

## 2. Interviews With Mothers of Toddlers

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The appearance of the American family has changed considerably over the past several decades. Today, alternative families—including lesbian-parented households—are becoming an integral part of the social structure of the United States. In addition to the political, social, and economic factors that have led to an increased number of lesbian families, a biomedical development—donor insemination (DI)—has played a significant role. When DI became available to lesbians, the result was a lesbian "baby boom" (*Gartrell et al., 1996*). Studies pertinent to these children and their lesbian families are sorely needed, and a review of the current literature suggests that they are now being undertaken.

In comparisons of the DI, pregnancy, and postpartum experiences of lesbians and heterosexual women, Wendland, Byrn, and Hill (*1996*) found that lesbians were more likely to consider known donors, less concerned with matching donor and mother characteristics, and more likely to be honest about the DI than their heterosexual counterparts. During pregnancy, lesbians tended to utilize prenatal obstetrical services, although home or alternative birthing sites were preferred (*Harvey, Carr, & Bernheime, 1989; Olesker & Walsh, 1994; Wismont & Reame, 1989*). Homophobic experiences with pediatric health care providers have been documented (*Perrin & Kulkin, 1996*).

The effect of DI on lesbian relationships has also been explored. Although lesbian couples value egalitarian child rearing (*Dunne, 1992; Wendland et al., 1996*), only half of those surveyed seemed to have achieved it (*Brewaey, Devroey, Helmerhorst, Van Hall, & Ponjaert, 1995; Wendland et al., 1996*). Kenney and Tash (*1992*) discussed possible relationship difficulties that may arise—including insufficient acknowledgment of the co-mother's parenting role, jealousy regarding the pregnancy or breast-feeding experience, and conflicts over sharing one's partner with a child. Osterwell (*1991*) reported that relationship satisfaction in first-time lesbian-mother couples correlated with an egalitarian commitment, sexual compatibility, communication skills, and anonymous donor selection.

Social support plays a critical role in the establishment of healthy lesbian families. Pennington (*1987*) found that children of lesbian mothers fared best if the mother had a strong positive lesbian identity, good parenting skills, and support from other lesbian friends. Tasker and Golombok (*1997*) reported that children's acceptance of their mother's lesbianism was enhanced by her active participation in the lesbian community. Nevertheless, some lesbian mothers have developed a greater sense of camaraderie with heterosexual mothers than with nonparenting lesbians (*Hill, 1987; Kenney & Tash, 1992; Pollack & Vaughn, 1987*).

Although lesbian mothers have varied opinions about the sperm donor's involvement in their

children's lives (*Gartrell et al., 1996*), there is a clear consensus that supportive men are important. Kirkpatrick (*1987*) reported that children of lesbian mothers had more adult male family friends and relatives involved in their lives than did children of heterosexual parents. Golombok, Spencer, and Rutter (*1983*) found that children of divorced lesbians were more likely to have contact with their biological fathers than were children of divorced heterosexual mothers.

Finally, the destructive impact of homophobia and heterosexism pervades much of the lesbian parenting literature. Study findings support the idea that being out and open is important for a healthy lesbian family (*Hare, 1994; Levy, 1992; Lott-Whithead & Tully, 1993; O'Connell, 1993*). Rand, Graham, and Rawlings (*1982*) found that the more open a lesbian was with colleagues, family, and children, the more likely she was to express a positive sense of well-being. Children also seemed more tolerant of lesbianism if their mothers had "come out" to them before the children reached adolescence (*Huggins, 1989; Pennington, 1987*).

The current report documents data from the second interview (T2) of the National Lesbian Family Study, which was designed to provide both descriptive and quantifiable longitudinal data on lesbian families in which the children were conceived through DI. These second interviews were conducted with the birthmothers and, if they shared parenting, with their partners (co-mothers), when the index children were two years old. As in the authors' first report (*Gartrell et al., 1996*), the goal was to broaden our understanding of lesbian families, homes, and communities. Topics addressed in the T2 interview included:

1. **Health concerns.** This section was designed to elicit information on the D1 process, pregnancy, delivery, children's health and development, and mothers' overall health.
2. **Parenting.** What role did pregnancy, breast-feeding, and primary caretaking play in the bonding between parent and child? How egalitarian was the child rearing among coupled participants?
3. **Family structure.** Who was included in the lesbian family, and what were the roles of the mothers' extended families? Were friends considered part of the family? What was the role of the donor-father?
4. **Relationships.** How had having a child affected the mothers' relationship?
5. **Time management.** How were the mothers managing the competing demands of childcare, work, friendships, and socializing?
6. **Discrimination.** Had the mothers experienced homophobia in seeking health care and finding childcare? Had they encountered other forms of discrimination? How were they protecting themselves legally against homophobia? Based on their experiences of homophobia, did the mothers have a preference about the sexual orientation of their child?

As in the first interview (T1), the questions at T2 were designed to elicit information that might be helpful to other lesbians embarking on motherhood, and to professionals in a variety of disciplines—health care, family services, sociology, feminist studies, education, ethics and public policy—who may be consulted on matters concerning lesbian motherhood.

## **METHOD**

### **Participants**

All participants in this study were volunteers who were originally interviewed at T1, during insemination or pregnancy with the index children. Details of the volunteer recruitment process are presented in a previous report (*Gartrell et al., 1996*). The study group comprised 84 families with children conceived by DI. Of these 84 households, 70 originally consisted of a birthmother and a co-mother, and 14 of a single mother.

Since T1, eight (11%) of the couples had split up; all but one of these divorced mothers continued as parents and study participants. Three of the single mothers had taken a partner since T1, and each new partner had assumed the role of stepmother. Consequently, with one dropout (the divorced co-mother) and three additions (the new stepmothers), 156 mothers participated in the second interview (T2).

The study participants originally resided in the metropolitan areas of Boston, Washington, D.C., and San Francisco. By T2, 15 families had moved to other areas of the U.S. Additional details of the study design have been reported elsewhere (*Gartrell et al., 1996*).

**Demographic characteristics.** The birthmothers' age range was 26-44,  $M=39$ ,  $SD=4.4$ , and that of the co-mothers 28-51,  $M=40.5$ ,  $SD=5.7$  ( $p=.057$ , NS). Participants were strongly lesbian-identified: 93% had come out at work, 88% to the child's pediatrician, and 81% to childcare workers. Despite efforts to include racial-ethnic subgroups of the lesbian community (*Gartrell et al., 1996*), most (93%) participants were white, while 3% were African American, 2% Native American, 1% Latina, and 1% Asian/Pacific Islander.

The index children—43 girls and 42 boys (including one set of twins)—demonstrated greater heterogeneity: 89% were white, 4% Latino, 2.5% African American, 2.5% Asian/Pacific Islander, 1% Native American, and 1% other.

The median household income was \$60,000 (25th percentile = \$46,000, 75th percentile = \$83,000). Most (62%) of the participants felt that their income was sufficient to cover their expenses, while the remainder reported that they were struggling financially. Living arrangements included single-family occupancy (91%) and shared housing (9%).

### **Procedure**

The T2 interview took place when the index children were two years old. Birthmothers and co-mothers were interviewed separately in their homes, or by telephone if they had moved out of the three original metropolitan areas. The research plan calls for subsequent interviews with the mothers at designated intervals, when the index child is five, ten, 17, and 25 years old. If permission is granted, the children, too, will be interviewed at ages ten, 17, and 25.

### **Semistructured Interview**

The semistructured, 221-item T2 interview was modified from the T1 instrument to include inquiries about pregnancy and motherhood experiences. Questions were open-ended; they began with the least sensitive material (demographics) and proceeded to more affective material (family conflicts). Interviews ranged from one to three hours in duration.

The T2 questionnaire assessed 11 areas of motherhood experiences. These included the effects of motherhood on relationships, careers, time management, family of origin, political involvement, and overall satisfaction. Legal, financial, and health concerns were also addressed. In addition, questions assessed selected aspects of lesbian identity, family definition, and being out.

### **Data Analysis**

Most (57%) of the interview questions lent themselves to precoding, so that categories could be checked off during the interview. For the remaining questions, categories for qualitative data were developed from the text itself, rather than imposed on it. Interrater reliability for the total instrument was .93 (Cohen's Kappa). McNemar's test was used for the significance of differences between matched pairs of birth and co-mothers on categorical-level data.

## **RESULTS**

### **Health Concerns**

The median number of inseminations to achieve pregnancy was three (25th percentile=twice, 75th percentile=eight times), and 27% of the birthmothers reported miscarriages during their efforts to become pregnant. Most of the children were delivered vaginally (68%), in hospitals (86%), and by physicians (54%), and were breastfed for a median of 12 months (25th percentile=six months, 75th percentile=15 months). Maternity leave ranged from one to 19 months ( $M=3$ ,  $SD=3$ ).

Most of the children (94%) were covered by health insurance and had received standard first-year inoculations. Most had been healthy since birth, though 13% had experienced minor and 6% major health problems. Age-appropriate developmental milestones had been achieved by 95% of the children.

Since the birth of the index child, 20% of the mothers had experienced minor health problems, and 3% had developed major illnesses. Alcohol abuse was determined by the CAGE questionnaire, and 7% of participants answered affirmatively to two or more questions—an indication of problem drinking. Most mothers abstained from other drugs (93%) and cigarettes (91%). A majority (59%) had sought counseling to help them cope with the stresses of new motherhood.

### **Parenting**

**Two-mother families.** In 75% of the two mother families, the birthmother and co-mother shared the responsibilities of child rearing and considered themselves equal co-parents. Among the other 25%, child rearing was shared but, with one exception, the birthmother was considered the primary parent. The exception was a family in which the co-mother assumed the primary parenting role. When asked which factors most strongly affected mother-child bonding, 50% of the coupled mothers named time spent with the child, and 32% named biological connections as the more important. In most (88%) families, the child called one mother "Mommy" and the other

"Momma," 43% carried both mothers' last names, and the rest carried only the birthmother's.

Initially, coupled mothers cited only advantages in raising their children in two parent households, with "sharing the joys and responsibilities" topping the list (81%). However, when prompted, 64% of them acknowledged feelings of jealousy and competitiveness around bonding and child-rearing issues. Some of the co-mothers expressed frustration and feelings of exclusion during breast-feeding. "Whenever [the child] is tired or sick or cranky, [the child] wants the breast," said one co-mother. "I sometimes get upset that I can't soothe [the child] in the same way that [the birthmother] can."

**Single-mother families.** Eight of the 11 single mothers found child rearing as a single parent more difficult than they had anticipated. Concerning the advantages and disadvantages of raising a child alone, all expressed some regret that there was no other parent to help out; most (N=7), however, were pleased that they did not have to negotiate parenting decisions with another adult.

**Total sample.** Of the sample as a whole, 70% hoped to avoid the child-rearing inadequacies of their own parents. Most (67%) used time outs or verbal limits to discipline their children. When asked about the differences between lesbian and heterosexual parents, 46% of the sample stated that children raised in two-mother lesbian families were more likely to have "two actively involved parents," in contrast to most two parent heterosexual households.

Regarding the overall impact of having a child, 84% said that it was "the best thing that had ever happened" to them, and 12% that it was "the greatest challenge [they] had ever faced." Compared with their expectations, 81% said that child rearing was much better and much harder.

## **Family Structure**

All participants considered themselves and their child the primary family unit. Of their families of origin, 69% found that having a child enhanced their relationships with their parents: contact had increased for 55%, and 77% indicated that their parents were delighted with the grandchild. Birthmothers rated their own parents as closer to the index children than co-mothers rated their parents (82% vs. 62%, McNemar symmetry chi-square  $p < .05$ ). However, only 29% of grandparents were open about their grandchild's lesbian family. Homophobia had led 3% of the grandparents to reject their daughter and grandchild.

In 38% of the families, close friends had been incorporated as aunts and uncles in an extended family network. In addition, for 12% of children the biological father was actively parenting (i.e., serving as a primary decision-maker in the child's upbringing); for 13%, he was not actively parenting but was involved in the child's daily life. The remaining children had no father in their lives, but 20% had the option of meeting the donor when they reached the age of 18. Most mothers (88%) planned to ensure that their children had contact with loving men who would be good role models.

## **Relationships**

Child rearing was stressful to the parents' relationship in 55% of the two-mother families. Of coupled participants, 91% felt they had less time and energy for their own relationship, and 80% had been sexually inactive for many months after the child's birth. "By the time we finish dinner, do the laundry, give [the child] a bath, read her four books, and put her to bed, we're completely

exhausted! Who has the energy for sex?" said a typical participant. Another lamented, "Sometimes I wonder if [the co-mother] even notices when I haven't had time to dress nicely or comb my hair. We never fail to meet [our child's] needs, but often fail to attend to our relationship. The best thing we do together these days is sleep!"

Eight couples had divorced between the T1 and the T2 interviews, after being together a mean of six (SD=2) years. All of these mothers described the breakup as traumatic. No significant differences were found between the divorced and the stable couples on any variables.

### **Time Management**

Study participants reported that they no longer had much time to socialize: 92% said that they rarely went out, and 47% that they saw their friends less frequently than before the child's birth; 25% had lost some friendships-typically with lesbians who were not mothers themselves-and 47% stated that most of their current friends were also parents. Many participants had established friendships with heterosexual parents. Despite time limitations, most mothers (75%) had participated in lesbian family support groups and social activities.

To spend more time with the child, 53% of the mothers had reduced their work hours; 63% had anticipated that having a child would limit their career possibilities. "There's no way I can stay on the fast track and be at home with [the child]," said one mother, an attorney. "But it's a matter of priorities. I *chose* to have a child, and I want to be a mom who is present."

While working, 67% of families used a combination of home-care and day-care services. Coupled mothers minimized this use by alternating their work schedules so that at least one mother could be at home; domestic responsibilities were fairly equally allocated. When a child was ill, couples typically determined on a day-by-day basis which parent would incur the least hardship by staying home from work with the child. On the rare occasions when families used baby-sitters, they were typically (66%) friends or relatives.

### **Discrimination**

Participants voiced many concerns about raising their children in a homophobic world. During pregnancy, 23% had encountered homophobia from health providers-typically as a refusal to acknowledge the co-mother's parenting role. Eight percent had difficulty finding good childcare because they were lesbians, and 4% had changed day-care facilities because of homophobic staff. To minimize their child's exposure to homophobia, participants sought day-care centers staffed by lesbians and gay men. However, only 22% had been able to locate such facilities. Believing that exposure to diversity was the most effective method of fortifying their children against homophobia, 87% of the mothers planned to enroll their children in educational programs that included children and teachers of different socioeconomic classes, genders, ethnicities, races, and cultures.

More than half (54%) of the mothers worried that someday the conception by DI would be a problem for the children. Some mothers regretted that they had utilized an unknown donor. For example, one mother said: "Before [the child] was born, I worried that the state might come in and take him away, because some Jesse Helms-type enacts a law decreeing us unfit moms. As soon as my son was born, I felt bad that he would never have the opportunity to know who his

donor was, and that he might resent me for that. I wish now that I had made my decision about knowing the donor with more consideration for [the child's] needs, and less from my own fears."

To some mothers, discrimination within the lesbian community was also of concern. Only 58% felt that the lesbian community welcomed lesbian families, and 27 of the mothers of the 42 boys disliked the exclusion of male children at some women-only events. "I know a lot of lesbians think we're having kids because we want to pass as straight," said one participant. In fact, 85% of participants reported that they were often assumed to be heterosexual when accompanied by their child; 21% of those mothers liked "fitting in more" as a result of that assumption.

In efforts to reduce the level of homophobia in their communities, 54% of participants had continued or increased their political involvement, and 38% had become more outspoken about homophobia at work. Most sought to protect their families as much as possible in the legal system: 67% of the families had wills, 61% had powers of attorney for the child's medical care, 31% had co-parenting agreements, and 15% had donor agreements. Co-parent adoptions by lesbians are possible in a limited number of counties in the U.S., and by the T2 interview, all eligible co-mothers (N=16) had officially adopted their children. The adoptive co-mothers unanimously agreed that the adoption provided both internal and external validation of their parenting role.

Participants were asked which sexual orientation they would choose for their child, given a choice; 50% declined to answer, saying that it was up to the children to decide; 28% hoped their children turned out to be heterosexual, preferring that they be spared the lifelong struggle with homophobia. Said one of these mothers: "It's just so much easier to be straight," said one mother who hoped her child would be heterosexual. "Life's hard enough without adding all the baggage of homophobia to it." In contrast, mothers who fantasized that their children might be lesbian or gay did not see homophobia as a deterrent to happiness. One such mother said: "I love being a lesbian, and if I had it to do all over again, and being a lesbian was a choice- which I never felt it was for me-I'd definitely choose to become a lesbian."

## **DISCUSSION**

Despite their concerns about homophobic health care providers, most mothers in this study elected traditional medical services for themselves and their children. A majority of the children were delivered by physicians, in hospital. Almost all the children were physically healthy, and most had reached age-appropriate developmental milestones. The mothers, too, were predominantly healthy. Fewer than 10% used alcohol or other substances excessively-a lower incidence than that found in other lesbian populations (*Banks & Gartrell, 1996*). Most of the participants had sought counseling since their child's birth to help with the challenges of new motherhood.

Equal co-parenting-with both parents referred to as either "mommy" or "momma"-was more common among coupled participants in this study than in previous reports (*Brewaeys et al., 1995; Wendland et al., 1996*). Child rearing was shared in such a way that children raised in two mother households had two actively involved parents. Although most couples experienced some jealousy and competitiveness around bonding, many believed that time spent with a child produced stronger bonds than did biological connections. Those co-mothers who had become legal adoptive parents of their children felt that the adoption significantly enhanced the

legitimacy of their parenting role.

Family ties were strengthened overall with the arrival of the index children. Most participants had become closer to their own parents, and most grandparents were delighted with the grandchild. However, only a minority of grandparents had come out about their daughter's lesbian family. Although three quarters of the children had no fathers, most mothers expected the children to grow up in the company of good, loving men. After their children were born, some mothers regretted having used unknown donors, and felt sad about the lost opportunity for their children to know their donor fathers.

The demands of child rearing were stressful, taking a toll on the primary relationships of most participants, who had very little time or energy for their partners or friends. Sex was infrequent to nonexistent for many couples in the first year of their child's life, and many were saddened by their inability to tend to their relationship as effectively as they tended to their child. A benefit of this longitudinal study is the opportunity to observe the long-term impact of these child-centered early years on the durability of the mothers' relationships. In particular, it will be interesting to note whether factors such as lengthy breastfeeding (which made some of the co-mothers feel excluded), or failing to take time away from the child for sex or an evening out, corrode relationship longevity.

Most of the mothers had reduced their work hours to spend more time with their children. Among couples, egalitarianism in parenting roles was associated with balanced allocations of paid and domestic labor, a finding consistent with Dunne's cohort of coupled lesbian mothers in the United Kingdom, and contrasting with data on heterosexual two-parent families (*Dunne, 1997, 1998*).

The decision to become a parent was associated with greater lesbian visibility among the participants in this study. By T2, most of the mothers had come out in every arena of their lives. Most had also spent time educating health care providers, childcare workers, employers, colleagues, relatives, and neighbors about lesbian families. Nevertheless, every mother was concerned about the impact of homophobia on her child and family. Methods of coping with this adversity included active participation in the lesbian community and ensuring legal protection, such as wills, powers of attorney, and, where available, co-parent adoptions. As an indication, perhaps, of how successfully they had come to terms with their own lesbianism, most participants were unconcerned about their child's eventual sexual orientation, typically stressing the importance of happiness over "fitting in."

Overall, the 156 study participants described their first two years of mothering the index children as the most enjoyable and most exhausting experience of their lives. Having a child brought the mothers closer to their families of origin, and further from fast-track careers. Their primary relationships suffered, but their children were thriving. In two-mother families, both parents were actively involved in parenting. As this longitudinal study of 84 lesbian families continues into the next millennium, its findings are expected to illuminate the joys, hardships, and everyday realities of raising DI children in what is, at this stage of the research, a homophobic world.

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