] about limit-setting, especially.*

**Interview Question 11. If you have had another child after your first, with your partner, how was this experience of being the Non-Bio mom different than with your first child?**

Responses to these questions are listed under the heading Other Children and yielded one Domain: Differences with 2<sup>nd</sup> Child ( See Table 10)

**Other Children**

**Domain 1: Differences with 2nd Child (n = 6).** Participants who have had two or more children as the non-biological mother explained the differences they experienced with their next child.

**Category 1. More difficult (n = 3).** A few participants expressed that having a second child was a much more difficult process for them.

*The decision making was much more difficult this time around, knowing that we wanted two children and making that decision not to carry was much more difficult. I just kind of expected I would go next...I ultimately told her that I did have that desire and she just lost it. ....she just had a complete breakdown. And said totally inappropriate things, that she would do better at carrying our next child because...it was easier for her to sacrifice that than it was for me. That my job, because it's not 9 to 5, would make it difficult for me to nurse, so I wouldn't be as good at carrying. That I had struggled with the transition of having a child,*

Table 10

## Domain and Category Frequency for Interview Question 11

Domain/ <i>Category</i>	N
Interview Question 11. If you have had another child after your first, with your partner, how was this experience of being the Non-Bio mom different than with your first child?	
Differences with 2nd Child	6
<i>More difficult</i>	3
<i>Less involved</i>	2
<i>Much easier</i>	2

*Note.* Participant responses were complex and often classified multiple times, and participants sometimes referenced multiple events. Therefore "n's" refer to number of comments and may total greater than the sample size.

*and that that would make me less capable of doing that. That I hadn't always had this dream and that she did, and I was being selfish for taking it from her. Just really horrible things. And that was like, the worst fight we have ever had. Complicated by the fact that she doesn't remember any of it.*

**Category 2. *Less involved* (n = 2).** Two participants described feeling much less involved in the process of having a second child.

*I think I was way less involved, my partner tried twice, I didn't fly out either time, cause we chose to not, the first time we kept our daughter at home. The second time she ended up being able to get lined up with one of her [school] breaks and [our daughter] went with her, but stayed at her grandparent's house, so it was much more open, I think we told people right away we were trying for a second child.*

**Category 3. Much easier (n = 2).** A couple of participants described that having a second child was a much easier process for them.

*I still had to go through the adoption process, and that was still annoying, but it was way easier, 'cause... we just knew what was coming, and...we had our first child. I mean, everything was—everything was easier in the sense of that kind of stuff. You know, like, I didn't have the feelings as strongly, and I just didn't have those emotional experiences. It was just much more of an exciting—we knew...what to expect. And that stuff just wasn't—I had worked through a lot of it...*

**Interview Question 14. What legal constructs did you have in place prior to the pregnancy, during and after? Any plans concerning future legal constructs? What effects have these legal constructs had on your relationship with your partner/child? (FIRO- Control, Inclusion, Connection)**

Responses to this question are listed under the heading Legal and yielded 2

Domains: Legal Constructs and Emotional Reactions to Legal Constructs ( See Table 11)

### **Legal**

**Domain 1: Legal Constructs (n= 9).** All but one participant described the wide variety of legal constructs they encountered throughout the process of becoming mothers such as living will, trust, marriage, sperm donor agreement.

Participants commented on the array of details concerning the legal process of conceiving and adopting their child(ren). These details often were tied to legal documents, such as a

Table 11

Domain and Category Frequency for Interview Question 14

Domain/ <i>Category</i>	N
Interview Question 14. What legal constructs did you have in place prior to the pregnancy, during and after? Any plans concerning future legal constructs? What effects have these legal constructs had on your relationship with your partner/child?	
Legal Constructs	9
Emotional Reactions to Legal Constructs	8
<i>Primarily Positive</i>	6
<i>Primarily Negative</i>	4
<i>Concerns</i>	3

*Note.* Participant responses were complex and often classified multiple times, and participants sometimes referenced multiple events. Therefore "n's" refer to number of comments and may total greater than the sample size.

living will and/or trust for the child. A genetic donor agreement between the sperm donor, the biological mother, and the non-biological mother was also a key piece to easing anxiety and solidifying the legal process for both biological mother and non-biological mother. Lastly, legal marriage between the biological mother and non-biological mother was a topic many interviewees brought up concerning the legal benefits this decision granted them for legal recognition as parents of their child(ren).

**Domain 2: Emotional Reactions to Legal Constructs (n= 8).** Most of the mothers described their emotional reactions to the legal processes they encountered.

**Category 1. Primarily Positive (n= 6).** Throughout the legal processes a number of participants experienced positive emotions.

*I mean, it was just reassuring..Just more security...*

**Category 2. Primarily Negative (n= 4).** Some participants commented on the negative feelings they experienced as they encountered the legal processes.

*We were not as well-prepared as we had thought we would be....which made both of us a little bit nervous. Me, I think, a little bit more than my wife. 'Cause she also trusts that everything will be fine. I tend to go into things planning for calamity.*

**Category 3. Concerns (n= 3).** A few non-biological mothers described their concerns or mixed emotions relating to the legal constructs.

*Most of our planning has been around protecting them if something happens to us..I don't want to die being afraid that my brother and his wife are gonna come take the kids and raise them in [the] crazy South.*

**Interview Question 15. Are you now legally married and if so, what impact has legal marriage had on your relationship with your partner/child? (FIRO- Control, Inclusion, Connection)**

Responses to these questions are listed under the heading Legally Married and yielded 1 Domain: Impact of Legal Marriage ( See Table 12)

### **Legally Married**

**Domain 1: Impact of Legal marriage (n = 8).** A majority of participants explained how the choice to get legally married affected their lives.

**Category 1. Positive (n= 6).** Many interviewees described the positive impact their legal marriage had on their lives and family.

Table 12

## Domain and Category Frequency for Interview Question 15

Domain/ Category	N
<b>Interview Question 15. Are you now legally married and if so, what impact has legal marriage had on your relationship with your partner/child?</b>	
Impact of Legal marriage	8
<i>Positive</i>	6
<i>Neutral</i>	3

*Note.* Participant responses were complex and often classified multiple times, and participants sometimes referenced multiple events. Therefore "n's" refer to number of comments and may total greater than the sample size.

*You know, legal marriage was really special...more so for my wife because she does carry the shame of growing up gay in her, I guess. That the whole state sees you as legit, I mean there will always be people out there who don't agree with you for one reason or another. But when you say your wife, you actually mean it, and nobody looks at you like, "Oh," No, really my wife, that's it. And just to know that more than 50% of the state wanted this for us, to see the level of support that was out there, and to know that our friends all believe in us and wanted this for us. It's really just that confidence in acceptance in our state. So that does make a difference.*

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*We have said that it made it feel permanent in a different way, that it made it feel like now if we have a fight, the answer isn't maybe we will break up. And*

*obviously you actually can still get divorced, but it just felt different, and the biggest thing was that I think it changed how my wife's Dad saw our relationship.*

---

*That transformed a lot of things that we hadn't anticipated...a lot of that was around her parents and how they treated me. I wasn't going anywhere. [Laughs] They weren't gonna get rid of me! I think it gave a permanence to it that—before, they could pretend that—they spent about ten years just pretending she wasn't gay.*

**Category 2. Neutral (n= 3).** A few mothers described a neutral impact related to the decision of getting married.

*I think I wrote a haiku about it. Something like a— A legal marriage—it changes everything.....and it changes nothing.*

---

*It hasn't really had any impact. It—again, it was kind of a formality, legally.*

**Interview Question 10. If you legally adopted your child, what was that experience like for you, and how if at all did it change your relationships with you partner and/or child? (FIRO- Control, Inclusion, Connection)**

Responses to these questions are listed under the heading Adoption and yielded 6 Domains: Adoption Process, Impact of the Adoption Process on Partner Relationship, Impact of Adoption Process on Child Relationship, Exclusion in Adoption Process, Inclusion in Adoption Process, and Impact of Adoption Process on Sense of Self. ( See Table 13)



Table 13

## Domain and Category Frequency for Interview Question 10

Domain/ <i>Category</i>	N
Interview Question 10. If you legally adopted your child, what was that experience like for you, and how if at all did it change your relationships with you partner and/or child?	
Adoption Process	9
<i>Positive Process</i>	7
<i>Negative Process</i>	6
<i>Mixed</i>	2
Impact of the Adoption Process on Partner relationship	9
<i>Improved Relationship</i>	4
<i>Neutral</i>	4
<i>Hindered Relationship</i>	1
Impact of Adoption Process on Child Relationship	9
<i>Neutral</i>	8
<i>Improved Relationship</i>	3
Exclusion in Adoption Process	5
<i>Not Allowed on Birth Certificate</i>	4
<i>Having to Legally Adopt One's Child</i>	2
<i>Lack of Legal Security/Protection</i>	1
Inclusion in Adoption Process	5
<i>Name Change</i>	5
<i>Equal investment in Adoption Process</i>	4
Impact of Adoption Process on Sense of Self	5
<i>Improved Relationship</i>	3
<i>Neutral</i>	2

*Note.* Participant responses were complex and often classified multiple times, and participants sometimes referenced multiple events. Therefore "n's" refer to number of comments and may total greater than the sample size.

**Domain 1: Adoption Process (n = 9).** Almost every participant described their experience of the adoption process.

**Category 1. Positive Process (n = 7).** Most of the mothers described having positive reactions around the adoption process.

*It was special, like it wasn't the biggest deal of my life, but I wanted to make some deal out of it. Like for my wife, she really didn't want to make a deal out of it. She was like "You have always been his mother, this isn't okay. I don't want to celebrate something that shouldn't have to happen." But I was still like, "Well, yes, I get that, but this can still be a special moment for me." And it was weird for me because I adopted him in July of 2012, so that is right in the middle of the "Vote No" stuff, so it became a political statement. It was overwhelming to see the support we got, you know, just, you know, you put something like that on Facebook and everybody is praying for you. Even though, of course the judge is going to say yes, but you never know, you know?...*

---

*The judge came down here and hugged us, he took a picture with us...like him and my wife made a connection...they clapped. But I felt like the judge was also like, "I love happy family court stories." So, I felt like that was kind of an interesting [contrast], like it felt really legal in New York, where here, I felt like much more like "Oh, we are so happy you guys are here doing this and isn't this wonderful that a lot more people want to take care of children."*

**Category 2. Negative Process (n = 6).** A number of women primarily described negative feelings or reactions to the adoption process.

*In [name of state], Lesbians have to adopt as if they're single...you just can't have two moms on an adoption document.... We ended up hearing about "The Lesbian Underground Railroad," where these lawyers in different parts of the country would look for loopholes, and would find ways to move families..If it's in the best interest of the child, the court will issue an adoption. Well, in [name of state], there was one judge...who will do those for same-sex parents...she would come in, once every few months, out of retirement, to sit on the bench for one day and just do these adoptions. It was this huge process. It was, like, thousands of doll[ars]—I mean, the lawyer was \$3,500. But we also—we had to pay...to do this route, we had to have an entire home study done in [name of state]. I mean, the whole shebang. So, that was terrible, because that was just so insulting, you know? The money was insulting. The interviews were insulting.*

---

*When I had to go get my fingerprints taken, they lost my fingerprints, then I had to go back, and it's, like, by the criminal sex offender, like...down in the dungeon, downtown. Like, you have to go get your fingerprints taken. That kind of stuff felt shitty.*

**Category 3. Mixed (n = 2).** A couple of women described having both positive and negative reactions around the adoption process.

*The dialectic with adopting them was, like, I never felt so mad and so, like, grateful at the same time. I had a very mixed emotional experience.*

---

*“I want this to happen.” And so—so it was more profound than I thought it would be. You know? It was...a neat moment. Um, insulting, and—[laughs]—and yet profound, you know?*

---

*It was just more validating to have, even as like invalidating as it was to have to do it, it was validating to have someone, some legal person say “This is your child forever.”*

### **Domain 2: Impact of the Adoption Process on Partner relationship**

**(n = 9).** All but one interviewee explained different ways the adoption process had an impact on their partner relationships.

**Category 1. Improved Relationship (n = 4).** A few participants perceived that their relationships improved.

*Cause that just told me something about how she saw me [as an equal parent], and, you know, saw my relationship with her, our daughter.*

---

*[Our relationship] did change in the sense of like, no matter where we go this, that is a relationship that can't be devalued.*

**Category 2. Neutral (n = 4).** A few non-biological mothers expressed general neutrality around how their relationship was impacted.

*It didn't. It was just a legal formality that we had to do.*

**Category 3. Hindered Relationship (n = 1).** One individual perceived a negative effect on the relationship.

*I think there was definitely, like, some tension in that sense. Like, she didn't have to [adopt our child], and I did.*

**Domain 3: Impact of Adoption Process on Child Relationship (n = 9).** A majority of participants explained different ways the adoption process affected the relationship with their child(ren).

**Category 2. Neutral (n= 8).** Some participants explained their general neutrality concerning how their relationship was impacted by the adoption process.

*It didn't. It was just a legal formality that we had to do.*

---

*Uh, I was already head over heels [laughing] it didn't make any difference!*

**Category 3. Improved Relationship (n= 3).** A few participants perceived an improved relationship with their child as a result of the adoption process.

*So, I felt like it just felt more empowering that, no matter what, legally my child would be protected.*

**Domain 4: Exclusion in Adoption Process (n = 5).** Several non-biological mothers commented on ways they felt excluded from their parental rights with respect to the adoption process.

**Category 1. Not Allowed on Birth Certificate (n = 4).** Some mothers identified not being named on the birth certificate as exclusionary.

*In Ohio, you can't—you just can't have two moms on a birth certificate*

---

*I think we still would have gone through the whole adoption process, but...I would've been on the birth certificate if she had been born a month later...[After Same-sex marriage had passed].*

**Category 2. Having to Legally Adopt One's Child (n = 2).** Two women commented on their feelings related to having to legally adopt their own children in order to have full legal responsibilities and access to their own children.

*So, for a second parent adoption, by law, in Minnesota, there has to be something published in the paper, like, three times, over...a certain amount of time, and then a period of waiting has to go by that basically said, you know, "My partner had these children. Does anybody out there want to claim parentage?...Because they're about to be adopted." And I was extremely annoyed by that...And then that period of time between when we left the hospital and when the adoption was done, I felt very vulnerable. Like, if something had happened, to her [the partner]—because neither of these things would have been necessary if we had been legally married ... because once you're legally married, you don't need to adopt your child.*

-----

*She [woman conducting the home study] was very supportive, but kind of clueless, and she said something about, "Oh, and some adoptive parents choose to celebrate their adoption day instead of their birthday." I'm like, "I was at my child's birth!" [laughs] Why would I celebrate this adoption that I'm offended I even have to do, instead of the day of her—that she was born, when I was part of that process?*

**Category 3. Lack of Legal Security/Protection (n = 1).** One participant described the lack of security and protection she felt for her children during the three month period after they were born where she was now allowed to adopt them.

*I just remember feeling really vulnerable, like I have no [rights]... and we drew up a document...like an emergency custody agreement. But I just remember, that reality of I have no legal relationship to these kids right now, and just...feeling really vulnerable, and kind of almost half crazy about it.*

**Domain 5: Inclusion in Adoption Process (n = 5).** This domain refers to participants' descriptions ways in which they felt included by their partners in the adoption process. For instance, they changed the names of the family to match the participant's last name, and took actions to ensure the non-biological mother shared the same equal rights.

**Category 1. Name Change (n = 5).** A number of mothers described the process of changing their child's last name to their last names.

*We named our first with a hyphenated last name—with both of our names...So, we had three last names going into the birth of our second. And we were trying to come up with the last name. And it was crazy. So, we officially changed our family last name to a different name altogether. So, now all four of us carry that last name.*

-----

*My partner had to legally change her name to my last name. But again, because...our marriage wasn't recognized, we had to go through this bullshit, like, cost process...But all four of us now have my last name.*

**Category 2. Equal investment in Adoption Process (n = 4).** Some participants described how their partners were equally invested in the adoption process to give equal legal rights to them.

*There were moments when I was kind of frustrated by the process where...it was 100% clear to me that this adoption—my partner wanted it as much if not more. And if that hadn't been the case—I mean, that really would've told me so much about...my feeling of equality or my feeling of parenthood, I think, would've really suffered a blow if she hadn't been as invested.*

**Domain 6: Impact of Adoption Process on Sense of Self (n = 5).** A number of interviewees explained different ways the adoption process affected their sense of self.

**Category 1. Improved Relationship (n= 3).** A few mothers described how their adoption process enhanced their sense of self.

*So I felt like it just felt more empowering that, no matter what, legally I would be protected.*

**Category 3. Neutral (n = 2).** Two individuals expressed general neutrality regarding how their sense of self was impacted.

*...I don't think it changed how I felt in any particular way.*

**Interview Question 13. During your experiences as the non-biological mother, where did you most find a sense of support and resilience in dealing with the challenges you faced? (FIRO- Inclusion, Connection)**

Responses to this question are listed under the heading Support/Resilience and yielded 1 Domain: Systems of Support ( See Table 14)



Table 14

## Domain and Category Frequency for Interview Question 13

Domain/ Category	N
Interview Question 13. During your experiences as the non-biological mother, where did you most find a sense of support and resilience in dealing with the challenges you faced?	
Systems of Support	10

*Note.* Participant responses were complex and often classified multiple times, and participants sometimes referenced multiple events. Therefore "n's" refer to number of comments and may total greater than the sample size.

### Support/Resilience

**Domain: Systems of Support ( $n = 10$ ).** The participants identified meaningful systems of support they have had throughout their experience of motherhood. There are no separate categories. These mechanisms of support primarily involve five different areas: friends, partner, biological families, support group, and legal system. The birth mother was often cited as the main source of support to the non-biological mother. The next main source of support came from the non-biological mothers' own family or their chosen LGBT families. Third, the participants described a variety of support groups such as ECFE, Non-biological mother groups, or infertility support groups, as well as online chat groups, as a huge source of support. Lastly, several mothers described how the legal system was supportive in their roles as non-biological mothers.

*Most of my support as a mother comes from my partner, and we just support each other.*

---

*GLBT ECFE—it was the greatest thing ever, every week for, like, three or four years.*

---

*I've gone to this non-bio moms group. I went a few times when my wife was pregnant, and then just this last month, after the babies were two months old. And it's an amazing group of women...some of 'em are trying to have another child again. But just relating about everyday occurrences, and just hearing about their babies, and also talking about discipline, or, you know, how you manage your toddler, preschooler. It's just really nice to have other moms who are doing the same thing.*

**Interview Question 16. What would you say has been the overall most rewarding and challenging aspects of being the non-bio mom?**

Responses to these questions are listed under the heading Rewards/Challenges and yielded 2 Domain: Rewards, and Challenges ( See Table 15)

**Rewards/Challenges**

**Domain 1: Rewards (N= 10 ).** Every participant identified positive aspects of being the non-biological mother.

**Category 1. Attachment with Child(ren) (n = 7).** Many participants expressed their positive reactions to the connection and attachment they have with their child(ren.)

*If you give birth to the children, the relationship just is, like, from the beginning, right? But when you're the nonbiological mom...I think you have to build it, right?...But I felt like I [had]....to be thoughtful about building a relationship, you*

Table 15

## Domain and Category Frequency for Interview Question 16

Domain/ <i>Category</i>	N
<b>Interview Question 16. What would you say has been the overall most rewarding and challenging aspects of being the non-bio mom?</b>	
Rewards	10
<i>Attachment with Child(ren)</i>	7
<i>Parent without Carrying</i>	6
<i>Freedom of Redefining Family</i>	4
Challenges	9
<i>Genetics</i>	8
<i>Internal Process</i>	5
<i>Attachment/Connection</i>	5
<i>Isolation</i>	3
<i>Cultural Norms</i>	3
<i>Lack of Recognition</i>	3
<i>Infertility</i>	2
<i>Control</i>	1

*Note.* Participant responses were complex and often classified multiple times, and participants sometimes referenced multiple events. Therefore "n's" refer to number of comments and may total greater than the sample size.

*know, versus just falling into one. And that's... rewarding, then, 'cause I feel, like, well, I've really tried hard to make this, and it's going well.*

-----

*I'm super—I'm happy...and I think that part of the reward of that is maybe that I know that the attachment we do...the attachment that my daughter has to me, and that I have to her, it's not based on biology, and that—feels, now, not scary. That feels like a reward, that what we have together we forged together, and it's not based in some kind of instinctual anything, or some biological anything, you*

*know?...so, it feels—on my end, it feels—well, both harder, but not..I don't have to love her, but I do. And I loved her the moment I saw her...*

**Category 2. Parent without Carrying (n = 6).** Many participants described positive experience of not having to carry their child(ren.)

*Not having to gestate and deliver a child. Like I mentioned, none of that was what I had fantasized about. So, none of the prodding and poking and body takeover, and regaining my body, or whatever..I appreciated, I guess, that that was not part of my experience.*

-----

*My body didn't change. [laugh] And I didn't have to go through the—[laughs]—childbirth, and the stretching..I mean, there's nothing else really rewarding about being the non-biological mother. I mean, as far as not being connected...the rewarding thing is, I've got these two amazing kids. And, uh, I just feel so blessed to have them in my life.*

-----

*The first thing I think of is that [laughing] I didn't have to be pregnant! And actually, that's been something that straight women have sort of been jealous of. Where they're like, "Eh. I want a baby, but I don't want to do it! [Laughs] I wish that I had somebody to do it for me!" [Laughs] So, like, my wife's brother's wife, and, like, another friend of mine—neither—like, they're both athletes, and they're like, "I don't want to be pregnant. But I suppose I'm gonna have to be pregnant." So, there's this sort of, like, enviousness that's been really amazing to me. So, not being pregnant was really kind of the best part of this.*

**Category 3. Freedom of Redefining Family (n= 4).** Some participants expressed feelings of freedom of expression in defining their family structure.

*It's rewarding to not have to, like, ascribe to any set of standards to have the freedom to just kind of build our family and be who we are...kind of that uncharted territory piece is rewarding, because we get to paint the picture...*

---

*It's really made me more kind of politically conscious around issues of kinship, and around the kind of relentless focus on biology that I see in our culture, that it feels relentless...This kind of way in which our relationships and our commitment and attachment to each other is supposed to be based in these familial relationships that are...defined...very narrowly. Right? Familial in the sense of blood...[sniffles]...I've been kind of politicized in some ways around it...in terms of thinking about kinship differently, and family differently.*

**Domain 2: Challenges (n = 9).** All but one interviewee expressed difficulties associated with being the non-biological mother.

**Category 1. Genetics (n = 8).** A majority of participants described the strain related to not being genetically related their child(ren).

*I really don't want to be pregnant...I'm more interested in having a child who is genetically related to me. And so, if it were cheap and easy, we would take my eggs and give them to her, but it's not. So, it can be done, but it's not...I have no envy [over] her trying to get pregnant or eventually watching her go through pregnancy. It's just that piece of, like is there a child out there who is not going to exist?*

---

*It is challenging that my genetics aren't in the world, wonderment of what...you know, my biological kid would look like, and stuff like that.*

---

*“Does he choose her more cause of that genetic connection that I don't have?” or “Will he be more like that side of the family than my side of the family? And is that just ‘cause her family lives here?” ‘Cause there is literally a genetic connection.*

**Category 2. Internal Process (n = 5).** Many women commented on the variety of negative internal processes they experienced throughout the journey.

*Challenging is just the fears. When I think culture is trying to tell me about what matters into my own head. And so,—when my daughter expresses a preference for her other mother, you know? Then, you know, inside me, it's like these alarms going off. Like, of course she prefers her...she's her mother. She's the one that gave birth to her. She's always gonna prefer [her]. But a week later, she prefers me. [Laugh] You know? But it's when I let these stories we tell in our culture about what counts, and what matters, and what real family looks like, and what real attachment looks like. When I let that into my head is the challenging part. ‘Cause it's not real...and it doesn't reflect the 90% of our lives.*

---

*I don't think I was prepared for how sad I would feel about not being able to breastfeed and that stuff.*

**Category 3. Attachment/Connection (n = 5).** A number of participants expressed their concerns over the effects of being the non-biological mother had on the connection to their child(ren).

**Category 4. Isolation (n = 3).** Loneliness was characterized the experience of being the non-biological mother for a few women.

*I didn't know anyone who had had my exper[ience]—who was traveling the path that I was gonna travel. So, I went online, and..... I met some people through blogging..... finding some other moms who'd shared the same kind of infertility story [helped with my loneliness].*

**Category 5. Cultural Norms (n = 3).** A few participants mentioned the stressful influence the dominant cultural norms had on their identity as a non-biological mother.

*People treat fathers so differently, and I think that's just ridiculous because they expect me to be an equal mother to my partner, so why can't we expect these men to be equal fathers? And the difference is that I have an equal partner, and these men who continue to get to be out on Friday night for a beer or are on the baseball team or, you know, running marathons on the weekends, or whatever. They are just not as equally involved...I'm not making judgment against all men in general, it's just you see it so often, and I'm tired of being told I am different just because I'm a woman, which should make no difference.*

**Category 6. Lack of Recognition (n = 3).** A few mothers described the difficulty they experienced due to a lack of recognition as their own child's mother.

*Challenge of being a non-biological mother...I think that it's just unknown people not realizing that we're both the moms. I mean, we went to the Y the other day,*

*and this elderly person came up, and he was like, “Oh, it’s so good that you came to help her with her twins!” And those comments are just...kind of wearing on you...and they happen every day that we’re together out there.*

**Category 7. Infertility (n = 2).** Two interviewees described the strong emotional weight they felt when they discovered they were infertile and therefore could not be the biological mother.

*Grief of not having gone through that process. The plan was that I would be a biological mother to one of our children. And so, I think the most [distressing]... was that it didn’t work out the way that we had planned, and kind of just grieving that loss initially.*

**Category 8. Control (n = 1).** One individual described feeling controlled by the biological mother throughout the process.

*It’s not even about not being the biological mother. It’s, like, when my partner was really sick, wishing that I could help in a different way, or—there was a certain lack of control that—I would be OK with lack of control on my own part, but I knew how badly she wanted to have control over this experience.*

**Interview Question 17. What if anything surprised you most about this process/outcome of becoming a non-biological mother?**

**Interview Question 18. Is there anything else you would like to add about your experience as a non-biological mother that you have not mentioned?**

Responses to these questions are listed under the heading Surprises and yielded 1

Domain: Surprises ( See Table 16)



## Surprises

**Domain 1: Surprises of Being Non-biological Mom (N= 10).** Everyone identified described significant surprises they experienced throughout the process of becoming a mother.

**Category 1. Biology is Insignificant (n= 5).** A number of participants experienced surprise that their lack of being biologically connected was unimportant to the connection they had with their child(ren).

*Just how totally normal it is. I really don't feel all that different than any other mother. You don't have to birth your children and no different than adopting, but if somebody in your house gives birth to that child it doesn't change your relationship. It is totally normal and it is totally okay. And you don't have to answer why.*

-----

*I don't ever think about being the non-biological mother. [I] feel very much their mom in the same way that I think my partner does.*

-----

*I said to my daughter, who's almost ten—I told her what I was doing this morning, and—and I said, “So, what do you think?” You know, “Do you think of me any differently because I didn't—you didn't come out of my tummy, you came out of—you know that I didn't give birth to you?” And she's like, “No, duh!”*

Table 16

## Domain and Category Frequency for Interview Questions 17 &amp; 18

Domain/ <i>Category</i>	N
Interview Question 17. What if anything surprised you most about this process/outcome of becoming a non-biological mother?	
Interview Question 18. Is there anything else you would like to add about your experience as a non-biological mother that you have not mentioned?	
Surprises of Being Non-biological Mom	10
<i>Biology is Insignificant</i>	5
<i>Better Parent</i>	3
<i>Positive Transformation</i>	2
<i>Lack of Exclusion by Society</i>	2
<i>Strong Emotions of Jealousy and Resentment</i>	2
<i>Methods of Getting Pregnant</i>	1
<i>Strong Attachment</i>	1

*Note.* Participant responses were complex and often classified multiple times, and participants sometimes referenced multiple events. Therefore "n's" refer to number of comments and may total greater than the sample size.

*[Both laugh] So I think both kids see us both as their moms. And—and there's really no difference between the two of us.*

**Category 2. Better Parent (n= 3).** A few mothers described being surprised that they ended up being better parents to their child(ren) than they expected.

*I'm surprised that—I think being the non-biological mom has made me a better parent... infertility really challenged my kind of need for control all the time... so, that needed to be let go of, I think, before [laughing] I became a parent! A desire for control...to kind of control every outcome. [Laughs] So, that and—and that I*

*think it made me a more equal parent with my partner and kind of opened my eyes to what equality in parenting could look like.*

**Category 3. Positive Transformation (n = 2).** Two participants commented on an internal positive transformation they experienced during the process of becoming a mother.

*How much I've changed in the last two and a half years is probably more of a surprise—like, how much of a better person and parent, I guess, I've probably become,... it's hard for me to think that becoming a mom in some ways forced me into a transformation—a bigger transformation.*

**Category 4. Lack of Exclusion by Society (n = 2).** Two interviewees described surprise over feeling accepted by the greater society in their role as non-biological mothers.

*I think what surprised me most at first was that it wasn't hard. I mean, I read the essay books, I like read all the blogs, and I was like okay, so I'm going to feel excluded and I'm going to like worry if I will love the child enough, or I'm going to worry . . . whatever. I had no issues. I always felt included, so I think that was what surprised me the most...*

**Category 4. Strong Emotions of Jealousy and Resentment (n = 2).** Two mothers described how surprised they were by their strong feelings of jealousy and resentment towards their partners.

*That I would be jealous and resentful and all this, like, icky things that I don't even want to, like, admit to anybody.*

**Category 5. Methods of Getting Pregnant (n = 1).** One individual described her surprise about the different ways someone can become pregnant.

*I think shockingly enough that you can ejaculate into a cup and 20 minutes later, that sperm can be like needlelessly syringed into your vagina and then a baby was born. That to me has been the most fascinating thing I take away all the time.*

**Category 6. Strong Attachment (n = 1).** One mother described her surprise about the strength of her attachment to her child.

*I don't think I was prepared for how much I'd love 'em...you kind of know in theory, but, the whole actuality of it? No way you can prepare yourself for that...*

## Chapter 5

### Discussion

This study was an exploration of the non-biological lesbian mother's experience of motherhood, including the unique challenges she might face as well as the rewards she may derive from this experience. There were four major research questions: 1) How do non-biological lesbian mothers describe their decision making process in determining which woman in the partnership will birth their child, and how does this process and subsequent decision impact their sense of self and their relationship with their partner? 2) After their child's birth, how do non-biological lesbian mothers experience their identity/role in motherhood? Is it different from their partner's role, and how does this affect their relationship? 3) In what way, if at all, does the lack of genetic connection to their child impact non-biological lesbian mothers' relationships with their partner and child? 4) Using Fundamental Interpersonal Relations Orientation (FIRO) theory (Shutz, 1958), how do non-biological lesbian mothers experience issues around inclusion, control, and openness within their immediate family, extended family, and society?

Ten women who identified as non-biological lesbian mothers participated in individual, semi-structured interviews. Major findings are discussed in this chapter. Many of the findings support prior research on lesbian planned families and some of the unusual challenges they face. This study is distinctive, however, in its examination of the unique experience of the non-biological lesbian mother and how her exceptional role might impact both her relationship with her partner as well as her child. Following discussion of the major results, study strengths and limitations, practice implications and research recommendations are presented.

## Major Interview Themes

### *Factors Determining Birth Mother*

Throughout the interviews it became evident that a major determining factor in how the non-biological mothers reacted to many of the decisions and experiences of motherhood was whether they had the desire to carry a child in the first place. Several of the non-biological mothers actually were the first ones to attempt to get pregnant and eventually, due to infertility and cost of repeated attempts, reluctantly turned this role over to their partners. The desire to birth was so intense for two of the mothers that they almost decided against attempting a pregnancy with their partner; they were very concerned about how difficult it would be to never have the opportunity to be pregnant.

Loss of the chance to carry, birth and nurse their own child was significant. This loss often impacted how they felt about themselves and their initial connection to their child, and often complicated dynamics between their partners and themselves. These findings are reminiscent of those obtained by Pelka (2009). Several mothers described feeling broken and like failures. This latter reaction translated for some as a type of failure as a woman, as birthing a child had always been a defining part of their identity. They also expressed feeling less connected to their child, at least initially, particularly with the attachment the birth mother achieved through breastfeeding. Being a mother, yet often feeling secondary or like “a third wheel” was challenging and had a strong impact on their self-esteem as well as the feeling of being important to and bonded with their child. Being in this position often created internal if not outright tension within their partner relationships, which was further complicated by the demands of new motherhood.

### *Donor Choices and Challenges*

During the initial decision making process, every couple faced a major decision of whether to use a known sperm donor or an unknown sperm donor to become pregnant. Various factors determined which type of donor the women chose, and they carefully considered potential benefits as well as challenges they might encounter with their various options. Many women started with one type of donor and if unsuccessful later switched to the other type for various reasons.

Slightly more than half of the couples chose a known donor. For some, the donor was a relative of the partner who would not carry the child, such as a brother, chosen in order to have the child/ren be related to the non-biological mother. This option also allowed her extended family to have a genetic connection to the child, which might increase the support and involvement of everyone. A donor relative also increased the likelihood the child would resemble the non-biological mother; thus she might be more likely to be recognized as the mother, further promoting her feelings of inclusion. Some of the participants also believed they and their extended family would be afforded a certain amount of legal rights if she were genetically related to the child. For one participant, however, using a family member was fraught with challenges. She began to feel as if her brother and the birth mother were the couple trying to get pregnant and that she was excluded from this process and from their relationship. This resulted in tension between her and her partner and brother, as well as internal distress.

For other women, using a known donor posed other types of challenges. Although the sperm donor, in one case, intended to simply give sperm without any reward for

helping out a friend, upon the birth of the child, became obsessed with the fact that this was genetically his child. The participant described how this known donor intruded on the couple's relationship by constantly sending mail, packages and photos of himself to the child, perhaps in an attempt to establish a connection and relationship. The couple repeatedly had to ask him to "back off" and eventually resorted to legal means to completely break all connections with him. Although extreme, this example illustrates one of the risks of using a known donor, that is, the donor has legal paternity rights and cannot waive them legally until the child is at least three months old. This legal issue is a factor lesbian couples have to consider when using a known donor.

For other participants, using a known donor was a positive experience for many reasons. A number of non-biological mothers mentioned avoiding the expense that is often encountered with unknown donors, as well as feeling both supported by a friend and more connected to the process. Having access to information about the biological "father" of their child as well as the possibility for a supportive relationship with him were two main motives McNair and colleagues (McNair, Dempsey, Wise, & Perlesz, 2002) identified as common reasons for using a known donor. The present study also found these same motives in choosing a known donor were prevalent for the participants. In addition, using a known donor often allowed couples to use an at-home insemination process where the non-biological mother actually inserted the sperm into her partner, thereby allowing her to feel more included in the process. Although this at-home insemination process was complicated, as the sperm was often free, there was considerable less stress associated with "doing it right."



Nearly half of the participants used an unknown donor, which resulted in a different set of benefits and challenges. Although sperm can be expensive, it usually comes with a guarantee of being of high quality and motility due to testing, as well as being disease free due to having been quarantined for over 6 months. Unknown donor sperm also offered the couples a certain anonymity, and allowed the non-biological mother to feel less threatened by another “person” who was genetically related to, resembled and possibly had connections to the child. Nonetheless, unknown donor sperm is costly, with one vial ranging anywhere from \$300- \$800 with additional shipping costs depending on geographic location. Often it is recommended that women use 2 vials per insemination cycle, which ultimately becomes very costly; this expense added additional stress for couples, particularly those using an at home insemination process. One of the non-biological mothers was biracial; it can be difficult to find a good ethnic match when purchasing through sperm banks.

Overall, the decision to use a known or unknown donor was more difficult for some participants than for others, and the decision became more complicated once they were unsuccessful. Yet most participants expressed gratitude that such reproductive technologies exist and/or that they were able to become pregnant by taking a male’s sperm and inserting it themselves into their partner. The option to conceive and become pregnant without direct male involvement is a relatively new phenomenon that opens up enormous possibilities for lesbian couples. This option also appears to have contributed to complications regarding the non-biological mother’s role in parenthood.

### ***Jealousy Issues Regarding Birthing/Feeding***

Several non-biological mothers expressed deep pain and jealousy associated with watching their partner birth and nurse their child, findings which are consistent with prior research on shared motherhood (Pelka, 2009). Typically these participants were the individuals who either had a deep desire to birth themselves but had not yet tried, or had tried and found themselves infertile either due to age or unknown circumstances. The news of the pregnancy was a trigger for some, and their feelings of pain grew with the pregnancy and the attention the birth mother received. Some non-biological mothers had concerns about whether the child would attach to them as deeply and what this would mean for their connection to their child.

Once the child was born, issues around feeding their child were enormous for many of the non-biological mothers. They witnessed a strong bond between the nursing birth mother and their child, an attachment they did not experience. Often the birth mother would nurse her child to sleep, which was perceived as a very special moment of connection. Several of the birth mothers had trouble nursing and/or did not have an attachment to nursing and were willing to pump so their partners could bottle feed; in those situations, the non-biological mothers not only an opportunity to feed and bond with their child, but they experienced a more equal sense of motherhood with their partner.

Even non-biological mothers who did not want to get pregnant and carry a child experienced some jealousy over the bond that developed through breastfeeding. Some reported feeling more like a “Dad,” but because they were women and thought of

themselves as mothers, they felt a lack of attachment that they had always imagined they would experience as a mother.

### ***Support and Sensitivity from Birth Mother***

Throughout the interviews it was evident the non-biological mothers who had a very supportive and sensitive partner had a much easier time adjusting to the challenges of being in the role of non-biological mother. These results are consistent with those of prior research on lesbian planned couples (Goldberg & Perry-Jenkins, 2007). For the non-biological mothers who attempted to get pregnant but were not successful, when their partners were patient and sensitive about switching roles, they reported feeling much more respected and included in the decision. One participant mentioned her partner as very insensitive to her desire to carry the second child; in that context, she described what she regarded as the most painful argument and experience of their entire relationship. In contrast, another participant described how her partner waited patiently until she decided she was ready to give up the idea of carrying a child. Her patience allowed the non-biological mother to fully support and feel happy about the second pregnancy.

During the pregnancy and after, those partners of non-biological mothers who were sensitive took extra measures to be considerate of situations in which the non-biological mothers felt excluded. The non-biological mothers often felt unacknowledged as a mother when they were out in public, and they sometimes felt extended family members valued a child more that was carried by their own biological daughter. They reported feeling more included when their partner, the birth mother, stood up for them.

For example, in one case, the birth mother stated they would not attend any more family gatherings if the family members did not acknowledge her partner as an equal parent.

Other delicate issues that were handled with sensitivity included feeding, naming of the child, and adoption or legal issues. Some birth mothers would deliberately not breastfeed, but chose rather to pump, even though it was more inconvenient, as a way to include the non-biological mother and allow her to bottle-feed. In some instances, either the child was given the last name of the non-biological mother and the birth mother would change her name to that of the non-biological mother's name. With issues around adoption, some birth mothers went to great lengths to insure the non-biological mother was granted equal rights, both as protection for their child as well as for the non-biological mother's personal need for equality.

In couples where the birth mother demonstrated compassion, patience, and sensitivity and took extra measures to insure the inclusion of the non-biological mother, their relationship ultimately handled having a child without some of the pain and conflict experienced by other couples. These non-biological mothers often identified their partner as their greatest sense of support and recognized that their feelings of exclusion were internal struggles as opposed to being caused by relationship dynamics. These findings suggest the importance of heightened compassion and care, especially when the non-biological mother desires to carry a child and even more so if she has experienced infertility.

### ***Extended Family Issues and Responses Concerning Genetics/Biology***

Another prevalent theme in this study was the importance of genetic/biological connection to one's offspring. Repeatedly, non-biological mothers mentioned feeling the

birth mother's extended family were more involved with their children than the non-biological mother's extended family. These findings are consistent with prior research on extended families of lesbian children (Patterson, Hurt & Mason, 1998). Several participants reported believing if they had birthed the child, the response from extended family members would have been different. Extended family members often commented on the child's appearance, how s/he resembled one of their family members or had certain traits reminiscent of a family member. Often these comments were made in the non-biological mother's presence, without any apparent awareness that she might feel excluded or that her influence was less significant on the child.

Of note, many mothers (both biological and non-biological) had a history of feeling rejected by family members, including their own parents, for being lesbians. The birth of their child, especially when the child was genetically related to these relatives, often had a healing effect on their relationships. Parents appeared to realize they would lose any relationship with their grandchildren; they seemed to rather quickly overcome their prejudice and homophobia, eventually becoming closer to the lesbian couple and taking an active part in the children's lives.

### ***Identity Issues- Challenges with Labels and Identity Change***

Many participants expressed difficulties with changes in their identity and also with the names or labels they would be referred to by their children and even by themselves. Becoming a mother for the first time is challenging for most women. The participants expressed typical challenges regarding constant demands and sacrifices of motherhood. They also, however, described additional challenges due to feeling secondary to the birth mother in their initial experience of motherhood. Some expressed

beliefs that the process of carrying a child instinctually or even hormonally helps to prepare women for this new identity.

Many non-biological mothers who never desired to carry a child expressed struggling more with giving up their identity as a career person and/or their social life compared to their partner. Those who wanted to carry a child but didn't, often struggled with feeling displaced, secondary and unsure how to feel adequate as a mother when the child relied on their birth mother so much in early childhood. These women expressed a strong desire to carry their share of the responsibilities, but often they felt secondary and less significant. One participant describing feeling like more of a "servant" to her partner and child.

The labels used by both the children and the non-biological mothers themselves proved challenging for many as well. Partners had to negotiate what each would be called, with one often being called "mama" and the other "mommy." Several participants, however, expressed an aversion to any of the terms associated with motherhood. The significance of language with respect to adopting the title and status "mother" has been demonstrated in prior research (e.g., Gabb, 2005). For several the connotation of "mother" was negative due to their own experiences of their mothers being subservient, stay at home mothers, who gave up their identities and lived a life of sacrifice. Although these women knew they were mothers, they struggled with accepting that identity.

One participant expressed gender identity issues that surfaced as a result of having children. She struggled deeply with not only identifying with the term "mother" but also with wishing her children could call her "dad." Although she had no desire to have her

body changed, she felt very displaced and isolated, as she was not able to find others to connect with who shared her same struggle. This participant came to a place of resolve by realizing that no matter what she was called, her children would relate to her essence, both masculine and feminine, and this was what mattered most of all to her.

### ***Legal Challenges/Adoption/Mixed Reactions***

Research on lesbian issues has identified legal insecurity as a leading challenge for lesbian parents (e.g. McNair, Dempsey, Wise & Perlesz, 2002). Consistent with prior studies, all ten participants described legal challenges they faced as non-biological mothers. The most commonly reported challenge was having no legal rights to their child when they were born. As mentioned previously, for those who used a known sperm donor, they had to wait until their child was three months old so the donor would waive his paternity rights. During that time, several non-biological mothers experienced anxiety, especially if childbirth involved emergency surgery or something traumatic. They realized if the birth mother died, the sperm donor would become the only legal parent, and his parents actually had more rights to the child than she did. Many also expressed feeling challenged by the fact that they could not make legal decisions for their child, and without any genetic or biological connection, they were not talked with nor involved in the same manner when it came to medical interventions.

All but one participants adopted their child/ren and many experienced a very negative reaction to this process. Several had to have background checks and be fingerprinted, and they had to undergo a home study in the same manner as if they were adopting a child from an agency. These actions felt insulting and degrading for many. The state in which the couple resided at the time of the adoption made a large difference

as far as feeling respected versus insulted during the process and as if the entire adoption process was treated as a celebration as opposed to a formal, and even negative experience. In one state, where adoption is forbidden for same sex couples, they had to use an “underground” adoption system in another state, which added to the expense to the process.

Most of the non-biological mothers declared the actual adoption had no significant impact on their relationships with their partner or children, except they now felt they had equal power and legal security with regard to their child(ren). Some did express relief and gratitude about being able to adopt their child, and that as insulting as it was, it was still profound to hear themselves declared as this child’s parent forever.

One mother from a couple who did not adopt reported living in a state that allowed gay marriage and therefore, she was on the birth certificate. Many of the non-biological mothers, despite eventually becoming legally married, still chose to adopt their children, however, as they did not trust the legal system.

### ***Legal Marriage Impact***

With the passage of gay marriage legislation in Minnesota, eight of the ten participants had been legally married prior to their interviews; this clearly affected how most felt in their relationships with both partners and children. Many of these women described growing up in a culture where being gay was considered shameful, and several had been rejected by their own families or parents for being gay. One of the most common responses to the legalization of marriage was feeling validated by society at large as well as the joy and support they encountered from family and friends. Several described being unaware of their degree of shame or internalized homophobia until the



majority of the states stood by them to be recognized as legal citizens. Several individuals described this as a very healing experience.

The passage of gay marriage legislation also seemed to lift the shame and homophobia from extended family members, AS experienced by several participants. They consequently felt more recognized and accepted as a legitimate family member. Several participants use the word “permanence”, not only to describe their relationships with their partner or wife, but, also, extended family members now viewed them as a permanent member of the family.

### ***Heteronormativity***

One of the most prevalent themes in this study involves the heteronormativity every participant experienced throughout their entire process of becoming parents. Lack of recognition as the child’s mother was experienced by almost everyone and was a constant source of frustration, particularly when out in public. People would address the birth mother either because she was visibly pregnant or because the child resembled her, and the non-biological mother would feel treated as if she was a friend or helper.

Participants also became more aware of how society assumes and attempts to impose a traditional family model onto their family. For instance, people often assumed one woman would take the mother role and the other would take the father role, rather than two women sharing roles equally. Participants mentioned hearing fathers talk about their parental role, in particular, how they lack the same connection or duties to their children as mothers. They expressed anger that men in general seem to take a less active role in their children’s lives and that there appeared to be a double standard for men. They further mentioned the non-biological mother still is expected to have the same

manner of involvement as biological mothers. These results support prior findings (Goldgery & Perry-Jenkins, 2007) that lesbian couples tend to maintain an extremely equal division of labor in family functioning.

Many participants expressed anger that language often used by people even friends, reflected a heteronormative perspective. People repeatedly would refer to the donor as the “dad,” despite being corrected numerous times. Others expressed a belief that most of society lacks a schema for lesbian parents and considered it their duty to educate people so they understand “donors” are not “dads” because a “dad” is a role, not a “genetic link.”

Lastly, the homophobia and lack of legal rights experienced, particularly with regard to professional services, was distressing to many participants. Several reported encountering healthcare or legal professionals who expressed a homophobic attitude towards them and their attempts to create a family. The legal system seemed to support homophobia and heteronormativity, reinforcing a lack of “normalcy” and “equality” by forcing lesbian couples to constantly “prove” their marriage. Couples had to carry at all times their marriage certificate or name change document as they were required during many routine experiences (e.g., doctor visits, daycare, to obtain annual health insurance).

### ***Support***

Non-biological mothers provided many descriptions of where they found support for their unique challenges. Many referenced their partners as their main source of support, but it seemed equally important for many of these mothers to find a sense of community with others who shared similar experiences (e.g., LGBT ECFE groups, Non-Biological mother support groups, and Infertility groups). There appeared to be an intense

need to find camaraderie outside of one's partnerships and families. Consistent with prior research (DeMino, Appleby, & Fisk, 2007) biological families often surpassed friend groups as a main source of support, especially when there was healing with extended families after childbirth. Perhaps this is because many feel it is easier to depend on and expect support from family than from friends (e.g., parents receive childcare from family members without feeling a need to reciprocate)..

### ***Challenges of Being the Non-Biological Mother***

Participants discussed numerous challenges with being in the role of the non-biological mother. The most prevalent challenge was not having a genetic connection to their child and how this impacted their experience in the world as well as their relationships with their partner and child. Many experienced a grief process around their own infertility, including not getting pregnant and being able to carry, birth and nurse their child, and also never knowing what their genetic child would have looked like if they had given birth. Many of these mothers felt less connected to their child initially, questioned if the child would love them equally, and felt others viewed them as “less than” the birth mother due to their lack of genetic connection.

For many non-biological mothers, their own internal process and self-perception were the most difficult aspects. Even with supportive partners, some mothers experienced deep grief and even some jealousy and resentment that they were not the birth mothers. Often there was a sense of isolation or lack of identification with others that the birth mother did not appear to experience. As the non-biological mothers would join in pregnancy support groups and other mom groups, they were acutely aware they did not share those same journeys that birth mothers had experienced. Often there was

talk about childbirth and nursing and this only reinforced their sense of isolation and/or grief.

For others it was not their internal process, but the external reality that they were not recognized as their own children's mother. Repeatedly in public they would be referred to as a "helper" or "nanny" due to societal heteronormative assumptions. Many felt friends and extended family spoke as if the donor surpassed them in importance referring to him as the "dad," due to his genetic connection with the child, leaving the non-biological mother to feel like the "third wheel." For some, extended family did not perceive them as an equal mother to the birth mother, which created tension and frustration between the birth mother and her family members. Lastly frustration about cultural norms where fathers are not expected to participate as an equal parent was common. In many respects, these non-biological mothers identified with the role of the father, in the sense that they did not carry or nurse their child, yet despite a complete lack of genetic connection, they felt they were much more involved in their child's lives by choice, and angry that it was so acceptable for fathers to be less engaged.

### ***Rewards of Being the Non-Biological Mother***

Despite numerous challenges of being the non-biological mother, every participant identified various rewards they gained from this role. For those mothers who never wanted to carry a child, their greatest reward was being able to be a parent without having to go through pregnancy and childbirth and the toll it takes on one's body. Many mothers expressed gratitude that they were able to have the incredible experience of being a parent and that their connection to their children was not just a given based on biology, but rather something they worked hard for and built out of love and devotion.

They viewed this attachment as something they chose to create rather than something they instinctually were given, which made it all the more rewarding for them.

Many also mentioned the freedom they felt to redefine “family” within their own values and standards, rather than being about blood and genetics. Some mothers described being able to break away from narrowly defined family concepts that often force people to stay connected to people they either do not care about or respect. Their attachments to their children are not a given, and the child’s love will not be due to the same obligation expected of children to their birth parents. These women’s families can have unique structures. For instance, some women wanted the donor to become part of their family in some sort of “uncle” role, and others had friends who became “aunts” to the children. These mothers felt liberated in being able to make extended family in whatever way it felt worked for their partner and children.

### *Surprises*

At the end of the interview the participants spoke to what surprised them most as they reflected on being the non-biological mother. At least half expressed that they ultimately came to the conclusion that biology is a really insignificant part of being a mother. Although the initial part of motherhood seems to indicate a stronger attachment to the birth mother, over time these mothers felt they were no different than the birth mothers. They perceived themselves as equal mothers and no longer thought very often about being the non-biological mother. They also expressed that their children view them as no different than the mother who carried and nursed them. These findings support prior research on family structure and composition (Gabb, 2005).

Another surprising aspect was how culture reinforces the significance of biology, yet research shows genetically, humans are largely genetically similar with only a small fraction of our genetics leading to the variations that we perceive (Witherspoon et al., 2007). Over centuries culture has reinforced that blood and biology define kinship and create a loyal lifelong devotion. Yet these mothers were able to break away from this cultural norm to realize their children do not hold that same value or standard. Children appear to value the love and respect created within relationships, and they can attach with anyone who treats them in a consistent devoted manner. These results are consistent with Perlesz et al.'s (2006) discussion of the attempt to dilute the "tyranny of biology" by shifting away from biological relationship toward social relationships. Such efforts would revision kinship to include a wider network of friendship, thereby creating a more fluid family model.

For many mothers, they felt their path of being the non-biological mother, has made them an even better mother than they had anticipated and had a positive transformation on them as a person. Often this is due to their having had to endure and overcome society's obstacles of standards and prejudices, as well to work hard to establish and create a bond built on love and devotion.

Society consistently enforces values, standards and prejudices that people in the gay and lesbian community have had to fight to overcome. The substance and value of biology within families, the significance and magnitude of the genetic link versus the love link, is now yet another myth that these women feel they have dispelled and overcome. For many of these mothers, the greatest surprise and reward is that the sometimes arduous path they chose as non-biological mothers, often perceived as unequal

and invisible, helped liberate them from yet another confining societal standard used to oppress and repress. They may experience a love that is not a given but rather hard earned and well deserved.

The overarching themes in the findings of this study speak to the issues from FIRO's theory of inclusion, control and connection. These dynamics are evident in the responses concerning the other three major research questions. Throughout the interviews, the non-biological mothers expressed incidents where they felt a distinct sense of being included or excluded from many of the decisions or resulting experiences they encountered. While often feeling in an unequal position with their partner, they discussed the different ways they felt they had control in the decisions they needed to make or events they encountered. They also spoke at length about how their experiences as the non-biological mother impacted their relationships with partner, child and extended family in terms of closeness, connection or affection. The three FIRO dimensions appear to be valid for describing participants' experiences and therefore they may be useful dimensions to study in future research.

### ***Study Strengths and Limitations***

This study has several strengths including the rich personal information describing the dynamics between the non-biological and biological lesbian mothers' relationships. In the interviews, these non-biological mothers were given the opportunity to express in their own words their unique perspectives of their often-unacknowledged journeys as mothers. They were able to share confidentially some of their most revered as well as most painful experiences of motherhood. These included recollections of intense

love and attachment, but also feelings and images of invisibility, exclusion, and inequality by society, family members, partners, and even their children.

Qualitative research is a powerful paradigm for exploring the narrative behind the data. The women were not compensated for participating in this study, but rather appeared to be motivated for their own personal healing and/or to benefit others. They appeared to be eager and happy to share, without reservation, their stories with someone who could hear their distinct viewpoint of a relationship role that is relatively new. Their position within a same-sex parenting relationship is in some respects too complex for many to easily comprehend, and one for which there is a limited body of research.

Several limitations to this study suggest caution in drawing definitive conclusions, however. First, as is typical in qualitative research, data were collected from a small (N=10) and relatively homogeneous sample drawn from lesbian planned families living within a single geographic area. Therefore, they do not reflect the diversity of the lesbian community in general. The sample was mostly Caucasian and generally highly educated with professional incomes; thus, they do not represent the class, employment, racial and ethnic diversity of the lesbian population. Given the enormous expense of unknown donor sperm, alternative insemination and invitro fertilization, it is likely only more affluent and educated lesbians choose this path to attain motherhood. Further studies involving non-biological mothers from more diverse SES, racial and ethnic backgrounds would increase the generalizability of the present results.

This sample was also geographically restricted to lesbians living a Midwestern state that is known for having more liberal attitudes and laws that allow domestic partnerships, civil unions, same-sex second parent adoption and, just recently, same-sex



marriage. This amount of social and legal support may have impacted the couples' decisions to have children within a lesbian relationship and their willingness to self-disclose their experiences. Thus, the findings may differ for samples from other geographical areas.

This was a cross-sectional, exploratory study that yielded a fair amount of retrospective data. Recall may be suspect and/or fail to fully capture the "real time" experience of being a non-biological mother. A longitudinal study following couples pre-family planning, initial motherhood, and later motherhood would contribute to knowledge about their experiences and also allow for some conclusions about cause and effect.

All data in this study were drawn from interviews based on self-reports that administered to the non-biological mothers with no observational data collected and with no corroboration from their partners. Although these features limit the generalizability of the findings, the study does bring to light findings regarding interrelationship dynamics of lesbian planned couples and suggest directions for future research.

Finally, the recruitment methods used in this study could have resulted in a greater bias toward not only affluent couples, but lesbian mothers who felt relatively content within their relationships and with their sexual identities as such that they were willing to be interviewed and self-disclose. They also were more likely to be publicly out as lesbians and as a planned lesbian family, and more active in the lesbian community as they were recruited through internet websites associated with lesbian and gay organizations that were also family friendly. Using multiple sources of recruitment may

have resulted in obtaining a more diverse sample of non-biological lesbian mothers as previous research has suggested (Rothblum, Facotr, & Asron, 2002).

The sample's comfort with their identity and contentment in their relationship likely do not reflect all lesbian couples, particularly those living in geographic areas that are less accepting of lesbian and gay populations. That these fairly content individuals expressed struggles with jealousy and resentment might suggest these experiences would be even greater in a more diverse sample of lesbian planned families where there are asymmetrical biological connections between the mothers and child(ren). Further research exploring effects of the lack of mutual biological ties in more diverse samples of non-biological lesbian mothers is warranted.

### ***Practice and Training Implications***

With the numerous and complex decisions lesbian couples need to make when considering birthing a child, it is imperative that mental health and medical professionals be more educated about the specific and unique emotional needs of these couples as well as the possible consequences of their decision making processes. Practitioners should also identify and resolve any homophobic issues they might harbor as these issues inevitably impact their ability to help these couples make decisions and cope with outcomes.

The findings suggest professionals who assist couples should discuss openly the different choices, pathways to motherhood, and possible rewards and difficulties they might encounter. Knowledge about the specific differences between lesbian couples and heterosexual couples planning families using reproductive technology could be included in educational programs and textbooks for training health care providers. Providers

should also be aware of potential homophobia and stigmatization the children of lesbian planned families might encounter, depending on their geographic location and the amount of social and legal support available for these families.

Therapists and other professionals need to be aware of the unique and vulnerable position the non-biological lesbian mother experiences due to her lack of genetic connection to her child, and how this might impact her relationships with her partner and child. Working with the biological mother to help her become more aware and more sensitive to the emotional needs of her partner is imperative, especially if her partner has the desire to carry and/or has infertility issues. It is probable that both women in a lesbian planned family have the potential to birth children, value equality within their relationship and have likely been raised in a society that promotes and defines motherhood as having a primary bond with their child. Therefore it is necessary that professionals understand the inequities couple will likely experience and the ensuing feelings of jealousy and resentment the non-biological mother could potentially feel towards the birth mother, and be skilled at facilitating a discussion between them about these possibilities.

### ***Research Recommendations***

In both lesbian planned families as well as heterosexual families where a sperm donor is used, there results an asymmetrical biological connection to the resultant child (Goldberg & Perry-Jenkins, 2007). This asymmetry may produce feelings of inequality for both the non-biological mother in the lesbian planned family as well as the father in the heterosexual relationship. Results of this study suggests that due to both mothers being women with the possible desire to carry, birth and nurse a child, coupled with

societal messages that motherhood is defined by this role, likely the lack of equality overall is more difficult. Thus, there may be greater internal distress for the non-biological mother as well as more extreme interrelationship conflict and tension, than heterosexual couples might face. That men are raised without the biological ability to birth or nurse a child, makes it less likely be a reflection of a lack of fatherhood. Future research could be done to investigate these hypotheses regarding family processes for lesbian planned families and heterosexual families.

One of the most significant findings was that whether or not the non-biological mother had a desire to carry or not was a huge factor in how difficult it would be for her to be the one who did not carry her own child. This often led to feelings of inadequacy, jealousy, resentment and an enormous grief process. Future research should compare those non-biological mothers who wanted or still want to carry and child to those who do not have that desire.

Another significant facet of motherhood reported was the importance of breastfeeding. This aspect of caring for their child was particularly complex and prominent during the initial stages of motherhood. Since only the birth mother has the ability to breastfeed, many non-biological mothers felt demoted to position of secondary mother or even referred to themselves at times as a “third wheel.” These mothers experienced intense jealousy and lowered self-esteem sometimes feeling like a failure as a mother.

At the same time, some mothers felt it was only significant during the first year or so, and the intense bond and affection that developed during that time was temporary and eventually evened out. As distance increased beyond the breastfeeding period,

participants gave it less and less significance in the overall picture of motherhood. Future research should explore the aspects of breastfeeding in lesbian planned couples in a longitudinal study to have a greater understanding of its significance in the mothers' lives, and what impact it has on self-esteem as well as on the couples' relationship. Understanding how to navigate this significant aspect of motherhood and how the termination of breastfeeding impacts the family dynamics would yield valuable knowledge. Studies could also be done to compare experiences of lesbian couples who breastfeed and those who do not, to more fully understand the complexity of this process, the resulting issues, and how couples can better manage and adjust to them.

As stated previously, a more diverse sample of lesbians from geographic areas with less legal rights and social support may have yielded very different data. Some couples had lived in states that had fewer legal rights for same-sex couples and non-biological lesbian mothers. Their reported experiences reflected that having increased legal rights created a shift in their perception of most of their experiences while planning and creating their families. With the legalization of marriage, many of the negative experiences reported by non-biological mothers would cease to exist (e.g., the need for a second parent adoption and the ensuing insulting degrading processes some participants encountered). Future research that entails more diverse non-biological lesbian samples would help to explore more thoroughly the ramifications of social stigma and fewer legal rights for lesbian planned families. Studies should also include both members of the relationship to determine similarities and differences in their experiences and perceptions. For instance, some of the present participants described feelings of jealousy over their

exclusion from experiences their partner enjoyed. Studies could investigate the extent to which the biological partner experiences “reciprocal” feelings such as guilt.

Another important finding concerns the concept of family and how living in a culture that legally, socially and emotionally favors biogenetic kinship creates challenges and hardships for lesbian planned families. Many of these mothers came to a realization and transcendence of the significance of biogenetic connections and a liberalization from redefining family based on love, dedication and devotion to each other. With the legalization of same-sex marriage, many couples reported a shift in the perception and acceptance of their relationship from family members as well as an increase in their own self-esteem. A significant research contribution would be to explore how the institutionalization of same-sex relationships will impact the meaning of family and gender. Patterson (2003) suggests lesbian and gay couples could change the meaning of family but also questions whether the institutionalization of marriage might change same-sex couples. Legalization clearly impacts and shifts public opinion and some issues to investigate include how this might shift negotiating parenting as well as employment roles within both lesbian and heterosexual couples.

The present findings showed many non-biological mothers were angry at the double standard for heterosexual fathers, who they perceived as generally less involved in parenting because of their inability to carry or nurse their child(ren). Research could explore how these factors differentially impact both types of families with regard to parental roles, family function, definition of family, and the significance of biogenetic connections. As these legal and social changes are prominent throughout our present

history, research has many opportunities to explore the intersections of parenthood, kinship and gender.

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## Appendix A: Email Invitation

Dear Website Users: (Non-Biological Lesbian Mothers)

Non-biological lesbian mothers are being invited to participate in a research study seeking to better understand their unique subjective experiences within their families and communities, revealing feelings, beliefs, challenges and benefits. Please read the following information and contact us with any questions you may have before beginning the survey.

For the purposes of the proposed study, “Non-biological Lesbian Mother” refers to an identified lesbian woman, partnered with another identified lesbian woman who carries and births their child(ren). The non-biological mother was present during and/or participated in the conception of the child through either anonymous or known donor sperm.

This study is being conducted by Morgan Paldron, M.A., LPCC, a doctoral candidate in the department of Educational Psychology at the University of Minnesota under the direction of Dr. Patricia McCarthy Veach, a professor in the Department of Educational Psychology Department at the University of Minnesota.

### Background Information:

The primary purpose of this study is to explore and provide further information about non-biological lesbian mothers’ experiences of shared motherhood. This information will be gathered by asking you to participate in a two-phase study requiring an anonymous survey with the possibility of a confidential follow-up focus group or private interview. This research will also inform and have implications for current practitioners and educators to better prepare future psychologists working with non-biological mothers and their partners and children

### Procedures:

This study is being conducted in two phases:

- Phase one asks participants to complete a one time, online survey that takes approximately 10 minutes to complete. This survey can be accessed through the link provided below.
- Phase two of the study consists of a 1 ½- 2 hour face-to-face focus group or private interview, which is only offered to participants who completed the survey.

You are encouraged to complete the survey phase even if you are not interested in being interviewed. Not everyone who completes the survey will be selected for an interview. Only the researcher will contact those participants who will be selected for interview.

### Risks and Benefits of Being in the Study:

The only minimal expected risk of participation in this study is the possible discomfort arising from sharing your experiences. Information you provide will be kept confidential and any identifying material will be stored separately from data collected.

There are no direct or expected benefits for you for participating in this study beyond having an opportunity to reflect on and express your personal experiences.

Should you feel the need to process any issues that arise as a result of your participation in this study, you are strongly encouraged to contact a private mental health provider.

### Confidentiality:

Participation in the survey is anonymous and any information you share cannot be linked back to you unless you provide contact information. Participation in the focus group/interview will be kept confidential. In any sort of report we might publish, we will not include any information that will make it possible to identify you as a participant. Research records will be stored securely and only researchers will have access to the records. Identifying information will be stored separately in a password-protected computer. Focus groups/interviews will be audiotaped and transcribed. All tapes will be destroyed after transcription and no identifiers will be kept. If you have not been selected to participate in the interview phase of the study, all contact information you have provided will be immediately deleted.

### Voluntary Nature of the Study:

Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with the University of Minnesota or with the investigator. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

### Contacts and Questions:

If you have questions, you may contact Morgan Paldron (paldr001@umn.edu or 612-823-0093) or Pat McCarthy Veach (veach001@umn.edu or 612-624-3580).

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, you are encouraged to contact the Research Subjects' Advocate Line, D528 Mayo, 420 Delaware St. Southeast, Minneapolis, Minnesota 55455; telephone (612) 625-1650.

### Survey Link:

[https://dc-viawest.qualtrics.com/SE/?SID=SV\\_d6SYxNT5aXL19TT](https://dc-viawest.qualtrics.com/SE/?SID=SV_d6SYxNT5aXL19TT)

Thank you very much for your time and consideration with this study.

Sincerely,

Morgan Paldron, M.A., LPCC  
Doctoral Candidate  
Counseling Psychology  
Department of Educational Psychology  
University of Minnesota

## Appendix B – Screening Survey

I – Identification of participant (*Please check if answer is yes*)

- Do you identify as a Queer or Lesbian woman
- Are you a mother
- Do you consider yourself a Non-biological Queer or Lesbian Mother
- Did your partner give birth to your child/ren?
- Were you and your partner together when you planned to become mothers and when your child was born?

## II – Demographics/Screening Questions

What is your current age? \_\_\_\_\_

What is the town in which you currently reside?

\_\_\_\_\_

What is your race/ethnicity? (*please check the group with which you most strongly identify*)

- African American/Black
- Asian/Pacific Islander
- Bi-racial (please specify) \_\_\_\_\_
- Caucasian/White
- Chicano/Hispanic/Latino
- Native American/Alaskan Native
- Other (please specify) \_\_\_\_\_

What is the highest level of education you have completed? (*check one*)

- Less than high school
- High school diploma or GED
- Some college
- 2 year college degree (Associate)
- 4 year college degree (BA, BS)
- Master's degree
- Doctoral degree
- Professional degree

Are you currently employed?

- No
  - Yes, what type of employment?
- \_\_\_\_\_

What is your relationship status? (*check one*)

- Partnered
- Separated
- Single
- Widowed
- Other

Length of time together with partner

- Less than 1 year
- 1-2 years
- 2-3 years
- 3-4 years
- 4-5 years
- 5-10 years
- More than 10 years

Length of time living with partner

- Less than 1 year
- 1-2 years
- 2-3 years
- 3-4 years
- 4-5 years
- 5-10 years
- More than 10 years

Number of children

- One
- Two
- Three
- Four
- More than Four

Age of Children (*starting with youngest write in age in months or years*)

- One \_\_\_\_\_
- Two \_\_\_\_\_
- Three \_\_\_\_\_
- Four \_\_\_\_\_
- More than Four \_\_\_\_\_

Length of time together prior to birth of first child

- Less than 1 year
- 1-2 years
- 2-3 years
- 3-4 years
- 4-5 years
- 5-10 years
- More than 10 years

Have you ever birthed a child in a previous relationship?

- Yes
- No

Do you intend to give birth yourself at some point in the future?

- Yes
- No

### III – Invitation to Interview Portion of Study

Would you be willing to be contacted by the researcher regarding your participation in a 2 hour face-to-face focus group exploring your experiences as a non-biological lesbian mother?

- Name

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- Phone

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- Email

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Thank you for participating in this survey.

## Appendix C – Interview Protocol

- I. Tell me about the decision-making process you went through with your partner when you decided to have children?
  - a. How did you decide which one of you would conceive and birth your child/ren?
  - b. How did you feel about the decision-making process and the outcome?
  - c. Describe your experience around control or input with your partner in making this decision.
  
- II. Please describe the Insemination process you and your partner used.
  - a. What was this experience like for you?
  - b. How did you feel watching her get inseminated?
  - c. What was your experience around feeling included in this process?
  - d. How did it feel that you were not the one being inseminated?
  - e. What kind of impact did this have on your relationship with her?
  
- III. What do you remember about your feelings when you first found out your partner was pregnant with your child?
  - a. Describe any feelings of excitement/jealousy you might have experienced.
  - b. How did this make you feel about yourself?
  - c. Describe any feelings of competency/inadequacy this evoked.
  - d. What was it like to reveal the pregnancy to others? Friends? Family?
  - e. Describe any feelings of exclusion you may have felt.
  - f. What impact did this discovery have on your relationship with your partner?
  
- IV. What was your experience like while your partner was pregnant?
  - a. Although she was the one who was pregnant, did you feel you had equal control or input in your relationship around the pregnancy?
  - b. How did this experience draw you closer to your partner?
  - c. How did it create distance with her?
  - d. If possible, tell me about a time when you felt excluded by your partner or by others around her pregnancy.
  
- V. Please describe your experience as you watched your child being born?
  - a. Describe your experiences surrounding your child's birth with partner? Family? Professionals?
  - b. In what ways did you feel you were a significant part of this experience? Insignificant?
  - c. How did this impact your sense of closeness to your partner?
  - d. In what ways did you feel excluded or left out of this experience?



- VI. What was your initial experience of Motherhood?
- Describe any feelings of equality or lack of equality that surfaced for you?
  - How did this impact your relationship with your partner?
  - How has this experienced changed over time?
    - 6 months
    - 1 year
    - 2 years or greater
- VII. Describe your experience around feeding your child?
- If your partner nursed your child, how did you feel included or excluded in that process?
  - How did this impact your feelings of closeness or affection with your partner? With your child?
- VIII. How did your identity change as a result of your child's birth?
- Did you feel your partner related to you as an equal in your new identity as a mother?
  - How were you treated by your extended family?
    - by your partner's extended family?
    - by your support system, friends, etc.?
    - by society/professionals around your child's birth?
- IX. What was your experience around control or input around childrearing decision with your partner?
- How has this impacted your feelings of connection with your partner? With your child?
- X. If you legally adopted your child, what was that experience like for you?
- How did it change your relationship with your partner around a sense of
    - Closeness?
    - Equality?
    - Power, control or input?
  - In what way did it change your relationship with your child in terms of closeness and connection?
- XI. If you have had another child after your first, with your partner, how was this experience of being the Non-Bio mom different than with your first child?
- XII. If you and your partner ever separated, what concerns might you have
- Around power or control or input of your child,
  - Around how this might affect your closeness to your child?
- XIII. During your experiences as the non-biological mother, where did you most find a sense of support and resilience in dealing with the challenges you faced?

- XIV. What legal constructs did you have in place prior to the pregnancy, during and after? Any plans concerning future legal constructs? What effects have these legal constructs had on your relationship with your partner/child?
- XV. Are you now legally married? If so, what impact has legal marriage had on your relationship with your partner/child?
- XVI. What would you say has been the overall most Rewarding/Challenging aspects of being the Non-Bio Mom?
- XVII. What if anything surprised you most about this process/outcome of becoming a Non-Biological Mother?
- XVIII. Is there anything else you would like to add about your experience as a Non-Biological Mother that you have not mentioned?

## Appendix D: Consent Form

Study Title: *The “Other Mother”: An Exploration of Non-Biological Lesbian Mothers’ Unique Parenting Experience*

You are invited to be in a research study about the unique experiences of non-biological lesbian mothers. You were selected as a possible participant because you are listed as a member of or affiliated with an online web group for lesbians or lesbian mothers. We ask that you read this form and ask any questions you may have before agreeing to be in the study.

This study is being conducted by: Morgan Paldron, M.A., LPCC, a doctoral candidate in the department of Educational Psychology at the University of Minnesota under the direction of Dr. Patricia McCarthy Veach, a professor in the Department of Educational Psychology Department at the University of Minnesota.

*Background Information*

The purpose of this study is to explore and provide further information about non-biological lesbian mothers’ experiences of shared motherhood. This information will be gathered by asking you to participate in a two-phase study requiring an anonymous survey with the possibility of a confidential follow-up focus group interview. This research will also inform and have implications for current practitioners and educators to better prepare future psychologists working with non-biological mothers and their partners and children

*Procedures:*

If you agree to be in this study, we would ask you to do the following things:

- Complete a one time, online survey that takes approximately 10 minutes to complete. This survey can be accessed through the link provided below.
- If after filling out the survey you agree to be contact by the researcher, you might be asked to participate in a 2 hour face-to-face focus group interview. The focus group is only offered to participants who completed the survey.

You are encouraged to complete the survey phase even if you are not interested in being in the focus group. Not everyone who completes the survey will be selected. Only the researcher will contact those participants who will be selected for the focus group interview. These interviews will be audiotaped for future review and all identifying information will be kept confidential.

### *Risks and Benefits of being in the Study*

The only minimal expected risk of participation in this study is the possible discomfort arising from sharing your experiences. Information you provide will be kept confidential and any identifying material will be stored separately from data collected.

There are no direct or expected benefits for you for participating in this study beyond having an opportunity to reflect on and express your personal experiences.

Should you feel the need to process any issues that arise as a result of your participation in this study, you are strongly encouraged to contact a private mental health provider.

### *Compensation:*

There is no direct compensation for participating in this study.

### *Confidentiality:*

Participation in the survey is anonymous and any information you share cannot be linked back to you unless you provide contact information. Participation in the focus groups will be kept confidential. In any sort of report we might publish, we will not include any information that will make it possible to identify you as a participant. Research records will be stored securely and only researchers will have access to the records. Identifying information will be stored separately in a password-protected computer. Interviews will be audiotaped and transcribed. All tapes will be destroyed after transcription and no identifiers will be kept. If you have not been selected to participate in the focus group phase of the study, all contact information you have provided will be immediately deleted.

### *Voluntary Nature of the Study:*

Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with the University of Minnesota or the investigator. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

### *Contacts and Questions:*

If you have questions, you may contact Morgan Paldrón ([paldr001@umn.edu](mailto:paldr001@umn.edu) or 612-823-0093) or Pat McCarthy Veach ( [veach001@umn.edu](mailto:veach001@umn.edu) or 612-624-3580). If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, you are encouraged to contact the Research Subjects' Advocate Line, D528 Mayo, 420 Delaware St. Southeast, Minneapolis, Minnesota 55455; telephone (612) 625-1650.

*You will be given a copy of this information to keep for your records.*

Statement of Consent:

I have read the above information. I have asked questions and have received answers. I consent to participate in the study.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Investigator: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for your time and consideration.

Sincerely,

Morgan Paldron, M.A., LPCC  
Doctoral Candidate  
Counseling Psychology  
Department of Educational Psychology  
University of Minnesota