LESBIAN MOTHERS' LIVED PSYCHOLOGICAL EXPERIENCE OF PLANNED MOTHERHOOD IN THREE SOUTH AFRICAN CITIES: AN EXPLORATORY STUDY

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DECLARATION

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ABSTRACT

The concept of what constitutes a "normal" family has changed within recent years. This is because various family forms have been found viable. The current study is exploratory and focuses on the planned lesbian family. It aims to describe lesbian mothers' lived psychological experience of planned motherhood.

Utilising a feminist phenomenological approach, the narratives of 10 lesbian couples were obtained. Their emotional experiences are discussed under four headings, namely; the decision to become mothers; the actual process of becoming mothers; motherhood experience; and the anticipation of and actual responses to lesbian motherhood, lesbian families and children of lesbian mothers.

Significant findings reveal the decision making involved in becoming mothers; the influence the type of donor has on the couple and their child; the joys and challenges of raising children; the fair division of childcare and household chores; the importance of partner support; the level of bonding with social and adoptive mothers; society's lack of parental validation; the issue of homophobia and the preparation of their children against homophobia.

Lesbian mothers seem to experience motherhood in very similar ways to heterosexual mothers, except that they do not seem as lonely and isolated. The aim of this study was not only to explore the experiences of lesbian mothers, but also to give them a voice within the psychological literature and to strive towards the acceptance of diverse families within mainstream psychology and the broader South African community.

OPSOMMING

Die konsep van wat 'n "normale" familie behels het in die afgelope jare verander. Die rede is dat verskeie gesinsvorme as lewensvatbaar bevind is. Die gesinsvorm onder bestudering is die beplande lesbiese gesin. Hierdie was 'n verkennende studie wat gefokus het op die beskrywing van lesbiese ouers se sielkundige ervaring van beplande lesbiese moederskap.

Daar is gebruik gemaak van 'n feministies-fenomenologiese benadering om die verhale van 10 lesbiese paartjies te verkry. Hulle ervarings word onder vier adelings bespreek, naamlik; die besluit om moeders te word; die werklike proses om moeders te word; moederskap ervarings; en die verwagte en werklike reaksies tot lesbiese moederskap van lesbiese families en kinders van lesbiese moeders.

Noemenswaardige bevindings onthul die besluitneming betrokke om moeders te word; die invloed wat die tipe skenker op die paartjie en hulle kind het; die vreugde en vereistes van kinders grootmaak; die regverdige verdeling van kindersorg en huishoudelike take; die belangrikheid van lewensmaat ondersteuning; die krag van kinders se band met sosiale en aangenome moeders; die samelewing se tekort aan ouerlike bekragtiging; die kwessie van homofobie en die voorbereiding van hulle kinders hierteen.

Dit wil voorkom of lesbiese moeders moeders in baie opsigte dieselfde ervaar as heteroseksuele moeders, behalwe dat hulle nie so alleen en geïsoleerd voorkom nie. Die studie se voorneme was nie net om die ervarings van lesbiese moeders te verken nie, maar ook om aan hulle 'n stem te bied binne die sielkundige literatuur en om te streef na die aanvaarding van uiteenlopende gesinsvorme binne hoofstroom sielkunde asook die breër Suid-Afrikaanse gemeenskap.

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CHAPTER ONE: INTRODUCTION

1.1   Problem statement

The concept of family and what makes a family "normal" and functional has changed in recent years within many Western societies (Bos, Van Balen, & Van den Boom, 2005). As such, the idealised traditional nuclear family (a legally married, two-parent, heterosexual couple) is no longer considered to be the only viable family form (Vanfraussen, Ponjaert-Kristoffersen, & Brewaeys, 2003). Other family forms have been found to also exist and to be viable. Examples include: same-sex families (gay- and lesbian-headed), single-parent families and stepfamilies.

One of these family forms is the planned lesbian family. This family form is considered to be a relatively recent social phenomenon (Bos, Van Balen, & Van den Boom, 2004). For the purpose of this study, a planned lesbian family is defined as a lesbian couple who is either engaged in a domestic partnership or marriage (civil union), in which partners chose to become parents and planned how to achieve this, either through donor insemination or adoption and are raising their child or children together (Van Ewyk, 2010).

Planned lesbian families do exist in significant numbers (Patterson & Redding, 1996). It has been estimated that the number of lesbian families residing in the United States has increased from between 5000 and 10 000 in 1990 (Bos et al., 2005) to around 5 million in 2007 (Wojnar, 2007). The international increase in planned lesbian families relates directly to the increased development in reproductive technology and access to reproductive facilities, as well as legislation in several countries being amended allowing lesbian couples to adopt children.

South Africa has also seen an increase in planned lesbian families as a recent amendment to the Constitution allows lesbians access to reproductive clinics and renders them eligible to adopt children (Lubbe, 2007a). This has paved the way for lesbian couples to create their own families without having to partake in hetero-sex in order to conceive a child or be excluded from adoption due to their sexual orientation. The number of planned lesbian families in South Africa is currently unknown. This is because the 2011 census has not yet accurately accounted for same-sex families (lesbian families and gay families). In the 2011 census no distinctions were made in terms of family structures and number of children. Thus, no estimates are currently available for same-sex families in South Africa.

Although the number of planned lesbian families, both nationally and internationally has increased rapidly in the recent past, there still is paucity in research studying this family form. This has left planned lesbian families largely invisible and voiceless within psychological and sociological literature (Laird, 2003; Lubbe, 2007a; Perlesz & McNair, 2004; Perlesz et al., 2010; Touroni & Coyle, 2002). The literature on lesbian parenting is particularly scarce in the field of family therapy. As a result, psychologists, family therapists and trainees are placed in the difficult position of not being informed or able to fully understand the lived experiences of lesbian family life. Also, the resilience and strengths of lesbian families are underplayed (Perlesz & McNair, 2004).

This relative lack of psychological research might possibly emanate from homophobic or heterosexist attitudes held by psychologists (Crawford, McLeod, Zamboni, & Jordan, 1999; Perlesz & McNair, 2004). It may also be due to a lack of interest, possible fear of stigmatisation if one is associated with these issues, or perhaps that the topic itself is not seen as significant enough to pursue (Van Ewyk, 2010). Research regarding planned lesbian

families may help psychologists to better understand these families and regard these families as a viable family form (Lubbe, 2007a).

Despite the actual increase in numbers, planned lesbian families are forced into a position where they have to overcome societal adversity in the form of homophobia as well as struggle on an institutional level to gain legal rights and recognition as a couple and as parents (Oswald, 2002). Remaining largely invisible within psychological literature and facing social adversity means that these lesbian families are still marginalised. Heteronormative and homophobic dominant discourses are still being reified (Thompson, 2002).

1.1.1   Changes within international psychological research

Research into planned lesbian families has steadily increased over the past decade and has established that planned lesbian families are a functional and viable family form (Hequembourg & Farrell, 1999; Laird, 1996; Patterson, 2006; Patterson & Redding, 1996; Perlesz & McNair, 2004). A recent overview of existing international research conducted on lesbian families indicates that this has not always been the case. Within psychological research on lesbian families, three relatively distinct phases can be discerned. Although they are relatively distinct, it should be noted that the three phases do have some overlap. These phases can be described as the negative phase, the comparative phase, and the intra-familial phase.

1.1.1.1   Negative phase

Earlier research into planned lesbian families was based on the assumption that lesbian families are not functional and as such not a viable family form. It was assumed that lesbian mothers would have a negative and corrupting influence on their children as lesbian families were portrayed as "different, 'other', and 'alternative'" (Lubbe, 2007a). This was set against

the dominant heteronormative discourse in which the traditional nuclear family was regarded as the ideal (Lubbe, 2007a).

With the gay liberation movement in the 1970's came the campaigning for gay and lesbian rights and the visibility of gays and lesbians increased. Blumenfeld and Raymond (1988) stated that this gave married women the opportunity to come out as being lesbian and divorcing their husbands (cited in Bos et al., 2004). Many of these divorced lesbians had children from their previous marriages resulting in custody cases involving lesbian mothers fighting for custody of their children. As a result, courts sought the expertise of psychologists in determining the fitness of these divorced lesbian mothers to parent (Clarke, 2008).

Psychologists, influenced by heterosexist discourse and misrepresented psychoanalytic theory, generally saw these lesbian mothers as pathological and unfit to parent (Clarke, 2008). For example, a study conducted by Cameron & Cameron (1996) regarded lesbian families as different and inferior to heterosexual families (cited in Clarke, 2008). The reasons given were that children would be bullied by their peers, their gender development would be compromised, or that they would become gay or lesbian themselves (Golombok & Badger, 2010). All of this began with the incentives of "in the best interest of the child" and "protecting the child". During this time, almost without exception, divorced lesbian mothers lost custody of their children due to their sexual orientation (Golombok & Badger, 2010).

In general, the focus of studies during this phase was what the impact of the mother's lesbianism would have on her child's psychosexual development (Clarke, 2008). Despite the assumptions, however, studies failed to find evidence that lesbian mothers had a negative impact on their children. Instead it was found that children from lesbian families did not show a higher incidence of psychological disorders or experience excessive bullying by their peers (Golombok, Spencer, & Rutter, 1983; Green, Mandel, Hotvedt, Gray, & Smith, 1986;

Kirkpartick, Smith, & Roy, 1981). There was also no evidence of these children being confused about their sexual orientation or developing atypical gender behaviour (Causey & Duran-Aydintug, 1997; Green et al., 1986; Patterson, 1992; Tasker & Golombok, 1995). This gave rise to the next phase, namely, the comparative phase.

1.1.1.2   *Comparative phase*

During the "comparative phase" researchers set out to compare lesbian families to other families, often with the assumption that there were no significant differences between parenting and children with lesbian mothers. The main focus of these studies was to provide evidence that the sexual orientation of the lesbian mother will not adversely affect a child's sexual development or a child's gender behaviour. No significant differences with regards to sexual development and gender behaviour were found (Golombok, Tasker, & Murray, 1997; Patterson, 1992).

At this point comparative studies began to show that lesbian mothers are not only fit to parent, but that they can indeed be good parents (Clarke, 2008) with children who are psychologically just as well adjusted as their heterosexual counterparts (Bos & Van Balen, 2008; Bos, Van Balen, & Van den Boom, 2007; Gartrell, Deck, Rodas, Peyser, & Banks, 2005; Patterson, 2006). The social mother (the non-biological mother) also began to attract some attention within studies, with her role being compared to that of the father in heterosexual families (Clarke, 2008).

Research revealed that there is no significant difference between the emotional and psychological adjustment of children from lesbian families when compared to heterosexual families (Bos & Van Balen, 2008; Bos et al., 2007; Fitzgerald, 1999; Kirkpatrick et al., 1981; Laird, 1994; Patterson, 2006; Tasker & Golombok, 1995; Vanfraussen, Ponjaert-Kristoffersen, & Brewaeys, 2002). For instance, Patterson (2006) found that it is the quality of

family relationships, and not parental sexual orientation as such, that has the greatest influence on child outcomes. Children from lesbian families have also been found to be more open and accepting of diversity (race, social class, gender, and sexuality) than their heterosexual counterparts (Patterson, 1994; Perlesz & McNair, 2004; Sullivan, 1996).

Comparative studies into the difference between lesbian and heterosexual families found that the only difference between these two family forms was in the realm of parenting. Lesbian mothers have been found to display greater parenting awareness skills (Flaks, Ficher, Masterpasqua, & Joseph, 1995), they have a greater motivation and desire to become parents, and they have less traditional child-rearing goals. Social mothers are also more effective and committed than heterosexual fathers (Bos et al., 2007). It was also found that there is a greater co-parent satisfaction between lesbian couples than heterosexual couples (Bos et al., 2007).

The relationship between lesbian mothers and their children has also been a topic for research. Studies found that mother-child relationships in lesbian families were mostly positive (Golombok & Badger, 2010; Golombok et al., 2003; Patterson, 1996). The quality of the relationship between the social mother and her child was also found to be comparable to that of the biological mother (Bos et al., 2004; Vanfraussen et al., 2003). Compared to heterosexual fathers, social mothers were found to display a superior quality of parent-child interaction (Brewaeys, Ponjaert, Van Hall, & Golombok, 1997; Golombok et al., 1997).

Not only the relationships between parents and their children were studied, but also the relationships between partners. Laird (1996), Oswald (2002) and Rohrbaugh (1992) reviewed the literature on the partner relationship in lesbian families. They concluded that the experiences of lesbian families and couples were diverse.

Comparative studies between lesbian and heterosexual families suggested that, with regard to negative impact, there are no significant differences between lesbian and heterosexual parents or between the children raised in lesbian families and those raised in traditional families (Clarke, 2008). According to a review conducted by Tasker (2005), the experiences of family life is similar for children with same-sex parents compared to children with heterosexual parents. Even peer relationships were found to be similar, with children from lesbian families being no more likely to experience peer relationship problems than children from heterosexual families (Tasker, 2005). However, in terms of parenting, lesbian mothers showed greater motivation, parenting awareness skills, involvement, and co-parent satisfaction. The research thus confirmed that lesbian mothers are good parents, with the lesbian family a viable and functional alternative (Clarke, 2008).

Although comparative studies are still being conducted, the majority of these have paved the way for a new approach to research into lesbian families, namely studies into the lesbian family unit in and of itself. These studies examine the internal functioning of and the relationships between lesbian parents and their children within their family unit. This third phase may be described as the "intra-familial" phase.

1.1.1.3 Intra-familial phase

Current research has begun to focus on the unique aspects and relationships within lesbian families without comparing these families to their heterosexual counterparts (Patterson, 2006; Perlesz, Brown, Lindsay, McNair, de Vaus, & Pitts, 2006; Perlesz & McNair, 2004; Touroni & Coyle, 2002). This has become important due to the proliferation of planned lesbian families (Bos et al., 2005; Bos, Van Balen, & Van den Boom, 2003; Sullivan, 1996). The greater proportion of recently formed lesbian families are not only composed of divorced lesbian mothers or single lesbian mothers and their children forming a family with their new

partners, but rather lesbian couples who choose to have and raise a child or children within their current relationship either through donor insemination or adoption. The eligibility to access reproductive facilities have created what Patterson (1994) calls a "lesbian baby boom" and saw a drastic increase in the number of lesbian couples starting their own family.

According to Bos et al. (2007), there is a very different dynamic involved in planned lesbian families than that operating in lesbian families established following divorce. Therefore, when studies focus on lesbian families a differentiation between planned lesbian families and lesbian families formed post-divorce should be made. This is because divorced lesbian mothers and their children have gone through a divorce, the mother has come out as a lesbian and a female partner has entered the post-divorce mother and child unit. A differentiation should also be made between lesbian mothers from planned lesbian families and single mothers who became involved with lesbian women to form lesbian families. Single mothers who form a lesbian family with a female partner will also involve a different dynamic than that of a planned lesbian family as a female partner enters the mother and child unit. On the other hand, Bos et al. (2007) state that parents in planned lesbian families start their family as a lesbian couple deciding to have children and, as such, their children have not been subjected to parental divorce; the coming out of their mother; or the emergence of a new female partner. Although, this does not necessarily imply that the planned lesbian family is superior, only that the way a lesbian family is formed will have an impact on the family members' psychological experiences.

The intra-familial approach to research is important as studies comparing lesbian families to heterosexual families still retain the heterosexual family as the norm against which the lesbian family is measured (Clarke, 2008; Perlesz & McNair, 2004), and therefore implicitly serves to reify anti-lesbian attitudes and heterosexism (Fitzgerald, 1999; Thompson, 2002).

Although international research into planned lesbian families has increased more rapidly in recent years, most studies only focus on certain aspects of family life (Touroni & Coyle, 2002), such as the relationship between partners, mother-child relationships, division of work and child care; and the adjustment of children. However, there are a few studies that attempt to encompass a more holistic approach. Such studies try to focus on gaining a more complete understanding of planned lesbian families. Instead of analysing specific aspects and experiences, these studies take on a more comprehensive stance, looking at how aspects and experiences interplay to shape the family and the individuals constituting these families. One example of such research is the recently published USA National Longitudinal Lesbian Family Study (Gartrell & Bos, 2010). Research of this nature remains limited (Laird, 2003) and more extensive research focusing on the daily personal and familial lives of planned lesbian families is necessary (Laird, 1996).

Within the context of a planned lesbian family, international research must be regarded as context-specific and, as such, these studies are not necessarily applicable to the South African context. Consequently, South Africa needs research that is relevant and applicable to the South African context.

1.1.2   South African psychological research

While research on South African lesbians has become more gay-affirmative, research into South African lesbian families is limited (Lubbe, 2007a; Suckling, 2010; Van Ewyk, 2010). Studies concerning lesbianism in South Africa included the following: Schurink (1981), Blyth (1989), Knight (1989), Potgieter (1997), and Tarrant (1992). The only published studies relating to lesbian parenting in South Africa are those of Distiller (2010), Lubbe (2007b, 2008), Suckling (2010), and Swain (2010).

Schurink (1981) looked at the lifestyle of a group of lesbians. Blyth (1989) explored lesbian identities, and Knight (1989) focused on lesbian couples. Tarrant (1992) conducted a study on 15 psychologists and their attitudes toward homosexuality. The study concluded that South African psychologists did not see homosexuality as pathological, but were unfamiliar with the current literature. In 1996 the first academic article that focused on black lesbians was published by Cheryl-Ann Potgieter. The same author completed a doctoral dissertation entitled *Black, South African, lesbian: Discourses of invisible lives* in 1997. Despite these studies, there still is a dearth of research concerned with lesbianism in South Africa in general and into planned lesbian families in particular (Lubbe, 2007a). This lack of research may be related to an assumption that homosexuality is deviant and that same-sex parents will negatively influence and corrupt their children (Botha, 1992; Botha, 2000; Van Niekerk, 1989).

A few studies have focused on same-sex families. Annandale (2008) focused on same-sex families, but specifically on the impact of gay fathers on their adolescent children. Kruger (2010) looked at how adolescents raised by same-sex families approached the disclosure of their family structure. Both Lubbe's (2007b, 2008) studies focus on the experiences of children living in lesbian families. Distiller's (2010) doctoral dissertation focused on lesbian motherhood and on the ways in which lesbian mothers challenge gender role construction. Suckling (2010) looked at the parenting experiences of lesbian mothers who had a child through donor insemination. She paid particular attention to the challenges of being a lesbian parent living in South Africa. Swain (2010) focused on the experiences of a South African lesbian couple who became mothers through donor insemination. Unfortunately, the studies conducted by Suckling (2010) and Swain (2010) included only one couple each. A note should also be made of Dr. Breshears, from the University of Pretoria, who is currently conducting research on the experiences of same-sex parents (lesbian and gay) as well as their

children within their family and social context. The limited research clearly suggests a hiatus in South African psychological literature on the experiences of planned lesbian families.

Aware of this gap in the literature, I, in partial fulfilment of the requirements of an Honours degree in Psychology, conducted a research study entitled *Planned lesbian families: Exploring the experiences of lesbian parents within the Cape district* in 2010 (Van Ewyk, 2010). This study followed a holistic approach attempting to understand how various aspects of family life shaped the lived experiences of lesbian mothers.

However, more holistic research concerned with South African planned lesbian motherhood is necessary. Due to the lack of research relevant to lesbian motherhood in South Africa, this study will be exploratory and will focus on lesbian mothers' lived psychological experience of planned motherhood.

1.2   Rationale

1.2.1   Lack of research on lesbian mothers and their children

As discussed above, international and local research on planned lesbian families and how they function remains limited. Although research into planned lesbian families has increased during the past decade, there remains a silence around these families and their experiences within mainstream psychology (Laird, 1996; Perlesz et al., 2006; Perlesz & McNair, 2004; Perlesz et al., 2010; Touroni & Coyle, 2002).

Within South African psychology literature there is a vast gap in the literature on lesbian families, especially planned lesbian families. There are currently only three studies, including my own, that focused on the experiences of lesbian mothers (Suckling, 2010; Swain, 2010;

Van Ewyk, 2010). Thus, a clear need for indigenous research exists. One cannot always generalise international research findings to the South African context (Lubbe, 2007a).

To address this gap in psychology research, this study will be exploratory and try to provide an understanding of South African planned lesbian families and South African lesbian mothers' lived psychological experience of planned motherhood.

1.2.2   Political

Psychological research exploring how women on the margins of society make meaning of their lives is necessary (Lubbe, 2007a). We need to research planned lesbian families in order to give lesbian mothers a voice in psychological literature. Only by doing such studies can we come to a better understanding of how planned lesbian families function.

Planned lesbian families can challenge the way society view and constructs the concept of a "normal" family and what structures and processes constitute a functional family (Rohrbaugh, 1992). Pertaining to the structure and processes of the planned lesbian family, research needs to focus on how these families have adapted family and gender constructions in their everyday lives. Studies need to focus on how lesbian mothers and their children try to "fit" into a homophobic and heterosexist society (Lubbe, 2007a), and how they forge and negotiate their own relationships, family identities and roles, as well as the different problem-solving strategies they employ (Hequembourg & Farrell, 1999; Laird, 1996).

According to Laird (2003, p.179) planned lesbian families are "generating new ideas not only about the formation and structure of families but also about how couples and families may operate as they pioneer new ways to conceptuali[s]e and practice parenting, couple relationships, and role and task divisions". In other words, research into lesbian couples and families may highlight things about families in general, such as couple satisfaction,

egalitarianism, gender and sexuality in relationships, creative parenting, children raised in non-traditional homes and adaptation to tensions in this society (Van Ewyk, 2010).

Through research we can come to understand the resourceful ways in which planned lesbian families function (Oswald, 2002), enabling them to thrive as a family unit. This study will hopefully contribute to an acceptance of diversity within mainstream psychology and the broader South African community.

1.2.3   Personal

I have a personal interest in this study. My spouse and I decided that we wanted children somewhere in the near future. I began to do some research on planned lesbian families and found that internationally and locally there is little information available on their experiences and how they function. Therefore, I decided to do a follow-up exploratory study building on my Honours research paper in order to provide information that can be useful to other lesbian mothers as they start their own families.

Upon reflection, I acknowledge that wanting to start my own family may have had an impact on my analysis. It is possible that I may have been more inclined to focus on the participants' positive experiences and illustrating the viability of this family form.

1.3   The aims and objectives of the study

It is clear that the current psychological knowledge base regarding planned lesbian families should be expanded. What is needed is a better understanding of lesbian mothers' lived experiences, such as their joys and hardships (Perlesz & McNair, 2004), their strengths, as well as the problems they face (Bos et al., 2007).

This study will explore lesbian mothers' lived psychological experience of planned motherhood. Due to the exploratory nature of the study, the study will not focus on a few specific aspects but rather aims to provide a comprehensive and overall view. Owing to the largely comparative nature of previous studies, between lesbian and heterosexual families, reference to these comparative findings will also be highlighted.

It is hoped that this study will not only produce information on planned lesbian families, thereby contributing to psychological knowledge, but that it will also help to reduce prejudice against lesbian mothers and their children (Bos et al., 2007). It may contribute towards the building of a society that is not only accepting of diversity in terms of sexual orientation, but also of family forms and structures.

This chapter introduced the problem statement as well as the aims and objectives of the study. A chapter containing the literature review was deemed unnecessary. This is because in qualitative research the literature review is conducted only after data collection, during the phase of data analysis (Dick, 2005, cited in Price & Paley, 2008). A literature review was conducted to gain an overview of international research on the experiences of lesbian mothers. The literature relevant to the findings in this study will be discussed in Chapter four: Results and Discussion. A summarised overview of international literature is attached as Appendix A.

Chapter two provides an overview of feminist phenomenology, the theoretical framework in which this study is located. Chapter three details the methodology, describing the data collection method used (semi-structured interview) as well as the method for data analysis (thematic analysis). Chapter four presents the results and discussions. The participants' experiences are discussed under four headings, namely: the decision to become mothers; the actual process of becoming mothers; motherhood experience; and anticipated and actual

responses to lesbian motherhood, lesbian families and children of lesbian mothers. Chapter five is the conclusion, providing an overview of the findings, strenghts and limitations of the study, recommendations and concluding remarks.

CHAPTER TWO: THEORETICAL POINTS OF DEPARTURE

There are various frameworks through which to view and understand experiences. In this study experiences are located within a feminist phenomenological framework.

2.1   Feminism and research

Fiss (1994) broadly defines feminism as: "the set of beliefs and ideas that belong to the broad social and political movement to achieve greater equality for women". Although there is no absolute definition for feminist research, according to Harding (1987), it could be explained as researchers generating research questions from the perspective of women's experiences. Although there is no one accepted definition, it is widely accepted that feminist research attempts to unveil the social relations and structures that form, restrain, and reiterate the lived experiences of women and other subordinate groups (Ironstone-Catterall et al., 1998).

Researchers adopting a feminist epistemology focus on the various ways gender have, currently is and should affect our notions of knowledge, the knowing subjects used in studies, and methods of inquiry and justification (Anderson, 2011). Therefore, applying a feminist approach to research involves initiating research that has a political commitment to generate knowledge that is useful in order to improve women's lives through instigating social and individual change (Letherby, 2003).

2.2   Feminist phenomenology

According to Smith (2008), phenomenology can be described as an approach that is "concerned with exploring the lived experience of the participant or with understanding how participants make sense of their personal and social world" (p. 3). In other words,

phenomenology aims at describing participants' lived experience of a phenomenon or event (Mapp, 2008).

Thus, phenomenological research looks at the psychological meanings that participants attach to a phenomenon. According to Giorgi and Giorgi (2008), to study a phenomenon involves gaining first-hand descriptions from participants of the actual event/experience as it happened in their lives. Phenomenology aims to "capture as closely as possible the way in which the phenomenon is experienced within the context in which the experience takes place" (Giorgi & Giorgi, 2008, p. 27). Therefore, researchers who use a phenomenological approach will look at the lived experience of participants and try to understand the meaning they attach to certain feelings, thoughts, actions, or states of mind (Hornstein, 2013). They also acknowledge that they have their own preconceptions and attempt to set them aside, although this can never fully be achieved, in order to understand the phenomenon from the participants' perspective (Hornstein, 2013).

I decided to employ a feminist phenomenological approach. Combining feminism and phenomenology into an feminist phenomenological approach allows each component to not only contribute individually but also "enhanc[ing] the possibilities of both" (Fisher, 2010). Thus, phenomenology provides a way of looking at lived experience in a 'here and now' context, enabling researchers to understand the phenomenon and meanings attached to this lived experience. Feminist thought is able to expand and deepen phenomenological research by focusing on the importance of the context of this lived experience as well as the social, cultural, and political dynamics that interplay on this lived experience (Fisher, 2010). Thus, feminist phenomenology offers an approach to understanding women's lived experiences and how they overcome their situaltional limits (Chisholm, 2008). This approach is appropriate for this study as I want to explore lesbian mothers' lived psychological experience of planned

motherhood, give a voice to lesbian mothers in the literature and also to contribute to the social acceptance of planned lesbian families.

CHAPTER THREE: METHODOLOGY

3.1   Design

This study will explore the question concerning lesbian mothers' lived psychological experience of planned motherhood. The choice of research method usually depends on the phenomenon being investigated (Westmarland, 2001). This topic was approached from a feminist phenomenological point of view. A multiple case study design was employed. This enabled the similarities and differences between cases to be examined (Baxter & Jack, 2008). In order to explore the research question, semi-structured interviews were conducted with 10 couples within the metropolitan municipalities of three major cities in South Africa, namely, Cape Town, Johannesburg and Pretoria.

Although some feminist researchers use quantitative methods, most feminist researchers (Thompson, 1992) and phenomenologists (Hornstein, 2013) prefer the use of qualitative research methods. The reason for this is that qualitative research methods enable researchers to develop a deeper and more complex understanding of the lived experiences of women, which have been neglected in traditional social science research (Ironstone-Catterall et al., 1998). Qualitative methods also give women the ability to "express themselves, to discuss their experiences and have their knowledge(s) legitimi[s]ed and to do so on their own terms" (Ironstone-Catterall et al., 1998) and the researcher the ability to understand the phenomenon from their perspective.

In qualitative research, in order to gain insight into people's lived experiences and sense-making (Crouch & McKenzie, 2006), there is an attempt to highlight how people create their own meaning and realities and that these are context-specific (Ambert, Adler, Adler, & Detzner, 1995). Qualitative research sets out to obtain in-depth information in order to

understand social phenomena from the perspective of the participant (Ambert et al., 1995). A qualitative research approach, in this case feminist phenomenology, was appropriate for this study as it provided a means to better understand lesbian mothers' lived psychological experience of planned motherhood.

3.2 Participants

The study included 10 lesbian couples from planned lesbian families. Three couples were from Cape Town, five couples were from Pretoria, and two were from Johannesburg. All but one participant were white. This participant can be classified as coloured. The term coloured is a South African racial categorisation created by the apartheid regime. This racial categorisation was used, albeit not condoned, as societal configurations of race are still prevalent. With regards to socioeconomic status, all the couples can be described as middle-class. In nine of the couples both partners were employed, and in one, only one partner was employed. The participants being of middle-class may have been due to the costly procedures related to reproductive technology (Sullivan, 1996) and adoption. The ages of the participants ranged from 25 to 49 years. Their educational qualifications ranged from high school to degrees. The length of their current relationship ranged between 2½ to 17 years with a mean duration of 8 years and 7 months. The religious denominations of couples were as follow: six couples were Christian, two couples were Atheist, and two couples had partners with differing religious denominations (one Christian and Jewish; one Christian and Atheist). Each couple only had one child, with the age of children ranging between 10 months and three years. Eight couples used donor insemination to have a child and two couples opted for adoption. Both adoptive couples adopted a black child. The demographic details of the couples are provided in Appendix B.

All participants were self-identified lesbians living together as committed and intimate partners (either through domestic partnership or marriage-civil union). The couples all took conscious and determinate steps to plan their families, either through conception or adoption; and were raising their child or children together.

A chain referral sampling method was used to recruit 10 couples within the metropolitan municipalities of Cape Town, Johannesburg, and Pretoria. Penrod, Preston, Cain, and Starks (2003) define chain referral sampling as employing various personal and participant referrals to others within the same population under investigation. This entails using different networks in order to ensure access to participants who move in different social networks.

Chain referral sampling is useful when researching a sensitive topic in a sample of hidden or hard-to-reach population. Lesbian families can be considered a hidden population and difficult to locate (Brown, 2005) as these families are not commonly visible and fear stigmatisation (Penrod et al., 2003). The research topic, lesbian parenting, is in itself a sensitive issue as it involves sexual orientation (Penrod et al., 2003) and exploring the private sphere of lesbian mothers (Platzer & James, 1997).

In order to locate and recruit participants from different social networks, personal referrals and social media networks were used. Social media networks were employed by placing advertisements on the Facebook pages of three gay and lesbian organisations. The first Facebook page, "GayspeakEZine", is a digital magazine that covers gay and lesbian issues. The other two pages were social network groups. The one, "Gay and Lesbian Families – for the support you need", is the page of a social support group for gay and lesbian families living in Pretoria and Johannesburg. The other, "Mambagirl.com", is a social network group where lesbians can meet each other online and where lesbian issues are discussed. Facebook was useful for recruiting more people in a shorter time span and in difficult geographical regions.

Five prospective couples were recruited via personal referrals and five responded to the Facebook advertisements. By using different referral systems, participants from different social networks were recruited.

The reason for deciding to conduct couple interviews as opposed to individual interviews was due to prospective participants asking if their partners may also be part of the interview. Reasons for this included both partners being at home or feeling that their partners could provide additional information or opinions. They were informed that there were no objections to conducting an interview with them as a couple. Conducting an interview with the couple does have its advantages and possible disadvantages. The advantage was that participants felt more comfortable speaking about their experiences and partners could help each other remember, or better describe, events or experiences. It also provided me with the means to understand lesbian motherhood not only from the point of view of the biological mother but also the social mother. Possible disadvantages might have included partners not fully disclosing negative feelings or inflating praise due to the presence of their partners. As the focus was not on the social constructions of meaning or discourses, but rather describing participants' experiences, these disadvantages would not have a significant impact on the analysis of the data.

The anticipation that it would be difficult to locate lesbian mothers was confirmed. This was possibly due to the sensitivity of the research topic as it would be delving into the private lives of these families. The study is not representative of all planned lesbian families in South Africa.

3.3   Instruments

The qualitative data collection method that was used in this study was the semi-structured interview. Berg (2007) broadly defines the interview as a functional conversation in order to gather information (cited in Annandale, 2008). The interview is viewed as a useful data collection strategy in trying to understand the lived experiences of women (Westmarland, 2001). The use of quantitative data collection strategies such as surveys and questionnaires, although useful in certain respects, can fail to reveal the complexity of underlying processes and variation in experiences (Westmarland, 2001).

Of the various interview structures available as data collection methods, Willig (2001) reported that the semi-structured interview is the most popular method in psychology (cited in Annandale, 2008). This is because it is compatible with different data analytic methods. Also, when compared to a structured interview, where the interview schedule almost resembles a questionnaire, the semi-structured interview provides the researcher with more flexibility not only in the sequence and wording of questions, but also to probe further to elicit more in-depth information (Annandale, 2008). This data collection method is widely used by feminist researchers (Westmarland, 2001) and phenomenologists (Holloway, 2005). This is because in a semi-structured interview, women can talk about their experiences on their own terms and are therefore given a voice (Ironstone-Catterall et al., 1998). The data generated in a semi-structured interviewed is multi-layered and complex, making more in-depth analysis possible (Buston, Parry-Jones, Livingston, Bogan, & Wood, 1998).

I decided to use a semi-structured interview as open-ended questions allowed for eliciting in-depth data about the lived experiences of lesbian mothers. The semi-structured interview allowed for further probing and to clarify any vague answers. It also allowed the participants to speak for themselves and to focus on topics they deemed important or of interest to them.

At the conclusion of the interview, couples were asked if they had any additional information they wanted to convey. This gave them the opportunity to voice their own comments or views.

The interview consisted of a demographic questionnaire followed by an in-depth, semi-structured interview with open-ended questions. Interviews were conducted by me, a Masters student from the Department of Psychology at Stellenbosch University. During the interview a voice recorder was used to record the data. The demographic questionnaire is attached as Appendix C. The interview schedule is attached as Appendix D.

3.4   Procedures

Couples were recruited within the metropolitan municipalities of Cape Town, Johannesburg, and Pretoria. Five couples responded to the advertisements and the other five couples were located via personal referrals. Prospective participants were contacted via e-mail messages to explain the purpose of the study and asked if they might be interested in participating in the study. The reason for using an e-mail message instead of a phone call as an initial method of contact with referred prospective participants was based on wanting to give them time to consider participation. I did not want to place them in a position where they might feel obliged to agree to participate when they did not really want to. Six prospective participants chose not to respond to my invitation to participate.

In order to conduct the interview, prospective participants were phoned to arrange individual meetings with each couple who agreed to participate. I conducted each interview at a time and place convenient for each couple. Couples were asked where they would feel comfortable doing the interview. All couples preferred to be interviewed in their own homes. Each interview started with the obtaining of informed consent. They were then informed that

participation was completely voluntary and that they could withdraw at any time or decline to answer any question. After both partners had read and signed the informed consent form and completed the demographic questionnaire, the interview commenced.

Interviews averaged between one and two hours. Each interview was conducted in the preferred language of each couple. Interviews were recorded on a voice recorder, with the couple's permission, and subsequently transcribed verbatim and analysed.

3.5   Data management

Interviews were transcribed verbatim in order to be an exact reproduction as this aids in preserving the naturalness and integrity of the transcript. Electronic interview data was stored on my personal computer. This computer was stored in a safe place at all times and could only be accessed with a password. Transcribed interview data was only accessible to the research team, consisting of myself and my supervisor, Professor Kruger. When hard copies of transcribed interviews were not in use, they were stored in a locked cabinet. On completion of this study, electronic interview data will be deleted and the hard copies of transcribed interviews will be destroyed.

3.6   Data analysis

Thematic analysis was utilised to analyse and interpret the data. Thematic analysis can be described as a method for "identifying, analysing and reporting patterns (themes) within the data" (Braun & Clarke, 2006). Boyatzis (1998) has defined a theme as at minimum being a way to organise and describe the data and at maximum being a way to interpret various aspects of the phenomenon (cited in Fereday & Muir-Cochrane, 2006).

Thematic analysis is a qualitative analytic method that is widely applied in psychology (Braun & Clarke, 2006). This is due to it being free from any pre-existing theoretical frameworks. It is a flexible and easy to use method that can be employed within various theoretical frameworks. Thematic analysis can be applied in different ways to do various things within theoretical frameworks and as such, can "potentially provide a rich and detailed, yet complex, account of data" (Braun & Clarke, 2006).

Thematic analysis can be applied to various methods such as an essentialist or realist method, which describes participant experiences, meanings and their reality, or it can be applied to a constructionist or contextualist method (Braun & Clarke, 2006). Thematic analysis is also a useful method when researching an under-researched area and wanting to provide an overall description of a phenomenon (Braun & Clarke, 2006).

Due to this study's exploratory nature and aim for a comprehensive and overall view of lesbian mothers' lived psychological experience of planned motherhood, thematic analysis is appropriate. It can provide a thematic description of all the data in order for readers to become informed of the important themes. By providing a rich overall description, it compensates for losing some depth and complexity in the analysis (Braun & Clarke, 2006).

I have decided to specifically apply thematic analysis' semantic description as a way to analyse the data. This means that the analysis that is produced will be descriptive. Using a semantic description means focusing more on identifying themes within the surface meanings of the data than on theoretical interpretations of participants' words (Braun & Clarke, 2006). Although the data was descriptive, an attempt was made to interpret and theorise, to a certain extent, about the themes and their deeper meanings and implications.

The data was analysed by following the six phases of thematic analysis as described by Braun and Clarke (2006):

Phase one: Familiarising yourself with your data

During the first phase I transcribed the data and began to immerse myself in the data by reading and re-reading the data. While reading through the data a search for meanings and patterns was done and notes of ideas for codes were made.

Phase two: Generating initial codes

During this phase interesting features in the data were systematically coded across the entire data set. Data was collected that was relevant to each code.

Phase three: Searching for themes

The third phase consisted of fitting codes into possible themes and collecting data that is deemed relevant to these possible themes.

Phase four: Reviewing Themes

In this phase themes were checked to ensure that they worked in relation to the extracts that were coded (level 1) and compared to the entire data set (level 2), which enabled the generation of a thematic outline of the analysis.

Phase five: Defining and naming themes

The fifth phase consisted of constant analysis in order to refine the specifics of each of the themes and the overall story the analysis needed to convey. This meant creating definite definitions and names for each of the themes.

Phase six: Producing the report

This was the final phase of the analysis. It entailed selecting convincing extract examples from the data and final analysis of these extracts. After the final analysis, the analysis was related back to the research question and literature in order to write up the final report (Braun & Clarke, 2006).

Although the process of analysis is presented as linear, this was not the case. The process moved back and forth between phases as the analysis was an "iterative and reflexive process" (Fereday & Muir-Cochrane, 2006).

All Afrikaans quotations were translated into English. The quotations were also edited in order to make them easier to read. Inserting punctuation marks and making slight adjustments to sentence structures did not influence the data analysis. This is because thematic analysis focuses on describing experiences and not on analysing the expression and content of participants' data.

3.7   Processes of validation

The current study was qualitative and exploratory in nature. Qualitative interviews can be seen as non-oppressive research as knowledge is created through dialogue (Thompson, 1992), allowing participants to tell their own stories. Thus, the intention of this study was to explore the meanings these lesbian mothers attached to their experiences. As a result of the small sample size, this study does not claim to be representative and conclusions drawn cannot be generalised to all South African planned lesbian families.

Due to the qualitative nature of the study, Fereday and Muir-Cochrane (2006) have proposed certain steps in order to demonstrate the rigor, validity and credibility of the research. These steps were followed through the in-depth planning of the research design, remaining focused

on lesbian mothers' lived psychological experience of planned motherhood, and aiming to provide results that are useful. The choice of research methods was appropriate for the exploratory and descriptive nature of the study and the research problem. A step-by-step guide was provided of how the thematic analysis was applied during the analysis of the data.

Throughout the process of data collection I remained reflective and kept notes of how I felt between and during each interview. These notes included reactions to what a participant has said and interesting topics that came to the fore. Through these notes and discussions with my supervisor I considered how my views and values concerning my research and the participants might have influenced me during data collection and analysis. I also made use of memo-writing during the coding phase in order to develop my categories. Memo-writing aided me to see new and interesting ideas and topics that I could follow up on.

Quotations were used to illustrate findings and demonstrate how interpretations of the data were made. The use of "participants reflections conveyed in their own words, strengthen the face validity and credibility of the research" (Patton, 2002, cited in Fereday & Muir-Cochrane, 2006). I also discussed my interpretations with my supervisor. This enabled my supervisor to comment on my interpretations of the data.

All the participants preferred to conduct the interview at their homes. Conducting the interview at participants' homes, where they presumably felt comfortable, may have facilitated the sharing of experiences.

3.8   Self-disclosure

Participants were informed before commencing the interview of my lesbian orientation. According to Acker (2000), belonging to a shared group may increase rapport and the information participants are willing to share. This is because self-disclosure in a sense aids in

levelling the hierarchy between the researcher and the participant, facilitating trust and allowing the participant to provide more in-depth and intimate information, especially related to a sensitive topic (Dickson-Swift, James, Kippen, & Liamputtong, 2007). Self-disclosure was found to aid in the facilitation of rich data, especially due to the sensitivity of lesbian motherhood.

Potential problems with self-disclosure may have been related to gaining very intimate information, which could lead the researcher to not only feel an exaggerated sense of responsibility to do something great with the information, but also crossing the boundary from being a researcher to becoming a friend (Dickson-Swift et al., 2007). These possible problems were taken into consideration before and during data collection. I tried to remain as neutral as possible during the interviews. Thus, trying not to become too emotionally involved, which could lead to data being presented in a more positive light.

3.9   Ethics

Ethical clearance to conduct this study was received from the Stellenbosch University Research Ethics Committee: Human Research (Humaniora), protocol number: HS684/2011. Throughout the whole research process, the utmost care was taken to stay aware of ethical issues.

Participants were informed that participation in this study was completely voluntary and that they were free to withdraw at any time, or refuse to answer any question. Participants were briefed on the nature and aims of the study before a meeting was arranged to conduct each interview. Each participant read and signed an informed consent form, attached as Appendix E. Participants were given an opportunity to voice any concerns or need for additional information prior to commencing the interview. The potential sensitivity of some of the

questions was also acknowledged. Participants were notified that referrals for professional counselling can be made if they become distressed during the interviews.

Participants were assured of the confidentiality of their data. They were told that only my supervisor and I would have access to electronic interview data as actual names were used during the interviews. To ensure confidentiality, names of participants were changed in the transcriptions and subsequent research report. Only the research team had access to transcriptions, which were safely stored on my computer. Hard copies were locked away when they were not in use.

CHAPTER FOUR: RESULTS AND DISCUSSION

The aim of this study was to gain a general understanding of lesbian mothers' lived psychological experience of planned motherhood. A feminist phenomenological approach was followed, focusing on various aspects of lesbian parenting. The participants' experiences are discussed under four headings, namely: the decision to become mothers; the actual process of becoming mothers; motherhood experience; and anticipated and actual responses to lesbian motherhood, lesbian families and children of lesbian mothers.

4.1   The decision to become mothers

4.1.1   The decision to have a child

4.1.1.1   A conscious decision

Lesbian motherhood is noteworthy in that lesbians cannot "fall" pregnant. Lesbian motherhood thus always involves making a conscious decision about becoming parents. For lesbian women, deliberate and significant thought processes, decisions and planning are necessary once they decide to have children (Ben-Ari & Livni, 2006; Chabot & Ames, 2004; Gartrell et al., 1996; Larsson & Dykes, 2009; Patterson, 1996; Perlesz & McNair, 2004; Renaud, 2007).

Participants in the current study reflected on how they made the decision:

> Dana: We talked about it on the ship, you know. And it felt like, a long way away that would ever happen. But you know, everything kind of fell into place, and that's why we tried.

> Tracy: And we thought it over for a long time, are we going to or are we not going to…We then went to see the gynaecologist and began with the tests and stuff, and so yes, this is where we are now.

> Emily: I don't think it was a decision we just [made] or decided. I think it's something both
> of us wanted. When we met, we wanted to get married…I think it was just a year before the
> marriage law was passed and I think it was just a natural progression.

Bos et al. (2003) conducted a comparative study in the Netherlands between 100 planned lesbian families and 100 heterosexual families. The purpose was to determine if planned lesbian families differed from heterosexual families in their desire and motivation to have a child. The study found that lesbian mothers spent more time considering their motives to become mothers and that their desire to have a child was stronger than for heterosexual parents.

Issues for lesbians who are planning to have a child are similar to, but of greater complexity than those relevant to heterosexual women who are planning to conceive. Bos et al. (2007) found that the lesbian mothers in their study displayed a stronger desire for children because it was more difficult for them to have children than heterosexual parents. This strong desire to have a child was also found in the first phase of the National Longitudinal Lesbian Family Study conducted by Gartrell et al. (1996) on lesbian mothers living in the United States of America. The suggestion is thus that because motherhood has to be a conscious decision, it is always chosen as opposed to "falling" pregnant. This may mean that lesbian mothers may be more motivated for motherhood than heterosexual mothers.

4.1.1.2 A "natural" decision

Research suggests that many lesbians feel a "natural" desire to have a child (Larsson & Dykes, 2009; Renaud, 2007; Touroni & Coyle, 2002). In the current study some participants indicated that both partners have "always" wanted a child:

> Lucy: I'm still reasonably young enough to have my own child. So, we decided to go that
> way, and also like I said in the first question, I always wanted my own child.

Blaire: I think that from my perspective I always knew I wanted kids. And it's always been a need for me to have children. Mandy has also felt that way as well. So from the day that we met one another, we decided that is something that we always wanted to have.

Courtney: Okay, for me it was a dream to be a parent. I have always wanted to be a mother.

Participants typically constructed their desire for a child as "natural":

Blaire: We've been together for 14 years. So that's been you know, something that we always knew that we wanted to do. And I think it's just been like an urge, and it's a natural, it's a natural wanting to be a parent.

Ruth: It was a natural thing, I have always wanted children, she not so much. But it turned out this way, so it has always been a motivation. Do not think it was so much a decision as it was a natural born instinct.

For many participants this "natural" desire transcended their lesbian identity. They simply saw themselves as women wanting children:

Mandy: Ja, I think not everyone has that urge. But for me the urge to be a parent and sexuality, my sexuality didn't make a difference, the urge was very, very strong for me to be a mother. So it's just been like this biological clock that's just got stronger, ticking faster and faster (chuckling) and stronger and stronger.

In some cases participants initially viewed lesbianism and motherhood as being contradictory concepts. Reconciling these two concepts was hampered by not being informed of reproductive technology:

Courtney: Things just worked out that I met Samantha and then I had to give up my dream and…then I realized, yes, I thought you had to give up your dream. And with time I began to read about couples overseas that use insemination and how they do it and the turkey-baster stuff (chuckling) and

[Samantha: Yes, we met a few people, yes]

Courtney: Then we realized, it's easier than we thought.

Tracy: Okay, we have both always wanted to have children. But when we came into the lesbian relationship, not one of us thought it's possible. And then I spoke to a gynaecologist friend of mine and he said to me, no it's actually very easy.

One can say that participants usually constructed the desire to have a child as a natural one. This "natural" desire may be due to the existence of strong social expectations for women to want children (Ulrich & Weatherall, 2000). It is interesting that while lesbian mothers may be subscribing to dominant notions of what it means to be a woman, they are simultaneously subverting dominant notions of motherhood, which prescribe that only heterosexual women can, should and want to become mothers (Thompson, 2002).

4.1.1.3   A joint decision

Participants reported that they made the decision to have a child as a couple:

Blaire: The decision primarily was between Mandy and I.

Tracy: Only Megan and I…So there was no one else involved with the decision.

Participants reflected on previous relationships and how being in their current relationship brought on their decision to have a child:

Anne: Before we met I've always known that I wanted to have children. And when we met, Dana is the first person that I wanted to have children with.

Chloe: Ja, I don't think I would've done it with anybody else…Probably why I also never seriously considered with anybody else I was involved with, you know. I think you know if it is the right person or not…I don't think any of the other psychos would've, like, worked.

Deciding to have a child in their current relationship may mean that it was not only a joint decision but that both partners felt comfortable with this decision. This could indicate that both partners would be more committed to motherhood (O'Neill, 2011; Touroni & Coyle, 2002).

4.1.2   Choice of co-parent

Participants also reflected on their choice of partner and how they felt that they had chosen the right partner to have and raise a child with:

> Blaire: I actually, I mean not because Mandy's in the room, but I mean I, and I've mentioned it before, I could not wish for a better mother for Beth than Mandy.

> Lucy: Oh absolutely, I could not have a better, I could not have asked for a better person and I frequently say this to her.

> Tracy: I told Megan the other day that she's a very good mother. And I think if Jade could choose, she would also not want anyone else.

Participants were typically very appreciative of the mothering skills of their partner. The fact that participants typically described their partners as good mothers may mean that their current partners were not only chosen based on a romantic premise but also because they seemed to have the potential to be good mothers, but this was never explicitly stated. It is also possible that because participants were interviewed as a couple appreciations of their partners as mothers may have been inflated. Another possibility is that satisfied couples were more likely to volunteer for a study. As a result, less relationship problems would be recounted.

4.1.3   Deciding between conception and adoption

Unlike fertile heterosexual couples, lesbian couples cannot, intentionally or unintentionally, become pregnant through sex. As a result, once lesbian couples are convinced that they want a child, they have to decide between using either donor insemination or adopting a child.

The majority of participants used donor insemination. Different reasons for this decision were given. Some said that they wanted a biological child:

> Lucy: Because we wanted our own child.

> Anne: I honestly cannot see myself raising somebody else's child that I didn't experience from conception…And we wanted to have a child, to be really ours.

Lesbian mothers seemed to want a biological link with their child in order for them to feel that their child was theirs. This may be due to lesbian mothers being surrounded by societal notions which generally only recognises parental legitimacy if tied by blood (Ryan & Berkowitz, 2009).

Other participants stated that they wanted to experience pregnancy and birth:

> Blaire: It was kind of, we just wanted to have kids and Mandy particularly had an urge, a real need to carry a child. Mandy carried, I didn't carry. And that was just again the biological clock that was ticking for her to want to carry, and have a child, and experience pregnancy and birth.

> Emily: I want to experience carrying a child…Ja, so we definitely decided on insemination.

> Tracy: So, and we both went through the whole phase of pregnancy. From where we heard the heart beat for the first time, or saw the head. And till where she was born, did we experience each step together, where with adoption you do not experience it.

While participants stated that they wanted to go through pregnancy and childbirth so that both partners could feel connected and involved with their child from the beginning (Ben-Ari & Livni, 2006), it is also possible that other factors played a role.

Dominant notions of motherhood often includes only biological mothers and reify the experiences of pregnancy and childbirth - being a "real" mother necessarily involves experiencing pregnancy and birth (Ulrich & Weatherall, 2000). Also, some feminist researchers claim that lesbian mothers often want to experience pregnancy and birth not only as a way to become part of the institution of motherhood, but also to become more integrated into heterosexuality and society in general (Wald, 1997). Adoption was chosen for different reasons. For participants in this study, adoption was not necessarily their first choice, but was used because donor insemination seemed impossible:

> Nadia: Both of us really wanted children…we tried to have our own but we could not, thus, we adopted.

In another case, both partners stated that neither of them wanted to go through childbirth:

> Olivia: I think that it was, it was a bit of both things. Number one for me, I'm 40, overweight and I smoke, so my risk was quite, high risk pregnancy .

> Chloe: When I was younger I wanted my own child. And later on, I didn't want to go through that whole thing, so.

Literature suggests that most lesbian couples consciously choose donor insemination as a way to have a child (Chabot & Ames, 2004). When couples are unable to conceive their own child, the only other option they have is adopting a child. Infertile couples may experience a sense of loss at not being able to have their own child (Goldberg, Downing, & Richardson, 2009). This sense of loss may also be accompanied by feelings of self-reproach as the infertile party may feel guilty for not being able to produce a child (Goldberg et al., 2009). Within lesbian

couples, infertility of one of the partners may not be experienced as debilitating as in heterosexual couples (Goldberg et al., 2009). Also, when lesbian couples decide to adopt, the reason may not always be infertility but could result from various factors.

Farr and Patterson (2009) conducted a study in the United States of America on cross-racial adoptions by lesbian, gay and heterosexual couples. They found that the lesbian couples in their study gave the following reasons for adopting: they wanted to have children; they had friends or family who had adopted; they did not feel a strong need for biological ties to a child; and they did not want to be pregnant. With regards to cross-racial adoptions, they also found that lesbian couples were more prone to adopt cross-racially and that adopting cross-racially was centred on child-centred reasons and not adult-centred reasons for opting to adopt a child. The adoptive couples in this study did not see adoption as a "second choice". If they experienced a sense of loss, self-reproach or guilt, they did not admit it in the interviews or were not conscious of such negative feelings. They emphasised their satisfaction with the adoption and cited both child-centred and adult-centred reasons for adoption:

> Nadia: And it's really worth it, to hold out your hand for a child like this. And there are so many of them…Really, I mean, sjoe, my life wouldn't have been the same without her.

Research indicates that infertile couples often rationalise adopting a child (Goldberg et al., 2009) and focus on appreciating the child they have adopted and having the opportunity to raise and love a child. This also seems to hold true for lesbian couples who opted for adoption (Goldberg et al., 2009).

Adoption may also be a way for lesbian couples to assert equal parenting claims, something that might be considered absent from lesbian couples who use donor insemination. Woodford, Sheets, Scherrer, d'Eon-Blemings, Tenkate, and Addams (2010) found that the lesbian adoptive couples in their study based their decision on both partners being able to feel equally

empowered as parents. Participants in this study constructed their understanding of family as both partners having equal parental claim to their child:

> Olivia: And, you know, we spoke about donors and all of that. But then, I think, probably the biggest deciding factor for us was, at the end of the day, you know we now have a child that is ours, irrespective of what happens, he belongs to both of us. If one of us had a child, and unfortunately, in the good times it would always be our child, but I think in the bad times and that, it could be reversed and end up being, you know, it's my child, or you know, don't speak to my child like that. Whereas now, you know, neither of us can lay more claim to him than the other.

Lesbian adoptive couples who choose to adopt in order to have equal parental claim are challenging society's notion of family, asserting that families can be created without blood ties. They are also implicitly challenging powerful motherhood ideologies, where being a mother is equated with carrying and bearing a child (Ulrich & Weatherall, 2000). Lesbian adoptive couples have consciously chosen to be mothers without biological ties and have created functioning families despite being different from the idealised blood related family structure (Goldberg et al., 2009).

4.1.4   Deciding who the biological mother would be

The fact that lesbian couples consist of two female partners mean that both partners could potentially be the biological mother (Pelka, 2009). This provides lesbian couples with two possible options to have a child as opposed to one option in heterosexual relationships. This is a potentially complicated decision (Chabot & Ames, 2004).

Participants portrayed this decision as to who the biological mother should be as fairly straightforward. They gave rational explanations for the decisions and indicated that decisions

were based on different factors. In some cases it had to do with biological factors, such as the infertility of the social mother, the age of partners, or medical reasons:

> Lucy: Because Tina can't have kids herself.

> Dana: And I'm a bit older, so that's why I didn't…go for it, as I'll probably take all the fertility treatments.

> Melanie: Of the two I am the eldest, so we decided I will go, have the first child. And we are planning that Irene is next to have a baby. So, we just have to find a donor for Irene. But yes, this is why I basically carried first.

> Tracy: It is very easy, Megan is bi-polar and it is genetically transferred, and she had a back-physio a few years ago so, it also makes it difficult for her to become pregnant.

Employment status was also cited as a reason for deciding on who the biological mother should be:

> Samantha: Well, at that stage we thought we are only going to have one child. And at that stage Courtney did temp work, she was between jobs and so, and she was at home and my job is quite stressful. And, we decided to use her, and she was the youngest, so.

Other couples made the decision based on the strength of the wish to carry a child:

> Mandy: Ja, it was almost like, like my urge was stronger than Blaire's urge.

With both partners being able to mother, it is possible that the social mother can experience maternal jealousy due to a sense of loss at not being the one to carry the child (Pelka, 2009). Social mothers in this study did not express maternal jealousy and seemed to be quite pragmatic and positive about the decision:

> Samantha: That is just the way it is, and at that stage I did not have the will to do it. I wanted a child, but I did not necessarily wanted to be pregnant at that stage. Also reasons regarding

my career and so on, because I had just started with a new job and, it was also just the easiest option, yes.

Blaire: I've always identified as being a parent, but actually carrying a child and being pregnant has not been a major driving force in my life. So it became a bit tricky. I thought, oh well, if I'm not going to carry, how the hell can we get a kid, and so it was a perfect match when Mandy said, look she has this desperate need to carry a child. I said fine, go ahead…We've chosen that we would like to try for a second one. And at that point we've decided that, what will happen is, I will go and try.

Once again the fact that this negative emotion was not articulated does not necessarily mean that it was not present. Participants might have simply not wanted to discuss this in the interview or might not be conscious of such feelings.

In the literature it is also suggested there are many possible reasons for deciding who the birth mother will be. Factors included: considerations of age, employment, health, health plans, strength of desire to be pregnant, and infertility (Ben-Ari & Livni, 2006; Chabot & Ames, 2004; Goldberg, 2006; Renaud, 2007).

Social mothers may rationalise not being able to carry their child by way of accepting her infertility as she will still be able to become a mother (Chabot & Ames, 2004), not having to sacrifice her career in order to have a child (Short, 2007) or not having to carry the child herself (Pelka, 2009).

Because of being two potential mothers in a couple, lesbian women are not necessarily excluded from motherhood due to biological or other factors. In a sense, women in lesbian relationships have more freedom to choose whether they want to carry a child themselves and they have more options for mothering in different ways.

4.1.5   Choice of donor

Participants reported on their choice of donor. They stated the reasons for either using a known or unknown donor.

4.1.5.1   Reason for the type of donor

Chabot and Ames (2004) and Touroni and Coyle (2002) found that deciding on the type of donor (known or unknown) and subsequently on a specific donor was difficult. This was because their choice would impinge on them and their child in the future.

Western countries have a variety of laws regarding the release of donor information to couples. Legislation may also vary from state to state within a country. In some countries, donors have the option to either remain anonymous or be an identity release donor. Using an identity release donor means that the child will be able to access information concerning the donor when he or she turns 18-years-old. In South Africa, sperm donors donate anonymously and consequently the donor's identity and background information cannot be released to the couple or the child when he or she turns 18-years-old (Späth, 2010).

Reasons were provided for using either a known or unknown donor. In some cases participants refused to use a known donor as they did not want third party involvement with their family:

> Lucy: Unknown donor, from the beginning we decided an unknown donor, because we didn't want strings attached.

> Lucy: What happens is, you think you know somebody and you've got everything planned and a 100%. And then the shit hits the fan somewhere down the line, and there are complications, or he wants to be more involved or less involved, or whatever it is.

Studies found that the decision on the type of donor to use was usually derived from a few factors. Lesbian parents who decided on using an unknown donor typically reported the following reasons: it would be less complicated without having a third party involved; fear of a third party threatening the integrity of their family (Chabot & Ames, 2004; Donovan & Wilson, 2008; McNair, Dempsey, Wise, & Perlesz, 2002) and having a "father" was viewed as unnecessary and might signify a deficit in their family (Ben-Ari & Livni, 2006; Touroni & Coyle, 2002).

Gartrell, Banks, Hamilton, Reed, Bishop, and Rodas (1999) found that more than half of the lesbian parents in their study were concerned that their decision to use an unknown donor would constitute difficulties for their children as they would have no knowledge of their donor or their genetic background. These lesbian parents feared that this might lead to their children resenting them.

In one case, the participants wanted to use a known donor in order to provide their child with information about her biological background:

> Blaire: We initially started with a person that we knew. So, for me it was important that for Ava, she could have the opportunity to know, you know, who, where the other biological side came from. Because, for me it was important that I didn't take that choice away from her, that she had that choice, and that if she ever wanted to know.

For the above couple conception was unsuccessful and they were forced to go to a fertility clinic where donors were anonymous and their information was confidential:

> Blaire: So, then we decided to go back to the only other way that we could do it. To go to the sperm bank and to find a donor, who is anonymous obviously.

In yet another case, participants decided to use a known donor after the fertility clinic insisted on the biological mother being accompanied by a man. When she asked her male friend to accompany her, he offered to donate his sperm instead:

> Courtney: I then phoned three of our student, gay, friends and I told them, can you please go with me to the bank, act like my husband.

> Samantha: And we then explained the situation, that we do not really want involvement from the father or from the donor. And he said he is quite fine with it.

In another case, using a known donor was just easier and less expensive for the couple:

> Melanie: We did the insemination at home, all by ourselves, no money paid to it, none.

In both cases the donor signed a contract relieving him of any parental rights and as such, he had no legal claim to their child:

> Melanie: He's already signed away Robert, even before he was born.

The decision to use a known donor was typically based on the belief that a child had the right to access knowledge of or involvement by the donor "father" (Donovan & Wilson, 2008; Renaud, 2007; Suckling, 2010; Touroni & Coyle, 2002); or the expense of donor sperm and medically assisted insemination (McNair et al., 2002; Pelka, 2009). For the participants in this study, deciding to use a known donor seemed to be based more on the ease of using a known donor, although they took precautionary steps to protect their parental rights. Nordqvist (2010) found in her study that when lesbian couples used a known donor they tried to gain some legal protection against interference from the donor by drawing up contracts whereby the donor signed away any parental rights he might try to invoke in the future.

4.1.5.2   Social mother and donor selection

When couples decided to use an unknown donor, the social mother usually chose the donor:

> Emily: So we chose an unknown donor. And that was Natalie's part in the whole process.

It seems that social mothers mainly chose the donor in order for them to feel included in the process:

> Lucy: Because Tina does not have as much part, if you can put it like that. Because I was going to carry the baby, she had the first choice of who was going to be the donor.

Social mothers typically chose a donor who they felt represented them:

> Lucy: So, she basically chose someone that reflected her personality more than mine.

> Emily: So, she went and selected someone that fitted her profile, physically, and she chose all the other aspects that they do give on the donor forms.

In another case, participants used a technician to match the social mother with a donor:

> Tracy: I must take of my hat for the guy that picked the sperm, because people say Jade looks much more like Megan than she looks like me.

These quotes seem to suggest that social mothers chose donors whom they felt represented them in some way, either physically or personally. Social mothers choosing a representative donor seemed to provide them with the ability to feel part of the process and their child:

> Blaire: So, it became very complicated for us. So, then we went to the sperm bank and we decided amongst the two of us that I would be the one that would choose the donor. I would be the one that would choose the person that, from the profiles that were given to us, the one that I thought best suited me and the way that, cause you don't get much on on the profile. So, I was allowed to make the choice, to be the one that was going to be, ultimately, the other biological side representing me.

This is confirmed by the literature. Chabot and Ames (2004) and Jones (2005) found that when the lesbian couples in their studies selected a specific donor from a sperm bank it was

usually based on wanting to match the donor to resemble the physical characteristics of the social mother. Jones (2005) also found that the interracial couples in her study tended to use a donor of the same race as the social mother. Nordqvist (2010) found that when lesbian couples opted to do a home insemination, using a known donor, the physical characteristics of the donor was less important than the trust they could place in him. This trust included his medical history as well as committing to the process of donation, and abiding by the terms agreed upon regarding his parental rights or lack thereof.

When social mothers were included in the decision-making concerning conception and pregnancy, and the couple went through the process together, social mothers potentially were able to feel connected to their child from conception (Ben-Ari & Livni, 2006).

4.1.6   Timing

The timing of having a child seemed to be very important to participants. Participants made it clear that motherhood was always a conscious decision, discussed by the couple and that it eventually was a joint decision on when to begin (Conlin, 2001):

> Lucy: Well, basically both of us wanted to be a parent from way back when. And we just, we didn't feel ready. And I climbed Kilimanjaro in 2009, yeah, with my brother, my sister. And after that I came home and said to Tina, I think I'm ready, because Tina can't have kids herself…So I said to her, I'm ready, how do you feel about it? And she said, absolutely. And that's it, we did it.

It was striking that couples tended to describe very rational processes of decision-making, with many factors taken in consideration prior to the initiation of the processes of donor insemination and adoption. These factors included emotional readiness, being settled and secure in their relationship and being financially secure enough to afford a child:

Tracy: Megan was not ready to. She said no the whole time, not yet, not yet. And when she told me she's ready, she thinks we should have children now, I said, okay.

Samantha: The relationship, it's a huge thing. I mean we have been together for more than seven years, and married three years. And we have been saying from the start that we want children, but we waited until

[Courtney: Knew we firstly had stability and]

Samantha: We had stability, not only in our relationship and in our lives, but also in our jobs and our, in everything we had. We felt, we firstly wanted to be stable. So, this is also, I think, a huge aspect.

Anne: So, from there came back, settle down, buy a house, get proper jobs. And then it was, it all fell into place.

Melanie: This I really want to carry across to any gay couple, because if you are not a hundred and ten percent sure of your relationship and where you are going with it, do not even consider it, don't. Life of today, you cannot afford it as a single parent…And in the second place, your child is not going to get the attention and love that is supposed to go to him if you are a single parent, because you must do so many other things as well. If you had a partner, it would have been better, that's all I wanted to say. So, at the end of the day, that's it.

Other studies have also found that lesbian couples typically wanted to wait until they felt emotionally ready and secure enough in their relationship and financial situation before having a child (Conlin, 2001; O'Neill, 2011; Touroni & Coyle, 2002). This may be due to lesbian couples understanding the impact that having a child can have on their relationship and finances (Touroni & Coyle, 2002). As a result, they seem to wait until both partners felt ready to handle the emotional impact in order to avoid the possibility of the couple splitting up (O'Neill, 2011), as well as being able to properly support their child and family financially (Goldberg, 2006). Lesbian couples waiting before they have a child may be a reason why

lesbian mothers have been found to be able to handle the challenges of motherhood (Perlesz & McNair, 2004) and also why lesbian mothers cite high couple satisfaction (Bos et al., 2007).

4.1.7   Involving others in the decision to become mothers

In some cases, participants considered the reactions of people in their lives and wanted to get the opinions or approval from significant others before starting the process:

> Tracy: We contemplated for a long time, are we going to or are we not going to. It firstly had to be semi acceptable with the families and the parents and so on.

> Nadia: Yes, we firstly spoke about it. And spoke to my mother and them about it and everything. We spoke to everyone that would be involved. And then when we decided I went and I phoned the Welfare.

Others specifically did not consult with the people in their lives because they were concerned about negative reactions:

> Emily: No we, you see our setup is very strange. And that was unfortunate that my family chose not to be apart of my life, because I chose a female partner in life. They firstly wanted nothing to do with it. They were not at our wedding. They didn't know that we were going for this process. And we decided to keep it quiet until we were pregnant because of negative influences and people that weren't so keen on our choices. So, it was just between the two of us.

Research suggests that while some lesbian mothers seem to get positive reactions from their family about wanting to have a child (Ben-Ari & Livni, 2006; Gartrell et al., 1996), others get negative or mixed reactions (O'Neill, 2011).

4.2   The actual process of becoming mothers

4.2.1   Becoming mothers through conception

Participants spoke about their experience of insemination, pregnancy and birth.

4.2.1.1   *The insemination experience*

For lesbian couples reproductive technology, in the form of donor insemination, provides them with the opportunity to conceive their own child (Bos & Van Balen, 2010). Donor insemination can either be done medically or at home.

Participants spoke about how they experienced the insemination process. Medically assisted inseminations were described as clinical and impersonal. Biological mothers also described the actual procedure as painful:

> Emily: Just stressful, I had to run away from work. The first time it hurt. It's not very romantic hey, with your…legs like up in the sky.

On the contrary, the home inseminations were described as feeling more personal and private and the actual procedure was not painful:

> Melanie: It was more personal, it was more private.

Studies also found that lesbian mothers experienced insemination procedures conducted at fertility clinics as impersonal, with home inseminations experienced as more personal and comfortable (Lasker, 1998; Nordqvist, 2010). Nordqvist (2010) conducted a study in the United Kingdom on 25 lesbians' considerations and experiences of using either medically assisted or home inseminations. Some lesbian mothers cited their reasons for choosing medically assisted insemination. They had access to a pool of donors and using donors from a sperm bank also held legal implications as donors were anonymous and would not interfere

with their family. Medically assisted insemination also ensured that the sperm were tested and the procedure was carried out correctly. The other lesbian mothers stated that their reasons for choosing to do home inseminations were based on using a known donor and having information available for their child and in some cases a male figure in their child's life. Home inseminations were also reported as less expensive and controlled. However, with home inseminations lesbian mothers also exposed themselves to health risks as donors and their sperm were not tested and parental rights may be contested.

In some cases, the biological mothers did not conceive after the first insemination. Participants reflected on and described how unsuccessful conception became emotionally taxing, as they excitedly awaited confirmation of conception after each attempt, only to feel deeply disappointed when conception was unsuccessful:

> Emily: And it takes quite a lot out of you, the whole process, and the build up to it…It's like, it takes you to that climax and that, you know, when it doesn't happen, drops you back down.

> Mandy: Like, ja, I can't even, I can't even, it was so difficult at the time and so emotional and so, quite traumatic. But I was prepared to do anything. So, it was fine, I mean it was, the waiting was the worst.

The process of insemination can become a stressful and anxious time not only for lesbian but also heterosexual couples (Renaud, 2007; Salter-Ling, Hunter, & Glover, 2001). Boivin and Takefman (1996) conducted a study that focused on the stress heterosexual women experienced during their in-vitro fertilisation process. According to them, the process was stressful and partner support was found to be crucial during this time.

The social mothers displayed emotional support by accompanying their partners during the insemination procedure. Biological mothers felt the presence of their partner helped to

alleviate some of the anxiety and discomfort associated with doing a medically assisted insemination:

> Tracy: Ag it was, it was okay. It was a little, I was just, I was very nervous. But luckily the doctor we chose [Megan] was with me the whole time.

Biological mothers did not indicate that they were pressured by their partners to continue with the insemination process if conception was unsuccessful. In a few cases the social mother even suggested that she should try to conceive:

> Blaire: And so, when Mandy struggled, I kind of turned to her and I said, maybe I should go, maybe I should try, it's worthwhile for us. And it just was not a good idea to mention (chuckling) because the urge was so, it was so much.

In one case the partner became the biological mother after her partner could not conceive:

> Ruth: I would have done it, but I could not get pregnant and then she did it…So, it was one of those things that just ended up that way.

According to Hayden (1995), the emotional turmoil experienced by some participants during the insemination process may not just be due to the initial disappointment about not conceiving a child. It may also be due to an underlying and unconscious fear of failure as a woman and failure to conform to their internalised notion of what being a mother entails. This may be the reason why some participants were unwilling to stop the insemination treatments even if it took an emotional toll on them:

> Mandy: But, there were times when I wasn't managing to fall pregnant. And Blaire would say, okay well, I'll have a turn. And I couldn't bear the thought, cause I wanted this so badly.

4.2.1.2   The pregnancy experience

After all the effort involved in a successful conception, participants typically reported being very excited about being pregnant:

> Tina: If I could do zip-zap circus flick-flacks I would have done it. I was ecstatic, I was very happy.

> Samantha: Well, naturally, we were very excited, because we wanted to get pregnant. So, it was also a huge thingy, I often think with straight people, when they hear they are pregnant it is a shock and they actually, maybe, did not want it, so. But for us, we were very happy. At first we did not want to believe, totally believe it, because we were scared the tests were wrong and the sticks are just not always accurate. And the day she came back from the doctor and she said she is now definitely pregnant, then it was, ah, then the excitement began.

After the initial excitement, the reality of the situation set in and participants usually felt a need to be prepared:

> Natalie: Jisso, and eventually, because it's, you'll see, it's a long wait, you know. You prepare everything, and I think my sleepless nights had to do with planning, you know, because at that time we moved, remember…and I had this move in my head and his birth and all kinds of stuff, ja
> Emily: Ja, you want everything to be perfect.

> Courtney: Because the thing is, you also have nesting
> [Samantha: Yes, you want to clean]
> Courtney: And then you want to paint the room, now, and you want to do this to the room, now, and you want to erect the cot, now. You know, it is quite another story, you want to pack those clothes over and over.

Overall, the news of successful conception was received with excitement on the part of lesbian couples in the studies conducted by Renaud (2007) and Wojnar (2007). They found that pregnancy confirmation was a joyous occasion as pregnancies were planned with both partners going through great effort and investing emotionally and financially in the pregnancy. This correlates with the study conducted by Ben-Ari and Livni (2006) who found that, as both partners made a joint decision to have a child, even the social mother felt part of the process and connected to their child.

For lesbian couples the process of becoming pregnant is a struggle, but it is also difficult to gain social acceptance (Bos et al., 2007). This may result in lesbian parents feeling they have to be overly excited about being pregnant as other feelings potentially could diminish their credibility as being able to be good mothers. It may cause lesbian mothers to feel the need to constantly project a front of happiness to hide any doubts that may surface during the course of the pregnancy. This did not seem to be the case for the participants in this study. Although, it is possible that participants may have been apprehensive about voicing any doubts, perhaps feeling this could diminish their parenting credibility.

Although indicating that they were excited about being pregnant, the biological mothers in this study did not try to gloss over their pregnancy experience. For them the reality of pregnancy was not glamorous and they stated that it was not what they had envisioned:

> Lucy: I did nothing, I laid down with my legs in the air, and said help. I was terribly ill, I did not feel well at all. I was swollen, I could not walk.

In reality, pregnancy was far removed from the romanticised ideal where a pregnant woman is portrayed as this happy and glowing woman (Leung, 2009). Towards the end of their pregnancy the biological mothers in this study mainly described how gaining weight was restricting and unattractive:

Tracy: You know, the first part of the pregnancy I did, you know, we carried on like we have always done. The last two months, last six weeks…before her birth, Megan basically did everything. Because, even though I was not sickly, you know, I was not sickly, but it becomes difficult and I cannot bend to paint my toe nails, you know, things like that. So yes, Megan did a lot of things. And I must say she was a very huge pillar of support, she really did a lot of things for me. And she understood when I came home at night, or if she came home at night, and I have not prepared dinner, then she understood.

Lucy: One cannot really bend, you cannot reach your feet, you cannot see anything (chuckles). You just do not know what is going on. It was difficult, especially if one was used to doing everything yourself, and to be relatively active and sporty.

Susan: Yes, no, at the end bumped, you're just too big, like the whole time.

Courtney: The last week was terrible. If you sneeze, then the urine runs down your legs. So, it was actually, terrible.

Lucy: I was terribly huge, I picked up about 25 kilograms. I must still loose about seven, then only will I be back to where I was before I got pregnant…Very big, really very big…She is 16 months old, it took me that time to kind of get back to normal, but there is still seven that must be lost. So, it is a very long process.

They also felt tired and irritable:

Emily: I was also a night owl with her until I fell pregnant. So, I was exhausted and I would come home at night…eat, if I wasn't nauseous enough, the smells make me nauseous. But I would normally eat all my food, sometimes I bathed, and I went to bed, and that was my day.

Lucy: I was not easy, I was terribly moody. And my hormones were, remember you still have to get all of these hormone injections to get you to ovulate faster and all of those things, so, my hormones where up and down. I said to her a hundred times, go stay at your mother's please, just go and stay at your mother's.

Social mothers described themselves as feeling protective over their pregnant partners:

> Blaire: I think that also because I was protective over her when she was pregnant.

Social mothers also spoke about handling their partners' moods during pregnancy:

> Natalie: And listen, have hair on your teeth for your partner. Listen, I am telling you now, I know exactly what a man goes through…Because the smells, oh it stinks, and this is so, and this is not right. Shame, and nauseous and craving things.

> Megan: (Chuckling) Jip, but luckily Kentucky's just down here (chuckling).

In general, the actual reality of pregnancy is not being portrayed in the public sphere. Even when heterosexual mothers talk about their pregnancy, they reify this illusion (Leung, 2009). This may be due to them feeling that to talk about the negative side of pregnancy would indicate that they are not "good" women or mothers (Leung, 2009). As a result, childless women generally remain unaware of the realities of pregnancy.

Lesbian mothers typically seem to experience pregnancy very much the same as heterosexual mothers with lesbian mothers also feeling tired, irritable, and restricted due to weight gain (Leung, 2009). It seems that, as with heterosexual fathers, social mothers also had to endure the moods of their partners. Compared with heterosexual fathers, it may be possible that social mothers are better able to handle their partner's moods because, as two women, the social mother is in a better position to understand the needs and fluctuating emotions of their partners (Larsson & Dykes, 2009). It has been found that social mothers would take on more chores during pregnancy (Wojnar, 2007) and were emotionally supportive and understanding of their partners' needs and emotions (Larsson & Dykes, 2009).

4.2.1.3   The birth experience

Some biological mothers in this study wanted vaginal births. Due to medical reasons, this was not possible and all the biological mothers had caesareans:

> Lucy: She is too big, so they suggested that I have a caesarean.

> Emily: Okay, well I wanted it to be in a natural way, but unfortunately he was a c-section baby, he was 4.4kgs at birth.

In some cases the biological mothers felt disappointed but understood that the health of their child was more important than their wish to experience vaginal birth:

> Emily: Unfortunately nature didn't want to have it that way so he was a c-section…And [the doctor] explained that if your canal is too small and your baby is as large as he is, then you're putting your baby in danger, you know, just for your wanting that natural experience.

During the actual delivery, delivery time was typically discussed as being really fast and deliveries mainly proceeded without incident:

> Mandy: But the pre, but the actual birth was really

> Blaire: You know the actual birth was

> Mandy: Very easy

> Blaire: You know what, it goes so quickly.

> Lucy: And the gynae said, from when you are cut till this little one screams is about three minutes…So it's, then everything happened extremely fast.

No literature was available on the type of birth lesbian couples chose or how the type of birth impacted on the whole birth experience. The only mention made to the actual delivery was by Renaud (2007) who reported that all the biological mothers in her study gave birth in a hospital setting.

In cases where complications during delivery were experienced, fear was a very prominent emotion for biological mothers:

> Susan: I did not go in for a normal, I had a caesarean with very bad complications…So, I do not think there will be a second one (chuckling)…I got a little fright so (chuckling).

However, in the cases where complications arose, social mothers underplayed the anxiety they experienced:

> Samantha: Yes, they punctured one of her main ventricles (chuckling) with the caesarean. Then a lot of bleeding also came out, blood also came out. And then the doctor eventually had her hands in and the anaesthetist, and one of the nurses pressed from the top so that he can come out. And when he came out he was not bluish, he was calm.

> Megan: For me it was an issue of, the longer she laid on the table, the paler she became. Her mother eventually aimed at the injections to help her, because her mother was with us in the theatre. So, for me it was a, it was quite calm, accept
> Tracy: Till you saw I became very pale…And my blood pressure, rock bottom…You were, you looked very worried to me at some stage, because I know my blood pressure was very low.

The recounting of these experiences may have been downplayed by both partners as a way to avoid re-experiencing the fear and anxiety of that event:

> Megan: Yes, for me it was a hectic day. So, what really happened that day still remains a bit vague for me at this stage (chuckling). All I know, she was relatively pale at a stage.

Complications during delivery can be a traumatic experience for both partners, especially for the birth mother (Ayers, 2007), regardless of whether they are lesbian or heterosexual. Mothers may construct the memory of a traumatic birth experience in such a way that it has a less emotional connection to it, making it less traumatic to recount (Ayers, 2007).

Participants experienced the birth of their child as a joyous and very emotional event. This appeared to be true for both biological and social mothers:

> Dana: She got to hold the baby and it was, ag, it was just very, I couldn't
>
> Anne: It was extremely emotional…the whole thing.
>
> Tina: It's is, yes, I cannot even talk about it. Every time I become completely emotional (chuckles) about the event. But amazing, it is, I cannot explain it to someone.
>
> Ruth: Oh no listen, it's a fantastic experience. One cannot explain it, one forgets about everything around you.
>
> Irene: But it was, it is a once in a life time experience.
>
> Blaire: But couldn't wait for her to arrive, just could not wait for her to arrive.
>
> Tracy: It's really a very, wow, experience, because one moment she is in your stomach and the next moment she is lying on your chest.

Very few studies focused on the emotional experience of biological and social mothers during delivery. This joyous experience of lesbian mothers may be due to the pregnancy being planned. Two studies briefly mention that they found the birth of a child was a joyous occasion for lesbian mothers (Goldberg, 2006; Renaud, 2007). The same experience was reported by Ryding, Wijma, and Wijma (1998) who found that the heterosexual mothers in their study, who had an emergency ceasarean section, initially felt fearful but that these feelings changed to happiness once the child was born. Unfortunately, there are no other studies available on the experience of the social mother. It is not clear whether her experiences can be compared to those of heterosexual fathers as the social mother is the other mother and she has no biological ties to the infant.

4.2.2   Becoming mothers through adoption

Two of the couples involved in this study opted for adoption to become parents. They described how they experienced the adoption process.

4.2.2.1   The adoption experience

Couples had to undergo a home visit before they could be approved as parents. Following approval, they had to wait until a child was assigned to them:

> Olivia: I phoned and followed up, and then arranged a home visit. And then they did a home visit, and then they said we were approved as parents.

> Nadia: Well, we waited almost two years. We were also on the waiting list for almost two years before we, before they phoned us. They phoned us, and then they asked me if I was still interested in a baby.

Whether the process was in fact long or short, it was experienced as lengthy:

> Gene: Yes, very slow, yes.

> Olivia: When I think about it now, it was very quick. But at the time, ja, it was, it seemed like very long.

It seems that the process of waiting was filled with anxiety about when or if a child would be assigned to them. In the one case, the couple had to wait two years. One participant related her anxiety and sense of urgency:

> Nadia: I then said, don't ask me if I am still interested, tell me when I can fetch the child.

In another case, the participants expressed anxiety as they were assigned a child but they needed to wait for the child's mother to approve of them. This left the couple feeling helpless and unable to control the situation:

Chloe: And then [the judge] said no, because what they did is, they send registered letters and try to contact the mother. [The judge] said there wasn't enough effort made, one last attempt must be made to her last residential address. So, we had to get the sheriff out to deliver a letter, and then she had 30 days to respond.

Olivia: Ja, the whole adoption process, bar the 30 days that we waited, from the time the papers went in, was basically three and a half months, because of the month we waited. And there was no way we could speed it up, because by law she's given 30 days.

Participants were informed that only black children were available for adoption. In South Africa, the majority of children who are eligible for adoption, are black (Hall, 2010). This did not deter the participants in this study from adopting a child. They did not have a problem with adopting a black child as long as they could have a child of their own:

Nadia: And then we decided I am not going anymore, because the doctor also said the chances that I would become pregnant were quite remote, so, and she did not want to carry. We then immediately started with our process…They immediately told us, white [children] are not available.

After the adoption was finalised, participants expressed happiness and relief:

Gene: (Chuckling) We're very happy.

Olivia: We were, elated, happy and all of those things, but I think relief.

This sense of happiness and relief followed the anxiety of waiting for the process to be finalised. The actual degree of anxiety can be seen from the participants' reaction to the finalisation of the adoption:

Olivia: Ja, relief, it was like an anti-climax…I think there'd been so much building up to it. And then I remember I phoned Chloe, I was still in, was driving around in tears…And, ja, it was like done. But I think, ja, I think relief is probably uppermost.

Underplaying may be a way to lessen the anxiety felt during the adoption process. It may also indicate that she was so relieved at having her child that the anxiety she experienced was not of any consequence anymore:

> Olivia: But no we were elated, happy and all of those things, but I think relief is probably…the biggest (chuckling) and the best description (chuckling).

Lesbian couples have been found to describe the adoption process as slow and feeling uncertain about being able to successfully adopt a child (Goldberg et al., 2009; Goldberg & Smith, 2008). The lesbian couples in the study conducted by Ross, Epstein, Goldfinger, Steele, Anderson, and Strike (2008) described the adoption process as emotional due to unpredictability and the process being outside of their control. No previous research has focused on what lesbian mothers experienced after the adoption was finalised. One can assume that lesbian and heterosexual adoptive couples would most likely experience the same feelings after the adoption was finalised. No academic literature could be found on this topic. The only information that could be found was on adoption websites with parents writing about their personal experiences of adopting a child. Heterosexual couples were generally found to experience relief, happiness and pride after the adoption of their child was finalised (Newlin Carney, n.d.).

4.3   Motherhood experience

Participants reflected on their experiences of motherhood. Their descriptions revealed their motherhood ideals; the actual emotional experience of motherhood; mother(s)-child bonding; the compromises of motherhood; the support systems of lesbian mothers; and lesbian mothers and a motherhood identity.

4.3.1 Motherhood ideals

Participants described how they aspired to run their households on a daily basis. They reported on aiming at selfless and self-sacrificing parenting; fair division of labour; and ideal children.

4.3.1.1   Selfless and self-sacrificing parenting

The literature suggests that for mothers to be considered good mothers, the needs of the child should be placed above their own (Hequembourg, 2007). Selfless and self-sacrificing mothering is part and parcel of contemporary motherhood ideals. The participants in this study seemed to have situated the needs of their child above their own. For instance, participants considered the needs of their child before they made any arrangements to go to restaurants or visit friends:

> Natalie: Ja, and you can't really, you must think if you want to go out for supper, you know, the time and the weather. Got to consider a lot of things, but as they grow, it's getting better.

> Irene: Go out, even if you are just going to people for an afternoon braai or a child's birthday party, and he feels a bit ill or sick, you rather think of him and make a cancelation.

In terms of childcare, participants either tried to take their child with them or used a babysitter very familiar to them:

> Blaire: I think that we're also very choosy with who she stays with, you know. That we don't just have, we don't just hire a babysitter to come…and look after her.

> Chloe: We still will go to dinner and take him with, you know. It's not that we need a night away or something, you know.

Feminist scholars point out how women have generally been raised to place the needs of others above their own, even if it was to their own detriment (Hequembourg, 2007). As such,

women are constructed as nurturing and selfless (Hequembourg, 2007). This would imply that in a lesbian family both partners would take the other partner and the child into consideration. One would then expect that with two attentive mothers, the child's needs would be prioritised (Biblarz & Stacey, 2010). O'Neill (2011) found that the lesbian mothers in her study tried to place the needs of their child above their own before or when visiting friends or going out. They also chose to use friends and family members as babysitters rather than persons unknown to them.

Participants also spoke about social events. The choice of social events couples chose to attend changed from being adult friendly to child friendly:

> Blaire: It's like in the past you get excited about sexpo, now you're getting excited by baby expo (chuckling), weird.

They also thought about the impact that exposure to certain adult-centred social events might have on their child:

> Samantha: No, it's also another thing, you do not want to take your child to a Pride and then a man walks with a Speedo, just like this, past you…So, I am not going to expose my child to things that I feel is not actually correct
>
> Courtney: Yes, there's a lot of things that one has to think about (chuckling).

Therefore, participants usually chose to go to places that were either child friendly or were centred on children:

> Gene: We always have to think, that she can do something where she can be herself.

Participants also tried to arrange social events earlier in the day to accommodate their child so they could be home and settled in the evening:

Irene: But now you adjust your schedule to fit him. And I mean, you do not go out with him in the evenings as a baby.

It seems that participants tried to attend events that their child would enjoy rather than only themselves. From their descriptions it is clear that they have thought about the events that they would attend. They have thought about the effect certain events could have on their child, trying to protect their children from being confronted with overt displays of sex and sexuality. They have also given consideration to the best time of day to attend social events. These quotes suggest that participants have thought about and tried to create safe and considerate social environments so that their child could be included and also enjoy him- or herself.

O'Neill (2011) found in her study that, after becoming parents, participants experienced many changes relating to social events. For them there seemed to be a general tendency to rather attend child friendly social events which were held earlier in the day.

Participants also spoke about smoking and drinking habits. Those participants who smoked considered the health of their child and smoked outside. In one case, both partners wanted to quit smoking in order to be better role models for their child:

Natalie: I still smoke, right, but I smoke outside the house, I consider him.

Dana: It isn't a good habit, and I wouldn't want him to smoke, so…it's time to give up (chuckling).

It seems that participants tried to consider the health of their child and try to lead by example:

Dana: He's only got us, you know. We are his leaders and he looks up to us. Sometimes I feel, this is not a good habit.

Participants have mainly stopped the consumption of alcoholic beverages:

Samantha: Yes, and it is also one thing we have completely, both of us stopped drinking.

Natalie: Drinking did not bother us.

In another case both partners have drastically reduced their alcohol intake and want to give it up entirely:

Anne: I mean, before he was born, like I said, we used to drink a lot. And now we're actually at the point where we want to give up smoking and we don't want to drink anymore and we're just, it's because he's there.

Participants in this study gave up or wanted to give up drinking as they felt that alcohol reduced their ability to handle their child. They wanted to be responsible parents who could handle and properly care for their child:

Samantha: We do not drink anymore. Our friends come over and they drink their ciders and whatever they want to and we leave them to it. But we choose not to drink, because we want to be able to handle our child.

In terms of lesbian mothers considering the health of their child pertaining to smoking habits and parenting capability relating to the consumption of alcohol, Gartrell, Banks, Reed, Hamilton, Rodas, and Deck (2000) reported that the lesbian mothers in their study, on average, smoked less and consumed less alcohol than the national average for women living in the United States of America. The consumption of alcohol has been found to decrease parental ability to care for one's child (Pelham, 1993). The lesbian mothers in O'Neill's (2011) study generally seemed to be aware of this and, as a result, refrained from excessive alcohol consumption. This suggests that lesbian mothers not only try to be better and more considerate mothers, but also to be good role models for their children. It seems that lesbian mothers work hard at being good mothers and were very willing to make sacrifices for the sake of their children (Bos et al., 2007).

4.3.1.2   Fair division of labour

4.3.1.2.1   Division of childcare

Participants seemed to adhere to certain principles when dividing tasks associated with childcare. These principles included flexibility, sharing and equality:

> Lucy: I will, for example, bath her and Tina will dress her or, we still do it, or I will dress her or Tina will bath her and I will dress her. So, we never really have, you only do this and I only do this, we take turns.
>
> Anne: We don't really have set roles in parenting.
>
> Dana: But uhm, ja, you know, we just do a lot of things together.
>
> Samantha: Yes it's quite, like she said, we enjoy doing things together. So, when she is doing something, I will do something else.

The ideal of equal division of childcare was not always possible. In some cases, the biological mother took on more of their child's basic needs whilst the rest of the responsibilities were shared:

> Melanie: I bath him most of the time, you know, dress him, clean him and so forth. She does it when I am not home, then she will take over. But otherwise, I bath him and, like, feed him, but have been doing this since he was born, because he was so small.

In other cases, preconceptions about how childcare would be divided had to be adapted to accommodate their child's preferences:

> Blaire: Mandy's the one that will comfort her if she, like, knocks her head and she's crying. She doesn't want me to comfort her, Mandy will comfort her. But when it comes to, like, let's do crazy things and, like, swing on the swing and go on the jumping castle and act like idiots, then I'm the one that she prefers.

Work hours also dictated how childcare could be divided:

> Lucy: Depends on when we get home, sometimes I work late and sometimes she works late. So, tonight I have to bath her and get her in bed.

> Tracy: Basically, the one whose earlier week it is, that's the one who picks Jade up from school, makes food and makes sure she is bathed and so forth. And then, the one who works late gets home, and then we eat and that one then tidies up.

It seems that participants attempted to divide childcare responsibilities equally, but that they were also quite pragmatic and flexible about the division of labour. Division of labour did not seem to be an issue between partners:

> Olivia: We've gotten into a whole little routine of who does what and everything. And it's just kind of, worked the way that it works.

> Mandy: I'm not sure, but I've ended up, maybe because Blaire often does the longer day, but I've ended up getting up at night. In a way I like, should push the roles more on Blaire, but I tend to do the
>
> [Blaire: I think that we've got a very good combination]
>
> Mandy: Night work
>
> Blaire: In the sense that we kind of, are able to say, look I'm really busted, I need you to take over. And we do that, but generally, average week it's like I'm kind of, like, out here early in the day, and I often do, like, the running around, so. If Mandy has to work the whole day, then I'm the one that run with Beth to granny in [name of suburb], and then go into town into the office, and I'm the one that picks her up in the afternoon and comes home again. So, we kind of share, but we all do different things. Overall, I think that we share the responsibility.

Previous research on lesbian mothers suggest that there usually is an attempt to share childcare equally. Both partners are described as equally involved in parenting (Bos et al., 2004, 2007; Chan, Brooks, Raboy, & Patterson, 1998; Gartrell et al., 1999; Goldberg &

Sayer, 2006; Perlesz & McNair, 2004; Perlesz et al., 2010; Short, 2007; Sullivan, 1996; Tasker & Golombok, 1998; Woodford et al., 2010).

Biblarz and Stacey (2010) conducted a review of the literature concerning the importance of parental gender on the couple and their children. They concluded from previous studies that equalitarianism was a very important factor within lesbian relationships and that childcare was typically divided equally. However, even though the ideal of equality was present in most lesbian relationships, in practice this was not always possible due to certain factors such as employment (Bos et al., 2007; Dundas & Kaufman, 2000), or the biological mother taking the lead in caring for their child's basic needs (Ben-Ari & Livni, 2006). Even though equality was not always possible, fair division of tasks was always a principle. Research also suggests that the division of labour was organised pragmatically, with partners dividing tasks in ways that worked for both. Generally, it worked that both mothers gravitated towards responsibilities that they preferred or played to their strengths (Ben-Ari & Livni, 2006; Dundas & Kaufman, 2000).

Vanfraussen et al. (2003), in a study comparing lesbian and heterosexual families living in Belgium, found distinct differences in terms of division of childcare. With the heterosexual couples, there was an unequal division of childcare with the mother having to take on most of the childcare responsibilities. Social mothers were also found to be more involved in parenting than heterosexual fathers. Previous research thus clearly suggests that lesbian couples divide childcare more equally than heterosexual couples (Biblarz & Stacey, 2010; Patterson, 2002; Perlesz et al., 2010). Lesbian mothers therefore, tended not to be as disappointed and disillusioned about division of childcare duties as mothers in heterosexual couples (Deutsch, 1999).

Bos et al. (2004) in comparing 100 planned lesbian families with 100 heterosexual families on their experience of parenthood, child-rearing goals, couple relationship, and social support found that lesbian couples were more satisfied with their partner as a co-parent than their heterosexual counterparts. This was mainly due to them sharing tasks more equally whilst the mothers in heterosexual relationships were taking on more family tasks than the fathers. Other studies have also found similar results (Bos et al., 2007; Erich, Leung, Kindle, & Carter, 2005; Flaks et al., 1995; Short, 2007). It may be that most lesbian mothers were satisfied with their partners as they were co-parents with both wanting to be a mother and both taking on the responsibility of being a mother (Bos et al., 2007).

There was one case where a mother expressed disillusionment about her partner's involvement:

> Emily: Ugh, I did everything (chuckling)…An island, she's on an island most of the time. And, yes, that's the reason for most of our arguments…Yes, like she says, I was breastfeeding, so, I would be the one getting up at night, which I still do. If he wakes, some nights we're lucky that he sleeps later, my wife forgets that she's also the parent, and even at night she's the parent, you know, not when she chooses to be (chuckling).

Her partner acknowledged and explained her failure:

> Natalie: I am very stressed (chuckling), work stress…And through all these stresses and things, we actually went through a hell of a lot in the two years. It was his birth, then she was retrenched, then we moved to Joburg. You know, it's a lot that we need to adapt to, where our whole life has changed. But hopefully next year everything will be back to normal type of thing.

This seemed to cause some tension between these partners, although the partner wanted to become more involved. Work related stress had been found to impact on childcare

responsibilities (Higgins, Duxbury, & Irving, 1992). Partners are usually left feeling disillusioned as they expected more but received less help from their stressed partner. This has been found to lead to an increase in arguments and feelings of frustration (Higgins et al., 1992). It seems possible that this effect could also hold true in lesbian relationships although no previous studies have focused on the effect of work related stress on the division of childcare responsibilities in lesbian relationships.

<u>4.3.1.2.2   Division of household chores</u>

Participants spoke about how they divided household chores. They reported that they usually strove to divide chores as equally as possible:

> Dana: We are pretty equal.

> Melanie: We do everything together. You know, there is no list with, listen you do this and I do this. She will, for example, just start making dinner one evening and then I will make dinner the other night, you know. Weekends we work on it together.

> Megan: The week that I am early, it is my responsibility. The week that she is early, it is her responsibility.

Their division was mainly based on personal preferences, respective strengths, or sharing the chores:

> Lucy: And she is just a much better chef than me, so. And she enjoys cooking so she always did the food and I did the washing.

> Anne: She's got things that she prefers doing, and I've got things that I prefer doing. And it's pretty much always been like that, and of course, remained like that.

Work arrangements also had an influence on how chores were divided:

Chloe: Ja, we never sat and said, okay, you're going to go do this, I'll do this or, you know,

if I'm working late or whatever, then Olivia cooks, so it's never, you know.

Due to both partners being female, lesbian mothers are free and flexible to choose how they want to divide household chores (Ben-Ari & Livni, 2006). From participants' descriptions it seems that for them being partners meant they both shared the responsibility for running the household:

Melanie: There's no, listen, you do this and I do this, end of discussion. It does not work like

that in our house, we work together, we are a unit that works together.

These couples did not have rules about who was supposed to do what. It seems that partners were flexible and willing to help each other out. These quotes suggest that partners who based their division on personal preferences or strengths just gravitated towards certain chores. The same applied for the couples who shared chores and worked together, they just helped each other out in order to finish their chores.

Goldberg and Perry-Jenkins (2007) found that the lesbian couples in their study shared household chores equally before becoming mothers. This theme of equity remained even after becoming parents. This theme of equity was also found in others studies where household chores were shared or divided based on individual strengths or preferences (Ben-Ari & Livni, 2006; Chan et al., 1998; Gartrell et al., 1999; Gartrell, Rodas, Deck, Peyser, & Banks, 2006; Goldberg & Sayer, 2006; Perlesz & McNair, 2004; Perlesz et al., 2010; Sullivan, 1996; Vanfraussen et al., 2003; Woodford et al., 2010).

Due to lesbian couples consisting of two female partners, there were no gendered role division within their relationships relating to household chores and childcare. Household chores were divided as equally as possible and were either shared based on personal preferences or

respective strengths. Childcare was also shared or divided, therefore, did not rest mainly on one partner:

> Tracy: Division, it's not like in a heterosexual relationship where it is through and through the mother's work.

It seems that for the participants there was nothing traditional in terms of gendered roles within their relationships. These couples did not only break away from social ideals about gendered role division, but on the contrary, they provided evidence of the futility of these social ideals:

> Olivia: And I'm so glad I asked her of all people, because I think she gave me what's ended up being the right answer for me in my life. Cause I said to her, like, who does what tasks and I mean, like, how do you decide, and she said to me, we do what comes naturally to us. She says, unfortunately, there are some things like taking out the trash, who takes out the trash, cause no one likes taking out the trash, so, then we'll fight over who takes out the trash…And she said to me, you know, there's nothing traditional about who does what. And as I say, I'm very glad it was her I asked the question. Because, I think that's in our life is kind of, Chloe is the by far the better cook, I can cook, not badly, but she's a far better cook. So, why must we argue about who's cooking tonight when there's clearly a stronger cook in the house.

In general, lesbian mothers appear to be negating the importance of gendered roles, as household and work roles cannot be assigned along traditional gender lines (Perlesz et al., 2010; Sullivan, 1996). Rather, divisions can now be based on equal sharing and freedom of choice in the roles that they would take on (Sullivan, 1996). This means that lesbian parents can create an equalitarian household which proves the irrelevance of idealised and specialised gendered roles usually assigned to partners in heterosexual families (Ben-Ari & Livni, 2006; Dunne, 2000).

4.3.1.3   Ideal children

Lesbian mothers, like most parents, have preconceived notions of the type of the person they hope their child becomes as an adult (Bos et al., 2004):

> Courtney: From when you hear you are pregnant you have this feeling of, ah, he will get married, he will have children, I will become a grandmother, you know, all those type of things.

Participants spoke about their ideals for their child. They mainly wanted their child to be his or her own person:

> Emily: I just want him to be who he wants to be.

Participants reflected on their ideals and explained that they did not want to live through their child or live their child's life for them:

> Dana: And we don't want to push him into anything, you know…must do rugby…must do cricket (chuckling), what we want him to do, is what he wants to do.
>
> Mandy: We're going to try not to live through her. I'd love to listen to this recording, like, in 15 years' time and go, ja, that's what you thought, you know…But this point, that's what we don't want to, like, she's her own person.

It seems that participants want to allow their child to develop his or her own personality and follow their own aspirations. These quotes suggest that participants did not have clear or explicit goals for their children, but rather wanted them to realise their potential and become strong adults:

> Samantha: What I want for my child is that he should be strong enough within himself.

The ideal that a child should be his or her own person was also found in the study conducted by Bos et al. (2004). In this comparative study the lesbian mothers differed from the

heterosexual parents in terms of child-rearing goals. They found that the majority of lesbian mothers placed a greater emphasis on autonomy, where more of the heterosexual parents emphasised conformity. It may be that the ideal of being one's own person has to do with participants' own personal struggles to become their own person and be accepted for who they are:

> Courtney: With our own experience, you know, as a child I wanted to get married and do it in a church. And it has, that dream did not become reality because the church did not want to marry us in the church itself. So I think, through this I realised, one cannot tell your child, he must be this or this or this, he must decide himself.

> Emily: Yes, I think what happens in your childhood has a big impact on you as a person…and into your adult life.

They stated that it was important for them to teach their children that it was not necessary to follow society's rules regarding gendered roles and sexuality:

> Emily: I just want him to be who he wants to be. I think having experienced my mother's parenting style, there are many things that I want to do the opposite. Like, I don't ever want to force him into choosing a religion. I don't ever want to force him into choosing friends that I think he needs to be friends with. Or, forcing social ideals on him like you're a boy and you will like blue, even if he choose that pink car. You choose that pink car because you like that pink car, you know…If it's not a danger to you, if it's not a hazard then who says you can't? Who says you, as a boy, cannot like pink? And I think that's the major things that I feel, as a lesbian parent, that I want to, that's how I want to raise him.

Other outcomes were for their child to be confident, independent, and respectful:

> Blaire: Her being confident with herself. And that she's okay, and that she knows that whatever choices she makes in life, it's choices that she makes because she feels comfortable with those decisions.

Anne: Respects other people, and their views and opinions.

Melanie: Have respect for other people, and what they own.

The above quotes suggest that participants wanted their children to grow up to become emotionally and psychologically well-adjusted adults. Participants stated that they wanted their children to be happy and feel loved:

Tracy: Happy and loved, and she can one day become just what she wants to.

Lesbian mothers are not only teaching their children to follow their own preferences but, at the same time, challenge the social norms concerning gendered roles and sexuality (Dunne, 2000). They are able to challenge social concepts of gender in the next generation (Clarke, 2005).

From their descriptions, the participants felt the best way for their child to become who he or she wants to become is for them, as parents, to be there for and support their child. They intended to support their child emotionally by providing comfort, advice and guiding their choices:

Courtney: I decided to have that child, so, I want to be there for him everyday.

Melanie: I do not ever, in his life, want to tell him what he should be, and how he must do it. He must just know that if he needs help, there is always wisdom and advice, you know, to help on the road ahead.

Emily: I think it's just as important that a child is brought up in a well-rounded, is brought up in a loving home and he's well cared for. And that you raise him with the intention of giving him everything that he needs and more in life, not just having kids for the sake of having kids.

Conlin (2001) conducted a study on lesbian mothers and found that the participants wanted to provide a loving, supportive, and safe home environment so their children would feel loved and confident enough to become their own person. In terms of actually providing parental support, Bos et al. (2007) found that in their study social mothers were more effective and committed than heterosexual fathers and that they displayed higher levels of support (being emotionally involved and showing parental concern) and lower levels of control (less assertion of power and more respectful of their child's autonomy).

4.3.2   Emotional experience of motherhood

In discussing the actual emotional experience of motherhood, participants talked about how becoming a mother has changed their lives. Motherhood included feelings of joy and exhilaration, but also feeling overwhelmed and exhausted, anxious and worried.

Participants experienced having a child as a life-changing experience:

> Samantha: It is hectic, that first, the adjustment is huge, I mean, your whole life changes.
>
> Natalie: It changes your life, just like that.

Sullivan (1996) found lesbian parents, like all parents, reported that having a child changed their lives in unexpected ways, even though they planned and felt prepared:

> Tina: Even though we have read about everything and tried to be prepared you (chuckles) are just not prepared.

4.3.2.1   The joy and exhilaration of motherhood

Participants were very explicit about the joy of motherhood and spoke about the joy in very emotional terms:

> Melanie: For me it is fantastic, it is brilliant, see, it's wonderful.

Courtney: Yes, for me he really, there's, I don't think there is a greater love than one has for one's child (softly crying).

Blaire: But you also have this most amazing amount of joy and love that you receive on the other side, so every inch of effort that you put in is worth it at the end of the day.

Like most other parents, the mothers in this study marvelled at their child's development and felt fulfilled and enriched:

Samantha: Jis, just to see him develop everyday, it's amazing (chuckling).

Chloe: Ja, I just think having him around, you know, you appreciate the small things again.

Megan: You know, special that she has done is, she's enriched our lives for us

Tracy: Fulfilled

Megan: Yes

Tracy: She's basically, our lives, she gave our life meaning, that's basically it

Megan: Yes, she's just made it complete at this stage.

Nadia: She also taught me to love in ways I did not know a person could love.

Even when participants admitted that motherhood was sometimes difficult, they stressed the joy of the experience:

Lucy: It's not always so easy, what is easy is loving her and cover her with kisses and to arrive home and she is happy to see you. And in the evening, when you have to get up at night, you're tired and you're irritated and, oh, she is crying again. But when you get to the cot and she lifts her hands and she wants to laugh, it's all gone. I am telling you, it is just absolutely amazing.

Melanie: Personally, let me tell you, as a parent myself, it's not difficult.

Courtney: He has been sleeping through from eight weeks. So, we have, it's very enjoyable with him

Samantha: Very easy child.

Emily: But looking, like, you're so tired, you so frustrated, but looking at the little face you just can't be angry at him, and that's the other high that you experience. I think that's your coping mechanism (chuckling).

Blaire: I mean, we talk about it, the amount of work and the amount of joy is equal, they're both right up there.

For these participants being able to fulfil their desire to have a child made their being a mother a very emotional experience. This want for a child could be a possible reason why motherhood is such a joyous and exhilarating experience, accompanied by feelings of fulfilment.

Motherhood is typically experienced as joyous, with mothers describing that having a child has fulfilled them as a person. Lesbian mothers in studies from various Western countries have predominantly emphasised how having a child has brought them joy and fulfilment (Bos et al., 2004; Conlin, 2001; Dunne, 2000; Gartrell et al., 1999; O'Neill, 2011; Perlesz & McNair, 2004).

4.3.2.2   *Feeling overwhelmed and exhausted*

Besides the joy and exhilaration of motherhood, it also included some challenges. These challenges involved taking on the responsibility of raising a child, and everyday difficulties:

Tracy: It's enjoyable, it's a very huge responsibility, because you have a life in your hands that you have to mould so that she has acceptable manners that she has acceptable discipline and, you know, things like that. And it's scary because, something I do now will have an influence on her when she is grown up.

Lucy: Difficult is when she becomes ill and you do not know what to do.

Participants discussed disillusionment about the actual amount of attention and energy involved after the birth of their child:

> Blaire: You know, just before she was born, and older, like, women who had children goes, ja enjoy your sleep, because when she arrives you're going to kak-off
>
> Mandy: And I couldn't
>
> Blaire: We like, we got so upset we, like, what is wrong with these women? They are so horrible, they are so rude, they're so, like, negative towards this whole process. Boy oh boy, we had not a clue what was coming to us.
>
> Emily: It's really, it's hectic and people don't tell you about it. They don't tell you about the difficult parts of motherhood, you know, everyone glorifies it. And motherhood's not easy, it's not always going to be a walk in the park, and it's not always going to be a bed of roses, but it's amazing, it really is. Ja, and you've got to be prepared as a couple, that it's going to be hectic, and if you're not divorced after that (chuckling), then you're set to go (chuckling) cause, it's intense.

Participants commented on the intense demands for attention that infants display. Initially all their attention and energy was focused on their baby. Some of the participants stated that even though they tried to prepare themselves beforehand, they were unprepared for the actual amount of attention a baby would need:

> Courtney: I knew what to expect, but you can only prepare yourself that much.
>
> Mandy: It's just, all your energy is going into this child
>
> Blaire: You don't, over time you adjust and you get accustomed to it. But when it hits you, that, oh, you just think to yourself, is my life going to be any different, am I going to ever have a normal life again? Cause you kind of get stuck into this rut of, like, baby sleeps, baby shits, baby feeds, baby sleeps, baby shits, baby feeds and
>
> Mandy: And then it starts all over again

> Blaire: And that's how you go, but you're going like that 24 hours a day, seven days a week. And you just think to yourself, ah, is this ever going to change? It does. I mean, they go through different phases and eventually it becomes easier and easier and easier, but parenting is insane, it's just mad.

They were explicit about how exhausting it can be to be mothers:

> Blaire: Fucking tiring (chuckling) is all I can say.

> Mandy: Nothing can prepare you for the exhaustion.

Participants initially experienced a lack of sleep after having their child. The first few weeks after birth were usually a terrible time, with things changing drastically if their child started to sleep well:

> Courtney: The first six weeks are terrible
>
> Samantha: Yes, because it's little sleep
>
> Courtney: Little sleep, you are up the whole night…I think we are lucky because he sleeps through.
>
> Lucy: Now that we have her we do not sleep, because she does not sleep. So, it is just, a lack of sleep is a problem.

Participants also experienced physical exhaustion due to waking up earlier in the mornings. This combined with employment and childcare in the evenings caused them to be exhausted by the end of the day:

> Ruth: So, there will also be changes, you know, he's up at five o'clock in the morning (chuckling) and I mean, it's impossible in the evening to go to sleep before ten o'clock with everything you have to do.
>
> Dana: Because sometimes we put Andrew
>
> [Anne: We fall asleep when we put him into bed]

> Dana: To sleep and then we fall asleep with him. And then we wake up and it's ten o'clock and we go, oh, there goes our evening (chuckling).

However, participants expressed that co-parenting alleviated much of the stress and exhaustion:

> Lucy: On a Saturday morning Tina usually lets me sleep in. Then she brings Jody downstairs and then I sleep until about eight o'clock. Then she has already fed Jody, she has gone for a walk with her…And then we normally try for Tina to get a nap in the afternoon and then I will look after her, so that we both just get a bit of sleep.

> Samantha: I took leave from work the first two weeks in order to help her, especially at night and so on. But because she breastfed, what we did instead was, when I got up I'd fetch him and placed him in bed in order for her to not really have to wake but also get some rest. And then during the day, between drinking times and so, then I would say to her, okay, sleep for a bit.

They also stated that as their child grew the constant demand for attention became less. As a result, childcare became easier due to their child beginning to need a little less constant attention:

> Melanie: You know, a baby needs a lot of attention, a lot of time. And then it becomes less, the time that, you know, the amount of attention, the amount of time becomes less the bigger they get.

Lesbian mothers, like most other parents, experience the physical impact of raising a child after birth (Gartrell et al., 1999). O'Neill (2011) conducted a study in New Zealand on the parenting experiences of lesbian mothers. Her participants reported that the physical impact was due to sleep deprivation leading to exhaustion and also the energy that had to be constantly focused on their baby. Although, it did become less as their child grew.

For participants, the implementation of co-parenting meant that partners did not seem to feel isolated and frustrated with much of the responsibility falling on only one parent:

> Tracy: Even weekends when both of us are off, there's no, I will for instance give [Jade] breakfast only because Megan is still a bit drowsy at breakfast time, and then Megan will feed [Jade] lunch, you know. So, I will for example, sit and watch TV, then Megan will say to me, ag don't worry, I will go and make Jade a bottle. So, it is not such a big division, it's not like in a heterosexual relationship.

Research indicates the unequal division of family tasks in most heterosexual relationships (Dunne, 2000). It has been found that unequal division mainly favours the father with the mother taking on the bulk of the work in terms of household chores and childcare (Vanfraussen et al., 2003). This has a major physical impact on the mother, who can be described as exhausted and frustrated, feeling she has to cope alone (Steil, 1997). On the other hand, research indicates that lesbian couples usually employ co-parenting (Biblarz & Stacey, 2010). The benefits of co-parenting seemingly alleviate exhaustion and feelings of isolation which helps to prevent frustration and resentment in relationships (Bos et al., 2007; Patterson, 1995). The employment of co-parenting may be a reason why lesbian mothers are better able to cope with the physical impact of raising a child.

4.3.2.3   Anxiety and worry

Participants also experienced constant feelings of worry. Initially they worried about feeling unprepared, although, they tried to prepare themselves for the adjustment of having a child:

> Lucy: What is difficult is making decisions about her future that will change her life.

> Tina: Tried to be prepared, you are (chuckles) just not prepared.

> Anne: Difficult, cause you never stop worrying.

However, participants typically felt that the stress of the responsibility was manageable if one felt ready for a child:

> Samantha: But one quickly adjusts. I think the huge thing comes in, do you want a child or not. If you are ready for a child, mentally ready for a child, then you will be able to take on anything.

For most women being a mother is coupled with feelings of worry and anxiety about the responsibility of having a child and how best to raise that child (Porter & Hsu, 2003). This also holds true for most lesbian mothers as O'Neill (2011) concluded in the study she conducted. She found that her participants described having a child as a joy, but that child-rearing was also stressful and filled with challenges. As a way to alleviate some of the anxiety associated with the responsibility of raising a child, most lesbian mothers seem to prepare themselves prenatally. In research conducted on lesbian mothers, it became apparent that lesbian mothers were aware of the responsibilities involved in raising a child and being effective mothers (Flaks et al., 1995; Goldberg & Smith, 2008; O'Neill, 2011; Perlesz & McNair, 2004). In Goldberg and Smith's (2008) study conducted in the United States of America on lesbian, gay, and heterosexual couples regarding their perceived parenting skills, they stated that, irrespective of using conception or adoption, all found it necessary to be ready for parenthood. According to the lesbian mothers in their study, feeling emotionally ready to be a mother helped them to feel prepared for the responsibility of childcare. Being prepared to become a mother as well as acquiring the necessary skills involved had been found to make childcare easier. Childcare for lesbian couples may be easier as Flaks et al. (1995) found that the lesbian mothers in their study indicated a high awareness of the parenting skills necessary to be effective parents. This was also the case in the study done by Perlesz and McNair (2004), where the lesbian mothers in their study had identified the values necessary to promote parenting prenatally.

4.3.3   Mother(s)-child bonding

It is interesting that, even with the great desire to have a child, bonding between lesbian mothers and their children happened at a different pace for each mother. There are various factors that could facilitate or hamper the pace of bonding between a mother and a child (Littleton & Engebretson, 2005). This holds true for both heterosexual and lesbian mothers. These factors could include difficulty during delivery, experiences of pain or exhaustion, or being unprepared to take on the role of being a mother (Littleton & Engebretson, 2005). A way to facilitate bonding is by allowing the mother to hold the infant just after delivery in order to make skin and eye contact, which has been found to aid the bonding process (Littleton & Engebretson, 2005).

Each participant described how bonding between themselves and their child took place. They not only described the pace of bonding but also aspects that facilitated or impeded the pace. Participants also indicated that, at the time of the interview, they had not only bonded with their child, but the child has also bonded with them.

The biological mothers typically bonded with their child while they were still in hospital. For some, bonding was immediate, but for others, bonding only happened on the second day due to the stress of delivery wearing them out:

> Tracy: Immediately.
>
> Anne: The first day (chuckling) I didn't want to see him because I was tired and I had a spinal and everything and they tried, kept trying to get him to breastfeed and he wouldn't. And I was tired and every time they bring him back and I'm like, oh take him away. But from the second day (chuckling) everything was fine.

Biological mothers who struggled with bonding described their barriers to bonding:

Lucy: I cannot tell you how long it took, but I know that day in the hospital I did not sit there and think we are bonded. I knew I loved her and I will immediately give my life for her, but there wasn't that immediate, definitely not immediately no.

Mandy: So for me, with the bonding and that, I battled a bit with, like, not having the breastfeeding.

Ruth: And she was then afterwards at home for five months alone with him because I went to work and so. So I think we bonded in different ways. But I think the bonding was switched a bit because I think she's supposed to have had those first few days.

The bonding experiences of social mothers also varied:

Tina: When her mouth began to scream, when it came out of her stomach, she stole my heart on the spot.

Irene: Joh, the initial bonding was probably still in the hospital.

Samantha: He and I bond through play.

Some of the social mothers in this study described their struggle with bonding:

Dana: Ja, it was a little bit difficult I have to say. I think it's because in my mind, I know I'm not the biological mother.

Blaire: But it was kind of me just coming to terms with my identity. And I think just over time, with me being with her and spending time with her and just being the caregiver for her, you kind of just, you work that stuff out, and it automatically happens.

Interestingly enough, partners from adoptive couples stated that they bonded immediately with their child when they saw their child for the first time:

Nadia: That moment when they placed her in my, they gave her to me, that first moment when they put her in my hands, in my arms, it was over. It was our child and we immediately bonded. So, the experience was quite wonderful, very wonderful.

For the participants, the bonding process for mothers with their child varied and happened at a different pace for each mother. The variations and pace of bonding could be due to internal or external barriers in the facilitation of bonding with their child. The stress and trauma of delivery could have caused an external barrier. Struggling to identify as a mother could have caused an internal barrier. Resolution of external barriers to bonding seemed to result in faster bonding than internal barriers. This might be due to the external barrier, such as the stress of delivery, being easier to resolve.

Participants who experienced internal barriers took longer to bond. This might be due to the participant having to resolve internal issues themselves, such as identifying as a mother, before the process of bonding could take place. One would assume that struggling to bond with one's child might cause the participants to experience emotional turmoil, because after the difficulty to have a child, they struggled to bond.

From their descriptions, any turmoil experienced was underplayed as they did not explicitly indicate emotional turmoil. This might be a way to hide the pain or they have created a picture where any turmoil experienced was not of consequence as they have now bonded with their child:

> Lucy: It happened very fast afterwards…But I cannot tell you that day when they placed her in my arms and I thought, yay, we are bonding now, I knew, yay, I love you and you are my little thing and you're our rest of our lives. But there was not that, there was not that immediate bond.

While it did seem as if biological mothers had different bonding processes with their children than social mothers, it was generally reported that children did not bond more with one mother than the other:

Megan: It was probably the easiest thing that could have happened. As you can see, she also moves between the two of us with equal ease.

Natalie: He just loves you

Emily: And he grabs your face

Natalie: You know, regardless.

Ruth: He will come charging towards you, give you a big hug around your neck. And, you know, he does this with both of us. So, it's not that he has a preference of who is there for him and so on.

These quotes suggest that participants felt that children loved their social mother just as much as their biological mother. Children from both adoptive couples also seemed to love both their adoptive parents irrespective of not having biological ties to them:

Olivia: You know, there were other people in his life before us, and I must say we never had that problem with him, from day one he was fine, he really was. I mean, I must be honest, sometimes I think, you know, about the ease with which it all happened.

Previous research suggests that parents, whether they are lesbian or heterosexual, may experience differences in the rate of bonding with their child. It seems that the rate of bonding for a child with his or her parents is based on the infant becoming attached to his or her parents and takes place through touch and whether or not they are responsive and caring (Pederson, Gleason, Moran, & Bento, 1998).

This is supported by studies that have also found that the bonding relationship for a child is not dependent on biological ties, but much more on the attention and care that the child receives (Farr & Patterson, 2009; Vanfraussen et al., 2003). Although a few studies have found that some social mothers initially struggled to bond with their child (Hadley & Stuart, 2009; Hequembourg & Farrell, 1999), research indicates that children have bonded equally

with both their social and biological mother (Gartrell et al., 1999) as well as both mothers in adoptive couples (Erich et al., 2005). These findings suggest that the necessity of biological ties for bonding is not as important as heterosexist norms indicate.

4.3.4   The compromises of motherhood

The ideals that lesbian mothers had about raising their children were not always compatible with the practical realities of raising a child:

> Courtney: One has, we had such a dream and, you know, while you are pregnant you have this vision of your child, you know, you've got this way that you think you are going to play with your child and, you know. And then you'd get here, then the dream changes. It's different from the way you pictured it.

From participants responses it became evident that time was an important problem. On the one hand having a child meant less personal time, on the other hand, employment had an impact on the time participants could spend with their child:

> Ruth: I think, yes, I think just to get time alone.
>
> Emily: Ja, it's difficult as a working parent.

4.3.4.1   Having a child affected personal time

With regards to time, having a child had an impact on the time partners could spend together as a couple and on their social activities.

4.3.4.1.1   Couple time

Participants reported experiencing a change in their relationship:

> Megan: Yes, there were definitely changes.

They mainly felt that they initially had less time to spend together as a couple as they had to focus all their attention on their child:

> Melanie: What is difficult is the impact it has on your relationship because, firstly, your attention is divided away from your partner to now basically, in the beginning, your baby.

They expressed how they missed the intimacy of their relationship and wanted to reconnect with each other:

> Lucy: And just to connect again and to do things we did before she was there. And we know we are going to miss her terribly. If we do, we will probably call three, four times a day, but it will be nice to just do our own thing.

> Blaire: It has changed a lot, cause you just try and cope from day to day…I would say to Mandy, I miss the intimacy, not sex, but just the intimacy of us being able to spend time together and just connect with one another. It was very difficult, because you're so busy running around doing all the other tasks.

Changes in their sexual relationship were also reported. Participants typically experienced a decrease in sexual activities due to partners feeling exhausted or their child waking up during the night:

> Dana: Let's try and keep awake this time (chuckling).

> Tracy: Yes, they know the most impossible times to cry. Have always been sleeping through the night, but when you try to plan something.

No regret was expressed about the decrease in sexual activity. Participants rationalised this change as a temporary sacrifice of motherhood:

> Melanie: But it returns, it will systematically return in time, I think, as he grows up.

They also emphasised that love was more important than sex in their relationships:

> Tracy: There are certain things that maybe stay behind, but it is not what a marriage is built on. If one does not get to the physical, normal part…one works around it. But it is not what marriage is about…It's a big part of marriage, but it is not what it is about.

While a decrease in sexual activity is reported, participants deny that this had an impact on the quality of the relationship:

> Ruth: But, overall, you know, we have been together for ten years…So, I think, there's very little that can rock this boat in any case.

According to participants, if they wanted to spend time with each other they had to make time for their relationship:

> Samantha: Quite, one has to make time for each other. The thing is, you do not have as much free time with a child, so when you get time to spend alone with each other, you have to grab it.

In some cases they were able to make time for their relationship by spending time together after their child went to bed:

> Tracy: And then if she is sleeping, we basically have adult time, then we sit and talk.

Participants also stated that as their child grew and began to need less attention they had more time to focus on their relationship:

> Melanie: And as he grows older, so the, how can I put this, attention moves back to your partner more and more and more.

The research available indicates that after the birth of a child, most parents experience having less time to focus on their couple relationship and this has an impact on their relationship and sexual activity (Pacey, 2004). These findings also seem to apply to lesbian relationships (Gartrell et al., 1999; O'Neill, 2011; Suckling, 2010). O'Neill (2011) found that the lesbian

mothers in her study reported experiencing a lack of time and energy for their relationships after the birth of their child and that this filtered through to their sex lives. This decrease in sexual activity reportedly improved as their child grew older. They also commented on wanting couple time, but that they initially struggled to find time to spend together. If partners wanted to spend time together they had to make time. Also, as their child grew older and became more independent, they had more time to spend together as a couple.

The fact that lesbian couples were reportedly not distressed by the decrease in sexual activity may indicate that sex is not a priority and that this was a sacrifice couples were willing to make in order to have a child. This defies the stereotype of the highly sexualised and promiscuous lesbian (Biblarz & Stacey, 2010). However, it is also possible that couples found it difficult to talk about their frustration in the context of the interview.

4.3.4.1.2   Social activities

Participants stated that having a child had an impact on their social activities. Social activities included going to places of interest and socialising with friends.

Participants typically experienced a decrease in the regularity of going to places of interest after the birth of their child:

> Olivia: I think, and it's a very trivial thing, and I suppose any parent has it and I mean, I was saying to someone the other day, you know, we used to eat out a lot, we used to go out quite a lot. So, you know, I don't feel like cooking dinner tonight, let's go for dinner, you know, that we used to do.

It became difficult for participants to go to a restaurant or see a show. They could not impulsively decide to go to any restaurant as it involved prior planning and making sure the restaurant was child-friendly:

> Emily: No, you can't just quickly jump in the car and go. It's got to be, it's planned and often it has to be family friendly.

Participants also had to consider their child and could not have late nights:

> Samantha: Yes, oh, and every now and then we still eat out and so. But then it's also early in the evening, so that you are back when he must sleep or bath. So, it has changed quite a bit. You cannot stay out till ten o'clock anymore.

Going to a show was also difficult as it involved finding a suitable babysitter before they could go out:

> Lucy: When things change is when we want to go watch a Nataniel show or Backster and want to go to the theatre or something, because then you obviously cannot take her with. It's then to get a babysitter.

Parents generally experience having less time for socialising (Crnic & Low, 2002). This change was also noted by lesbian mothers in various studies (Gartrell et al., 1999; O'Neill, 2011; Perlesz & McNair, 2004; Rohrbaugh, 1992). Not only did lesbian mothers have less time for socialising, but when they did have time to go out this involved considerable pre-planning (Crnic & Low, 2002).

Even visiting friends became more difficult as it involved pre-planning and took time to organise:

> Tracy: So, and it is not, at the drop of a hat, we decide we quickly want to go out for a visit.

Participants reported that they had fewer friends because they were unable to socialise as much as before:

> Nadia: All the friends we had are, basically, out the door, because we, basically, cannot do anything with them anymore.

Although, some also had good friends who were very understanding and accommodating:

> Blaire: So, you'll have your friends who have got kids who will structure outings and events in the daytime so that everyone can go, and it's much easier.

In some cases, participants also made new friends after having their child. In one case, participants made new friends through starting their own support group. They wanted to make new friends who were at the same stage in their lives and knew what it felt like to be a lesbian mother:

> Samantha: Especially now with the group that we started, it's also one of the reasons. There are a lot of these families that, they have lost their friends or their friends do not visit them as often anymore because of the children. And they feel alone, and they want some company. And the group is a way to, now we have lots of families and you visit each other.

It is clear that participants felt that even though their social activities decreased and their friends became fewer, they did not regret having their child. They chose to view these changes as an adjustment and not a loss, feeling that their child was worth all of these sacrifices:

> Olivia: That we used to do we now, obviously, can't just up sticks and go to dinner, you know, obviously, which we would have done previously…But it's not difficult, but it's, you know, it's like one of the challenges.
>
> Irene: Yes, I cannot ever imagine myself without it
>
> Melanie: Yes, look, once you have a child
>
> Irene: Something that you got, that you never want to give away.
>
> Courtney: Things are not the same anymore. But I am happy about it, because I made a decision to give my life to my child and to my wife, you know, for my family…Because, oh, friends are not always there, you know

Samantha: Yes

Courtney: But your wife and child, I think, will always be there.

Studies suggest that lesbian mothers, who were unable to socialise as much with their friends as before, ended up having fewer friends (Gartrell et al., 1999; Goldberg, 2006; Perlesz & McNair, 2004; Rohrbaugh, 1992). However, Gartrell et al. (2000) found that some friends, with and without children, were very accommodating.

Research also seems to indicate that for most lesbian mothers being able to have a child is more important than sacrificing certain social activities and friendships (O'Neill, 2011). This suggests that lesbian mothers are usually very committed to being parents (Biblarz & Stacey, 2010).

4.3.4.2   *The impact of employment on parenting time*

Participants stated that work obligations had an impact on the time they could spend with their child:

> Emily: I mean, ideally I'd love to stay at home with him. Natalie would also rather have it that way, but unfortunately, we both have to work.

> Emily: Ja, his bed time is about eight o'clock, between eight, half past eight, nine sometimes depending on how he slept during the day. So, it's difficult being a working mother because your time with him is so limited.

Participants stated that for them to be financially secure, both partners had to work:

> Emily: I guess it's beneficial to us in the long run, and that we, you know, we can be more comfortable as a family later in life. And I'm also helping build his future, you know, so that we can afford better things for him later in life, but it is a bit sad.

This caused conflicting needs as they felt torn between wanting to provide for their family and being able to spend more time with their child. These conflicting needs caused emotional distress:

> Tina: For me the most difficult is to go to work in the mornings and leave her here. And to go away on my work trips, because I want to be with her every moment, it's difficult for me.
>
> Emily: I think now he's getting to a stage where he misses me, or he'll cry after you. That pulls at your heart strings.

It is typical for both partners in a lesbian relationship to work (Hadley & Stuart, 2009; Perlesz et al., 2010). This means that there is less time to spend with children, even when there is a wish to have more time with them (Perlesz et al., 2010). Hadley and Stuart (2009) and Perlesz et al. (2010) found that participants reported conflicting desires as they had gone through great efforts to have children and wanted to spend time with them, but they also had to work in order to provide a better future for their family.

All working mothers, lesbian and heterosexual, experience some degree of conflict between their careers and motherhood due to dominant motherhood ideologies stating that good mothers should stay home and look after their children (Hadley & Stuart, 2009). This may cause working mothers to feel that they are bad and selfish mothers who are abandoning their children (Johnston & Swanson, 2003). The lesbian mothers in this study were clear about the necessity of working and both partners earning an income, even though this compromised their time with their children.

4.3.5   The support systems of lesbian mothers

Participants discussed the systems of support they utilised. They spoke about the support they received from their partners; family; friends and medical-, adoptive-, and day-care personnel.

Lesbian mothers generally utilise various systems of support as a way to aid them emotionally and practically. These support systems mainly consist of family and friends (Perlesz & McNair, 2004; Speziale & Gopalakrishna, 2004)

4.3.5.1   Partner support

Participants typically felt that, after becoming parents, they could rely on their partners for physical and emotional support. From their descriptions it seemed that participants deemed the support received from their partners as the most significant:

> Anne: We basically rely on each other.
>
> Melanie: We are each other's emotional support and everything support, see. Really, I think, the two of us support each other very well at the end of the day, and our little boy.

However, sufficient partner support was not always possible. In one case, the participant commented that although her partner was a great parent, she needed more support from her in terms of practical support:

> Emily: Ja, like she says I was breastfeeding, so I would be the one getting up at night, which I still do if he wakes. Some nights we're lucky that he sleeps later. My wife forgets that she's also the parent and even at night she's the parent, you know, not when she chooses to be (chuckling).

Emily's complaint is presented with seemingly good humour. This may well be an indication of participants not wanting to seem critical of or negative about their partners. This could be due to doing the interview as a couple.

Studies found that in terms of support, lesbian couples generally felt that their partners constituted their greatest support system. This in turn seemed to help increase their satisfaction with the quality of their relationship (Conlin, 2001; Dunne, 2000; O'Neill, 2011;

Perlesz & McNair, 2004; Short, 2007; Woodford et al., 2010). Partner support may also indicate that external support is only kept to what is needed as they might feel that due to equal co-parent support, external support is not needed as much (O'Neill, 2011). Bos et al. (2004) reported that the lesbian mothers in their comparative study employed less external support than the heterosexual couples due to lesbian partners being more supportive of each other than their heterosexual counterparts.

4.3.5.2   *Family support*

Participants usually felt supported by their parents and extended family members:

> Mandy: Ja, and there is so much family support actually.

The support participants received varied from telephonic long-distance support to hands-on practical support:

> Olivia: Emotionally, yes, we'll have support on the telephone or whatever, but I mean, physically and that, none
>
> Chloe: In terms of babysitting, no.
>
> Tracy: My family, a lot of support, my mom and my sister and them. Although [my sister's] in the UK, they phone a lot, and we talk a lot to each other. My mother especially, is my support…my mother's a bit far, you know, they live in [name of town].
>
> Lucy: Tina's mother helps us a lot because she is always here. She can tell us, Jody did this today, did not do this. And we trust her the most with Jody, more than anyone else.

The amount of support couples received from their respective parents also varied. Sometimes the bulk of the support only came from one of the partner's parents:

> Megan: It's more her mother and…her aunt, like she said, her second mother, and now also the friends and family. My parents and I are not so close.

Gene: My family is too spread out, so (chuckling)

Nadia: Yes, her family is not really interested.

Melanie: So, physical support there, emotional support. Your mother is very strong on emotional support…considerably more than my mother. My mother provides the emotional support but, you know, a bit shy on her side…She will give to me, but a bit shy in terms of her

Irene: Where my mother gives us

[Melanie: Yes, your mother emotional]

Irene: Equal emotional support.

These quotes suggest that the emotional support that parents can provide depend in some cases on the strength of their family bond and, in other cases, on the parents' acceptance of their daughter's lesbian relationship. In turn, this would have an impact on the amount of support (emotional and practical) that partners can expect to receive from their respective families. This can have a painful impact on the participant. Although, this impact seems to be underplayed, using defence mechanisms as indicated in the way participants made light of the lack of parental support as can be seen with Gene chuckling and Megan's matter-of-fact description. Not receiving as much support from their parents may be another possible reason why partners turn to each other for support.

Suckling (2010) found that the lesbian couple in her South African study lacked family support. This was due to family members not accepting the couple's lesbian identity. Studies show that if parents were accepting of their daughter's lesbian identity and had a good relationship with her and her partner, these lesbian mothers felt supported by their parents (Brooks & Goldberg, 2001; Gartrell et al., 1999; Goldberg, 2006; McNair et al., 2002; Perlesz & McNair, 2004). Speziale and Gopalakrishna (2004) conducted a review of the literature concerning lesbian family functioning and the social support lesbian mothers received. They

reported that most of the couples received support from both the social and biological mothers' parents and other family members. Even if parents lived far away, they would provide emotional support telephonically.

4.3.5.3   Friend support

Participants spoke about the support they received from their friends. Due to participants being able to choose their own friends, they could choose people who would be there for them:

> Blaire: So, I mean, we've got a good size pool of very good friends. It's, you know, it's awesome.

They mainly felt they could rely on their friends to provide the support they needed. Friends were able to provide emotional support as needed:

> Tracy: We have straight and gay friends that really support us. And who we can always go and ask for help and for advice and so.

When needed, friends were also able to provide practical hands-on support:

> Blaire: But our friends are very supportive. And, like, if we go away with them, you know, they will take her off our hands for a while and play with her, or take her for a walk, or whatever the case is.

Becoming mothers also created a space for participants to make new friends who were also parents or wanted to become parents. In one case the couple started their own support group:

> Courtney: The friends that we have made with the group support us a lot, because this is what we are about, support.

In another case, participants joined a lesbian social group whose members wanted to or had started their own families:

> Emily: In the beginning we were a single couple, as in not married…Okay, so I our friends were, non-married couples. Then we started looking into having a baby, so we looked for other social groups, other people…who wanted the same things we wanted, other lesbian couples, gay couples, and we then found a group, Baby ventures.

These quotes suggest that participants wanted friends who were at the same stage in their lives, therefore, able to provide them with emotional support and to whom they could relate and compare experiences with. This may suggest that, due to lesbian motherhood falling outside the sphere of either lesbianism or heterosexual motherhood, these participants might feel a sense of isolation (Suckling, 2010). Becoming friends with other couples who were also in the same position may provide a space for them to create a sense of belonging and relatedness:

> Emily: [Baby Ventures] had networking events where we just meet for coffee and talk about our experiences. And some were still trying [to conceive], some tried three times and it worked, some tried eight times. And we've made good friends outside of that. But, we basically went to look for other couples who were at the same stage in their lives as we were. And we had the other couples who were non-married. So, we went and found a social group that was at the same stage in their lives as we were.

Weeks, Heaphy, and Donovan (2001, p.9) found that friends were very important to lesbian mothers as they acted as "family" without blood ties (cited in Skattebol & Ferfolja, 2007). Studies supported this by concluding that most lesbian parents (who either opted for conception or adoption) had very positive relationships with and felt supported by their friends (Brooks & Goldberg, 2001; Gartrell et al., 1999; Goldberg & Smith, 2008; McNair et al., 2002; Perlesz & McNair, 2004; Woodford et al., 2010). In the study conducted by Short (2007), she took this further by illustrating the effect of friend support on lesbian families. Their friends provided them with emotional and practical support and a sense of belonging

and connection. Some couples had friends who were also lesbian mothers and who provided support, real understanding, and sharing of experiences. Having friends who are also lesbian mothers may act as an aid to counteract feelings of isolation. This is because they can provide understanding as they can relate to experiences that are unique to being a lesbian mother (Short, 2007).

Some participants had friends who did not provide support in any form. In one case, the participants did not receive support from their friends as they described themselves as not being emotionally close to them. They rationalised this as providing each other with enough support, making friend support unnecessary:

> Anne: We don't have friends (chuckling), we've got friends, but we're not the kind of people that
>
> Dana: We're not close
>
> Anne: We don't hang out with friends every weekend…We basically rely on each other.

Another couple had a friend who dislikes children. They respected her feelings and did not expect any support from her:

> Olivia: You know, we've got one friend who doesn't like him, but it's not him in particular. She just she doesn't like children, period…So, you know, she'll come here, she greets him, she'll say, oh, he's grown, and that's the end of it. You know, she pays more attention to the (chuckling) dogs than she does to him. But that's also fine because, as I said, she doesn't like children and that's fine, you know, other than that.

In general, not all friends will provide parents, heterosexual or lesbian, with support. In some cases, couples have friends who they only socialise with and support, in any form, is not expected of them (Spencer & Pahl, 2006).

4.3.5.4   Support from medical-, adoptive-, and day-care personnel

4.3.5.4.1   Medical personnel

Participants who used donor insemination took precautionary steps before beginning the actual process as a way to avoid possible discrimination during the insemination process. They were usually explicit about their relationship and wanted honest replies from medical personnel concerning their feelings about treating a lesbian couple:

> Emily: And I mean, I think with every initial confrontation with the medical staff, with our chosen gynae, it firstly was the fertility clinic and then they handed us over to, once you're pregnant you go do the whole gynae thing. And I said upfront, listen, I would like to know, this is who we are, and I'd like to know if you have any reservations, and I understand it's against the law to have these.

Speaking openly about their relationship and intentions may indicate that couples anticipated hostility and thus wanted to avoid subtle or overt discrimination from medical personnel (Donovan & Wilson, 2008; Larsson & Dykes, 2009; Ryan & Berkowitz, 2009). O'Neill (2011) found in her study that lesbian mothers expressed the need to disclose their lesbian orientation to medical personnel prior to insemination and delivery as non-disclosure became strenuous due to heterosexist assumptions which rendered the social mother invisible and feeling excluded.

The majority of the participants reported that their anticipation of homophobia was mainly unfounded as the medical personnel who aided them with the insemination process was accepting and made them feel comfortable:

> Blaire: We were fortunate. We had a divine doctor who was our fertility doctor, and she just made us feel comfortable from day one.

During the actual insemination procedure, doctors included the social mother:

> Anne: What did help was the specialist got everything in place, and then he'd let Dana do the insemination.

> Tracy: He placed [Megan] with us the whole time, and he included her from day one. And I must say it was quite comforting…We both went through the whole phase of pregnancy, from where we heard the heart beat for the first time or saw beating , till when she was born. We experienced each step together.

The acceptance experienced from the medical staff may be related to amendments in legislation allowing lesbians access to fertility clinics within various Western countries. This is also in effect within South Africa where lesbians under the Equality Clause are allowed access to fertility clinics (Distiller, 2011). This increase in the number of lesbian couples making use of reproductive technology may mean that medical staff has become more accustomed to seeing and helping lesbian couples, which in turn explains their acceptance.

Buchholz (2000) stated that having ones' partner with you during the insemination procedure did seem to decrease anxiety and also helped to make the partner feel part of the process. Ben-Ari and Livni (2006) reported that when the social mothers in their study felt part of the insemination process, it seemed to increase their connection with their unborn child.

In some cases, however, participants did experience discrimination at fertility clinics:

> Mandy: We are a Catholic hospital and one of the things that we support is married couples, heterosexual couples, being helped with fertility, but not anything outside of that norm.

> Courtney: And when I got to the bank the woman told me I can only get sperm if I had a husband

> Samantha: If you bring a man along next time.

Participants experiencing discrimination meant that in practice they are still being discriminated against, even though it is against the law (Distiller, 2011; Suckling, 2010).

Lesbian parents in McNair's (2002) study were denied access to some fertility clinics in the southern parts of Australia (South Australia and Victoria). Access was denied based on heterosexist beliefs. Goldberg (2006) also found that lesbian couples in America were denied access to a fertility clinic due to the clinic's Catholic underpinnings. Donovan and Wilson (2008), as part of a pilot study conducted in the United Kingdom, found that although lesbian couples were allowed access to fertility clinics, they were aware of the heterosexist views held by the personnel. Couples had to prove their worth and explain how they would have access to male role models as requirements before they were approved. An interesting observation was made by one of the lesbian parents. She reported that although the clinic upheld a strong belief that a child needed the presence of a "father" (in their case a male role model), no mention was made on the characteristics necessary for this "father" figure.

In terms of the delivery experience, participants reported that medical personnel were usually supportive and responded positively towards them as a lesbian couple having a child:

> Samantha: The doctors and nurses who did the delivery were very nice. They totally did not, like I said, the nurse who handled him when he was out and so, took photos of me and him together, but they were not funny about it at all.

> Melanie: Very supportive, no, they did not judge, no one judged. On the contrary, they were very excited, very helpful.

> Ruth: They were all fine, everyone was fine. They had no issues at all. We really had no negative experiences with him at all…Or with us as a couple.

> Blaire: We couldn't have wished for any better medical staff and treatment received
> Mandy: In terms of the sexuality thing.

> Tracy: I think it's, they have had such couples, so it was not a first or something new, understand…Because we are not the first gay couple of [name of doctor]

Megan: He's done a whole, quite a few couples

Tracy: There are people who have had their second and third child with him, so, they're quite used to it. I would not say they have a gay couple there every day, but it's not funny to them. So, they did not really treat me differently than the others.

Social mothers were typically included during and after birth:

Irene: So, I could experience everything with her, all the examinations, everything in the theatre, taking the photos. And also when Robert was born the doctor, the paediatrician allowed me to, what do you call it, mask

[Melanie: Oxygen]

Irene: Hold the oxygen mask over his little face.

Tina: Cut her umbilical cord. I helped to measure her, measured her head, her length, took her weight. I was there when they had to test her first blood.

In general, studies have found that lesbian couples were well received by doctors and nurses who responded positively and were supportive (Buchholz, 2000; Larsson & Dykes, 2009; McNair et al., 2002; O'Neill, 2011; Ryan & Berkowitz, 2009). This was also reported by Suckling (2010) in her South African Study. This positive response may be due to medical personnel becoming more accustomed to lesbian couples delivering babies because of access to reproductive technology. Internationally, studies throughout various Western countries have found that most social mothers could accompany their partners during delivery and staff generally included and recognised the social mother as a partner and as a parent (Buchholz, 2000; O'Neill, 2011; Renaud, 2007). Within the South African context there is unfortunately no literature on this topic, but one could assume that the positive responses and support participants received was due to medical personnel becoming more exposed and accustomed to lesbian couples being admitted for delivery.

4.3.5.4.2   Adoption agency personnel

Participants who adopted a child reported being well-received by the personnel at the respective adoptive agencies:

> Chloe: Ja, well, I don't think there was any negative or
>
> [Olivia: Uh-uh]
>
> Chloe: It's not even that you got the feeling that, you know, they're a bit sceptical.

Their expectation to encounter negative responses was unfounded:

> Nadia: Had no problems with them. People are very friendly, they did
>
> [Gene: Helpful]
>
> Nadia: They actually received us very well
>
> Gene: Yes
>
> Nadia: We thought it would be difficult. And especially now that we are a gay couple and so on.

It seems that participants felt due to gay and lesbian couples being legally able to adopt a child, the personnel at some agencies had become accustomed to gay and lesbian adoption:

> Olivia: I think also, we're quite lucky because the home that we adopted from, we weren't, like, the first gay people to be there.

Internationally, there has been an increase in lesbian and gay couples adopting or fostering children due to amended legislation within various Western countries, such as the United States of America and Europe regarding adoption (Brooks & Goldberg, 2001; Ryan et al., 2004). With regards to the adoption process and the acceptance lesbian couples received from social workers, responses varied between social workers being accepting and others displaying subtle to overt homophobia. The couples in the study conducted by Brooks and Goldberg (2001) found that adoption agencies in certain American States were generally "gay

friendly" and assigned social workers to lesbian couples who were accepting of homosexuality. In contrast, Ross et al. (2008) found that in Canada lesbian couples experienced homophobia and heterosexism throughout the adoption process. It seemed that agency acceptance was related to fluctuations in legislation and social and personal acceptance by individual officers within various agencies, countries or individual American states.

4.3.5.4.3   Day-care personnel

Participants spoke about the personnel at day-care centres or the day mother who looked after their child during the day. Participants typically described the day-care personnel as accepting and supportive of their family structure:

> Anne: And I asked, do you have a problem with same-gender families? And she said no, not at all. We enrolled him and he's been there.

Gartrell et al. (1999) found that lesbian couples who had disclosed their lesbian identity to the personnel at the day-care or school their children attended reported that the personnel accepted their family and child and acted towards them in positive and supportive ways (Lindsay, Perlesz, Brown, McNair, de Vaus, & Pitts, 2006; Skattebol & Ferfolja, 2007; Suckling, 2010).

The typically positive reports of support from the medical personnel during delivery, as well as the adoptive-, and day-care personnel could indicate that participants may have represented their lives in very positive ways. Another possibility could be that well-supported lesbian couples volunteered for this study. Although, it is also possible that due to changing social attitudes, these participants received positive responses.

4.3.6   Lesbian mothers and a motherhood identity

Social and adoptive mothers spoke about identifying themselves as the mother of their child. They usually identified as a mother:

> Tracy: But Megan will tell them straight, this is my baby, this is my daughter.

In one case the social mother struggled with identifying herself as a mother:

> Blaire: So, I went through major turmoil just before she was born, like major, major turmoil. I didn't know my role, although I was extremely excited to see her, but it was like this internal fight that was happening with me and my identity.

Establishing an identity of being a mother it is not always a straightforward process. It seems that creating this identity also incorporates what one believes motherhood should entail. In some instances, participants initially equated being a mother with having biological ties to a child. This may cause internal conflicts as a non-biological mother tries to reconcile social ideals with her own justifications about what it means to be a mother (Gabb, 2005). For some participants this created an initial struggle to reconcile their concept of motherhood with the reality of having a child without a biological link:

> Blaire: I really battled with identifying being a mother before she was born. I didn't understand my role…For me it kind of didn't feel totally natural, in that sense.

This internal struggle may be due to social ideals where a mother is expected to have biological ties to her child in order to be considered the "real" mother (Dunne, 2000; O'Neill, 2011). Internalising these ideals may be the reason why some participants initially struggled to identify themselves with being a mother:

> Blaire: I thought that because I never carried Beth and I said, I'm her mother, people would think I'm a phony…But you're also dealing with this stuff and you feel in a way guilty,

cause your mind is telling me, why should you feel like that, why is your brain and your psyche playing those tricks on you, why can't you just get with the programme. But you kind of work it through.

Reconciliation of this struggle can lead to a new understanding of what the concept of motherhood can entail (Dunne, 2000). Participants were able to resolve this struggle by creating a new identity where biological ties were viewed as unimportant and being a mother involved more than biology. According to them being a mother involves having a loving, caring, and protective relationship with a child:

> Blaire: Just because I had not physically carried her, or she is not my genetic make-up, or anything like that doesn't mean that I'm not her mother. She's still my daughter, and I still will protect her like crazy, like I did the other day.

> Blaire: I have to protect her, and I thought, okay well, you know, that's it, there we go, there's the proof of what I was looking for…I was protecting my young, I was not, you know, I mean, you just lose all rationale when you have to protect your young. And you will fight, like, you will even hit your mother if you have to (chuckling).

> Blaire: That was the breakthrough that I had, where I kind of said, stop beating yourself up about this thing, stop trying to over-analyse yourself, stop trying to look for identification, you've got it, it's there, you know. You're her mother, you will fight, you will even donner your own mother (chuckling).

> Samantha: It does not matter if I am biologically the mother. I'm his parent, the other parent, because I care for him and I love him.

Blaire's reference to hitting her own mother to protect her child seems to indicate a protective response. Protecting one's young is commonly associated with motherhood. Thus, Blaire displayed a maternal reaction without needing a biological tie to her child.

Western society has created this motherhood ideology of biological supremacy, where a "real" mother has biological ties to her child (Dunne, 2000). This motherhood ideology is contested by the existence of lesbian adoptive mothers and lesbian social mothers.

Lesbian mothers have been found to identify themselves as mothers, because for them motherhood consists of acting like a mother (Hequembourg & Farrell, 1999). This is because being a mother now also includes women who adopt. Therefore, being a biological mother does not automatically indicate her efficacy at nurturing, just as being a non-biological mother does not inherently imply an inability to nurture (Hrdy, 2009).

4.4 Anticipated and actual societal responses to lesbian motherhood, lesbian families and children of lesbian mothers

4.4.1 Incompatible identities: Being a lesbian and being a non-biological mother

Social and adoptive mothers were typically identified as the mother of their child by their respective families and friends:

> Megan: From her side of the family I do not think there's an issue.
>
> Samantha: Look, with the family and so on, yes definitely, they all see me as the other mother of Ben…We always say, she's mamma and I'm mammy, and my mother and them will always say, go to mammy or go to mamma. So, they definitely recognise it, the family.
>
> Blaire: I think that, where the trick comes in, are people that we know. Our friends obviously identify both.

Some partners did, however, report that their parents struggled with identifying them as real mothers:

> Megan: My parents are only now busy to enter that phase of
>
> [Tracy: Struggle a bit]

Megan: Respect, yes, the respect is slowly entering but…I think it will get better with time.

It seems that when participants' parents struggled to identify participants as a mother it was due to the participant not having a biological link with her child:

Irene: Yes, because if she, for instance, refers to me, she tells Robert, this is Irene and this is mamma, it's not mamma and mamma…But I believe this will also be sorted out.

For the parents of these participants it seemed to be more comfortable to identify the biological mother as the "real" mother whilst disregarding the legitimacy of the social mother:

Tracy: It's still strange for them to hear me talking about

[Megan: Grandma]

Tracy: Go to mommy, go to mommy Megan…Yes, or go to granddad

Tracy: Or there, ag, you know, say bye to grandma and granddad, or clap your hands for them, or whatever. They have, you know, they are beginning to, you know, it still does not completely fall pleasantly on their ears.

Research suggests that parents of lesbian mothers did not always endorse participants' notions of motherhood. Some studies reported that the social mother was only recognised as a mother by the parents of the biological mother if they previously accepted the relationship (Goldberg, 2006; Hequembourg & Farrell, 1999; Rohrbaugh, 1992). The recognition from biological parents was not always positive. Gartrell et al. (2000) and Perlesz et al. (2006) found that some of the biological mothers' parents refused to recognise the social mother as the other mother of their grandchild. O'Neill (2011) found that, although some of the biological mothers' parents initially struggled to recognise the social mother, they later on began to respect her as the other mother.

Similarly, some studies found that the parents of social mothers were more reluctant to recognise their daughters as mothers (Hequembourg & Farrell, 1999; Rohrbaugh, 1992),

while other studies found that social mothers felt that they were recognised by their parents as mothers (Gartrell et al., 2000; Goldberg, 2006).

This struggle suggests that parents may have internalised the ideology that to be considered a "real" mother one has to have biological ties to one's child (Goldberg, 2010). If participants experienced emotional pain when social mothers were not recognised as mothers by their parents, they did not articulate this during the interviews.

With regards to public recognition as a mother, differences were found between the perceptions of social and adoptive mothers. Adoptive mothers mainly felt identified and respected as mothers by the general public:

> Olivia: No, I think, we've been quite fortunate as well in that respect up until now.

Unfortunately, no literature exists on the public identification of lesbian adoptive mothers as mothers. Although, one can tentatively assume that the participants being identified as mothers may be due to the notion of an adoptive mother being a more familiar one and one that also exists in more traditional notions of the family.

On the other hand, social mothers typically felt that they did not receive the same recognition and respect from the general public that their partners received:

> Samantha: I will say from the general public not completely. I think it is still a perception outside, and they do not understand that a parent does not necessarily need to be the biological parent. I mean, what about an adopted child? What about a married woman who cheated and she is uncertain if her husband is the father of her child? There are never questions about that, so why must it be a question if I am the other mother.

They stated that people usually identified the biological mother as the "real" mother:

> Blaire: And now all of a sudden they're presented with two women and they automatically make the assumption, or they kind of had the default, where they go, the one that carried the baby is the mother. So, they will talk to that woman as the mother.

Studies found that social mothers felt a lack of social recognition. This was due to constantly being asked who the "real" mother was, thereby diminishing their validity as a mother (Chabot & Ames, 2004; Perlesz & McNair, 2004).

Social mothers felt that even though they might not be biologically related to their child, society should recognise them as mothers:

> Samantha: It does not matter if I am biologically the mother, I'm his mother…We are both parents, and this is what we often tell people. What does it matter if I am biological or the mother?

It appears that not being identified as a mother may cause social mothers to not only become but also feel invisible. This caused hurt and anger:

> Blaire: Actually, after she was born there was an element as well, because after she's born you become invisible. I became invisible in society, because everybody would see the two of them, and they would go, oh she's a beautiful baby, oh my god, you're the mommy, and I'd stand there and I was like
> [Mandy: Or who's the mommy]
> Blaire: The fucking friend or the, you know, the sister or whatever the case is. I wasn't really part or, ja, and it was just like you become slightly invisible in this.

In response to this lack of recognition, some participants alternated who they introduced as the biological mother or stated that both mothers had biological ties with the child:

> Blaire: When people see us together, they kind of look and they go, okay who, you know, whose is it? And we've actually decided that, in future we would actually mix it up. And if

people ask, who carried her, you know, sometimes I would say I carried her, and sometimes Mandy.

Courtney: For them, I am the surrogate and she's the biological [mother]. Her eggs where implanted here into me, and I carried the baby.

Social mothers walking alone with their child was also perceived as being the biological mother:

Tracy: So, Jade looks like both of us. So I do not think, for someone, that if Megan walks with her on her hip in the street or in [name of suburb]

Megan: It does not look funny to anyone

Tracy: It's not all of a sudden like, wow, but where do you two fit in together? They look alike, so they assume they are mother and daughter.

Interestingly enough, these quotes also suggest that participants, knowingly or unknowingly, are challenging society's ideals about heterosexism and people's eagerness to assign biological supremacy to the biological mother:

Blaire: I think that when I am alone with Beth it's easier, because people just automatically identify her as being my daughter. They don't, they wouldn't ask the question.

Blaire: But, just to see people's reaction, to test the theory…Because people automatically look at her and identify and say to her, oh

[Mandy: Oh okay, I can see]

Blaire: I can see

[Mandy: That you]

Blaire: Now we want to

[Mandy: That you carried her]

Blaire: Toss the other coin and say, well, I carried her, and they say to me, oh, I can see.

Ryan and Berkowitz (2009) reported that the social mothers in their study would use donors who resembled them physically in order for the general public to perceive them as biologically related to their child. Social mothers also seemed to have empowered themselves by creating situations where they could be perceived as the "real" mother (Dunne, 2000).

4.4.2   Societal attitudes towards lesbian motherhood and lesbian families

Participants described societal scrutiny over their ability to parent. They also spoke about the public's curiosity and ignorance concerning planned lesbian families.

4.4.2.1   *Societal scrutiny*

Participants typically perceived the South African society as becoming more accepting of gay and lesbian relationships and of gay and lesbian families. They felt it was the increase in acceptance on a societal level that has made it possible for them to feel safe and secure enough to start and have family:

> Samantha: It's a bit easier for us, because society has changed the last couple of years. So, many people are more, I think, more open-minded.

> Mandy: And, I think, we were very lucky because we, I think, if this was 10 years ago, it would have been a different story.

In recent years the general attitude towards homosexuality has become more accepting (Golombok & Badger, 2010). This seems to have created a space for gays and lesbians to live more openly disclosed lives (Ryan & Berkowitz, 2009). This change towards a more positive social outlook on homosexuality has made it easier for lesbian couples to consider and instigate motherhood not only internationally but also locally (Conlin, 2001; Lubbe, 2007a; Ryan & Martin, 2000; Touroni & Coyle, 2002).

However, once the participants became parents, their perceptions seemed to change from feeling accepted to feeling scrutinised. They spoke about how the quality of lesbian parenting was constantly under scrutiny:

> Mandy: I think, also for lesbian parents…I mean, and I talk for myself here, you kind of are trying to prove to society just how good a mother you are…all the time, because you know that society has these ideas about gay parents.

Due to the scrutiny felt by participants, it is possible that they might tend to slightly romanticise motherhood, not wanting to provide a basis for the scrutiny. Although, it is also possible that due to societal scrutiny lesbian mothers may become more aware of their parenting skills and actively try to improve these.

Studies found that lesbian parents who used conception reported being scrutinised by society and felt that they constantly had to prove they were just as capable to be parents as their heterosexual counterparts (Bos et al., 2007; Donovan & Wilson, 2008; McNair et al., 2002; O'Neill, 2011; Perlesz & McNair, 2004). Suckling (2010) reported that the lesbian couple in her South African study also experienced societal scrutiny with the couple feeling they have to work hard to prove their parenting capability. The same scrutiny was also felt by lesbian adoptive couples who experienced scrutiny over their ability to parent adopted children (Brooks & Goldberg, 2001).

Participants felt that the lesbian family was still placed under scrutiny, due to societal norms still dictating that for the optimal development and adjustment of a child, a child needed both a mother and a father. They also felt that society still largely perceived lesbian mothers as not competent to raise a well-adjusted child:

> Blaire: No, I think, that it's societal conditioning that people always have identified a mother and a father.

They contested these societal norms and felt it was not the gender or sexual orientation of parents that determined the quality of parenting or the optimal adjustment and development of a child. According to participants, the quality of parenting should rather be based on parental involvement, as well as providing the child with a loving and supportive home environment:

> Nadia: Because they assume a child must have a mother and a father…what I feel is totally unnecessary, it depends on what the love is.

> Emily: I think, it's just as important that a child is brought up in a well-rounded, is brought up in a loving home and he's well cared for.

Research suggests that the optimal development and adjustment of children are not determined by the gender or sexual orientation of the parents. Family processes such as parent-child relationships are a better predictor of the optimal adjustment of children (Biblarz & Stacey, 2010; Bos et al., 2007; Chan et al., 1998; Farr & Patterson, 2009; Flaks et al., 1995; Golombok & Badger, 2010; Patterson, 2006; Short, 2007). Patterson (2006) stated that the sexual orientation of parents was unrelated to how well children were able to adjust to their social environment. Adjustment was determined by the display of warmth and affection. Patterson (2002) concluded that the presence of a father or heterosexuality was not vital for optimal child development and adjustment.

Participants were trying to prove to society that not only were they competent, they were adequate parents:

> Blaire: And you kind of want to go, fuck you, look how good a job I'm doing, look how amazing we are, don't come with that shit, don't try and throw that whole car at us because it's not true, we are living proof that it's not true. So, I know that for us we try harder all the time to be really good parents, and to be the best parents that we can possibly be so that we

can also show society prrt (sound to indicate 'in your face') you guys are wrong, in the way that you, and not all of society but, you know, those ones that kind of say you shouldn't.

These quotes suggest that as lesbian mothers, participants felt the constant need to prove their worth. This seems to have caused anger and frustration about their parenting ability being brought into question. Lesbian mothers, in general, may be working harder at parenting due to societal scrutiny (Vanfraussen et al., 2003). This may result in lesbian mothers typically being more aware of and focused on their parenting skills (Biblarz & Stacey, 2010).

Participants typically felt that social mothers, compared to heterosexual fathers, were much more involved in their child's lives and daily childcare responsibilities:

> Tracy: For [day-care personnel] it's astounding how much we are both involved with her at the school.

> Anne: Whenever I speak to guys that just had a baby it's like, oh no I haven't, like, the baby's a year old, I've never changed a nappy and…I've never bathed [the baby] cause I'm scared I'm going to break him. With us it was just, from the beginning we just knew what to do. And even Dana that's never changed a nappy before Andrew was born, it was, everything came naturally to us, it came easier.

Research suggests that lesbian parents are more aware of the necessary parenting skills than heterosexual parents (Flaks et al., 1995; Perlesz et al., 2010; Vanfraussen et al., 2003). Bos et al. (2004) found that social mothers felt a greater need than heterosexual fathers to justify the quality of their parenting. Justification seemed unnecessary as studies found that social mothers interacted more (Bos et al., 2007; Brewaeys et al., 1997), displayed a higher quality of interaction with their child (Brewaeys et al., 1997; Flaks et al., 1995; Golombok et al., 1997), and were more effective and committed to childcare (Bos et al., 2007) than heterosexual fathers.

Research concluded that the children of lesbian mothers who were conceived through donor insemination were just as well-adjusted as children raised in heterosexual families (Bos et al., 2007; Brewaeys et al., 1997; Chan et al., 1998; Gartrell et al., 2005; Golombok et al., 1997; McNair et al., 2002; Vanfraussen et al., 2003). The same conclusions were drawn for lesbian couples who adopted a child. Studies reported that most adopted children from lesbian families were well-adjusted (Erich et al., 2005), even cross-racially adopted children were found to thrive (Farr & Patterson, 2009).

4.4.2.2   Curiosity about planned lesbian families

Participants reported that people tended to be quite curious about lesbian families:

> Emily: Well, ugh, many ignorant people are inquisitive to know, how did this happen, you know.

They often got asked the same questions repetitively:

> Lucy: So, it's always, people ask the same questions. You will see it everywhere. Everyone asks exactly the same questions, over and over, because it's as if they are moulded, who's the father? Who chose the father? How did you choose the father? How did you decide? Everyone asks the same questions.

> Mandy: Like you always have to tell the story and, like, how it happened, it can be quite tiring I suppose.

Lesbian mothers in various Western countries reported that people asked the same set of questions, which they found frustrating and tiring to answer (Bos & Hakvoort, 2007; Chabot & Ames, 2004; O'Neill, 2011; Perlesz & McNair, 2004). Short (2007) found in her study on lesbian mothers, that some of the participants had even built up a repertoire of responses in anticipation of predictable questions.

4.4.2.3   Ignorance about planned lesbian families

Participants indicated that the majority of the general public remained ignorant not only about lesbian relationships, but also regarding planned lesbian families.

4.4.2.3.1   Ignorance about lesbian relationship

Participants commented that certain stereotypes about lesbian relationships still exist. For instance, many people thought that lesbians were very promiscuous:

> Tracy: And everyone, you know, if you tell someone you are gay then the first thing they presume, oh, sex orgies and, you know, hop from one partner to another partner…I then say to them, but Megan and I have been together for 13 years. From, wow, how do you do it? Because we are committed to each other.

Wynchank (2006) reported that, due to lesbians being perceived as highly sexualised individuals, society held the belief that they were promiscuous. As a result of this, lesbians are presumed to be unable to form emotionally intimate and committed relationships. Flaks (1994) reported on how this presumption infiltrated judicial systems. Judges reportedly based their decisions concerning custody on their assumption that lesbians were unable to maintain stable and fulfilling relationships. Wynchank (2006) stated that previous studies and statistics did not support the belief that lesbians were unable to form fulfilling and lasting relationships. She reported that American studies showed that between 45% and 80% of lesbians were in committed relationships.

Another erroneous expectation that participants had to deal with was that lesbian relationships were also organised along gender lines:

> Nadia: But if they want to know, yes, a lot of people ask us, for example, who's the man in the relationship? We then say to them, no one because we are both women.

> Olivia: Personally, I think that, I think people almost expect gay people to have the traditional, you know, the woman
>
> [Chloe: One must be]
>
> Olivia: Cooks and ja, one…must be a dad and one must be a mom.

O'Neill (2011) found that the lesbian mothers in her study experienced society as trying to heterosexualise their couple relationship, wanting to assign male characteristics to one of the partners in order to place their relationship within the norm of the heterosexual domain. Lesbian couples, consisting of two women, typically do not have gendered role divisions and the ensuing power differences in their relationships (Dunne, 2000). As a result, lesbian relationships challenge the notion that a man or male characteristics are needed in a relationship in order for it to function properly (Dunne, 2000).

4.4.2.3.2   Ignorance about possibility of lesbian conception

Participants usually felt that the general public was still largely ignorant about how reproductive technology had made it possible for lesbian couples to have their own children through donor insemination:

> Blaire: I think that, for us, the most important part was that everyone always, society often makes this assumption that because you are a lesbian couple you don't have an ovary. So, therefore, they kind of just always make an assumption that if you have a child, that child has been adopted.

O'Neill (2011) found that lesbian mothers reported that the general public still had the notion that two females cannot have a child as there is no male involved, and that conception was only achievable in heterosexual relationships through heterosexual intercourse. Lesbian parents challenged these notions by utilising reproductive technology and demonstrating that reproduction can occur without heterosexual intercourse.

4.4.2.3.3   Ignorance about the existence of planned lesbian families

In some cases, participants felt that society was still largely ignorant not only about the number of planned lesbian families but also, to some extent, their existence:

> Courtney: Then I showed her there are other families who also have children. They thought it was not at all popular or it does not happen, you know, we are, it's anonymous, it does not exist.

Although it seems that ignorance generally prevailed, participants felt that due to the increase in planned lesbian families, people would steadily become aware of and accustomed to their existence:

> Melanie: It's much more common, if I can say, sight for the public. So, people do not really ask you or look at you funny, because as soon as they see two women and a baby then
> [Irene: They put one and one together]
> Melanie: Automatically put one and one together and get two.

The only study that mentions the ignorance held by the general public about the existence of planned lesbian families was Gabb (2005). She reported that due to heterosexism, society remains ignorant about planned lesbian families as people were unable to "read" the clues and automatically and mistakenly assumed two women walking with a child was a mother and child accompanied by a friend or sister.

Due to the majority of people viewing the world through a heterosexist lens, others are automatically being perceived as heterosexual until their assumption is proved otherwise (Gabb, 2005). Lesbian mothers may aid in challenging the general public's heterosexist assumptions about people. This could result in the public's interaction with others becoming more open-minded and sensitive.

4.4.3   Emotional responses of significant others

Participants spoke about the response of their parents and friends towards lesbian motherhood and their child as well as the change in their emotional response towards lesbian motherhood and their child over time.

4.4.3.1   Range of responses: Ignorance, curiosity, shock, doubt, hostility, acceptance

Participants typically felt that their parents were, to varying degrees, accepting of their lesbian identity and relationship. Participants reported that their parents had come to terms with, or were at least in the process of accepting her lesbian orientation and relationship:

> Melanie: They never accepted it, the fact that I was gay, till I met her. And then it happened like, I said, but I will not come to the farm if she does not come with, so then they let her come with. And I think my mother is still in the process
>
> Irene: Of acceptance
>
> Melanie: Of acceptance, if I can put it like that.

> Susan: Never really had problems with anyone about our preference or to have children or anything, never. And our family is also actually very supportive, friends as well.

Participants whose parents struggled with accepting their relationships usually did not admit that it caused them distress, or underplayed the distress experienced:

> Anne: Go through years of my parents and me not talking, because of my homosexuality…My parents are totally cool with it now, we've sorted everything out.

In some cases it was clear that the pain was still close to the surface:

> Courtney: It was funny, I must say, it also feels to me as if Ben opened our families' eyes to show, really, this is for real, I think so.
>
> Samantha: Yes

> Courtney: I think a baby can change anyone's mind
>
> Samantha: Hmm, even your brother and his wife changed a fair bit after he got here, yes
>
> Courtney: (Softly crying) Sorry (chuckling)
>
> Interviewer: No, it's okay, listen you must just say if you need a moment
>
> Courtney: It's okay
>
> Samantha: Hey, are you remembering everything again? Okay
>
> Courtney: You can carry on.

In other cases anger was displayed:

> Lucy: I am telling you, we have been through a lot of shit, especially with my parents who are so bloody homophobic.

These quotes suggest that participants wanted to be accepted by their parents. When parents struggled to accept their daughter's lesbian identity, it caused pain and anger. Lesbian and heterosexual people feel a need to be accepted by their parents (LaSala, 2000), although this need for acceptance seems to be more pronounced within lesbian families. Hequembourg and Farrell (1999) conducted a study on lesbian mothers living in the north-eastern United States of America. They focused on how lesbian mothers managed their marginal lesbian identity along with their mainstream motherhood identity. They reported that parental acceptance was very important for their participants. For lesbians, acceptance by their parents is usually not based on something that they have done, but on their sexual orientation (LaSala, 2000). Hequembourg and Farrell (1999) found that some parents were completely accepting, while other parents found it hard to accept their daughter's lesbian orientation. This finding was also echoed in the studies conducted by Gartrell et al. (1996), Goldberg (2006) and O'Neill (2011). This can cause pain and anger as children may feel rejected by their parents based on something they had no control over (Conlin, 2001).

Repressing painful memories may be a way for people to deal with painful incidents. It seems possible that participants repressed painful memories, choosing rather to focus on more acceptable memories regarding their parents.

4.4.3.1.1   Response to becoming mothers

Some participants reported positive reactions from their parents to their decision to become mothers:

>   Blaire: Our parents were very accepting and very, we had a lot of support from them.

Other participants' decisions were met by confusion and shock:

>   Samantha: Well, my mother and them just had a lot of questions
>
>   [Courtney: How are you going to do it?]
>
>   Samantha: How are you going to do it? Where are you going to do it? What are to going to do? Her mother and them were…how does it work?
>
>   Melanie: Eventually, but they were also incredibly excited, yes
>
>   Irene: Was at first a shock (chuckling)
>
>   Melanie: A shock at first (chuckling) and then, you know, then they got with it, if I can put it like that.

In some cases, however, the decision to have a child was met with apprehension, animosity and suspicion:

>   Anne: Ja, dad thought we were joking for the first couple of weeks (chuckling), cause my dad was very worried about what people will say and everything but, overall, very supportive.
>
>   Samantha: Yes, how does it work? Her mother and them were excited, your dad not at first
>
>   Courtney: Initially [dad] said, no, not in this world, not in this country.

Emily: Ja, I think my mother thought in the beginning that, when I told her that I want to have a child, and her initial reaction was, she didn't consider that a lesbian couple could have a child naturally. She thought that adoption was the only option. And her words to that was, if you don't want to hurt me then you wouldn't do something like that…Something along the lines of, if you don't want to basically destroy our relationship, it already was in pieces, then I shouldn't do that. And that was my mother's initial reaction to me talking about wanting a family.

Lucy: Like my dad for example, did not speak to me at all. He immediately wanted to know, who the donor was, because he did not know how it was going to happen, how on earth? He's not totally open to this gay situation…So, and I did not want to tell him at all…If I had a choice, I would not have told him until the day that I actually had the little one, can tell you that, because he is not very open to the whole situation.

In Emily's case the objection seems to be against adoption rather than against lesbian motherhood. Similarly, O'Neill (2011) reported that her participants described resistance from their parents as possibly being due to their parents not being informed of the existence of reproductive technology and as a result assumes that lesbian couples can only adopt.

Parents objected to their lesbian daughters having children for different reasons. Some parents do not accept their daughter's lesbian identity and others may be ignorant about reproductive technology. There are also parents who subscribe to society's insistence that a child should have both a mother and a father to ensure optimal development and, in the case of lesbian couples, the concern that the child will be devoid of a father (Clarke, 2002):

Mandy: Ja, and he also couldn't get his head around the whole donor thing.

Mandy: No, I mean initially, but this is years ago when I told my dad. He said, you need a mother and a father (chuckling), I remember him saying you need a mother and a father.

Research suggests that the lack of parental approval can have a negative emotional impact on a lesbian couple (Touroni & Coyle, 2002). Whatever the reason for parents' lack of approval, participants in the current study also probably struggled with this. Interesting is the fact that they tended not to talk directly about how they feel about parental objections. Participants typically seemed to underplay (and even joke about) painful experiences associated with lesbian motherhood:

> Emily: So, there was enough negativity (chuckling) as it is.

> Courtney: My mother and them do not talk like that in front of us anymore…I just hear along the grapevine about how they feel…So, it is still not completely hundred percent, but with time. I always say time is the only answer for anything (chuckling).

Participants mainly reported that their parents and friends responded positively towards the news of their pregnancy or process of adoption. They were described as being happy and excited for them:

> Melanie: Do you know, they could not wait for me to deliver the baby. Did not allow me my nine months, if I can put it like that…Same with the people around us, were just as, our friends were very excited…for us
>
> Irene: Excited.

> Anne: Overall, we've never come across anybody that openly had any objections or any, our colleagues are friends, our family, were all very supportive…from the word go.

Research seems to suggest that for most lesbian couples the overall response from their family and friends were positive to the news of their pregnancy or process of adoption (Ben-Ari & Livni, 2006; Dunne, 2000; Gartrell et al., 1996; Goldberg, 2006; Goldberg & Smith, 2008; Woodford et al., 2010).

However, positive reactions were not always the case. In some cases participants did report initial scepticism from their parents, but this scepticism changed as the pregnancy progressed:

> Samantha: Your parents are just as happy, your father was also a bit sceptical in the beginning, but…your mother was very excited.

> Megan: Parents were, firstly shocked, then they started to become excited, my mother and them are only now very excited.

These quotes suggest that some participants' pregnancies were met with positive responses, but that parents were sometimes unsure about lesbians having children. This scepticism may be due to social grandparents not feeling connected to the pregnancy as they do not have biological ties to the child (Patterson, 1996); or the absence of a father figure and how this would impact the child and their family life (Perlesz et al., 2006).

In 1996, Gartrell et al. initiated the first phase in the USA National Longitudinal Lesbian Family Study. This phase focused on the experiences of prospective lesbian mothers. They found that most of their participants expected their respective parents would react positively and be accepting of their child. They also found that, overall, social and biological mothers described their parents as reacting positively towards the news of their pregnancy. Unfortunately, when studies reported on scepticism or resistance from participants' parents, questions did not examine the reasons for their scepticism or resistance.

With regards to friends, in some cases friends were wary as they felt the dynamic of the friendship would change:

> Megan: For example, many of our gay friends were excited. Some were a bit wary because they're not, agh, how can I say this, some of them are younger than us, the younger ones were a bit, listen, but everything will change now, we are not going to socialise together anymore. The older ones were, you know, it's a wonderful decision.

This seems to suggest that friends may realise the dynamics of the friendship will change and that this would mean they would have less time to socialise. It is possible that these friends based their friendship on socialising and not on an emotional connection, as a result, they only focus on socialising and not trying to be supportive of the participants.

In general, not all friendships fulfil the same purpose (Spencer & Pahl, 2006), regardless if one is lesbian or heterosexual. Friendships seem to vary according to the need that a particular friendship can fulfil (p. 59). Therefore, if a friendship is based on a friend with whom one has an emotional connection one would assume that that person could provide support (pp. 66-67). On the other hand, if a friendship is based on socialising, one would assume that this friend would be there for events but not as an emotional support system (p. 64). It is possible that due to the age of friends, younger, childless friends would be less concerned with stability and settling down. Therefore, having a child could possibly introduce a conflict of interest into a friendship. This seems to hold true for friendships within the lesbian community (Gartrell et al., 1999; Goldberg, 2006; Perlesz & McNair, 2004; Rohrbaugh, 1992).

4.4.3.1.2   Initial response to their child

Participants described how their families responded to their child and them as a family. Many participants reported that their families responded positively to their children:

> Lucy: When she was born, the people who were a bit sceptical, it was over. So, since she came into this world, everyone has just loved her, it was really amazing.

It is interesting to note that some social grandparents responded positively even though they had no biological ties to their grandchildren:

> Blaire: What's so amazing is that my parents had been, she's not, you know, biologically theirs, but she has completed their life, in every sense that you can possibly imagine.

Social grandparents did not always immediately respond positively:

> Megan: Parents were, firstly shocked, then they became excited. My mother and them are only now very excited. So it was really, different places different reactions.

Adoptive parents had some ambivalent responses from their parents. Here the race of the child seemed to be an important factor:

> Nadia: But my mother, like I said, my mother lives with us and she's absolutely crazy about this little thing. She's the one that said, please my child not a black child. And now grandma cannot stop talking about her chocolate kisses and her chocolate baby.

Participants reported that some friends responded positively towards their children:

> Megan: Some of the friends were very excited.

However, not all friends responded positively. In one instance friends responded in a negative manner towards an adoptive child:

> Gene: Some of them immediately accepted her and others were a bit
>
> [Nadia: Everyone yes]
>
> Gene: Offhand one could say.

For lesbian mothers, like other parents, friendships were generally very important (Perlesz & McNair, 2004). Lesbian mothers usually stated that most of their friends responded positively towards their child (Dunne, 2000; Gartrell et al., 1999). Woodford et al. (2010), studying lesbian adoptive mothers, found that some friends rejected the adopted child, while others initially struggled but later on came to accept the adopted child.

4.4.3.2   Change in emotional responses of significant others over time

Even though participants' orientation and relationships were accepted to different degrees by their parents, grandchildren were usually accepted by their grandparents:

> Emily: They've put aside their other feelings about our whole family setup to be a part of his life.

> Nadia: Most of them immediately accepted her into the family, and that was end of it, she was part of the family. There were one or two of the more, the older people who struggled a bit more with it
> [Gene: Conservative there]
> Nadia: Like my grandmother and my mother's one sister. But I mean, they have, some of them had, oh, it did probably take a few months, but they have accepted her, they did good.

Participants mainly felt that the birth of their child had brought them closer to their families:

> Emily: It's sad that it took this long, but I guess that's the miracle of babies, they really bring family together. So they put aside all their other feelings about…me, which is nice. I think we are very family orientated people.

From their descriptions, it seems that grandparents were willing to put aside their feelings towards homosexuality in order to be in their grandchild's life. It is possible that grandparents may have realised that if they do not try to become more accepting they will not be permitted to spend time with their grandchild. It is also possible that parents struggle with acceptance as they feel there is a possibility that their heritage will not continue, but with the birth of a grandchild, these apprehensions were appeased (Ben-Ari & Livni, 2006). Studies on lesbian motherhood suggest that the birth or adoption of a child enhanced lesbian mothers' relationships with their respective parents and brought them closer together (Ben-Ari & Livni, 2006; Gartrell et al., 2006; Goldberg, 2006; Rohrbaugh, 1992; Woodford et al., 2010).

In one case, the stepfather struggled with acceptance. However, the participant did feel that, with time, her stepfather might come to accept their child:

> Olivia: She was the one we expected, my stepfather just disregards it, completely.

> Olivia: It might change, I mean, I don't write off the situation, you know. He also lives 2000 km away so, you know, whatever.

Research into the response from extended family members of adopted children indicate that when couples adopt, children are less likely to be accepted than biological children (De Haymes & Simon, 2003). Woodford et al. (2010) conducted a study on lesbian mothers who adopted children. They found that some extended families accepted the adopted child, while others rejected the child and the couple completely. Difficulty to accept their adopted grandchild could be due to the lack of a biological connection with the child (Hargreaves, 2006). This could make it difficult for grandparents to accept the child, especially if a couple adopted cross-racially (De Haymes & Simon, 2003). Quiroz (2008) conducted an internet based study on perceptions of cross-racial adoptions. She found that with cross-racial adoption a few couples experienced immediate acceptance of their child from extended family members. In other instances, some families rejected the couple and their child, while the rest did not initially accept their child, but that acceptance came with time.

4.4.4   Anticipation of and preparation for homophobia

4.4.4.1   *Preparation of child against possible homophobia*

Participants anticipated that their children would experience homophobia in their future:

> Nadia: The bigger she gets, the more problems she will get with it.

Some spoke about the necessity to protect their children against homophobia:

> Ruth: Any child must grow up with a type of buffer of protection against other children.

Others felt that children cannot be protected against homophobia, they should rather be taught how to handle it:

> Mandy: Well, like, I wanted to say, no we won't buffer her, we'll just teach her how to handle it.

Participants stated that they both wanted to empower their children to handle homophobic sentiments, but also hoped that their actions should serve to lower the risk of encountering homophobia. From their comments it seemed that participants anticipated that their children's exposure to homophobia was most likely to happen in the context of school:

> Emily: But some of it is inevitable, we need to, like, you know how cruel kids can be at school…Cause I mean, it's a place where he's going to spend a lot of his time.

In anticipation of prejudice from peers, participants were usually of the opinion that such prejudice has more to do with the views of the parents than of the children:

> Nadia: I hope she does not get such big problems. In any case, if a child is that nasty, then in any case, it comes from the parents and not from the child itself.

Perlesz and McNair (2004) found in their study that because children spend the majority of their time at school, lesbian mothers were very concerned about homophobia in the school context. Gartrell et al. (2000) conducted a study on lesbian mothers living in the United States of America as part of the National Longitudinal Lesbian Family Study. They found that 18% of the children in their study had experienced homophobia by the age of five. When children enter school, studies conducted in the United States of America and Australia found that by the age of 10, nearly half of the children had experienced homophobia (Bos et al., 2008; Gartrell et al., 2005; Lindsay et al., 2006).

As they anticipated homophobia, participants also anticipated that they will need to play a supportive role when their children are exposed to homophobia:

> Emily: It'll be trial and error with his crèche and his school one day. And we just have to help heal those hurts (chuckling), you know.

> Melanie: And, you know, we will stand by his side, through it, against it. And I think, you will have to, you know, bring in your guidance if a situation comes to light.

Lesbian mothers were found to support their children when they were exposed to homophobia (Gartrell et al., 2005; Short, 2007). One can assume that if lesbian mothers try to create a loving and caring home environment, they would also be supportive of their child if he or she should encounter homophobia.

4.4.4.1.1   Informing the child about homophobia

Participants stated that they would inform and prepare their child from a young age about the existence and nature of homophobia:

> Blaire: It can happen to her no matter where, when, how. She needs to know that, you know.

They felt it was necessary to have discussions about their family structure. Participants clearly thought of their children's questions and how they would respond. They planned the content of what they would say and also considered the timing:

> Lucy: Why do I have two mothers? And we will say to her, because mamma and mamma love each other very much. But we cannot, physically it is impossible for us to have a baby, to go and fetch a little Jody, and we had to get help and the help was through getting someone's sperm. So, we will never use words and say you have a daddy somewhere, because you do not have a daddy somewhere, we got sperm from somewhere.

Chloe: You know, it doesn't help to sit him down at three and try and explain everything to him. Even about his adoption and his real mother and, you know, it will come with time.

Tracy: She might not have a mommy and a daddy, but she has two mommies who live together, in one house, and who love each other and who love her.

Participants also planned to discuss diverse family forms in general:

Blaire: You get different kinds of families out there. You get families with no daddy, get families with no mommy, you get families with two mommies, one with two daddies, and you get one with a mommy and a daddy.

Emily: You have mixed raced families, so, there isn't a specific, this is how it should be and…that's important for him to understand.

Several studies found that lesbian mothers highly valued being open and truthful with their children from a young age, and as their child became curious, age appropriate family discussions would be instigated (Donovan & Wilson, 2008; Gartrell et al., 1999; Gartrell et al., 2006; Stevens, Perry, Burston, Golombok, & Golding, 2003). Lesbian parents tended to be open to their children about how they were conceived. They explained to their children that they desperately wanted a child together, so they had to use a donor's sperm to accomplish this (Donovan & Wilson, 2008; Gartrell et al., 1999; Gartrell et al., 2006; Stevens et al., 2003; Touroni & Coyle, 2002). They felt open discussions about the desire for a child and conception would make the child feel wanted, loved, and secure (Donovan & Wilson, 2008; Perlesz & McNair, 2004).

Some participants expressed concerns about family discussions. They anticipated that such discussions may be difficult:

Lucy: It's not easy, and I do not look forward to that discussion. Tina, on the other hand, is totally happy, she says she's ready for anything. But she approaches things more calmly, where I am more uptight and tense about these things, and I am scared that she will get hurt.

Blaire: No matter how difficult it's going be, and knowing how it's going to catch us unexpected

Mandy: I hope it'll be easy, like, it'll go more easily than you would imagine

[Blaire: And I think]

Mandy: And you can just

[Blaire: Received well is what you wanted]

Mandy: Be honest, ja, about ja, received well, ja.

Blaire: No matter how difficult it's going be, and knowing how it's going to catch us unexpected.

Stevens et al. (2003) conducted a study in the United Kingdom on lesbian mothers and their children and focused on the mothers' openness toward their children regarding their lesbian relationship and using donor insemination. They reported that the lesbian mothers in their study stated that as their children became aware that having two mothers were different to those of their peers, they began to ask questions about their family situation. Some of the lesbian mothers were concerned about the effect of disclosing too much information too soon. They also reported that previous findings indicated that when children were consistently and truthfully informed, from an early age, about their family situation, they did not display any serious difficulty in coming to terms with having a different family structure.

4.4.4.1.2   Equipping the child

Participants spoke about how they would equip their child to handle homophobia. They felt that the best way to equip their child was through instilling a strong sense of self-worth in their child and knowing how to handle homophobic sentiments.

Participants wanted to try and instil a sense of self-worth in their child in order for him or her to be emotionally strong enough to handle homophobic sentiments. They intended to instil self-worth by promoting self-confidence and acceptance:

> Emily: Make him confident in who he is, in order to stand up against ridicule that he'll experience at school. And it's natural for kids to be bullied and he's going to have to go through it. But we hope that he's confident in himself, and he is who he is, and proud of who he is, so that he can answer those questions and stand up against those bullies.

> Ruth: In the end it comes down to that, you know, we fought hard for him, we love him very much and no other child or no other person can tell him anything different.

It seems that participants felt that self-worth would enable their child to be emotionally and psychologically strong enough to handle homophobic sentiments:

> Blaire: But it's going to happen to her, so I would rather have her knowing that she's got two moms, if she's happy with two moms, she's the one that's happy with it. If someone is not happy with it, that's their problem not her problem.

> Blaire: She must be able to, it may hurt her, it may and it will hurt her. Okay, but she needs to be able to hear that and go, you may hurt me, but you're not going to devastate me, and that's the confidence that I'm talking about.

Bos et al. (2008) focused on the data collected during the fourth phase of the USA National Longitudinal Lesbian Family Study, when the children were 10-years-old. They focused on children's experience of homophobia, their psychological adjustment, and protective factors. They reported that instilling self-esteem in children was a necessary means to neutralise the negative impact of homophobia on the well-being of a child. Perlesz and McNair (2004) found in their study that lesbian mothers reported that they tried to enhance their child's self-

esteem by making sure their child felt loved, wanted, and secure. This would promote their child's inner strength and resilience.

Participants also felt it was important to highlight that they had come to terms with their own sexual orientation and have come to accept themselves. They expressed that they were "out" (disclosure of lesbian orientation) in most areas and were not ashamed of themselves or their families:

> Nadia: You know what, we are not like those who are ashamed about our…lifestyle and whatever.

> Gene: I would not go and announce it, but I will also not hide it away.

> Tracy: I am who I am (chuckling), if it bothers you, do not make your problem mine.

> Anne: I said to him, I will never in my life deny Dana as my wife and I will never deny Andrew as our child.

In studies on lesbian mothers, it was found that most lesbian mothers were open about their lesbian orientation and have come "out" in every area of their lives (Conlin, 2001; Gartrell et al., 1999; McNair et al., 2002). This was not the case in the South African study conducted by Suckling (2010). She found that the lesbian couple withheld disclosure of their lesbian identity and family, almost portraying their family as shameful. Ben-Ari and Livni (2006) conducted a study on Israeli lesbian mothers, examining the experiences of both the biological and social mother regarding motherhood. The lesbian mothers in their study stated that being a lesbian mother necessitates self-acceptance and being open about their lesbian identities. Lesbian mothers also reported that being open and proud of their lesbian identity and family structure would enhance their child's acceptance of his or her family and promote self-worth. Being open about their family structure was a way for lesbian mothers to indicate to their

children that there was nothing wrong or shameful about growing up in a lesbian family (Conlin, 2001; Gartrell et al., 2000; Skattebol & Ferfolja, 2007).

Participants also wanted their children to know how to handle situations where homophobic sentiments were expressed and protect themselves against this:

> Nadia: But we are raising her to be able to protect herself in those situations.

In order to cope with such situations it seemed that the participants felt that their child should be able to counter homophobic remarks in a non-argumentative manner and assert their acceptance of their family structure:

> Melanie: I will just basically be on the principle of, listen here, you take another person's emotions into consideration and the situation in which he is. And you step out as a better person at the end of the day, rather than you stepping out as a worse person.

> Irene: Yes, I think that he can immediately refer back to a happy family life and that he can say to that child, he might have a mother and a father, but I have two mothers and I am happy.

These quotes suggest that participants did not want their child to become rude or hostile, but to be able to discuss the merits of his or her family structure and being happy about having two mothers. They seemed to feel that addressing and discussing homophobic remarks in a rational and non-argumentative manner may act as a means to confound the credibility of any further comments and enable their child to step out of the situation as the better person.

Gartrell et al. (1999), Gartrell et al. (2000) and Gartrell et al. (2005) conducted a series of studies on lesbian mothers and their children living in the United States of America as part of the National Longitudinal Lesbian Family Study. The lesbian mothers in these studies planned to inform their children about homophobia and that they may encounter homophobic

sentiments and, in so doing pre-empt them against the negative effects thereof. Gartrell et al. (2005) found that the lesbian mothers in their study taught their children various ways to handle situations that involved homophobic sentiments. Their children dealt with the situation by: discussing the statement with the other child; ignoring the statement; or telling a teacher about the incident.

4.4.4.1.3   Child friend support

Participants typically stated that due to the increase in gay and lesbian families, their child would probably grow up being surrounded by other children also from same-sex families. In some cases, participants already had gay and lesbian friends with children:

> Blaire: And I think what's nice is that she is going to have friends around her that have got a
> very similar situation to what she has.

In other cases there were already children from other gay and lesbian families attending the same school as their child:

> Tracy: In her class there is a little boy who also has two mommies, and in the class just after
> her there is a little girl who has two daddies.

Participants clearly felt that having gay and lesbian friends with children, as well as other children from gay and lesbian families attending the same school were important as it may prevent social isolation:

> Blaire: So, she's lucky in that sense, that she has got people that she would be able to speak
> to around that issue, if she chooses then to be friends with them.

> Emily: Ja, no, I believe that's important, I mean, we've chosen our social circles, we've gone
> out and had to find other people, gay couples who have babies so that he can socialise with
> them and he can see that this is, I'm not the only one.

Gartrell et al. (2000) found that, due to the increase in lesbian and gay families within society, there was an increase in children from same-sex families enrolling in schools. Studies show that children were better able to deal with homophobia when they had friends who also had same-sex parents as they provided support for each other, which in turn helped them to neutralise the negative influence of homophobia on their psychological well-being (Bos & Van Balen, 2008; Lubbe, 2007b; Patterson, 1992, 2006).

4.4.4.1.4   Choice of school

Participants typically thought that their choice of school would be important in their quest to protect their children from homophobia:

> Blaire: The ethos of the school and to go, well, is it matched to actually, in fact, how we live our lives? Because I don't want to put my child in a school for the sake of, it's a lekker school, it sounds nice, and it's an expensive school or whatever. And the child goes there and they'll land up being victimised, because of the ethos of the school.

Some participants felt that there would be fewer problems in a private school:

> Ruth: I also think that you will not pick up as much problems there as you will get in your normal schools.

Other participants were determined that their choice of school will be informed by other factors:

> Ruth: No for us education is about the quality of the education that he receives
>
> Susan: We have already decided
>
> [Ruth: For anything else]
>
> Susan: On the school he's going to.
>
> Tracy: No, if I, you know, she's going to [name of primary school] unless something happens to her or if she's very intelligent…a genius, and she has to go to another school that

will, you know…stimulate her, then that will be my reason for moving. Not unless, let's say she's in the school up ahead and she is victimised and so on and picked on because she has gay parents and that this breaks her down.

Research suggests that most lesbian mothers carefully decided on the school that their children would attend, mainly to reduce exposure to homophobia (Conlin, 2001; Lindsay et al., 2006). Studies found that lesbian mothers chose to enrol their children at a school that included LGBT (Lesbian-gay-bisexual-transgender) curricula; strove for diversity; included children from other same-sex families (Bos, Gartrell, Peyser, & Van Balen, 2008; Gartrell et al., 2005); or had staff that were gay or lesbian (Gartrell et al., 2000). However, Gartrell et al. (2000) found that sometimes lesbian mothers made their decisions about schools simply based on the quality of education.

CHAPTER FIVE: CONCLUSION

This study was exploratory in nature. The intention was to focus on lesbian mothers' lived psychological experience of planned motherhood. In this chapter an overview of the findings will be given, followed by the strengths and limitations of the study. Recommendations for institutions and future research will be presented and finally, concluding remarks regarding the study will be made.

5.1   Overview of the findings

Amongst the participants, motherhood was a conscious decision. Therefore, it was always chosen as opposed to "falling" pregnant. This may indicate that lesbian mothers are motivated to have a child. They are not only motivated for motherhood they also feel a "natural" desire to have a child. The couple made a joint decision to have a child which has implications for the potential dedication of both mothers. Partners appreciated each other as mothers.

Couples made rational decisions in deciding when would be the best time to start a family. There was an emphasis on biological motherhood in deciding between donor insemination and adopting a child. Lesbian mothers who opted for donor insemination wanted a child to be biologically theirs and to experience pregnancy and birth. The decision about who the biological mother should be seemed, in most cases, to have been a very rational one, with both partners agreeing on who the biological mother would be. Social mothers chose representative donors and this also made them feel part of the process and connected to their child. Lesbian mothers who choose to adopt a child could be viewed as subverting dominant motherhood ideologies. This is due to them not placing a high emphasis on their child being biologically related to them. Adopting a child also provides both lesbian mothers with equal parental claim.

Couples either used donor insemination or they adopted a child. The insemination process was a complex emotional experience. Medically assisted insemination was described as impersonal, painful, difficult, stressful, anxiety-provoking and traumatic as conception was not always successful on the first try and as the procedure often was difficult. Partner support was crucial during this time in order to help alleviate some of the anxiety accompanied by the insemination process. Pregnancy was typically a joyous process for both partners, maybe due to the fact that the pregnancy was planned. After the initial excitement, couples felt a tendency to be prepared for the birth of their child. During pregnancy social mothers were emotionally supportive and took on most of the household chores. In some cases delivery was associated with fear and anxiety. When their child was born it was a very emotional process for both partners. The process of adopting a child was experienced as lengthy, anxiety-provoking and uncertain. When the adoption was finalised couples experienced happiness and relief.

For these lesbian mothers motherhood entailed the ideal of a selfless and self-sacrificing mother (similar to the dominant motherhood ideology). They also viewed motherhood as a shared venture, with fair division of labour. Therefore, couples were flexible in their roles, rather than adhering to prescribed gendered roles.

Couples experienced motherhood as involving different emotions: from profound joy and exhilaration; to feeling overwhelmed, exhausted and worried. This is similar to mothers in heterosexual relationships. Due to stronger co-parenting, lesbian mothers appear to experience less isolation and loneliness than mothers in heterosexual relationships. These couples also seemed to place a big emphasis on the self-fulfilment and psychological well-being of their children.

Mother-child bonding was reported as a very personal process, happening at a different pace for all mothers involved. Participants did not report stronger bonds between biological mothers and children than between social mothers and children. This is highly significant because it once again questions the importance of biological links in the bonding process.

Having a child impacted on the couples' relationship and socialising. The compromises they had to make sounded similar to those of heterosexual parents, but they did seem to underplay the importance or difficulty of such compromises. Lesbian mothers did not display distress about changes in intimate and social relationships due to the sharing of motherhood and the intimacy this entails. Lesbian mothers' rationalisation of losses may be related to the fact that children were so wanted and planned. Both partners tended to work, thus defying the dominant motherhood ideology of the "stay at home mother". Lesbian mothers received support in various forms from parents and friends, but placed the most emphasis on partner support. Whereas the literature indicates that it is typical for single mothers or many mothers in heterosexual relationships to feel a sense of isolation or loneliness after giving birth, these feelings were not reported in the current study. Medical personnel generally seemed to be supportive and social mothers felt included. However, even with our progressive laws, some participants still encountered discrimination at fertility clinics.

For social mothers, social recognition was perceived as lacking due to dominant motherhood ideology prioritising biological motherhood. On the other hand, adoptive mothers perceived society as recognising them as parents. This may be due to adoptive parenthood being a more familiar notion for society. Lesbian mothers felt they were placed under societal scrutiny and that they had to prove their competency to others. They justified being good mothers by trying to work hard at motherhood. In the experience of participants, despite the formal and legal recognition of lesbian relationships and lesbian families, homosexuality was still stigmatised

and lesbian motherhood was still constructed as a curiosity, an enigma and even a risk. They experienced people to be largely ignorant about lesbian motherhood and lesbian families. There were different reasons for lesbian motherhood and lesbian families not being accepted. These reasons had to do with dominant notions of motherhood.

In terms of the emotional response of significant others to them as a lesbian couple and their child, participants reported that their parents often had problems with them becoming mothers. Negative responses from their parents towards them as a lesbian couple and family may well be experienced as painful. An overall conclusion seemed to be that their parents became more accepting after the birth of their grandchild. Friends were typically accepting of lesbian motherhood and of the children of lesbian mothers.

Participants anticipated that their children would be exposed to homophobia when they were older, especially in the school setting. In anticipation of this, they not only planned to prepare their child to be able to handle homophobia, but also to reduce their child's risk of exposure to such encounters.

5.2   Strengths and limitations of the study

5.2.1 Strengths

One of the strengths of the study is the use of a qualitative data collection method which allowed rich narrative accounts to be collected. A qualitative research design also allowed for self-disclosure which enabled trusting relationships, eliciting more in-depth data. Another strength of the study is geographical location, with couples residing in three different cities across South Africa. This enabled me to gain more informed data and to ensure that participants did not belong to the same social network.

5.2.2 Limitations

Although the small number of participants is appropriate for this kind of exploratory study, it of course means that findings cannot be generalised. Another limitation is the homogeneity of the sample with all, but one participant, being white, middle-class, and residing within the metropolitan municipalities of the three largest cities in South Africa. The study thus cannot speak to the experiences of South African lesbian mothers in other contexts. Self-selection could also be a limitation of the study. This is because it is more likely that stable and secure lesbian mothers would be willing to participate and therefore less problems would be reported. Although, this would only account for half of the couples as the other five couples were approached personally. Conducting an interview with the couple may have been a limitation due to participants not wanting to place their partners in a bad light. Another limitation may be possible researcher bias due to personal investment in this study. Thus, it is possible that during the analysis of the data a more positive stance towards planned lesbian families may have been taken. The interview schedule may also have offered instances where I could have presented questions in a leading fashion.

5.3   Recommendation

5.3.1   Institutions

The increase in planned lesbian families call for the education system to begin incorporating LBGT topics into the curriculum, as well as sending teachers on seminars. This will aid in teachers and children becoming more understanding of and tolerant towards diversity. Graduate and postgraduate education in psychology should be more inclusive of planned lesbian families within their syllabus, allowing students to become more familiar with and informed about this family form. This is because this family form is on the increase and they

provide new aspects to couple relationships, motherhood and family life. Healthcare environments such as fertility clinics also need to become more inclusive by allowing access without prejudice and by being sensitive towards the specific needs of lesbian couples, making the couple feel validated and comfortable.

5.3.2   Future research

Larger quantitative studies should be conducted in addition to more qualitative studies in order to gain more representative data. Samples that are more representative should be encouraged. The recruitment of larger and more diverse samples would provide more systematic data and this will also increase the generalisability of findings. Future studies should also focus on one aspect within planned lesbian families in order to gain more in-depth and focused information. Also, there is a need for longitudinal studies as the experiences of lesbian mothers change over time and coming to understand these changes would provide a more complete picture of lesbian motherhood.

5.4   Concluding remarks

The participants in this study talked about their experiences of lesbian motherhood. They allowed me into their homes and shared their personal experiences with me. This allowed insight into their experiences as mothers, as couples, and as family. It was apparent that as couples, partners were self-accepting and supported each other. As lesbian mothers, they were not only mothers, they seemed to be very good and competent mothers who created their own roles and identities devoid of biological and gendered restrictions. It became apparent that each couple loved their child and seemed to place the needs of their child above their own. They tried to provide a loving and supportive home so that their child could feel safe and secure giving him or her the opportunity and freedom to develop and create their own

personal identity. As families, they seemed to show remarkable resilience as they function in a society that is still largely heterosexist and homophobic.

There are also larger findings which should be highlighted. For instance, lesbian mothers seem to both defy and underwrite dominant motherhood ideologies. Also, despite more progressive laws, the proliferation of lesbian families and more research, the societal response to lesbian families is still highly ambivalent. Lesbian mothers also seem to experience motherhood in very similar ways to heterosexual mothers, except for the fact they do not seem lonely and isolated.

The aim of the study was to elicit data to increase the psychological knowledge about lesbian mothers' lived psychological experience of planned motherhood in planned lesbian families. It also serves to give voice to lesbian mothers within the psychological literature. This study also produced information that might be useful to lesbian couples wanting to start a family and professionals in various fields who come into contact with lesbian mothers and their children. As such, this study strived to contribute to the acceptance of diverse families such as planned lesbian families within mainstream psychology and within the broader South African community.

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APPENDICES:

Appendix A: Overview of international studies conducted on lesbian motherhood and planned lesbian families

Research topics	Results	Authors
Becoming mothers		
Motivation and decision-making regarding pregnancy/adoption and birth	Compared to heterosexual couples, lesbian mothers spend more time thinking about their motives and their desire to have a child was stronger.	Ben-Ari & Livni, 2006; Bos & Hakvoort, 2007; Bos et al., 2003, 2007; Chabot & Ames, 2004; Donovan & Wilson, 2008; Farr & Patterson, 2009; Gartrell et al., 1996; Goldberg, 2006; Goldberg et al., 2009; O'Neill, 2011; Renaud, 2007; Touroni & Coyle, 2002; Woodford et al., 2010
Lived experience of becoming mothers		
The insemination process	Experienced as difficult.	Goldberg, 2006; Nordqvist, 2010; Perlesz & McNair, 2004; Renaud, 2007; Wojnar, 2007
Pregnancy and birth	Pregnancy was intentional and required great effort, expense and commitment. Birth was an emotional experience.	Buchholz, 2000; Larsson & Dykes, 2009; McManus, Hunter, & Renn; 2006; O'Neill, 2011; Renaud, 2007
The adoption process	Experienced as slow and fraught with uncertainty as to whether adoption will be successful.	Goldberg et al., 2009; Goldberg & Smith, 2011; Ross et al., 2008; Woodford et al., 2010

Research topics	Results	Authors
Influence of the donor		
The type of donor used (known/unknown)	Used an unknown donor to preserve the integrity of their family and include the social mother without third-party involvement. Unknown donors were used to provide children with donor information and the high cost associated with medically assisted insemination.	Bos & Hakvoort, 2007; Chabot & Ames, 2004; Donovan & Wilson, 2008; Goldberg, 2006; Jones, 2005; McNair et al., 2002; Touroni & Coyle, 2002
The impact of father-absent lesbian families on children	Lesbian mothers did not feel children will be negatively affected.	Dundas & Kaufman, 2000; Vanfraussen et al., 2002
Openness towards their children about conception	Lesbian mothers plan to be open with their child about his/her conception. No negative effects of disclosure to children were found.	Dundas & Kaufman, 2000; Stevens et al., 2003
Motherhood experience		
Experience of motherhood	Motherhood was experienced as both joyous and a challenge.	Bos & Hakvoort, 2007; Bos et al., 2004; Conlin, 2001; Gartrell et al., 1999; McDonald, Propp, & Murphy, 2001; O'Neill, 2011
Impact on social activities	Having a child did impact on social activities.	Gartrell et al., 1999; O'Neill, 2011
Division of labour/household chores and childcare	Roles within the family were not based on gender. Division of household chores and childcare was more equalitarian. Improvised methods for parenting were devised in response to couple preferences and circumstances.	Ben-Ari & Livni, 2006; Bos & Hakvoort, 2007; Bos et al., 2004, 2007; Brewaeys et al., 1997; Chan et al., 1998; Dunne, 2000; Gartrell et al., 1999; Goldberg & Perry-Jenkins, 2007; Kirkpatrick et al., 1981; Patterson, 1995; Perlesz & McNair, 2004; Perlesz et al., 2010; Rohrbaugh, 1992; Sullivan, 1996; Vanfraussen et al., 2003

Research topics	Results	Authors
Family processes		
Parent-child relationships	Parent-child relationships were found to be better in lesbian families than heterosexual families.	Brewaeys et al., 1997; Eric et al., 2005; Gartrell et al., 2000; Golombok & Badger, 2010; Golombok et al., 1997; Golombok & MacCallum, 2004; Pelka, 2009; Tasker & Golombok, 1998; Vanfraussen et al., 2003
Couple relationships	Lesbian couples' relationship was influenced by having a child, but not anymore than a heterosexual family.	Bos et al., 2004, 2007; Brewaeys et al., 1997; Chan et al., 1998; Flaks et al., 1995; Gartrell et al., 2000; Goldberg & Sayer, 2006; O'Neill, 2011
Parenting skills	Compared to heterosexual families, lesbian mothers generally displayed more parenting awareness skills and social mothers were found to be more involved than heterosexual fathers.	Bos et al., 2004, 2005; Flaks et al., 1995; Goldberg & Smith, 2008; Golombok & Badger, 2010; Tasker & Golombok, 1998; Vanfraussen et al., 2003
Child development	No differences between child outcomes, behaviour, adjustment, and gender identity between children from lesbian and heterosexual families.	Bos et al., 2005, 2007; Brewaeys et al., 1997; Chan et al., 1998; Eric et al., 2005; Farr & Patterson, 2009; Flaks et al., 1995; Golombok & Badger, 2010; Golombok et al., 1997; Golombok & MacCallum, 2004; Patterson, 1995
Acceptance and support		
Support and acceptance lesbian mothers received from family and friends	Lesbian mothers and their children experienced varying degrees of acceptance and support from their families. Friends were generally accepting and supportive of their family and child.	Ben-Ari & Livni, 2006; Bos et al., 2004; Conlin, 2001; Gartrell et al., 1999; Goldberg, 2006; Goldberg & Smith, 2008; Hequembourg & Farrell, 1999; McNair et al., 2002; O'Neill, 2011; Perlesz & McNair, 2004; Rohrbaugh, 1992; Touroni & Coyle, 2002; Woodford et al., 2010

Research topics	Results	Authors
Lack of legal and social recognition		
The methods social and adoptive mothers try to instil to enhance their legal and social recognition	Enhance legal recognition: Parenting agreements, power of attorney, wills, birth certificates.	Bergen, Suter, & Daas, 2006; Gartrell et al., 1999; Short, 2007
	Enhance social recognition: donor choice, address terms and the use of their last names.	Bergen et al., 2006; Ryan & Berkowitz, 2009; Short, 2007
Experience of homophobia		
Lesbian mothers and their children's experience of homophobia	Most lesbian mothers as well as half of their children (by the age of 10) have experienced homophobia.	Bos & Gartrell, 2010; Bos, Gartrell, Peyser, & Van Balen, 2008; Gartrell et al., 1999; Perlesz & McNair, 2004
Lesbian mothers and their children's means to protect themselves	Lesbian mothers: Disclosure at hospitals or schools	Lindsay et al., 2006; O'Neill, 2011; Short, 2007; Skattebol & Ferfolja, 2007
	Children: they are pre-empted to expect homophobia. Children were placed in schools with LBGT- curriculum or teachers, or schools that were accepting of diverse family structures.	Bos et al., 2008; Bos & Van Balen, 2008; Gartrell et al., 1999; Gartell et al., 2005; Lindsay et al., 2006; Perlesz & McNair, 2004; Touroni & Coyle, 2002

Appendix B: Demographic details and family composition of participants

		City	Language	Race	Age	Education	Religion	Relationship status	Length of relationship	Employed	Annual family income
Couple 1	Lucy Tina	Cape Town	Afrikaans	white	38 45	Degree Degree	Christian Christian	Married/Civil Union	5	Yes Yes	R301 000 +
Couple 2	Mandy Blaire	Cape Town	English	white	38 40	Degree Diploma	Jewish Christian	Married/Civil Union	14	Yes Yes	R301 000 +
Couple 3	Nadia Gene	Cape Town	Afrikaans	white	35 35	Diploma Diploma	Christian Christian	Married/Civil Union	17	Yes Yes	R81 000 - R150 000
Couple 4	Samantha Courtney	Pretoria	Afrikaans	white	28 25	Other High school	Christian Christian	Married/Civil Union	7y 4m	Yes No	R301 000 +
Couple 5	Tracy Megan	Pretoria	Afrikaans	white	35 32	Diploma Diploma	Christian Christian	Married/Civil Union	13	Yes Yes	R301 000 +
Couple 6	Ruth Susan	Pretoria	Afrikaans	white	29 29	High school High school	Christian Christian	Married/Civil Union	10	Yes Yes	R301 000 +
Couple 7	Anne Dana	Pretoria	English	white	33 43	Diploma Diploma	Atheist Atheist	Married/Civil Union	9	Yes Yes	R301 000 +
Couple 8	Olivia Chloe	Pretoria	English	white	40 37	Diploma Degree	Christian Christian	Committed Relationship	2y 6m	Yes Yes	R301 000 +
Couple 9	Natalie Emily	Johannesburg	English Afrikaans	coloured white	49 25	Diploma Diploma	Atheist Atheist	Married/Civil Union	6	Yes Yes	R301 000 +
Couple 10	Melanie Irene	Johannesburg	Afrikaans	white	36 32	High school Degree	Atheist Christian	Committed Relationship	3	Yes Yes	R301 000 +

	Number and sex of children	Age of children	Insemination or adoption
Couple 1 Jody	1 Female	16m	Insemination
Couple 2 Beth	1 Female	17m	Insemination
Couple 3 Cindy	1 Female	3y	Adoption
Couple 4 Ben	1 Male	1y	Insemination
Couple 5 Jade	1 Female	10m	Insemination
Couple 6 Stephan	1 Male	18m	Insemination
Couple 7 Andrew	1 Male	2y 6m	Insemination
Couple 8 Dean	1 Male	21m	Adoption
Couple 9* James	1 Male	11m	Insemination
Couple 10 Robert	1 Male	16m	Insemination

* Couple 9 - the social mother has a 23 year old child from a previous relationship, but it did not influence the interview, they only spoke about the couple and their child.

Appendix C: Demographic questionnaire

All information in this questionnaire is strictly confidential and your information will be anonymously processed. Please answer all the questions.

Suburb or town where you live: ………………………………………………………..

Home Language   ☐ English   ☐ Afrikaans   ☐ Other …………………………..

Current relationship status:

☐ Living together   ☐ In a committed relationship   ☐ Married/CivilUnion

Length of current relationship: ………………….(years)

Family Composition:

	Self	**Partner**	**Child 1**	**Child 2**	**Child 3**	**Child 4**	**Child 5**
Age							
Gender							

	Self	**Partner**
Biological mother		
Social mother (non-biological)		
Adoptive mother		

Race

   Self: ………………………………   **Partner: ………………………………**

Religious denomination

   Self: ………………………………   **Partner: ………………………………**

Highest level of education received:

Self

☐ Primary school   ☐ High school   ☐ Diploma   ☐ Degree   ☐ None

☐ Other ………………

Partner

☐ Primary school ☐ High school ☐ Diploma ☐ Degree ☐ None

☐ Other ………………

Employment:

	Currently Employed (Y/N)	Occupation	Temporary/Permanent? (T/P)
Self			
Partner			

Estimated gross family income per year

☐ Less than R80 000 ☐ R81 000 - R150 000 ☐ R151 000 - R200 000

☐ R201 000 - R300 000 ☐ R301 000 or more

Appendix D: Interview schedule A - Donor insemination

Tell the story of how you decided to become parents

What was your motivation to become parents?

In deciding to use donor insemination or adoption, why did you choose insemination?

Did you use a known or unknown donor, and why?

How did you decide on who would be the biological mother?

Who was involved in the decision to use insemination?

How did people respond to the decision to become parents?

Roughly, how long did it take between your decision and actually starting with the procedures?

Describe how you divided household chores between you and your partner before pregnancy.

Were both of you employed before your pregnancy?

Tell the story of pregnancy and birth

How did you become pregnant?

How did you experience the insemination process?

What was the response to your pregnancy from family and friends?

What was your response to your partner's pregnancy?

Describe how you divided household chores between you and your partner during pregnancy.

Did both of you work during your pregnancy?

Tell me about giving birth.

What did you experience when your partner gave birth?

How did you find the attitudes of the medical staff, such as doctors and nurses?

What was your response to your child?

What was the response to your child from family and friends?

Tell me about parenting

Describe how it feels to be a mother.

What is easy, what is difficult being a mother?

How did bonding with your child take place for the both of you?

Describe the division of parenting roles between you and your partner with regards to child-rearing responsibilities.

What are your child-rearing goals for your child?

Describe how you divided household chores between you and your partner after becoming parents.

What are your work arrangements after becoming parents?

Tell me about your daily experiences

Were there any changes in your lifestyles after becoming parents with regards to:

Your relationship?

Changes with regards to your sexual intimacy?

Changes with regards to your social activities?

Are both of you satisfied with your partner as a co-parent?

Are you and your partner 'out' at work?

How did your colleagues react when they found out you are pregnant?

How did your colleagues react when they found out your partner was pregnant?

Do you feel you are given the respect and status of mother, even though you are not biologically related to her child?

How do you explain your relation to your child?

Is your child in a day-care centre/school?

Do they know you are in a lesbian relationship?

How did they react?

Do they treat your child differently?

Do you feel it is necessary to buffer or guard your child against possible homophobic sentiments?

If you feel it is necessary, what protective factors due you employ?

Tell me about what you as a family do everyday, your daily routines.

Do you have any specific routines?

Tell me about your support network

What support does your family receive from extended family members?

What support does your family receive from friends?

Tell me about something special your child has done for you

Interview schedule B: Adoption

Tell the story of how you decided to become parents

What was your motivation to become parents?

In deciding to either use donor insemination or adoption, why did you choose adoption?

Who all was involved in the decision to use adoption?

How did people respond to your decision to become parents?

Roughly, how long did it take between your decision and actually starting with the procedures?

Describe how you divided household chores between you and your partner before adopting your child.

Were both of you employed before your pregnancy?

Tell the story of adopting your child

How did you and your partner go about with the procedures?

How did you experience the adoption process?

Tell me about what you and your partner experienced after the adoption was finalised.

What was the response to your child from family and friends?

Tell me about parenting

Describe how it feels to be a mother?

What is easy, what is difficult being a mother?

How did bonding with your child take place for the both of you?

Describe the division of parenting roles between you and your partner with regards to child-rearing responsibilities.

What are your child-rearing goals for your child?

Describe how you divided household chores between you and your partner after becoming parents.

What are your work arrangements after becoming parents?

Tell me about your daily experiences

Were there any changes in your lifestyles after becoming parents with regards to:

Your relationship?

Changes with regards to your sexual intimacy?

Changes with regards to your social activities?

Are both of you satisfied with your partner as a co-parent?

Are you and your partner 'out' at work?

How did your colleagues react when they found out you and your partner have adopted a child?

Do you feel you and your partner are given the respect and status of mother, even though you arenot biologically related to your child?

How do you explain your relation to your child?

Is your child in a day-care centre/school?

Do they know you are in a lesbian relationship?

How did they react?

Do they treat your child differently?

Do you feel it is necessary to buffer or guard your child against possible homophobic sentiments?

If you feel it is necessary, what protective factors due you employ?

Tell me about what you as a family do everyday, your daily routines.

Do you have any specific routines?

Tell me about your support network

What support does your family receive from extended family members?

What support does your family receive from friends?

Tell me about something special your child has done for you

Appendix E: Consent form

STELLENBOSCH UNIVERSITY
CONSENT TO PARTICIPATE IN RESEARCH

Lesbian Mothers' Lived Psychological Experience of Planned Motherhood in Three South African Cities: An Exploratory Study

You are asked to participate in a research study conducted by Jacquetta van Ewyk, a Masters student from the Department of Psychology at Stellenbosch University. The data collected in this study will be analysed and written up in the form of a Masters thesis. You were selected as a possible participant in this study because you meet the criteria of:

- being a self-identified lesbian in a committed relationship;

- taking determined steps, with your partner; to plan your family either through conception (donor insemination) or adoption

- and you are raising your child(ren) with your partner.

1. PURPOSE OF THE STUDY

The purpose of this study is to investigate and better understand the emotional experiences of lesbian parents and how they function psychologically within planned lesbian families in the South African context.

2. PROCEDURES

If you volunteer to participate in this study, we would ask you to do the following things:

You will be asked to complete a demographic questionnaire and then answer open-ended questions in the form of an interview.

The demographic questionnaire and the interview will both be conducted during the same meeting. The completion of the questionnaire should take about 5-10 minutes and the interview between an hour and an hour and a half. The time and location of the meeting will be at a place of your convenience.

3. POTENTIAL RISKS AND DISCOMFORTS

There are no foreseeable risks to participating in this study other than the time to complete the questionnaire and interview. If you experience stress, or anxiety you are under no obligation to continue participating in this study. If at any stage you become too distressed or need further assistance and cannot continue participation, you can contact the following service providers:

Louise Wessels (Clinical Psychologist):   021 555 2351

Leisha Davies (Clinical Psychologist):   021 671 8961

Life Line (Free 24 hour counselling): 021 461 1111

Famsa (Free counselling):   021 447 7951

4. POTENTIAL BENEFITS TO SUBJECTS AND/OR TO SOCIETY

You, as the participant, might experience participation as beneficial in direct ways in that it gives you the opportunity to reflect on yourself and your family. However, the study potentially can also serve to increase awareness about planned lesbian families and thus contribute to a wider societal acceptance of this family form.

5.   PAYMENT FOR PARTICIPATION

As a participant in this study, you will not receive any payment for participation.

6.   CONFIDENTIALITY

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. As a participant, you are assured of the confidentiality and anonymity of your data. You will be identified by a pseudonym and this pseudonym will be used at all times, during data collection, data analysis and the writing up. Electronic interview data will be stored only on the computer of the researcher. This computer will be stored in a safe place at all times. Transcribed interviews will also be stored in a locked cabinet. Transcribed interview data will only be accessible to the research team, consisting of the researcher and her supervisor, Professor Kruger.

After the audio-tapes have been transcribed, the information on the tapes will be erased. Transcribed interviews will also be destroyed once analysis has been completed.

7.   PARTICIPATION AND WITHDRAWAL

You can choose whether to be in this study or not. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind. You may also refuse to answer any questions you don't want to answer and still remain in the study.

8.   IDENTIFICATION OF INVESTIGATORS

If you have any questions or concerns about the research, please feel free to contact:

  Mrs. Jacquetta van Ewyk (Researcher) 084 742 3122 jvanewyk@live.com

  Prof. Lou-Marie Kruger (Supervisor) 021 808 3460 lkrug@sun.ac.za

9.   RIGHTS OF RESEARCH SUBJECTS

You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study. If you have questions regarding your rights as a research subject, contact Ms Maléne Fouché [mfouche@sun.ac.za; 021 808 4622] at the Division for Research Development.

| SIGNATURE OF RESEARCH SUBJECT OR LEGAL REPRESENTATIVE |

The information above was described to me by Jacquetta van Ewyk in Afrikaans and/or English and I am in command of this language or it was satisfactorily translated to me. I was given the opportunity to ask questions and these questions were answered to my satisfaction.

I hereby consent voluntarily to participate in this study. I have been given a copy of this form.

_____

Name of Participants

_____   _____

Signature of Participants   Date

| SIGNATURE OF INVESTIGATOR |

I declare that I explained the information given in this document to _____. She was encouraged and given ample time to ask me any questions. This conversation was conducted in Afrikaans and/or English and no translator was used.

_____   _____

Signature of Investigator   Date