

3. Interviews With Mothers of Five-Year-Olds

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In the past two decades increased access to donor insemination (DI) has resulted in what might be termed a baby boom among North American and European lesbians. However, relatively little information is available about lesbian family life at the various stages of their children's growth and development. The National Lesbian Family Study (NLFS), launched in 1986, was designed to develop a database on a population of U.S.-based lesbian families whose children had been conceived by DI. The NLFS is a longitudinal, descriptive survey documenting the lifestyles of these families. By following this cohort from the children's conception until their adulthood, it seeks to broaden our understanding of lesbian families and communities (*Gartrell et al., 1996, 1999*).

The first NLFS interview with prospective birthmothers and co-mothers was conducted during insemination or pregnancy (T1). It found that the children were highly desired and thoughtfully conceived (*Gartrell et al., 1996*), and that participants were well educated about the potential difficulties of raising children in a homophobic society. The second interview took place when the children were toddlers (T2). It found that most of the couples shared parenting, and that nurture was as strongly associated as biology with mother-child bonding (*Gartrell et al., 1999*). The literature on DI suggests that by elementary school, children of lesbians are typically as well adjusted as the children of heterosexuals (*Chan, Raymond, Raboy, & Patterson, 1998*). Patterson, Hurt, and Mason (*1998*) found that the psychological adjustment of children did not differ whether they had one or two parents, and that most had regular contact with their grandmothers and grandfathers and with other adult males. In another study of DI children, Mitchell (*1998*) reported that children of lesbians, who often felt special about having two mothers, tended to bond with other nonmajority classmates.

Several investigators have examined lesbian family life from the perspective of mothers conceiving through DI. Having a child was found to strengthen the relationships of couples in one study (*Nelson, 1996*) and ties to their family of origin in another (*Dunne, 2000*). Lesbian mothers tended to be honest with their children about the DI and about their own lesbianism, and many felt an ongoing obligation to educate their communities about lesbian families (*Nelson, 1996; Mitchell, 1998*).

The present NLFS report (T3) is based on interviews with the birthmothers and, if co-parenting, with the co-mothers, when the index children were five years old. The interviews were constructed to generate data that could assist professionals in health care, family services, sociology, feminist studies, education, ethics, and public policy on matters pertaining to lesbian motherhood. In addition, the research objectives at T3 included exploration of topics that might

be helpful to future generations of lesbians raising preschool-age and elementary school-age children.

METHOD

Participants

Eighty-four families with children conceived by DI have been followed since the mothers were pregnant with the 85 index children (one set of twins). Interviewing began in 1986, and the study was closed to new participants in 1992. At T1, 70 households consisted of a prospective birthmother and a co-mother, and 14 were headed by a prospective single mother.

At the time of the index child's birth, 73 of the families had both a birthmother and a co-mother. By the third interview (T3), 23 of the 73 couples (31.5%) had split up, one co-mother had died, and one single mother had acquired a partner who assumed the role of stepmother. Six participants were unavailable for interview, two divorced birthmothers had acquired male partners, and one birthmother was transitioning to become a man. Consequently, with six missing interviews, one dropout (the deceased co-mother), and one addition (the new stepmother), 150 mothers of 85 children participated at T3.

At T1, lesbians who were in the process of insemination or already pregnant by a donor, whether known or unknown, and any partners who planned to share parenting, were eligible for study participation. Recruitment was solicited via announcements at lesbian events, in women's bookstores, and in lesbian newspapers. To sample racial-ethnic subgroups of the lesbian community, study flyers were distributed at multicultural events. Prospective participants were asked to contact the researchers by telephone, and the nature of the study, including the importance of planning for long-term participation, was discussed with each caller. Interviewers were trained mental health professionals, representing the fields of psychiatry, psychology, public health, and social work.

Additional details of the study design can be found in previous reports (*Gartrell et al., 1996, 1999*).

The participants originally resided in the metropolitan areas of Boston, Washington, D.C., and San Francisco. By T3, 17 of the families had moved to other areas of the United States.

They were predominantly college-educated (67%), professionals or managers (82%), middle- and upper-middle class (82%), and Christian (56%) or Jewish (33%) (*Gartrell et al., 1996*). Racially, 93% of the mothers described themselves as white, 3% as African American, 2% as Native American, 1% as Latina, and 1% as Asian/Pacific Islander. The children demonstrated slightly greater heterogeneity, with 89% described as white, 4% as Latino, 2.5% as African American, 2.5% as Asian/Pacific Islander, 1% as Native American, and 1% as "other."

By T3, 29 of the index children had one or more younger siblings; 16 had been delivered by the birthmother and nine by the co-mother, while eight had been adopted. The birthmothers' age range was 29-47 years ($M=39.4$, $SD=4.1$), and that of the co-mothers 29-54 years ($M=40.9$, $SD=5.4$, $p=.057$, NS). Median household income was \$75,000 (25th percentile=\$50,000; 75th percentile=\$102,000); 64% of families said they had sufficient income to cover their expenses, the rest reported that they were struggling financially. Eighty-eight percent of families occupied

single-family dwellings, and 12% shared housing.

Procedure

The T3 interview was conducted when the index children were five years old. Birthmothers and co-mothers were interviewed separately in their homes or by telephone. The research protocol calls for subsequent interviews with the mothers when the index child is 10 years (T4), 17 years (T5), and 25 years (T6) old. If permission is granted, the children, too, will be interviewed at T4, T5, and T6.

Since continuity is critical to a longitudinal study of this nature, participants are contacted twice annually to verify their addresses and telephone numbers. They are also sent copies of NLFS publications, and encouraged to provide feedback about each phase of the project.

Semi-Structured Interview

The semi-structured, 184-item T3 interview was modified from the T2 instrument so that questions appropriate for mothers of five-year-old children could be included. The questions were open-ended and began with the least sensitive material (e.g., demographic), and proceeded to more affective material (e.g., family conflicts). Because most participants had difficulty finding time for the interviews once their children were born, efforts were made to limit the number of questions after T1. The average duration of the T3 interviews, which were yet more streamlined than those of T2, was one hour.

The T3 questionnaire assessed six areas of motherhood experience: health status, parenting experiences, relationship issues, support systems, educational choices, and discrimination concerns. Under the topic of health concerns, the mothers were asked to comment on the index child's health and development, family health status, their own utilization of mental health services, and their own substance use history. Questions concerning parenting experiences and relationship issues focused on the pleasures and stresses of raising children with continuous partners, with divorced co-parents, or alone. Regarding support systems, participants provided information about acceptance by their family of origin, their neighborhood, and the lesbian community. In the section on secular and spiritual education, the mothers discussed school choices and spiritual training for their children. Finally, they were queried about the impact of homophobia on their families.

At the end of the interview, the interviewers rated each family's overall level of functioning on a scale of 1-5 (with 1=low, 5=high), based on a quality of life assessment, since T2. For assigning a score to each family, the interviewers were instructed to utilize diagnostic skills comparable to those reporting a Global Assessment of Functioning score (*DSM-IV*) in an individual mental health evaluation.

Data Analysis

Most questions (92%) lent themselves to precoding, such that categories could be checked off during the interview itself. For the remaining questions, categories for qualitative data were developed from the text itself rather than imposed upon it. Trained raters achieved interrater reliability of 95% in coding the qualitative data (Cohen's Kappa). McNemar's test was used for the significance of difference between matched pairs of birth- and co-mothers on categorical-

level data.

RESULTS

Physical and Mental Health Status

Most (83%) of the 150 mothers had no concerns about their child's health or development at age five. Most (87%, $N=74$) of the children were described as relating well to their peers. Questions about their conception had been asked by 43% ($N=37$) of the children by T3, and their mothers said they had answered honestly. Similarly, most (68%, $N=58$) of the children were reported to answer matter-of-factly when queried by peers about their families.

The great majority (96%) of the mothers described themselves as healthy; the remaining 4% had been coping with major illnesses between T2 and T3. Alcohol abuse, as determined by the CAGE questionnaire (Seppa, Lepisto, & Sillanaukee, 1998), was confined to 5% of participants; three participants abused alcohol at both T2 and T3. At T3, 7% of mothers smoked cigarettes and 5% used other substances.

Between T2 and T3, 65% of the mothers had sought counseling. Among motivations for doing so, relationship conflict was the most frequently cited (25%). Other motivators included parental illness or death-between T2 and T3, 11% of the mothers had lost a parent, and at T3, 17% had a seriously ill parent.

Overall level of functioning was rated at 4 or 5 for 82% of the families. Those receiving lower scores had experienced divorce, illness, or death between T2 and T3.

Parenting Experiences

At T3, the mothers were uniformly enthusiastic about participating in their child's growth and reported loving the child deeply. Of the 50 original couples who were still together at T3 (hereafter referred to as continuous couples or families), 29 were sharing child rearing responsibilities equally, 17 had allocated more responsibilities to the birthmother, and 4 had allocated more to the co-mother. Of the original co-mothers, 35 had adopted their children by T3, thereby enhancing their "official" parenting role. Among continuous couples, 68% reported that the child was equally bonded to both mothers, while all but two felt that their child was more bonded to the birthmother. In 92% of the continuous families, the birthmother and co-mother had similar child-rearing philosophies. When they disagreed, most (84%) of the continuous couples discussed their differences rather than fighting over them.

By T3, 23 (31%) of the original 73 couples had divorced, with 15 of the divorces occurring between T2 and T3. The mean relationship duration for all divorced couples was 8.2 years ($SD=3.6$). Divorced couples had been together a significantly shorter time before the index child's birth than had continuous couples ($t=-2.53$, $df=63.5$, $p=.014$). Those couples who acknowledged competitiveness around bonding at T2 were no more likely to have divorced by T3 than were the other couples.

All divorced participants described the breakup as very stressful to their families. Child custody was shared in ten of these families, while the birthmothers retained sole custody in seven, and primary custody in six. No co-mother had adopted the index child in any of the families in which the birthmother retained primary or sole custody.

Relationship Issues

Of the continuous couples, 37% of birthmothers and 29% of co-mothers felt that having a child had strengthened their relationship. Fewer continuous couples were experiencing jealousy or competitiveness around bonding with the child at T3 than at T2, with 70% acknowledging jealousy at T2, and 48% at T3. However, 94% of the continuous couples indicated that having children significantly reduced their time and energy for one another. Before pregnancy, 12% of the continuous couples reported a sexual frequency of more than once a week, and 50% a frequency ranging from once a week to once a month. By T3, that frequency was more than once a week for 4%, between once a week and once a month for 26%, and less than once a month for the remaining 70%.

Single and divorced participants discussed the difficulties of juggling motherhood and dating. Several indicated frustration when their child and date (or new partner) competed for their attention: "It's hard now that [my child] is old enough to have his own opinions about the women I see," said a divorced participant. "I met one woman I really liked, but [my child] didn't hit it off with her at all. It was really difficult." Participants who had or were seeking new partners assumed that the new partner's role in the family would develop over time.

Support Systems

By T3, 63% of the index children's grandparents were "out" about their grandchild's lesbian family. However, 14% of birthmothers in continuous relationships (N=50) said that their parents did not acknowledge their partners as co-mothers. In addition, 17% of birthmothers and 13% of co-mothers in continuous families indicated that their parents did not relate to the index child as a fully fledged grandchild.

Among the 21 children with known donors, 29% saw their fathers regularly, and 71% saw them occasionally. Although 76% of mothers (N=150) wanted their children to have contact with good, loving men, only 53% felt by T3 that they had successfully incorporated such men into their children's lives. The possibility that a single donor might sire multiple children (who would therefore be half-siblings of their own children) in their community gave rise to some discomfort in 37% of the mothers.

By T3, 68% of the mothers felt that their lesbian family had been accepted by their neighbors. By this time, too, 76% reported that most of their close personal friends were parents themselves, and that social outings involved other lesbian or gay families 76% of the time.

Seventy-five percent of the mothers were active participants in the lesbian community, and 87% felt that the lesbian community played an important role in their child's life. As one mother put it, "[My child's] two favorite events each year are Halloween and Lesbian/Gay Pride day. She loves dressing up, and she loves being in the parade. San Francisco's lesbian community is the perfect place to raise a kid who likes dressing up!"

Education

A slight majority (52%) of the index children were enrolled in public schools; the remainder were being schooled privately. Commenting on their school choices, the mothers were unanimous in their belief in public education, but ultimately chose the system that offered the

best educational opportunity for their child: 74% of the schools chosen were multicultural; 33% had some lesbian or gay staff; and 40% had incorporated lesbian/gay lifestyle awareness into the curriculum. Although many participants had commented on being the first lesbian family to be treated by a particular pediatrician, or the first lesbian family to enroll in a particular preschool, by the time the index children entered elementary school, they were less unusual. Nearly half (49%) of the index children at T3 attended schools in which children from other lesbian families were also enrolled.

A slightly larger majority (54%) of families participated in religious or spiritual communities. Each such family had chosen a temple, church, or spiritual community on the basis of its willingness to accept and embrace lesbian lifestyles.

Concerns With Discrimination

All participants were concerned about the impact of homophobia on their children and their families. Despite their mothers' efforts to shield them from the harsh realities of discrimination, 8% of the index children had experienced some form of homophobia on the part of their peers or teachers by T3. Anticipating such prejudice, most mothers had done their best to prepare their children. Preparation involved discussing different kinds of families, the importance of appreciating diversity, and sometimes role-playing responses to homophobic comments. Mistaken assumptions of heterosexuality were a common occurrence for the mothers, and 25% reported that they felt quite distressed when their child witnessed such "heterosexism."

Thirty percent of the mothers acknowledged the importance of keeping their own homophobia in check. For example, one birthmother said, "It's so tempting to just let it go when other moms in the park assume I'm straight [when I am there with my daughter], but I feel obligated to maintain our integrity by explaining that we're a lesbian family. It's scary to be so honest with people I don't even know, because you never know what they'll do with that information. But I would feel far worse having [my daughter] grow up thinking that there is anything shameful about being a lesbian."

At T3, as at the previous interviews, the mothers were asked which sexual orientation they would choose for their child, if such a choice were possible; 65% declined to answer (up from 50% at T2), stating that their children needed to find their own paths. Fewer mothers at T3 than at T2 hoped their children would become heterosexual (21% at T3, down from 28% at T2).

The mothers' struggle to reduce the level of homophobia in their communities continued at T3, with 75% actively engaged in political and educational efforts to foster public acceptance of diversity. "For us, the choice to have a child represents a lifelong commitment to make the world a safer place for him to grow up," said a typical birthmother. "That means we have to find a nonhomophobic doctor, teacher, school, temple, neighborhood-a nonhomophobic whatever our child needs. We've got our work cut out for us!"

DISCUSSION

According to their mothers, most of the children in this study were healthy and well-adjusted. The mothers described their own lives as very child-focused, with limited time and energy left over for their adult relationships. Such constraints were voiced by mothers in all family

constellations, regardless of the number of children in the household. Other indications that the mothers were less attentive to their partners included reports of sexual infrequency and relationship conflict. Although many of the mothers had sought counseling between T2 and T3, the psychotherapy utilization rates in this study were much lower than in other surveys of lesbians (*Morgan, 1992; Morgan & Eliason, 1992*).

Between the birth of the index child and T3, one-third of the couples had divorced. In Blumstein and Schwartz's (1983) landmark survey of American couples, lesbians had a higher break-up rate than had heterosexual or gay male couples. Interestingly, their survey found no association between how much (or little) sex a couple had and how long they stayed together. They hypothesized that complaints about sexual infrequency might actually reflect unhappiness with the quality of affection between partners. This survey, which took place before the lesbian "baby boom" of the mid 1980s, did not include a separate variable about parenting as a predictor of relationship longevity.

Of heterosexual couples marrying in the 1980s, over 20% dissolved their marriages within five years, and nearly one-third within ten years (*Chadwick & Heaton, 1999*). Heterosexual marriages ending in divorce last an average of seven years. Recent estimates suggest that over one-half of all children born to heterosexual parents will experience marital disruption (*Chadwick & Heaton, 1999*). Data from the NLFS suggest a comparable divorce rate among lesbian mothers.

In the present study, the children of divorced lesbians spent equal time with both mothers in 43% of the cases. The birthmother was more likely to retain sole or primary custody if the co-mother had not officially adopted the child. These findings suggest that co-parent adoptions not only enhance the legitimacy of the parenting role for co-mothers, but also increase the likelihood of shared custody in the event of relationship dissolution. However, at T3, co-parent adoptions were available only in a few progressive counties in the U.S.

For the most part, the mothers in continuous relationships at T3 were sharing child rearing, and finding that their child was equally bonded to both mothers. Although many of the co-mothers at T2 had talked about feeling left out of the birthmother-child bonding that occurred with breast feeding (*Gartrell et al., 1999*), by T3 they were feeling less jealous and competitive.

Most couples reported compatibility in their child-rearing philosophies, and many felt that having a child strengthened their relationships. Children in continuous families at T3 still had two actively-involved parents—a finding that distinguishes these lesbian families from traditional heterosexual families, in which fathers are less involved in parenting (*Dunne, 1998; Golombok, Tasker, & Murray, 1997; Tasker & Golombok, 1997, 1998*). Tasker and Golombok (1997, 1998) and Golombok et al. (1997) reported that adolescents were more likely to be accepting of their mothers' lesbianism if their mothers had had continuous, long-term relationships when the children were six years old. It will be interesting to see if the NLFS data at T4 and T5 corroborate these reports.

Most of the families in this study had strong support systems at T3. To the extent that they had the option, the mothers chose to live in neighborhoods where they would not be the only lesbian family. In addition, more grandparents were "out" about their grandchild's lesbian family at T3 (63%) than at T2 (29%) (*Gartrell et al., 1999*). However, a sizable minority of grandparents still did not acknowledge their daughter's partner as a co-mother or relate to the index child as a fully

fledged grandchild. Experiencing such homophobia from their own parents was an ongoing source of sadness and hardship for these mothers.

The elementary schools selected by the mothers were almost evenly divided between public and private. In keeping with the mothers' expressed preferences at T1 for exposing their children to diversity (Gartrell *et al.*, 1996), most of the schools were multicultural, and many had either lesbian/ gay staff or lesbian/gay lifestyle awareness in their curriculum. Because most of the mothers at T3 lived in metropolitan areas heavily populated with other lesbian families, the responsibility of eradicating homophobia in the schools was more likely to be shared with other lesbian or gay parents. Those mothers who had moved to more rural or conservative communities carried a heavier load in protecting their children from discrimination. Some children had already experienced homophobia from peers or teachers by age five; advance preparation for the possibility of discrimination, especially role-playing healthy responses to homophobia, helped these children cope with such adversity. These findings suggest that a child who is likely to experience any form of discrimination might benefit from parental preparation.

At T3, the mothers were continuing their efforts to reduce the level of homophobia in their communities. Tasker and Golombok (1997, 1998) and Golombok *et al.* (1997) found that children of lesbian mothers had more positive attitudes about their mothers' lesbianism if the mothers were politically active in lesbian/gay organizations. Herek, Cogan, Gillis, and Glunt (1998) also found an association between decreased internalized homophobia in lesbians and increased contact with the lesbian/gay community. The participants in the present study had become even more openly lesbian after their children were born: for example, 55% were out at work at T1, and 93% at T2 (Gartrell *et al.*, 1996, 1999). By T3, most of the mothers declined to state a preference for their child's eventual sexual orientation, perhaps as a result of their increased comfort with their own lesbianism.

The study participants are self-selected and not necessarily demographically representative of the lesbian population as a whole (Gartrell *et al.*, 1996). Nevertheless, the participant pool has remained very consistent since the study began in 1986. The participants appreciated the limited time commitment required for the T3 interview, since their days were very tightly scheduled. Although it was tempting to incorporate standardized tests along with the oral interview at T2 and T3, participants' expectations of longer interviews might have resulted in a greater dropout rate. Hopefully, this longitudinal overview of lesbian family life will stimulate further in-depth studies of lesbian mothers and their children at different stages of the children's development.

The T3 findings of the NLFS suggest that children conceived by DI and raised in lesbian families are healthy and well-adjusted. At five years old, most children in continuous two-mother families were equally bonded to both mothers. Acceptance by families of origin had increased, and most mothers were actively participating in the lesbian community. As this study of 84 lesbian families progresses, it is expected to provide ongoing information about the life experiences of children conceived by DI and raised in a homophobic world.

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