“A lesbian family in a straight world”:

The impact of the transition to parenthood on the couple relationship in planned families

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Declaration

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person.

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Abstract

Title "A lesbian family in a straight world": The impact of the transition to parenthood on the couple relationship in planned families.

Aim To explore the experiences of lesbian women in the transition to planned parenthood, and the impact that this transition has on their relationship.

Objectives To identify key changes which lesbians described as being of significance in becoming parents and explore how these key changes affected the relationship, and to examine the responses from friends, family and health professionals during the transition to parenthood.

Method A general exploratory qualitative approach which employed in-depth semi structured interviews was used. Eight participants were interviewed. Queer theory was used as a theoretical framework to interpret data.

Findings The three main themes which emerged from the findings were a *lesbian family in a straight world*, *donors and biology* and *two mothers*. Findings reveal that lesbian women face a number of challenges in the transition to parenthood. Lesbians must go to lengths to achieve a pregnancy, as they must find a suitable donor before attempting to conceive. Post birth, fatigue, focusing on the baby, changes in sexual relationships, and changes in leisure time all impacted on the relationship. Viewed through a lens of queer theory, relationships were impacted by societal heteronormativity and homophobia, including an emphasis on biology and a lack of recognition apparent for non-biological parents. The responses of others, including friends, family, and health professionals, ranged from positive and supportive, to insulting and misinformed. Negotiating the health care system involved issues of power dynamics and lesbian women needed to constantly 'come out'. The acknowledgement of the relationship was felt to be important, and lesbians seek lesbian friendly health professionals to avoid homophobia.

Conclusion The research has implications for health professionals, teachers, teaching and clinical environments, government, policy, and lesbian women. Recommendations concerning culturally safe practice, early childhood, primary, tertiary and postgraduate education are made, followed by recommendations for practice and clinical environments. Education for professionals is discussed, as well as recommendations for legislation and policy change.

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Table of Contents

Chapter I: Introduction

Introduction

This thesis explores the transition to parenthood in planned lesbian families, and the impact of the transition on the couple's relationship. This chapter will briefly discuss the evolvement of family structures for lesbian women over recent times and introduce the research question, aims and objectives of the study. The context of the research question is discussed and comment on my positioning within the research is made. An overview of the thesis structure concludes the chapter.

Brief overview of evolving family structures

Lesbian women[1] have for decades been parents, but have often parented children conceived in past heterosexual relationships (H. Bos, van Balen, & van den Boom, 2007). As Vaughan (2007) suggested, there are still a vast number of children being raised in blended families or step-families; parents may have formed new partnerships, even creating a family with their new partner/s. According to Levine (2008), in recent years there has been attention drawn to alternative families and kinships, yet alternative kinship has been found throughout the world's history. Ripper (2007) discussed the newly emerging family formation whereby lesbian women make concerted efforts to conceive a child of their own raised within a family context and Golombok (2000) referred to this family formation, which consists of two females as parents and who have planned their children together, as 'planned lesbian families'. Lesbian couples may both take turns carrying a child, or have just one of the couple carrying children (Telingator & Patterson, 2008) and according to Bergen, Suter and Daas (2006) the non-biological mother may be referred to as the social mother, co-parent, co-mother, second lesbian parent or second mother. In this study I will refer to the non birthing mother as the non-biological mother, although the latter terms may be used interchangeably as they too appear within literature.[2] Patterson (1994) coined the term for the increase in these types of families as the lesbian 'baby boom'. Lesbian families are referred to in

[1] I will refer to lesbian women specifically wherever possible. The word 'queer' is an inclusive term used to describe people from minority groups, such as gays and lesbians (Dilley, 1999). Therefore the term 'queer' is also used in this thesis to refer to gay and lesbians as a collective.

[2] It is acknowledged that this term may contribute to stigma of the non-biological mother and is not an ideal term. However this is the term most frequently observed within literature.

different ways, such as lesbian-parented, lesbian-led or dual-orientation (Perlesz & McNair, 2004), and also de novo families (Perlesz et al., 2006). Neville and Henrickson (2009) used the term 'lavender families' in a New Zealand context to describe diversity within families, including the lesbian-led family. The term 'lesbian-led family' appears frequently within literature and for this reason is referred to most commonly in this research.

The research question, aims and objectives

I was interested in planned lesbian-led families; that is, families planned and led by two women who are in a relationship and who use an artificial method of conception, whether at home or through fertility clinics. After identifying gaps in the literature I was able to develop a research question. The research question asks "what is the impact of the transition to parenthood on the relationship in planned lesbian-led families?". The aim was to explore the experiences of lesbian women in the transition to planned parenthood, and the effect that this transition has on their relationship. The study objectives were:

- to identify key changes which lesbians described as being of significance in becoming parents
- to explore how these key changes affected the relationship
- to examine the responses from friends, family and health professionals during the transition to parenthood

To answer the research question a general exploratory qualitative method was used. Data analysis was guided through a general inductive approach (Thomas, 2006). Eight participants were recruited and participated in face to face interviews. Queer theory was used as a theoretical framework to interpret findings.

Context of the research question

As a lesbian woman and nurse, working mainly in mental health inpatient care and nursing education, I have been privy to dialogue around differing family structures, cultural issues, and sexual orientation. I have also had experiences which have impacted on my sense of self through the bias and ignorance of others who have little understanding of differences in sexual orientation. Although health professionals and nurses seek to include families in care, where possible, there is a lack of understanding and knowledge which relates not just to

women who identify as lesbian, but to a deeper understanding of what lesbian relationships constitute and what issues lesbians face in their relationships and families. Yet, in contrast, it appears that not all nurses are comfortable with 'knowing' so little about lesbian women, their relationships and families. As I progressed in my career I have often been approached by nurses who wanted to gain insight into what it is to be lesbian. I have also experienced the co-parenting of two young children with my ex-partner. This was challenging, and emotionally painful, yet also joyous. Sharing these types of experiences with other gays and lesbians revealed that I was not alone. There appeared to be a real interest expressed by health professionals and members of society hoping to improve their knowledge about diversity in relationships, family, and sexual identity/orientation to enhance their practice within the cultural safety domain. The research question, therefore, aimed to address this gap and explore the experience of the transition to parenthood for lesbian women and how this impacts on their relationships.

Comment on positioning

Integrity relates to a clear and honest approach towards research being undertaken (Watts, 2008). My positioning is clearly related to a lesbian perspective. I aimed to be clear and transparent about identifying as lesbian by making this known throughout the research process. According to Almack (2008), some debate exists as to the necessity of researchers identifying their sexual orientation in the writing up of research. As the researcher I was aware that this would impact on my interpretation of data and my rapport with participants. The necessity of identifying my positioning in relation to my sexual orientation is thus debatable, as heterosexual researchers do not have to. Almack (2008) stated that identifying with research participants, for example, through shared sexual orientation, has been claimed as helpful in gaining a rapport with participants and being already involved in the world view of the participant. My positioning has several key beliefs which underpin this research. These are a) that lesbian relationships should be, but are not, valued equally to heterosexual relationships b) that children can be raised well within lesbian relationships without adversely affecting children; c) that heteronormativity and homophobia affects lesbian women adversely; and d) that roles would be more fluid within planned lesbian-led families than in families led by heterosexual parents.

Thesis Structure

This chapter introduced the research question, aims and objectives. Chapter two presents background literature and chapter three presents relevant empirical and contextual literature in relation to the research question. Chapter four gives an overview of queer theory, the underpinning theoretical framework, and chapter five describes the method of data collection and analysis. Chapters six, seven and eight present findings relevant to the research topic which include *planning a family*, *impact of baby on the relationship* and *responses of others*. Chapter nine discusses and explores key findings in relation to the findings chapters, and chapter ten concludes the thesis with strengths and limitations of the study and relevant recommendations.

Chapter II: Background

Introduction

This chapter introduces the context of the research question, discussing the transition to parenthood as foundational to research in this area. I will also introduce changes which impact on the lesbian couple during this time. Background literature is provided on lesbian relationships and their legal recognition. The impact of stigma and homophobia on lesbian relationships including being 'out' are then discussed. Discussion around healthcare for lesbian women and their families concludes the chapter.

The transition to parenthood

Marriage remains a universally recognised measure of social recognition for couples (Wilkinson & Kitzinger, 2005). The arrival of the first child within a married relationship was originally described as a 'crisis' or 'critical event' by Le Masters (1957). A study by Hobbs and Cole (1976) suggested that the word 'crisis' be referred to as a 'transition', which for the most part now appears as a term within current literature. However, regardless of critique of these earlier foundations, the transition to parenthood is a challenging time. In the last 20 years it has been accepted that the transition to parenthood brings an "avalanche of change" which disrupts the balance of the dyad (Petch & Halford, 2008, p. 1126). Lawrence, Cobb, Rothman, Rothman and Bradbury (2008) stated that planning of the pregnancy appears to offer some protection from decline within the relationship. Yet despite pregnancy planning, relationships still experience deterioration once a child is born.

According to Coast (2009), cohabitation has been of great relevance in recent years, as it is one of the most significant union changes to occur. This has occurred alongside the rise of divorce, the delay in having children, and increased numbers of children being born out of marital relationships. As Carlson, Pilkauskas, McLanahan and Brooks-Gunn (2011) suggested, cohabitation, as either a precursor or an alternative to marriage, means that large numbers of children are now being raised by cohabiting parents.

Significant changes to the couple

In the transition to parenthood, Katz-Wise, Priess and Hyde (2010) discussed that gender differentiation becomes more pronounced post birth and roles change within the home. Parents become more traditional in their behaviour and attitudes. Amato, Johnson, Booth and Rogers (2003) suggested that in the last 20 years, working arrangements and gender roles appear to have changed, moving away from the more traditional model toward a more egalitarian approach. According to Koivunen, Rothaupt and Wolfgram (2009), challenges within the home environment relate to uneven work distribution, with women having the majority of the responsibility for housework. This in turn affects levels of satisfaction within the relationship. Craig (2006) stated that even for women who work full time within the more modern family structure, the brunt of childcare, household tasks and overall responsibility still lies with the mother. Heterosexual couples are also impacted by a number of significant changes. These include; changes in sleep (Medina, Lederhos, & Lillis, 2009; Orzel-Gryglewska, 2010), changes in sexual relationships (Pacey, 2004), postpartum depression (Burke, 2010; Pacey, 2004), and a decrease in the time spent together as a couple (Perry-Jenkins & Claxton, 2008; Perry-Jenkins & Claxton, 2011).

Recognising relationships in Aotearoa, New Zealand

For lesbian couples, their romantic relationships may be formed without civil sanction or legal recognition (Riggle, Rostosky, & Horne, 2010). In 2004 the *Civil Union Act* (2004) was passed in New Zealand to allow same-sex couples, as well as heterosexual couples, to join together in a civil union by way of formal ceremony and have this officially registered within New Zealand. Henrickson (2010) asserted that the use of the word "civil union" was chosen by the government as it was likely that the bill would be delayed if "marriage" was entered into the legislation (p. 41). Civil union/partnership introduction was seen as a step towards achieving equal rights and recognition for gays and lesbians (Harding, 2008; Walker, 2009). According to Henrickson (2010), the majority of lesbian, gay and bisexual people who participated in a large New Zealand survey indicated that they welcomed government recognition of their relationships. However, Beresford and Falkus (2009) argued that civil union partnerships are viewed as inferior to marriage. As Auchmaty (2004) discussed, debate also exists around the acceptance of partnership or civil union options by the queer community. This means that more widespread reform for gay marriage may not be pursued.

In a three year follow up in Vermont, USA, Balsam, Beauchaine, Rothblum and Solomon (2008) found that same-sex couples who had committed to each other in a civil union were found to stay together at a higher rate than those not in a civil union. Riggle et al. (2010) agreed that being in a same-sex relationship that has a legally recognised status is associated with significantly less distress and improved well-being than dating or being single. Yet according to Otis, Rotosky, Riggle and Hamrin (2006), legal recognition does not negate the effects of stigmatisation which impacts on gay and lesbian relationships. Shapiro, Peterson and Stewart (2009) found that lesbian mothers' mental health is also influenced by social and legal rights, and worry related to discrimination of their relationships and families.

Homophobia and stigma

Weinberg's (1972) definition of the term homophobia describes an irrational fear of gay people. Ahmad and Bhugra (2010) recently asserted that homophobia is not a true phobia and is more accurately a prejudice against gay and lesbian people; 'homophobia' is described by Walton (2006) as an anti-gay bias, which involves attitudes, and specific actions towards others. The term "heteronormativity" was devised by Michael Warner (1993). It refers to the institutional, social and cultural norms firmly embedded within society, which place heterosexuality as normal, and therefore natural. It regards homosexuality as outside of normal boundaries making it 'abnormal' or 'peculiar'.

Heterosexuality remains status quo, and therefore a desired social norm (Higgins, 2009). Kitzinger (2005) argued that heterosexuality is taken as both natural and normative, and reinforces the oppression of lesbian women. According to Herek, Gillis and Cogan (2009), most children are socialised, to some degree, with internalised negative stigma against homosexuals while growing up. Wickens and Sandlin (2010) argued that stigma is perpetuated in learning environments, including educational institutions. Greene (2009) stated that same-sex relationships are viewed by society as violating the boundaries of acceptable relationships, deviating from heterosexual relationships. Greene (2009) further argued that relationships between people of the same sex challenge these rigid boundaries of how gender is perceived. Therefore, that lesbian women face unique challenges when beginning and maintaining a family that heterosexual people do not experience, is relevant to this study.

Being 'out'

In the past, women attracted to other women faced enormous pressure on a societal level to marry a man and thus repressed their feelings for other women (Golombok, 2000). Subsequently many women lived lives as heterosexual women and bore children before coming out[3] as lesbian (O'Hanlan & Isler, 2007). According to Christensen (2005), lesbian women have been associated with the masculine, which can threaten perceived gender roles established in society. Mohr and Daly (2008) suggested that sexual orientation is often concealed by lesbians when they "pass" as heterosexual within society (p. 990), however, Smart and Wegner (2000) stated that the degree of outness that couples have has a positive impact on the couple relationship. Adding to this, Frost and Meyer (2009) argued that people who are more out to people who are not family members experience greater satisfaction with their relationships, as social support enhances couple functioning.

Lesbian women and healthcare

Gays and lesbians have higher rates of mental health disorder, self harm and suicide attempts (King et al., 2008) due to the effects of homophobia (Cochran & Mays, 2009; Cochran, Sullivan, & Mays, 2003; Kertzner, Meyer, Frost, & Stirratt, 2009; Lewis, Derlega, Clarke, & Kuang, 2006; Meyer, 2003; Meyer, Dietrich, & Schwartz, 2007). Risk factors for suicidal ideation and suicidal attempts among adolescents include gay, lesbian or bisexual orientation (Silenzio, Pena, Duberstein, Cerel, & Knox, 2007). Drabble and Trocki (2005) found increased indicators for substance abuse problems amongst lesbian and bisexual women. In addition, Weber (2008) stated that gays and lesbians who experience higher levels of homophobia are significantly more likely to use drugs and alcohol.

Yet despite these relevant health related factors amongst the gay and lesbian population, Markus, Weingarten, Duplessi and Jones (2010) suggested that health practitioners may be unaware of the lesbian patients they see. As Steele, Ross, Epstein and Goldfinger (2008)

[3] "Coming out" or being "out" are terms used to describe the developmental process whereby lesbians integrate their sexual orientation into their personal and social lives after recognising this for themselves (De Monteflores & Schultz, 1978, p. 59).

identified, women must make a decision about disclosure of their lesbian identity during their contact with health care providers while attempting to conceive, during pregnancy related visits, childbirth, and while parenting. Even if sexual orientation is disclosed, O'Hanlan and Isler (2007) discussed the concern that doctors may not recognise the lesbian woman as a potentially fertile woman who wishes to start a family; they may not provide adequate information or pre counselling.

For health professionals, being equipped to work with lavender families (Henrickson, 2005; Neville & Henrickson, 2009), or the lesbian-led family, is an important aspect of care. Phiri, Dietsch and Bonner (2010) discussed that cultural safety originated in Aotearoa, New Zealand, to address Maori consumer dissatisfaction within the health care system. However, De Souza (2008) described how cultural safety has since evolved in terms of its interpretation. It is now linked to social injustice and the processes which prevent marginalised groups from utilising health services. Neville and Henrickson (2009) suggested that nurses are working within a changing climate in regards to family structures, the inclusion of families within care planning, and what family means to different groups. It is therefore important for health professionals to have an awareness of the impact of heteronormativity and assumptions around parenting. Experiences of health care were explored in the current study in the pre-pregnancy, pregnancy, and postnatal phases of creating a family.

Conclusion

This chapter has discussed relevant background information regarding the research question. The transition to parenthood has been found as disruptive to dyadic functioning and linked to changes in relationship quality. Significant changes occur, which impact on the couple. The recognition of relationships in New Zealand was discussed in relation to the *Civil Union Act* (2004) and the impact of homophobia and heteronormativity on lesbian relationships was considered. Background discussion regarding healthcare for lesbian-led families was also presented. Chapter three presents the literature relevant to the transition to parenthood for lesbian couples.

Chapter III: Literature Review

Introduction

This chapter presents the literature relevant to the impact on the relationship in planned lesbian families. Empirical research is presented in relation to the transition to parenthood. Stability and conflict within lesbian relationships are discussed, as are lesbian-led families and their make-up. The impact on children in lesbian-led families is briefly considered.

Psychinfo, Cinahl, Ebscohost and Google scholar were initially searched, using key words such as 'lesbian' 'parent' and 'relationship' and 'lesbian family'. This search was refined through the combining of terms, for example 'impact', 'children' and 'conflict'. In some cases alternative terms were used such as 'same-sex' or 'lesbian-led'. Terms were also combined with 'New Zealand' to define geographical boundaries for literature. As the literature search progressed, specific journals were referred to, such as the Journal of Lesbian Studies and Journal of GLBT Family Studies.

The impact on relationships

Crawford and Unger (2000) reported an initial happy period in the heterosexual marital relationship following marriage. This is followed by a decline in happiness following the birth of the first child. As children become older and commence school or enter puberty/adolescence, marital satisfaction decreases further. According to Kurdek (2008), heterosexual couples show an accelerated decline in relationship quality following the birth of the first child, with another accelerated decline towards the end of the 10 year period surveyed. Doss, Rhoades, Galena, Stanley and Markman (2009) found that over an eight year period married parents showed a rapid decline in satisfaction within their relationship after the birth of their first child. A slower deterioration in relationship functioning was noted amongst couples who did not have children. Data collected before and after the birth of the first child and compared to a childless comparison group also found that parenthood accelerates marital decline (Lawrence, et al., 2008).

In an early study of relationship quality comparing queer and heterosexual couples, Kurdek and Schmitt (1986) surveyed 44 married, 35 heterosexual cohabiting, and 50 gay and 56 lesbian relationships. They found that married heterosexual partners reported the most barriers to leaving their relationship. Cohabitating couples (either gay, lesbian or heterosexual) were found to have the lowest dyadic attachment scores and gay and lesbian partners reported less social support than married partners. Overall, similarities between the couples were most obvious, with the main difference being that gay male couples were more likely to expect the other partner to be able to 'mind read'.

Danielle, Chartrand, Simard, Bouthhillier and Begin (2003) recruited 46 gay, 33 lesbian, and 42 heterosexual couples in a Canadian metropolis, and administered questionnaires as well as engaged in videotaped discussions related to an area of conflict. Similarly to Kurdek and Schmitt (1986), they found that overall there was no difference observed between the three types of couples. However, this study did not control for children at home, as a variable, which could affect couple communication. In contrast to these two earlier studies, Roisman, Clausell, Holland, Fortuna and Elieff (2008) found that in laboratory studies, lesbian couples participated together better, and more harmoniously, than heterosexual or gay couples.

Koepke, Hare and Moran (1992) conducted one of the few studies with 47 lesbian couples which focused on lesbian relationship quality and the transition to parenthood. The researchers quantitatively compared child free lesbian couples with lesbian couples with children. The findings indicated that overall, couples with children scored more highly in terms of sexual satisfaction in their relationships. However this study is unable to inform research regarding planned lesbian families as 15 of the lesbian couples with children had children from past heterosexual unions (Koepke, et al., 1992). A study of relationship satisfaction amongst women in faith (church) settings by Schumm, Akagi and Bosch (2008) found that lesbian respondents reported higher relationship satisfaction than heterosexual women. Twelve lesbian women were matched with a sample of 12 heterosexual women. Though the comparison was deemed to be not statistically significant, it was noted that lesbians in the study who had one child or none, when compared to heterosexual women with one child or none, had higher satisfaction scores.

Kurdek (2008) mapped data on a growth curve analysis for heterosexual couples without children, heterosexual couples with children, and gay and lesbian couples with no children over a 10 year period of cohabitation (n=95 lesbian couples and 92 gay couples). It was found that all four groups had differing growth curves. Heterosexual couples with children exhibited a significant accelerated decline until their eighth year and by 10 years had the lowest relationship quality compared to the other groups. Lesbian couples were found to have the highest relationship quality. Connolly's (2005) qualitative study of resilience in long term lesbian couples (over 10 years) found themes of relational balance, protection against stressors and the ability to rebound from stressors together. Couples in the study reported frustration with the viewpoint that their relationships were interdependent. They presented a unified front to others, while facing challenges from society on an ongoing basis. These facets of the relationship contributed to overall relationship satisfaction and longevity in the face of societal oppression.

Goldberg and Sayer's (2006) study was the first prospective and longitudinal exploration of lesbian couples relationship quality, in the transition to parenthood, for planned families. This research examined relationship quality in 29 committed lesbian couples, where one of the women was the biological mother of the child. The aim of the study was to quantitatively explore environmental influences such as social support, working habits and couple characteristics. Participants were asked about relationship quality characteristics one month prior to birth and three months post birth. Goldberg and Sayer (2006) found that conflict increased and love for each other decreased over the transition to parenthood, mirroring that of heterosexual couples.

Overall it is found that few studies have attempted to address the impact on the lesbian couple relationship once a baby has been introduced, hence the importance of this study. As Goldberg and Sayer (2006) point out, the transition to parenthood literature has been dominated by heterosexual middle class experience in regards to relationship quality change. Findings in relation to what assists heterosexual couples in the transition to parenthood within their relationships cannot be generalised to lesbian relationships as lesbian women have their own unique characteristics, such as the high valuing of being equal (A. Goldberg, 2010c).

Relationship conflict and stability

Kurdek (2005) stated that conflict in same-sex relationships is resolved better than in heterosexual relationships; lesbian relationships have been described as more empathic, egalitarian and satisfying than heterosexual relationships. Ussher and Perz (2008) found that during times of distress, such as during premenstrual tension, partners are able to provide support, as opposed to heterosexual women who report being misunderstood and may instead be pathologised during this time. Gay and lesbian couples tend to divide household work and paid work more equitably than heterosexual couples, even when they have children (Patterson, Sutfin, & Fulcher, 2004; Shechory & Ziv, 2007). Kurdek (2007) discussed that increased satisfaction is found within relationships where there is fairly equitable division of labour in the home.

Contrary to popular belief that their relationships are transient and uninvolved, most gays and lesbians prefer stable relationships (Danielle, et al., 2003). Unstable relationships in lesbian women are attributed to the same relational difficulties which all couples experience (Danielle, et al., 2003; O'Hanlan & Isler, 2007) and Kurdek (2006) found that lesbian couples have been found to disagree about the same topics that heterosexual couples do. Gay and lesbian cohabiting couples can dissolve their partnerships with fewer barriers than married couples face and therefore can leave unhappy unions with greater ease than heterosexual relationships (Connolly, 2005; Kurdek, 2004). Solomon, Balsam and Rothblum (2004) found that of lesbian, gay and heterosexual couples, gay and lesbian couples have much less family contact and social support from their families and partners' families, than heterosexuals; even those couples who entered into civil union.

Lesbian-led families

Despite discrimination, lesbian women have been able to express pride in the strength of their achievements and the diversity of their families (Perlesz & McNair, 2004; Perlesz, Brown, McNair, Lindsay, Pitts & De Vaus, 2006; Short, Riggs, Perlesz, Brown & Kane, 2007). The resiliency of lesbian parents serves to guard against the experiences of marginalisation (Lee, 2009). According to Hequembourg (2004), oppression and discrimination can influence lesbian women to form egalitarian relationships in their partnerships and in parenthood. This

influences positivity in the transition to parenthood. In a New Zealand study, Gunn and Surtees (2009) described several strengths identified by gay and lesbian parents. These included developing a broader sense of family for their children, as well as having an ability to create a family which recognises social diversity.

Reluctance in society to accept lesbians as parents relates almost entirely to their sexual identity and associated stereotypes (Wilde, 2007). As Berokowitz (2009) discussed, lesbian motherhood has been described as an oxymoron; the concept of motherhood being incongruent with lesbian women. Golding (2006) related that the lesbian woman must manage the societal emphasis which is placed upon motherhood, in a context where her sexual orientation makes her unsuitable as a parent. According to Wilde (2007), masculine traits that are associated with lesbian identity make lesbian women unsuitable as mothers in the eyes of others. Religious publications have referred to relationship breakdown, sexual promiscuity, gender identity confusion, and even sexual abuse of children as a concern for child welfare in relation to gay and lesbian families.

Yet Henrickson (2005) argued that queer parents are extraordinary in that they are so ordinary, and tend to be similar to heterosexual families. Johnson and O'Connor (2002) concurred that gay and lesbian parents and heterosexual parents are more similar than they are dissimilar. As Suter et al. (2008) described, lesbian families participate in normal everyday activities such as taking walks together, shopping, putting family photos up at work, and attending church. The main difference between lesbian families and heterosexual families appears to relate to the social pressures and stigma, and heterosexual dominance (H. Bos & van Balen, 2010; H. Bos, et al., 2007; Ryan & Berkowitz, 2009).

Impact on children

Parents may be concerned that by disclosing their identity to health professionals that their child will also suffer from the ill effects of homophobia (S. Weber, 2010). Parents identify protecting children from homophobic attitudes as being important (Perlesz, et al., 2006). However, according to Clarke, Kitzinger and Potter (2004), the fact that children may be

bullied as a result of their parents sexual orientation has long been an argument used to discredit lesbian parents within a heterosexist political and social context, and contributes to ongoing homophobia.

Patterson (2006) found that children raised in lesbian-led families are no more likely than children from heterosexual families to self identify as gay or lesbian. In a study of 21 young people raised by single mothers and 25 young people who were raised in lesbian families, Tasker and Golombok (1995) found that the children had a good sense of family identity, were socially capable and possessed good psychological well-being. Tasker and Golombok did not find an increased chance of children being homosexual, although they did find that children may be more open to experimentation. Cameron (1999) criticised this research arguing that the sympathies of the researchers had impacted on their findings. Schumm (2004) cautioned scholars and the judicial system heeding the research; since he believed that it indicated that children of lesbian and gay parents are more likely to be homosexual by way of the experimentation noted in Tasker and Golombok's research.

Wainright and Patterson (2006) found that adolescents raised in same-sex families were found to have no significant differences between measures of psychological well-being and self esteem or family relationships. The quality of the family relationships were more influential on the adolescent than whether or not the parents were same-sex. In Fairtlough's (2008) review of young people's experiences of growing up with a lesbian or gay parent (67 accounts taken from the United Kingdom, New Zealand and the United States), young people had rated the experience of growing up with their parents sexuality as being predominantly positive. The sample of young people made reference to homophobic attitudes which they encountered; however, some of these children had come from previously heterosexual relationships, encountering homophobia from their other (not gay or lesbian) parent (Fairtlough, 2008). Lowered self esteem is apparent in children who have experienced their parents divorce, but not in children who have been raised in stable lesbian households (Golding, 2006). Externalising problematic behaviours amongst children have been linked to conflict between partners and stress within the parenting relationship with the child (Miller-Lewis et al., 2006). In addition, Tolan, Gorman and Henry (2006) stated that interpersonal

violence impacts on couples well-being and their children and attributes to dysfunctional family relationships.

In spite of homophobic attitudes, children raised by lesbian or gay parents have been found to be as well adjusted as children raised by heterosexual couples, showing no difference in social adjustment and psychological domains (H. Bos, et al., 2007; Gartrell, Rodas, Deck, Peyser, & Banks, 2005; MacCallum & Golombok, 2004; Masterpasqua & Joseph, 2006; Tasker & Patterson, 2008).

Conclusion

A review of the literature suggests that lesbian relationships are more egalitarian in nature, but overall lesbians experience similar conflicts to heterosexual couples. Lesbian-led families strive to affirm the nature of their family despite challenges related to stigma. Literature regarding the impact on children found that children are well adjusted and that behavioural problems or poor self esteem is instead linked to violence within the home, separation or divorce. However, literature reveals a gap in relation to how lesbian relationships are impacted in the transition to parenthood, as the literature is dominated by research studies that report the experience of heterosexual couples. Overall, in the literature which addresses the transition to parenthood for lesbian-led families, the impact on the couple relationship is seldom addressed, therefore emphasising the importance of this study. Chapter four will introduce queer theory as relevant to the lesbian-led family. Within the research, queer theory is used as a lens to interpret and analyse the data, and explore the impact of the transition to parenthood on the relationship.

Chapter IV: Theoretical Framework

Introduction

Queer theory is the guiding theoretical framework underpinning this research. This chapter presents queer theory, its foundations and the recognition of oppression and normative, dominant societal structures that impact on lesbian relationships and their families. As queer theory has been partly influenced by feminism, the overlap of queer theory and feminism is described, as well as sexuality and gender. The relevance of queer theory to the lesbian-led family, and therefore to this research, is also presented.

The emergence of queer theory

Queer theory originated from work by Teresa De Lauretis (1991). De Lauretis had previously written extensively around feminist theory and lesbian studies. De Lauretis introduced the notion of queer theory in her work *Queer theory: Lesbian and gay sexualities*. She wrote of the hope for homosexuality to no longer be compared with heterosexuality, but to be developed in a vein where it can be regarded in terms of natural and stable sexuality. As Nordqvist (2008) identified, post structuralist and materialist feminism has developed an analysis of heterosexuality. Post structuralist works by Judith Butler, Michael Foucault and Jacques Derrida, have also informed queer theory and its development.

Post structuralist discussion of sexuality largely draw on Foucauldian understandings of the linguistic and cultural constructions. Foucault (1978) suggested that the homosexual person was no longer simply someone who participated in sexual acts, as historically suggested, but began to be defined in terms of those very acts. Prior to 1870, sexual acts between members of the same sex were sinful and forbidden. However they were not understood to define a certain kind of individual. Green (2007) argued that queer theorists have been keen to draw on Foucault's history of sexuality but, at the same time, have been less keen to embrace the analysis of the sexual subject. According to De Lauretis (1994), Freud's early explanation of sexuality is rooted in masculinity and the relationship between male and female sexuality. Therefore homosexuality has been associated with heteronormativity. The term queer theory was adopted in order to shed some of the displacement amongst gay and lesbians and unite them (Lovaas, Elia, & Yep, 2006).

The essence of queer theory

The word "queer" denotes strangeness or a sense of being other (Minton, 1997, p. 338). According to Dilley (1999), the word evolved as a substitute for gay and lesbian and encompassed people within marginalised groups, however Davis (2005) pointed out that due to the insistence of queer theory to be inclusive of all people, heterosexuals can also be identified under this term. Gamson (1995) stated that the term queer was associated with political movement and intellectual endeavour, which later called itself queer theory. Walters (2005) suggested that some of the optimism which is attached to queer theory lies in the openness of queerness to look beyond gender and embrace 'otherness' in this fashion. Unlike the terms lesbian and gay, the term queer does not identify sex or gender. Therefore, the emphasis is detracted from gender difference.

Identity, oppression, and social and group dynamics, can be viewed through the lens of queer theory (Watson, 2005). As Seidman (1995) suggested, lesbians have had to cope with the societal view of being deviant. Minton (1997) noted that, put simply, queer theory has emerged from the vision of lesbian women and gay men who sought to challenge their rights and freedom within dominant societal structures As Gedro (2010) stated, queer theory creates intellectual space whereby what is thought to be known can be challenged and explored. Meiners (1998) discussed that as a way of making sense of identity, queer can expose the construction of binaries of heterosexual and homosexual. Queer can also challenge the construction of gender and addresses issues that gay and lesbian theorising covers. Zimmerman (2007) highlighted that queer theory does not subscribe to the idea of fixed sexual orientation and allows for fluidity of identity. As Jagose (1996) pointed out, heterosexuality has been claimed as a natural state which requires no theorising, pathologising or explanation and simply 'is'. This contrasts with homosexuality which has been subject to theorising.

Henderson (2003) identified queer theory as a mode of examining the ways both sexual and gender difference are recognised and articulated. Importantly, the ideas of distribution of resources and power dynamics, figure in this definition. However, Dilley (1999) emphasised the distinction between essentialism and constructionism, in order to better understand queer theory. According to Jagose (1996), essentialists regard identity as innate and therefore

natural. Essentialists assume that homosexuality exists across time despite having a history of its own with an association of marginalisation. Essentialists believe that some people are born homosexual. In contrast, constructionists assume that identity is fluid and is affected by social conditioning. Combinations of the two positions, essentialist and constructionist, are often held simultaneously by both homophobic and anti-homophobic groups (Jagose, 1996). Taking a constructionist line, Foucault argued that homosexuality is a modern formation because, while there were previously same-sex acts, there was no corresponding category of identification (Jagose, 1996). Homosexual theory, whether essentialist or constructionist in nature, has enforced a view of homosexuality as a "condition of a social minority" (Seidman, 1997, p. 148)**.**

The overlap of feminist and queer theory

Queer theory continues to evolve. It is characterised by a number of different theories, all of which use the description of queer. For this reason, queer theory merges with other theoretical viewpoints, such as feminist theory, and its many earlier contributors (Jagose, 1996). Feminist theorists laid the groundwork for the emergence of queer theories (Watson, 2005). Queer theory emerged at a time of debate about the empowerment of those that were/are disempowered (Jagose, 1996). According to Jagose heterosexist structures repressed homosexual identity; heterosexist society privileges gender asymmetry, sexual reproduction and the nuclear and patriarchal family. This has implications for the current study, as lesbian-led families are viewed outside of these parameters. Jagose (1996) stated that the reclaiming of gay identity sought to overthrow the social institutions which discriminated against and pathologised homosexuality.

Prior to the 1990s, feminist ideology sought to challenge concepts associated with women's oppression (Zimmerman, 2007). Wilchins (2004) noted that feminists were typically portrayed as angry and domineering in demeanour. Feminism attempted to win equal rights for women. However feminism did not attempt to win the right to masculinity itself. This established gender delineation regarding mainstream feminism. Women in this feminist context could challenge male dominance but still remain feminine, which contrasted with lesbian feminism. Zimmerman (2007) further discussed the emphasis on lesbians being

women, as opposed to the emphasis on actual sexuality (lesbianism), which became lost in feminism. For this reason some lesbians have been drawn to queer theory (Walters, 2005), despite the fact that gay and lesbian studies have helped to shape the development of queer theory (Lovaas, et al., 2006). McLaughlin (2006) argued that queer theorists challenge feminists in their view of gender and patriarchy in the theorising of sexuality. In particular they criticise a perceived focus on female victimisation and ignore other sexual identities.

Gender and sexuality

Feminist work assumed that sexuality and gender needed to be explored together; however, gender took precedence over sexuality. This idea remained stable within feminism until a challenge was made by queer theoretical emergence (McLaughlin, Casey, & Richardson, 2006). Around this time HIV/AIDs became a growing issue for requiring resources, and the threat of right wing activism became more pronounced. Thus, the gay community banded together in the context of formation of gay and lesbian studies (Walters, 2005; Zimmerman, 2007). However according to Giffney (2004), gay and lesbian studies differ to queer theory; There are significant differences in lesbian and gay studies and queer assumptions about the nature of individual and collective realities. In addition, Lovaas et al. (2006) noted that there are questions around the fluidity of gender and/or sexual identity.

In contrast to feminism, queer theory primarily aims to continuously destabilise and deconstruct the notion of fixed sexual and gender identities. Therefore recurring themes of identity politics arise (Lovaas, et al., 2006). Judith Butler (1990) suggested that women perform in ways they believe they should due to the existence of social stereotyping. Butler's work is relevant to queer theory (Jagger, 2008; Jagose, 2009; Nordqvist, 2008). Butler's work highlighted the important role that heterosexual hegemony plays in the naturalisation of gender identities and power relations. It also sought to address the feminine and masculine constructs in society (Jagger, 2008). Butler argued that both sex and gender are a production of heteronormativity and thus a consequence of such (Lloyd, 2007). Like Jagose, Butler (1990) suggested that homosexuality was the derivative of heterosexuality, as heterosexuality is seen as normal. Thus the theorising of gender, sexuality and sexual desire is performative; women enact roles within their lives based on such (Nordqvist, 2008). Folgero (2008)

asserted that two women who choose to have children must involve a third party in the arrangement and thus a biological link is formed with this third person. Subsequently a challenge is made to the view of biology and genetic parenthood and the gender roles which accompany being male and female, which lesbian couples lack.

Wilchins (2004) stated that it can be difficult to address the right to express one's sexual orientation without engaging in accompanying gender issues. As Sedgwick (2005) discussed, gender is a dichotomized social production of male and female identities and behaviours. According to Valocchi (2005), danger lies in the binaries of heterosexual/homosexual, masculine/feminine, male/female. Queer theory attempts to challenge these associations through "deconstructing these binaries, foregrounding the constructed nature of the sex, gender, and sexuality classification systems and resisting the tendency to congeal these categories into social identities" (Valocchi, 2005, p. 752). Lesbian mothers are faced by an array of values society projects as related to "naturalness" (Folgero, 2008, p. 125). Bernstein and Reimann (2001) discussed the huge variation amongst queer in regards to a number of issues. These include preferences for relationships, whether same-sex couples desire children, or whether lesbians do not want to have children. This variation means that queer families challenge the family structures and gender behaviours. The differences are confounding for heteronormative expectations but may also pose challenges within the queer community itself.

Queer theory and the lesbian-led family

Queer theory has a place in the agenda of examining family, and the forging of social relations (Henderson, 2003), and as Minton suggested (1997), queer theory focuses on universalising issues within the context of sexual diversity. According to Valocchi (2005), the key components of instigating a queer analysis revolves around three ideas. This includes a) rethinking gender, sex and sexuality; b) rethinking gay identity; and c) performing identity, as well as rethinking power. These key components can thus be applied to the queering of families, as queer theorists object to statements that introduce or define any type of boundary. Therefore, according to Kirsch (2006), queer theorists would view the traditional

heterosexual/homosexual dichotomy as outdated. Valocchi (2005) confirmed that ideas of queer analysis are understood within the context of power whereby dominant sexual and gender taxonomies exist in order to regulate subjectivity and social life.

Conclusion

Queer theory is found to be a relevant and applicable theoretical framework which underpins this research topic and subsequent data analysis and discussion. As queer theory seeks to address the impact of heteronormativity and oppression, the relevance to the lesbian-led family is significant. Specifically, queer theory is relevant in exploring the impact of the transition to parenthood for lesbian women. In chapter five data collection and analysis is discussed.

Chapter V: Methodology

Introduction

This chapter introduces the qualitative methodology and data collection method suitable for the research. The use of self is discussed, as well as an explanation of the ethical considerations and recruitment process. Sampling and sample characteristics are described, and discussion of data saturation within the study. In conclusion, trustworthiness and the rigor of the study is presented.

The research question determines what method is chosen to investigate or explore the question (Wood & Ross-Kerr, 2011). A number of considerations need to be made with relation to design. These considerations can relate to personality, world view and skill of the researcher (Merriam, 2009). The research method chosen to best explore the research question for this study was a general exploratory qualitative approach.

Qualitative research design

Greef (2010) stated that the overall aim of qualitative research is to collect in-depth, rich data, which is then interpreted to gain an understanding of the phenomenon of interest. According to Polit and Beck (2010), in-depth data in qualitative research is usually collected from people who have first-hand knowledge of the phenomena being explored, through their real life experiences. Qualitative researchers are able to adapt inquiry as an understanding of the phenomena increases and be involved in the research process. The immersion of the researcher within the data (referred to as 'closeness' to the data) means that the interpretive process contains insightful conclusions, understanding and meaning from the participants who are "living" the data (Polit & Beck, 2010, p. 504). However, according to Hewitt (2007), qualitative research can be open to bias through the attitudes and conceptions of the researcher, particularly as researchers must draw their own conclusions from the data. For this reason, Polit and Beck (2010) considered the necessity of self awareness for qualitative researchers.

This study aimed to explore the impact of the transition to parenthood on the relationship in planned lesbian-led families. This required participants who had an in depth understanding of the topic which could be shared with the researcher.

DATA COLLECTION

The semi structured face-to-face interview

Qualitative research can be undertaken through a number of ways, including face-to-face interviews, focus groups, questionnaires, or field work. Interviews can yield rich data on topics of interest to the researcher, and a question guide during the interview is utilised (Annels & Whitehead, 2007). The sequencing of questions may vary from participant to participant but generally the same areas are covered during the interview. The setting of an interview is important; if it is relaxed and comfortable then this aids in the interviewing process (Holloway & Wheeler, 2010).

An advantage of face-to-face interviewing is that questions can be clarified, thus decreasing potential for misinterpretation. During interviewing I was able to clarify thoughts and feelings or anything I did not understand, for example the use of certain words, or when I was unsure if I had caught a specific meaning. Participants were also able to ask for questions to be rephrased if they did not understand the question, contributing to the rigor of the study. According to Rodgers (2009), the researcher concentrates on listening to the participants and uses gentle guidance to ensure that the relevant areas of the interview are covered. The guidance is required to ensure that the interview does not become conversation-like which can reduce the quality of the interviewing. I therefore aimed to guide participants through the interview using the preset questions I had developed prior to commencing interviewing (see Appendix A).

Disadvantages of face-to-face interviewing relate to social cues not being reflected in the eventuating transcripts. Results will always be partially influenced by the interviewer, whether due to body language or the way in which questions are asked. There is also a

potential for an imbalance in power between the researcher and interviewee (Annels & Whitehead, 2007). For this reason participants were encouraged to ask questions and give feedback to promote the empowerment of the participant. Face-to-face interviewing can involve a lot of time, and can be costly. The time and cost of travel involved in interviewing were factors acknowledged in the planning stages of the research were considered in identifying an approximate number of participants.

Self disclosure and the use of self

As discussed by Thomas, Aimone and MacGillivray (2000), the heterosexual orientation of a researcher within the field of queer theory could potentially hinder examining queer topics. La Sala (2003) stated that queer researchers are able to enhance the way they gather data through the shared understanding of sexual orientation. According to Allen (2010), the emergence of queer theory within research has helped to inform discussion around where heterosexual researchers can contribute to research areas in the domain of queer. Almack (2008) argued that the researcher needs to consider what they do not want to reveal about themselves. Almack (2008) related this to the obligatory coming out process to which researchers may be subject. As Allan (2010) suggested, being within a shared group can enhance rapport and the exchange of information between the participant and researcher which was found to be helpful in this research.

My position as a lesbian woman was made clear to all participants prior to commencing their interview. This was partly informed through my own sensibilities around what would feel most comfortable for me as a lesbian woman being interviewed, and partly informed by literature on this topic. Following the interviews many participants commented on my sexual orientation and its effect on the interview process. Some made comments to the effect that they thought I was potentially ‘straight’ so therefore the identification of my sexual orientation had been helpful in making them feel more confident. Two participants specifically commented that this had been important so that they would not feel judged about their families and experiences. This increased trust, and therefore enhanced the richness of the data.

Ethical considerations

The research was approved by The University of Auckland Human Participants Ethics Committee (Appendix B). Care must be taken in research to protect the rights of human participants (Houser, 2008). Participants were provided with information outlining the purpose and title of the study, the method of data collection and the expected time allocation for the research. The initial approach to participants was made through advertising (Appendix C). Potential participants had the choice of contacting the researcher for further information.

Consent was checked at several stages throughout the process of initial recruitment through to the data collection and analysis phase. This was achieved through verbal communication, emailed communication and the written Consent Form (CF) (Appendix D). Information about the risks and benefits of the research were outlined in the Participant Information Sheet (PIS) (Appendix E) and participants were given the opportunity to ask questions about any aspect of the research where they required more information at the beginning and end of each interview.

Approximately half an hour or more was spent with each participant at the conclusion of the interview. During this time, participants were given the opportunity to debrief informally and ask questions if they wished, which some participants did. At conclusion of the interview, counselling service contacts were available to participants should they wish to discuss any personal discomfort raised in the course of the interviews. Participants were informed as to their right to withdraw their data until July 2011. One participant withdrew prior to interviewing as she was relocating at the time the interview was scheduled.

In order to maintain confidentiality, participants were allocated pseudonyms by the researcher which were used in all data collection and transcriptions. Confidentiality of participants was maintained by also excluding the names of participants' children, their partners, or age and cultural specifics.

Data were stored on a password protected computer and only viewed by the researcher and her supervisors. A copy of the written data including consent forms and appendices were lodged with supervisor at The University of Auckland for storage in a locked filing cabinet for a period of 6 years.

Recruitment

Advertising was placed on the Rainbow Families [4] web forum, The Women's Centre Facebook page and website, with the contact person at the Women's Centre also sending out an email to a selected group of contacts. The advertisement was also placed on my own Facebook social networking site which could be viewed by contacts and as part of a 'newsfeed'. The advertisements were removed within the first week of having been placed, as there had been 14 responses to the initial advertising.

Sampling

Women who identified as a) lesbian and b) had been in, or were in, a lesbian relationship where they had chosen to have a family together and conceived through artificial insemination were invited to participate. The intended sample size was eight to ten participants. Within four days 14 people responded to the advertisement. This included four respondents who had also replied on their partner's behalf to say that their partner would be interested in participating too. This issue was discussed with my supervisors and it was decided that given the response rate, just one partner should be interviewed from each couple. Once this was explained, this decreased the number of participants to ten. One participant did not indicate further interest after being sent information, and one participant was unable to be interviewed after the interview dates had been set. Therefore, in total, eight participants were interviewed.

[4] An organisation which promotes connections between queer parents, their children and families.

Participant characteristics

All participants identified as Pakeha/European/Kiwi or European Kiwi and one as Australian Pakeha. Several participants had children of mixed Maori and Pakeha descent, as donors had Maori heritage. All women had completed university study, six women to a Diploma level or higher and two of these women had a Master's degree. Participants were in the early 30's to late 40's age group. They lived in or around three of New Zealand's major metropolitan cities in the North and South Island. Of the women interviewed, two were non-biological mothers, and six were biological mothers, with one of those six women also having been a non-biological mother. The age of the participants children ranged from 9 months to 12 years old.

Process

After making contact with the researcher via email, participants were forwarded information sheets and encouraged to ask any questions about the research. CFs (Consent Forms) and PISs (Participant Information Sheets) were mailed out in the post and returned via post. Once participants had confirmed that they would like to be involved in the research, dates and times were set for travel to each location in New Zealand. Participants were reimbursed for their time with a $20 petrol voucher.

I travelled to locations around New Zealand to complete the interviews. Participants were encouraged to choose the location which was a quiet place with minimal distractions. Most participants were interviewed at home, and one was interviewed at her workplace. Of the interviews that took place at home, sometimes partners and children were at home also. This meant that I was able to interact briefly with children or partners prior to commencing, or at the completion of, the interview. This was valuable in gaining rapport with participants to enable collection of rich data (Annels & Whitehead, 2007). Participants could tell me what they felt was important in addition to responding to questions. They were also offered free time to comment on anything they wished prior to concluding the interview. With the permission of the participants, all interviews were recorded using a digital voice recorder. The audio recordings were transcribed verbatim allowing for qualitative analysis to be completed.

Data saturation

Data saturation is a term used to describe the point where researchers feel they are gaining no new information through interviewing (Nagy Hesse-Biber & Leavy, 2011). Assessment of whether data is saturated relates to whether it is thick and rich and repeats itself; known as data replication (Morse & Richards, 2002). Rich data was evident throughout the interviewing process. The data from interviewing began to replicate in some areas after three interviews and continued to be replicated throughout interviewing in most areas.

DATA ANALYSIS

A general inductive approach was used to analyse the data. According to Thomas (2006), the purpose of the inductive approach is to allow research findings to emerge from the collected data without the restrictions that can be associated with a specific methodology. Each interview was transcribed verbatim. During the process of transcription notes were made of key ideas or thoughts relating to each transcript and filed alongside each transcript.

The interpreting of qualitative data means that the researcher must spend time reading and rereading the transcripts of interviews. The creation of categories then occurs, whereby interviews are read closely and pieces of text are assigned codes (Speziale & Carpenter, 2003; D. Thomas, 2006). I reviewed each interview transcript and copied and pasted text to a separate document and assigned with a code. Each interview had between seven and 17 codes assigned to it. Interview transcripts codes were then written up into a list of numbered codes for easy reference. All codes were then merged together into a list of 92 different codes. The 92 different codes were then placed into nine categories with their corresponding codes. Through processes of reorganisation, and further analysis, data was further refined. After a period of time these were converged into three main themes with subthemes which will be presented in the following three findings chapters.

TRUSTWORTHINESS

The concept of trustworthiness was developed to evaluate the rigor of qualitative research (Rodgers, 2009). Trustworthiness has evolved from work by Lincoln and Guba (1981, 1985) and consists of credibility, confirmability, dependability and generalisability. Generalisability is discussed in chapter ten in relation to limitations of the study. Reflexivity is also an important part of rigor and is discussed in this section.

Credibility

Credibility relates to confidence in the truth of the data, and addresses the concern of whether or not it is reasonable to have faith in the results (Polit & Beck, 2010). The truth value of data and data analysis can be achieved in several ways. Where possible, the data should be taken back to participants to ensure accuracy, known as member checking. Participants involved in research are able to read and refine analysis to ensure it to be congruent with their experiences (Gillis & Jackson, 2002). For this reason, participants were sent copies of their transcripts post interviewing. Of the eight transcripts sent to participants five were returned; and one participant asked for specific identifying information to be removed from the transcript.

Reflexivity is important in all qualitative research and is associated with research credibility and confirmability. It relates to recognising and considering the impact of the researchers biases within the research (McCabe & Holmes, 2009), and to the intentional or unintentional influences placed upon research findings (Jootun, McGhee, & Marland, 2009). My supervisor assisted in challenging assumptions and encouraging the exploration of ideas in the data analysis phase. I kept a written journal of my process in the phases of data collection and analysis which track the changes that occurred during coding of data and the emergence of themes. This was updated in terms of new information or thoughts around specific ideas.

Confirmability (neutrality) and dependability

Meanings which emerge from the data need to be tested to establish how plausible they are. Two independent researchers should be able to agree about the emergence of meaning from the analysis of data (Gillis & Jackson, 2002). According to Holloway and Freshwater (2007), writing is not a neutral activity as it involves ideologies associated with the researcher's perspective, and can be political. Therefore, qualitative data can raise a number of issues given that analysis relies on the interpretations and individuality of the researcher (Moule & Goodman, 2009). To assess confirmability, an audit trail can be used. The researcher must be able to state their own personal values or assumptions, which were identified at the commencement of this research and detailed in the introduction chapter. These were also tracked in journaling through the audit trail. This could be viewed by another researcher to make explicit the findings generated in the data collection and analysis phases.

Dependability refers to how changes are tracked over time and whether different researchers can reach the same conclusions (Gillis & Jackson, 2002). Researchers need to ask themselves how dependable the results are (Speziale, Streubert, & Carpenter, 2010). The researcher is interested in determining the extent to which another researcher with knowledge in the field would interpret the same data.

Conclusion

This chapter has discussed the qualitative paradigm and data collection methods suitable for the research. The use of self was discussed, as well as explanation of the ethical considerations and recruitment process. Resulting data from interviews were transcribed and analysed using a general inductive approach. This produced a number of codes which were reduced to form categories and then organised into three different themes, with subthemes. These three main themes are discussed in the following findings chapters; *planning a family, impact of baby on the relationship* and *responses of others.*

Chapter VI: Findings

Planning a family

Introduction

The next three chapters present the findings from the data. Quotes from the data are presented and identified using pseudonyms to maintain anonymity[5]. Each quote is followed by the page number to indicate where this can be found in the corresponding transcript. Throughout the chapters, illustrative examples from the data are used to support the findings, followed by interpretive comments. The findings are organised into the following chapters: *planning a family*, *the impact of the baby on the relationship*, and *responses of others.*

This current chapter, *planning a family,* presents the findings in relation to two areas relevant to participants and their partners in starting a family; *considering* and *beginning*. The first section, *considering*, relates to the considerations that participants made in regards to planning their family, such as the relationship, the age of participants, length of time in planning the family, becoming pregnant, and financial expense. The second section, *beginning,* describes findings related to the forethought that went into participants actively planning and creating their families, which included finding a donor. At the time of the interview, six of the eight participants were with the partners they had planned their child/ren with.

CONSIDERING

The relationship and partner

Early consideration in starting a family related to the relationship itself. Participants described a sense of being ready as a couple to start a family based on their relationship being strong and loving.

> It was you know, easy, it was happy, it was a loving relationship... (Karen, p. 4)

[5] See P. 27

> I think it is [a stable relationship], I think. We really trust each other. (April, p. 4)

The use of terms such as "happy", "easy", "loving" and "trust", illustrated the considerations that were important in making the decision to start a family. These sentiments indicated a mix of emotional and practical components essential in their relationship. In addition, the assessment of the participant's partner, as a suitable parent, figured in the early stages of considerations for starting a family. As Leah described:

> I just felt that she was a really great partner, I really looked at her to see if she would be a good parent....'cos of my past, I just would not want anything to... the child to be subjected to anything that I wouldn't agree with. (Leah, p. 3)

Leah's description relates not only to a readiness for herself, but a readiness in terms of her partner being assessed as trustworthy and a safe prospective parent. However, not all participants found the decision to have children an easy one. Several participants found that the decision needed negotiation or discussion within their relationship:

> My [partner] was way more into wanting to have children at that stage than I was so that was something we negotiated, spent quite a lot of time negotiating. (Alex, p. 1)

> We talked about it for quite a long time before we decided we did want kids and in the end you know we discussed why we wanted them or not and in the end I sort of said well you know I think that if there's been times in my life where I kind wished that I'd taken opportunities and I don't like to feel remorse, I don't like the thought that I'm pining over something that didn't happen. (April, p. 3)

Alex and April both noted that part of the early stages of considering their partner's suitability included the ability to "negotiate" and discuss their individual situations and feelings. In addition to considering the suitability of their relationship for the entrance of a baby, the couple's commitment to the relationship was another important consideration.

Commitment

Suitability and commitment to each was important. Alex described the decision to have children as a "defining point" (p. 4.) in making a commitment to her relationship with her partner. Until the point of their first pregnancy the decision to have a child was a source of contention between them and was responsible for a period of rockiness in the relationship. The rockiness related to Alex's stance on what it meant to have children. The decision to have children ultimately meant making a commitment to her relationship, which had an impact on the meaning of their relationship:

> I had considered a future but, for me, when we made a decision to have children I made a decision to stay with [partner]. (Alex, p. 2)

The decision to have children was instrumental in Alex's decision to maintain her commitment to her partner, as was the experience for Rose and Laura:

> We made a commitment, just not geographically in the one place.... it was a huge process but that's how we planned the child. (Rose, p. 1)

> And then when [baby] was eight months we moved in together. (Laura, p. 3)

Laura had been in a committed and longstanding relationship for a lengthy period of time and had enjoyed living independently from her partner. However, after their baby was born, Laura's partner moved in with her in order to parent together. In contrast, Rose had made her commitment known to the relationship despite geographical boundaries, as her partner was at that time overseas. The commitment to the relationship was thus a foundation for continued planning for a family. After addressing commitment to the relationship, a number of other factors were considered in order to plan the family.

The decision to start a family

There were a number of factors involved in the decision making process, such as the length of time it would take to find a donor and become pregnant, and the participants' or their partners age. The issue of expense arose for participants conceiving through a fertility clinic. For the majority of the participants, the actual time it took to begin thinking and pondering the process of planning for a family and becoming pregnant, spanned several years; for others it was much longer. For some couples the waiting list for sperm donations through fertility clinics was two or three years. Participants spoke of the consideration of both their age and the waiting lists for treatment:

> We spent probably two or three years on the waiting list.... then we were interviewed and then there was another wait of say six months or so. (Karen p. 1)

> They don't hold much hope for older women getting pregnant really quickly or easily. So I would have gone on the waiting list for another two years and they said it was just too long. (Leah, p. 1)

With age and length of treatment being a factor in deciding to have a child, the "biological clock" argument was noted by several participants as being instrumental in their decision based on a physical urge or desire to carry a baby. This was inextricably linked with the

importance of being a biological mother. For Rose the "biological clock" meant this dictated her role as the first biological mother; as it did for Leah, also a biological mother.

> I've got that real desire to carry a baby. (Leah, p. 2)
>
> I had that absolute biological clock going off, screaming every morning and the alarm bells going off. (Rose, p. 2)
>
> I wasn't really sure if I could let it go or not. And by the time I was about 35 I think I started fertility treatment. It was either do it right now or... (Laura, p. 1)

The possible financial costs associated with conception through a fertility clinic also became a consideration:

> You really have to choose and decide, you really have to put everything into it. Otherwise you spend like a thousand freakin' dollars putting this sperm inside you for nothing. (Leah, p. 14)
>
> Your chance became so minimal that you'll conceive later on, and it's so expensive that it was then or not. (Laura, p. 1)
>
> They sold us this monitoring for the baby from seven to thirteen weeks... And then I rang up the obstetrician and he said that he monitors us from nine weeks so we kind of wasted that money. They sold us something on our fear. (Leah, p. 16)

The added cost of baby monitoring in the early stages of pregnancy was another expense for Leah and her partner. Leah described being "sold something on our fear". This description refers to the desperation that Leah and her partner felt in attempting to get pregnant after a lengthy process, where her age was also a factor. Thus, Leah was willing to do anything, or pay any amount, to ensure her pregnancy was successful and well monitored; however this was perceived as an exploitation of her need to have a baby.

The factors relevant to starting a family had a bearing on the decision making process and were critical considerations for the couple (including the length of process, age, and financial factors). With these things taken into account the couple were able to move to the next phase of starting a family: *beginning*.

BEGINNING

Creating a family

Participants recognised that unlike some heterosexual couples, creating a family was a conscious decision for them.

> I guess that's one of the really obvious differences between a heterosexual relationship where children can happen without people knowing about it or wanting it. (April, p. 2)

> I mean like in the heterosexual relationship you're together for like four years and then you get married and have babies, or just have babies you know. But it's not really like that with lesbians. (Leah, p. 14)

An immense amount of discussion surrounded the negotiations in deciding how to have a child and the associated expectations. The intention to have children had either been clearly stated from the outset of the relationship, or naturally evolved in the relationship.

> I said, I want to have a family, if you're not wanting to go down that track then it's probably not gonna be the right relationship, for her. And she said yep, that's something I'd consider. (Rose, p. 2)

> I said one day, oh my gosh I'd really love to have a baby. And then it was like, so did she. (Leah, p. 1)

Once the intention was made known, the relationship itself was then examined with attention to the exploration of ideas relating to creating a family. The essence of beginning a family in a planned fashion appeared to create opportunity for forethought around issues related to biology, parenting and the couple relationship. April was aware of this preparation phase:

> You know there's a lot of preparation, it's quite a weird thing to have to look outside your relationship to have a child, it's weird you know, it just doesn't occur to you until you go to do it. (April, p. 2)

Here participants described the process of exploring what they foresaw for their child in creating a family:

> So they were gonna be called the donor dads. No, not even the donor dads. Or biological father. They were gonna be called the biological donor or uncles, they were gonna be the special uncles. (Leah, p. 15)

> We didn't really want him to father or parent but we wanted [child] to know him and be more of an uncle, come over on the weekends take him out and play, bring him

> back, and not have to deal with this hard stuff, or make those long term decisions about education and all the rest of it. (Rose, p. 1)

As illustrated, participants had strong preferences for creating their family. In Rose's case, the level of donor involvement was discussed and terms for the donor fathers were specified prior to conceiving. April shed light on the length of time surrounding their decision making process:

> Well if we are going do this, how are we going to do this, what do we want to look like, how do we want [baby] and her donor father be engaged with each other, like do we, we want it and all of this kind of stuff. It's an incredible amount of negotiation and discussion and sort of frame work sort of stuff gets done and that's even before you go and start to talk to people about it. (April, p. 2)

Both Rose and April demonstrated control being maintained by the couple in regards to their relationship with the donor. The impact of the donor's involvement was acknowledged as having potential to impact on their relationship. April explained the amount of "negotiation and discussion" that was required before approaches were made to a donor. The couple needed to re-affirm their relationship as the basis for their child raising and negate fears around donors becoming too involved to usurp their position of being parents together. The ideas explored in planning a family were complex and forethought around a number of issues was apparent. One of the major considerations in planning to become pregnant was around the procuring of a suitable donor.

Finding a donor

Attempting to identify and negotiate a donor, whether known to the couple or anonymous, was a key step in the process of creating a family. The couple needed to unite in their search for a donor. For several of the participants finding a donor was a simple and relatively stress free experience; friends or acquaintances were willing to donate.

> Friends brought it up on our behalf and that's how we actually found our donor. (Rose, pg. 1)

> In the meanwhile we spoke to our donor and his wife and they said yeah, no worries, we'll give you some [sperm]. (Natalie, p. 1)

> We chose to have children together and our friend, who is a good friend of ours, offered to be our donor. (Alex p. 1)

None of the participants had a co-parenting agreement with their donor. Of the participants who had used an anonymous donor, contact with the donor was limited and not parental in nature. In contrast to those who had found this relatively easy, many participants went through complex or lengthy negotiations in order to find a donor whom they were willing to attempt to conceive with. Some disappointments or setbacks were described by participants. These were emotionally difficult to contend with and could impact on the couple's relationship, as in Lila's case.

> And then his [donor] relationship broke up so he couldn't do it anymore. We found it so difficult to find him as a donor that she said she didn't want to do it anymore. Cos it was so hard. Well it was just a grieving process.... so we never talked about children again.... [partner] had a relationship with another woman and we split up for over a year. (Lila, p. 1)

Lila's description of her and her partner's grief and loss at losing their donor had a weighty impact on the relationship as they became distanced by the experience which led to infidelity. Laura and Natalie also experienced setbacks:

> We tried for a known donor. We actually met and agreed on a donor, and then his partner got cold feet about it really.... and he was very keen. I actually tried two or three times, to get pregnant... (Laura, p. 2)

> [Donor] refused to donate to me, said that it was a bit too weird cos we'd kind of grown up together... (Natalie, p. 7)

Laura identified difficulties in finding a known donor and the added complication of the donor having his own partner involved in the process and getting "cold feet". Natalie's relationship was impacted when the couple's donor refused to donate to her due to their childhood connection, but was willing to donate to her partner instead. Overall it seemed that finding a suitable donor was a complex process; although for a few, the process was relatively simple and straight forward. Once a suitable donor was identified and couples were satisfied, the process of conceiving could commence.

Getting pregnant

The process of conceiving was the next step in beginning a family. For some couples this was a difficult time:

> We just did all these cleansings and liver cleansings and you know, and I was just trying, I wasn't drinking, I hadn't drunk for like a year, and I stopped smoking... (Leah, p. 13)

> And then I tried to get pregnant again... we didn't actually end up getting pregnant. And I tried for two years I think... and that was really hard. (Lila, p. 7)

In contrast, some couples managed to become pregnant on their "first time" or almost immediately. Five of the eight participants interviewed had conceived their child/ren at home. Several participants spoke with both amusement and joy about the ease of their child/rens conceptions:

> And then we, we inseminated and I got pregnant the very first time, so it was all a bit of a shock. (Lila, p. 2)

> It happened really quickly. You know we were really lucky it worked out well for us. (April, p. 15)

The nature of artificial insemination, or self insemination at home, was explored by several participants who were challenged by others about this mode of conception. Karen spoke of her mother's attitude towards artificial conception not being "natural":

> And I said no it wasn't natural but you know, in the absolute biological sense, of the penis in the vagina and presumably that's how um, most babies are conceived, and that's true, it's not like that... (Karen, p. 16)

The dominance of the traditional mode of conception – male and female intercourse – was challenged by the notion that conception could occur through methods other than sexual intercourse. Lila pointed out the ease at which she conceived through using a syringe and a small amount of sperm, and the curiosity exhibited by her cousin about this process:

> Oh that's the thing, the really big thing, the sperm thing. Like how did you do that without a man? My cousin said well, how'd you do that. And I said, just with a syringe, I said there's I don't know, one million sperm in half a teaspoon, I said you don't actually need very much. And it was kind of really, for those heterosexual people, just took away everything from them. It took away absolutely everything because they, their whole importance, their whole being. (Lila, p. 15)

Lila described the sense that there was something taken from heterosexual people who had fundamentally made the assumption that children were conceived with a man. Lila's interpretation of this conversation, and other experiences of a similar nature (whereby she mentions "those heterosexual people"), reinforced for her that heterosexual privilege relies on

the fact that their children are conceived through intercourse and that challenging this assumption meant that a part of the heterosexual dominance or power was diminished. The ease of becoming pregnant through self insemination either at home or in a clinic was felt to have taken away a certain privilege or dominance held by heterosexuals.

Conclusion

Planning the family involved issues central to the relationship, such as the suitability of the partner to be a parent and the commitment to the relationship itself. It also involved practical considerations such as finding a donor and negotiating an acceptable level of donor involvement. The considerations required in achieving a pregnancy often involved extensive forethought and preparation, and for those who used fertility clinics, significant financial costs. Significant consideration went into the planning of the pregnancy; for the participants in this study no pregnancy was unexpected. In chapter seven, the findings related to the significant changes which impacted on the relationship after the arrival of a baby are presented.

Chapter VII: Findings

Impact of Baby on the Relationship

Introduction

This chapter presents the findings associated with the participants' transition to parenthood and the impact these changes had on the relationship. These included focusing on baby, being shattered, surviving, and changes in sexual relationships. Following on from these initials impacts came changes in shared leisure time and a loss of personal independence. The chapter concludes with findings discussing the prioritising of parenthood, mutual support, the appreciation for children and creating a family.

Focusing on baby

The focus on the baby was one of the most significant changes in the participants lives and their relationship with their partners. As this child involved much forethought and preparation, the extra attentiveness could be expected:

> [The baby] became everything really. We were both fabulous parents. And totally committed to that and all the joy was centred around [baby]. And I think that's why eventually our relationship floundered. (Laura, p. 3)

> One mother's bad enough and two... you've got 'smother mothers', definitely. (Rose, pg. 7)

The sense of responsibility that came with having a child was important; perhaps explaining the necessary focus of the baby within the couple relationship. Participants discussed the addition of a child in terms of the dependence upon themselves and the realisation that they were wholly responsible for their child's well-being:

> Responsibility. Having this unbelievable responsibility for something other than yourself that is not your relationship. (April, p. 5)

> It was really significant to me in terms of my whole perspective on life actually. Like, because for the first time, I'm thinking about not just me, not that it was always just about me, but you've got somebody else in your life who is completely dependent. On you and your partner. (Alex, p. 5)

> I mean, you know, when a baby comes along... hello, you just can't focus on each other, you just can't. (April, p. 5)

The switch in focus in their relationship and the added responsibility for their child, as well as possible sleep deprivation, left little room for individual or couple pursuits. Being responsible for a child meant that the participants were unable to focus on their relationship which suffered when participants reported being extremely tired and shattered.

Being shattered

Being shattered related to the effect of tiredness and fatigue participants experienced. The impact on the relationship was extreme, and noted as being a significant change for the couples post birth. Being shattered had an impact on the participants health and well-being and social functioning as a couple. The demands of breastfeeding, juggling work and childcare, as well as the basic running of a household, meant that participants and their partners were often in a state of exhaustion:

> I just function on no sleep, you know, getting up four or five times a night... (Leah, p. 4)
>
> So [baby] would have all his milk during the night and I'd sometimes go to work without having any sleep. Like being awake all night. (Alex, p. 6)
>
> Somehow we stumbled our way through that first little while. But as I say, you know, she [toddler] would get up in the night as well and [baby] was a new born baby. (Karen, p. 6)

Several couples had to contend with other unforeseen circumstances, such as their child being very ill or becoming ill themselves, either physically or mentally. Several participants had had experiences related to depressed mood, postnatal depression or serious physical illness. A number of participants reported that these circumstances impacted on their relationship and added an additional layer of complexity to the couple and family functioning:

> I was absolutely flat on my back for two months [due to illness] and still not really able to sleep. [Partner] was great she really stepped up and did quite a lot of the nights, but it got to the point where she needed to sleep to so we needed to juggle, both needing sleep. (Rose, p. 5)

Lila had a sick child which meant both she and her partner was often up frequently over night. Leah described her struggle with postnatal depression and anxiety on top of her exhaustion and the resulting reliance on her partner which impacted on the couple:

> Before I went on the pills I was just anxious all the time and I felt like I was being fake, like fake enjoyment. (Leah, p. 5)

> If [baby] was asleep I'd be thinking [baby] was sleeping too long, and if [baby] was awake I thought she's never gonna go to sleep, or if she was crying I wouldn't be able to stop her. It was really irrational, the extent of it. And so [partner] was home like eight weeks I think, which was really fantastic, but it put me in a false sense of security because she would get up with me you know in the middle of the night….when she went back to work I really fell apart. (Leah, p. 4)

Leah described an overwhelmed state whereby she struggled with her adaptation to parenthood; a struggle that intensified after her partner returned to work and, she "fell apart" and was diagnosed with postnatal depression. This had a major impact on the couple.

April and Rose also felt the impact of their adaptation to parenthood, feeling "depressed" and "loopy" at times:

> I remember just feeling really depressed and feeling I just can't cope with this and holding [baby] and I'd been holding [baby] for a couple of hours and I just didn't want to be there, I just didn't want to be with [baby]. (April, p. 8)

> I felt like I went a bit loopy for a while. (Rose, p. 7)

The effect of being shattered impacted on both the relationship as well as individual functioning. Other complicating factors, such as sickness or financial difficulties, were significant during the transition to parenthood. Sleep deprivation and the demands of running a household in this exhausted state impacted the couple relationship creating communication difficulties, arguments and changes in sexual relationships. The change to their focus in their couple relationship and the baby becoming central, destabilised couple functioning and cohesion. Rose and Natalie described the interplay between sleep deprivation and the relationship:

> It's actually had a huge impact on our relationship 'cos we get up in the middle of the night, we're stressed trying to get [baby] back to sleep, and being sleep deprived ourselves, can have arguments in the middle of the night. Over nothing. Just that we're tired, and we're frustrated that [baby] won't sleep... (Rose, p. 4)

> And we were talking about our relationships [with friends]'cos they've got kids the same age as ours. And we were kind of joking round, 'cos we've just said to each other, right our relationship is on hold because it has to be. 'Cos we're just too knackered for anything, we're in bed for 8.30 at night usually. (Natalie, p. 12)

Lila spoke of the changes in communication due to the state of exhaustion and feeling shattered:

> I think that changed [communication] 'cos you're just too tired. I think you're too tired... I think we were just living in this zombie, this zombie land actually. (Lila p. 8)

> Take no shit, take no hostages [laughter]... and as a breastfeeding mother, breastfeeding for as long as I did and just being absolutely tired and exhausted constantly, all those hormones are coming through and you become ruthless. (Rose, pg. 5)

Rose acknowledged the role that hormones played which led her to be "ruthless" which added strain to her relationship with her partner. The tiredness associated with caring for baby took its toll on the couple relationship. The majority of participants reported being exhausted and therefore focused on getting through each day as a form of "surviving".

Surviving

With the participants exhausted state of mind, they reported the sense of "surviving", or going through the motions. This is where the practical components of daily living were focused on getting through difficult periods, such as sleep deprivation and its resulting impact on the couple's enjoyment:

> I sort of remember that time as like, just surviving. Going through the motions to just survive (Alex p. 7)

> In those hard times, I think we said well this is what has got to happen today.... you can't overcomplicate it, you just have to get through it. (Lila, p. 8)

> So we just said right, for the next two or three years, probably next three years we're just gonna have to get on with things and do the best we can. (Natalie, p. 12)

Difficulties associated with exhaustion were sometimes related to the way in which couples shared their roles in terms of staying at home or working. For parents who were working, the demands of attempting to attend to baby throughout the night and then functioning at work all day was extremely wearing. Several mothers who were biological parents were breastfeeding through the night and working during the day. Other parents chose to get up alone during the

night to enable the other parent to work during the day; thus becoming entirely exhausted themselves:

> I mean, it's hard when you're right in it. But now, when I think about it we'd just didn't really sleep much, for about a year and a half. We had turns I think, we had turns at having a night each or something. And, so you don't sleep and then you've gotta get up and look after children and work, so I think the thing that often becomes neglected in that time is focusing on your relationship. Because priority becomes getting through the day. (Alex, p. 9)

> I can totally understand now why sleep deprivation is a form of torture. Cos it really was hell. And it's tough on the relationship. (Rose, p. 7)

The notion of survival was based on what one participant described as a non specific sense of foreboding about the change that becoming a parent had for her:

> You know I had a feeling and you know, I must admit when we decided to, to have [baby] there was a part of the me that thought oh this is gonna be big and this is gonna be hard. And you know, apart from that kind of feeling of a part of this is going to be dreadful, in that way you just don't know what its gonna be like. (April, p. 7)

> I don't think we really realised how tiring, how tired we would be. (Lila, pg. 6)

Surviving to get through each day was associated with constant deprivation of sleep. This inevitably impacted the couple relationship in a variety of ways, including their sexual relationship.

Changes in sexual relationships

The transition to parenthood had an impact on the participants sexual relationships due to being shattered and exhausted, the central focus on the baby, the new parental relationship and its associated responsibilities.

> We're so focused on the kids that all our energy goes into the kids. We don't want that to change at all. And we kinda figure that they're more important than this, that at this stage. Yeah cos we want them to be as happy as possible. And we're pretty happy.... But we've just kind of come to the conclusion that we'll just grab moments when we can. But actually they're very few and far between because we haven't got the energy or the space to do it. (Natalie, p. 12)

> Our sex life dwindled, you know I was just so sick, and then after the baby it has been a bit slow to get back into it because I've been sleeping with [baby] you know, like it just isn't as much as we used to have but you know, that will change, and that's fine it hasn't decreased our, the happiness in our relationship... (Leah, p. 3)

> ...cos that [sexual relationship] has been on hold for six million years and that's cool cos well it's alright we are rocking along alright. So who cares, and there's part of me that's like well if it's not broken, don't try [to] fix it. (April, p. 12)

Due to the shattered and exhausted state that the participants occupied, maintaining a sexual relationship was low on their agenda in terms of importance and prioritisation. As April noted "if it's not broken, don't try [to] fix it." April appeared to accept this situation for what it was without pushing for change within the relationship and therefore it appeared to minimally impact on the relationship. The arrival of a child often made sleeping arrangements difficult; some parents slept alongside their children in another bed, and sometimes in separate bedrooms so as not to disturb their partner. Overwhelmingly participants reported that the change in sexual relationship was due to the focus on the child and the focus on raising a family taking precedence over the couple, which resulted in decreased leisure time.

Decreased leisure time

The necessary focus on the child meant that several areas of the couple relationship were neglected. In particular, the lack of quality or leisure time to spend with partners was apparent. Participants generally spent their time with their child/ren and thus lacked time to engage in pleasurable activities with their partners:

> We didn't have a lot of time, for ourselves. Like out time. You know, holiday time or night time. I suppose we were grumpy. (Lila p. 7)

> Going to the [gay/lesbian event] last year was such a mission with a baby! (Leah, p. 7)

As for many parents, the participants reported that the logistical nightmare of organising a day, or evening out, and obtaining a babysitter, was difficult and challenging, particularly when they reported higher levels of fatigue.

A number of participants made a conscious effort to arrange time with their partner alone, and this became easier as children were older:

> And I think, that's part of why I didn't wanna go out sometimes, is that, it's so hard you know, you've gotta pack for, pack that bag up and wear it on your back. (Leah, p. 7)

> Like we can't just go on a date. We have to plan it, someone to take care of [baby], and we're lucky cos we've got quite a good network of friends. (Rose, p. 5)

> So you can't go out and when you've got a sick child you can't sort of ask someone to babysit for you. Unless they knew [child] really well. (Lila, p. 7)

Typically the first few years were especially difficult for participants, both emotionally and physically, to leave their child while they attempted to work or spend time with their partner. Rose discussed her emotional and physical reaction when she was away from her baby in order to spend leisure time with her partner:

> Cos I'd just be away from him and be constantly thinking about him... being away with breasts filling with milk constantly and just having that kind of burden and reminder. (Rose, p. 10)

The impact on the couple relationship related to decreased leisure time with each other, and the loss of individual time for leisure activities such as sport or exercise. The responsibility related to the focus on the baby changed the way in which couples were able to socialise and engage outside of the family arena. The loss of personal independence was noted as significant change.

Losing my freedom

The loss of personal independence, or "freedom" was noted as significant by several participants, despite literature reporting that lesbians enjoy egalitarian relationships and thus are less confined to the home. The change in personal freedom related to altered roles within the home environment, as well as the way in which participants were refocused following the birth of their first child:

> We'd talked about going overseas and that sort of thing too and when we considered that, there's almost a sense of freedom. I didn't really imagine going overseas with two small children. (Alex, p. 4)

> So that was a big change. Having to deal with that. Being at home and being a housewife, I suppose you could say. Having a fulltime job with a child. (Rose, p. 3)

> A significant one [change] is losing my freedom. (Leah p. 7)

Both Lila and Karen noted the change in their identity relating to becoming a parent:

> I look at all my friends and they're qualified for this or they've got this career and I think... what have I been doing for the past [number of] years?... I've been looking after [child]. (Lila, p. 10)

> I think I was really ready to be a parent. And so really, absolutely wanting to do everything for my kids, lay myself at their feet. And I think there has been the danger that you know, that I had lost my... sense of self... but... I'm not sure about it. 'Cos, there's nothing that I would change about it. (Karen, p. 10)

Participants also experienced a loss of social interaction with their partners associated with their new found responsibility. Participants could no longer easily engage in activities which were not conducive to raising their family. Leah discussed her experience of the change in social activities and her loss of personal independence, as well as her disconnection from her friends:

> I'd been able to go out and do whatever I wanted all those years and I really made the most of it. Like partying and stuff. And then I suddenly couldn't and it was a real culture shock. (Leah, p. 6)

Individual pursuits, such as exercise, were also more difficult to be involved in as focusing on baby left less time for activities:

> But I just stopped doing anything physical, and I just focused on [baby] and I didn't go to the gym or go for walks... (Leah, p. 12)

> You don't have the same activities and exercise focus, it sort of changes the dynamic too. Cos you just get more tired, and you're sicker and, just one thing leads to another. (Rose, p. 3)

Participants generally shied away from alcohol use as they realised that the responsibility of rising early in the morning to care for children was not conducive to the socialising they were used to. Participants took taking a mature approach to their parenting responsibilities:

> But that's been a bit of a challenge for me because I don't really want to go out and have these big nights and then not be very functional in the morning... (Rose p. 4)

The impact of the baby also led to some participants choosing different friends or developing alternative social groups. In particular, the gravitation towards other lesbian or heterosexual friends who had children, even in the time prior to giving birth:

> Like most of our friends now that we socialise with, also have children. So we kind of sought out other people in similar situations to us... (Alex, p. 11)

> There was a few of us who had babies, but my friendships have changed further towards them. (Leah, pg. 14)

Thus, the loss of personal independence changed the activities engaged in by participants, as they tended to move towards people in similar circumstances to themselves. The changes in socialising were taken for granted as participants were willing to make sacrifices and alter their activities for the sake of their children's well-being. As parents struggled to maintain their sense of self, the parental role was therefore elevated in importance.

Prioritising the parental role

The parental role, as the focus within the new found family, was acknowledged by all participants as being central and often more relevant than being a partner. Thus the focus of being a parent often overrode the needs of the relationship with their partner during the transition to becoming parents together:

> You become a parent, and that becomes all of a sudden your primary relationship in life... (April, p. 12)

> I mean, we just became really centred around [child]. So our weekends and our holidays and our activities... And it wasn't helpful. In retrospect, it wasn't likely to result in a happy relationship between [partner] and me. (Laura, p. 6)

The prioritising of parenthood was initially important and seemed to be most relevant in the early years of raising a child. Participants recognised the need to shift to a more equalised state of being a parent and a partner as their children were a little older. This has strong links to the concept of survival in the early days of having a child and needing to make sure that the daily and functional needs were attended to first; such needs faded as time progressed and children became more independent.

All of the eight participants commented on their feelings of distance or displacement, to some degree, in their couple relationship after having a child, or feeling overwhelmed at times by the demands of being a parent:

> We weren't pulling in the same direction really, we were going in different directions you know, so I was thinking well, yes I need to look after [partner] as well but obviously I wasn't giving [partner] the same amount of attention. (Karen, p. 6)

> There's probably more [conflict] around tiredness, day to day routine, living and that kind of conflict are thing that you can work through. (Alex, p. 8)

> If I say to [partner] oh my god I just wanna be anywhere else in the world right now than here, how she's going to feel about that I wonder.... but maybe.... she would have gone, yeah me too. (April, p. 8)

The effects of sleep deprivation and being displaced in terms of sleeping apart or having children getting into their parents bed in the night, meant that to some extent, participants felt disconnected from their partner:

> [Child] was in our bed at five o'clock this morning, you know, [child] got up and got into our bed. So you've got this kid wedged in between you, you're hanging off the other side. It's kinda pretty hard. (Natalie, p. 13)

> Just a disconnection, but not actually, so it's not causing arguments as such, it's just causing a feeling of being a little bit apart from each other. (Leah, p. 10)

April talked about the disconnection related to her partner breastfeeding their baby:

> They'd have a feed and then [baby] would fall asleep on [partner]... so in the end it became [partner's] job to be the walking bed and food machine... (April, pg. 9)

In order to overcome some of the obstacles couples faced, in relation to their relationship being dramatically altered by the arrival of a baby, support for one another became necessary for the couple to successfully navigate becoming parents together.

Mutual support

Despite the challenges associated with transitioning from a couple to parents, participants also reflected on the strength that this had added to their relationship with their partner. Six of the eight participants interviewed remained with the partner they had planned to have children with. The age of the participants' children ranged from nine months to 12 years old. The transition to becoming a parent meant that there were added strengths to the relationship which were developed and explored once the addition of a child had occurred:

> Cos you see each other when you're at your most vulnerable ever but also when you're at your most strongest. And through experience you realise you can get through some of the hard times. (Alex, p. 10)

> I kind of feel after I've had [baby] that I really... I kind of fell in love with [partner] more. (Leah, p. 11)

Mutual support had the potential to strengthen the relationship through the shared experience of parenting together, as participants expressed appreciation for one another:

> So she would spend an hour pushing the pram over an electric cord to get (baby) off to sleep in the middle of the night, if need be, without a second thought. (Laura, p. 7)
>
> I actually think that our communication has actually become better. (Alex, p. 10)
>
> Or sometimes I'm just at the end of my tether and she comes in and rocks her a bit and she puts her back into bed and I'm just "thank you". (Leah, p. 10)

Some participants noted that the support they provided to one another related to their ability to make time for their partner to engage in activities that they enjoyed before having a baby:

> The partner bit comes when you've got moments together, we can now afford time when [partner] can say look I really need to do something by myself Saturday morning can you just [and] I say yep, yeah cool. (April, p. 13)
>
> She just loves playing with [baby] and looking after her and she sometimes does the Saturday thing where I can go off and do whatever I want, you know, go get a pedicure... (Leah, p. 9)

Mutual support was an important part of maintaining the strength within the couple relationship. The appreciation of simple acts of practical or emotional support from partners was helpful for participants throughout the sometimes difficult days of making the transition to parenthood.

Appreciation for family

There was a clear expression of both thankfulness and appreciation for having had children added to participants' lives and families. The sentiments expressed by participants in regards to having a family were touching and conveyed deep appreciation for having had children and for the journey in becoming a parent.

> ... Feeling so privileged and lucky to have children. You know have these beautiful children. (Alex, p. 7)
>
> You know I absolutely love my kids.... I just feel very blessed, very thankful that I could have kids, that I did have kids. (Karen, p. 10)

> I'm actually privileged and I'm really lucky, and I really appreciate it [having a child]... (Lila, p. 11)

Lila spoke of this being a journey of discovery:

> I'd say that it was a really fantastic learning experience, a journey where you, where we both, or I, individually have discovered so many things... (Lila, p. 11)

Alex commented on her perspective of her partner giving birth to their baby. She describes the emergence of a child from her partner being almost transformative, and added to the sense of appreciation for both her child and partner:

> When [baby] was born it was amazing to me too, that my partner had produced, had had this child. Like on a purely physical level. Cos it is one of the most astonishing things in the world, amazing to me that you can have these beautiful babies! (Alex, p. 7)

Despite the difficulties sometimes associated with living as a lesbian couple and family, participants expressed that their families were "normalised" and thus not unusual within the context of society in their geographical locations within New Zealand. It became evident through interaction with participants that their families consisted of love, care and attention related to their children, partners, friends and extended family that would be expected of any family:

> The research says it doesn't make a whole lot of difference to the kids, as long as you've got the two parents there. (Natalie, p. 16)

This normalising was also related to the acceptance by their families, and their friends, as well as the normalising of the couple as a family through the linking to other lesbian-led families:

> They [other lesbian couple] kind of want their daughter and our daughter to have almost like a cousin relationship... they're really good mates, the kids, and we are as well. (Natalie, p. 9)

> [Partner] has a [sister] and she also has a woman partner. And they've also got children... that's what I mean about normalised. (Alex, p. 12)

Being faced with everyday events and participating in usual family related activities reinforced the status of the participants being part of a family whereby normal family life evolved around the care of children and the functioning of a family. This often involved the

mundane tasks associated with child care such as doctor's visits, as well as the more exciting attendance at birthday parties, and social and family involvement:

> This year for example, for [child's] birthday, we had a sleepover here for all the girls. (Karen, p. 11)

> So they'd take [child] to the park, or they'd buy him presents or they'd spend time with him, oh lets go and do this or Aunty [name]... or Aunty [name], who aren't his aunties, but when he was older he started going down there and knocking on the door, so he started build his own relationships up or started to have sleepovers with other kids, and that is the way, we, our family, became, was our friends. (Lila, p. 9)

> And we've got one friend who likes to come over and stay on a Saturday night and she'll get up to [baby] on Sunday morning and we get to have a little sleep in. (Rose, p. 5)

These activities all reinforced the idea that the family was centred around the healthy growth of much loved children in an environment where children were wanted and appreciated by parents. Efforts were made to include extended family and friends in family activities which normalised family in the wider social context.

Conclusion

Findings suggest that the intense focus on the baby can lead to feelings of distance and displacement. Participants reported suffering from sleep deprivation which impacted on the relationship by way of changes in communication and the increased likelihood of arguments. Sexual relationships also tended to suffer. Leisure time and time spent with friends changed, as did personal independence. Despite these challenges, participants expressed feelings of gratefulness for their family and it was apparent that their families were built on a foundation of caring and love with mutual support for each other being valued. Chapter eight reports on the findings regarding the responses of others in relation to the lesbian couples transition to parenthood.

Chapter VIII: Findings

Responses of Others

Introduction

This chapter reports findings on the responses of others during the couples transition to parenthood. The responses of friends, family and society are discussed, which include the heterosexualising the relationship, experiences of marginalisation, problems with donor boundaries, recognition of the non-biological mother, and navigating the straight world. Health professionals responses are also discussed.

Heterosexualising the relationship and family

Participants described frequently having to come out or disclose their sexuality to people in all spheres of life due to the assumption that they were heterosexual. All participants expressed some frustration about this needing to be included in their daily lives and emphasised the emotional energy required to come out to people on a continuous basis:

> Constantly yeah, it's really boring. But you know I'm [age] now, I'm used to it. Cos you know you have to come out everywhere you are, your work, wherever. (Natalie, p. 14)

> It's like your life is coming out. Its blimmin' exhausting isn't it? (Alex, p. 13)

> There's still that thing though that you always have to come out. It's painful and boring… (Leah, p. 16)

Couples faced challenges associated with being in a lesbian relationship; at an individual level and as a couple and family. More than one participants' narratives noted that some family, unidentified members of society, and some health care professionals (i.e counsellors), attempted to impose heterosexual modelling upon the couple. Laura recounted an attempt by a counsellor to fit her relationship with her partner into a typically heterosexual when they attended a counselling session together:

> She was just awful... she said "oh you're like the husband" and "you're like the wife"... "See I have a bit of trouble with my husband" she said. (Laura, p. 8)

The experience of being alienated in regards to Laura and her partner's true identity as a couple, and the attempt to heterosexualise their relationship, was unhelpful and insulting. Laura's example further highlighted the fact that although lesbian women may be open about their sexuality, heterosexual dominance impacts on both the individual and the relationship. This attempt to heterosexualise lesbian relationships or making the assumption of heterosexuality was reported by participants to varying degrees:

> They look to who is the man, the male role. I think that somebody said that to me, one of my friend's sisters' husband or something, you know like "who's the man?"... (Lila, p. 13)

> I think there's a few people that said a few stupid things like "what do I call you, I don't know whether to call you mum or dad" or something like that. That kind of thing. Real ignorant statement. (Alex, p. 12)

> But the other thing is that you get eunichified if you are a lesbian couple it's like well she's the aunty or the sister or the... when you became a mum you're nameless, you get all the namelessness, you're just a mum or I was like the nanny. But I think that when you have your partner with you, people turn you into a eunuch. They desexualise your relationship because it's just two women caring for a kid. Like I said it could be a cousin or an aunty or a friend... (Lila, p. 13)

As Lila described, the concept of having another relationship assigned to her by others, such as a sister or aunty, was a common experience. Here there is an assumption that her child has a father who is not present, and her partner who is present is, instead, someone other than an intimate partner. Lila described several key ideas associated with her experience of lesbian motherhood. The first being a de-sexualised state whereby sexual relationships are not associated with the role of being a mother. The second idea is another relationship which was ascribed to her by a group of children whom her partner taught at primary school; being her partner's "nanny" for their child. However, it was not all negative, as Lila also recounted how this perception of her being a nanny to her child was changed through the honesty of another teacher in this setting:

> All the kids used to think that I was a nanny, that I would bring him down to see her when he was little. I think that's what it was like, and the kids like that. And one of the teachers said "no, Lila's not the nanny, Lila's his mum. And [partner's] his mum." (Lila, p. 8)

The undoing of this misperception of these children, by another teacher at the school, meant that Lila's relationship was recognised and affirmed.

Experiences of marginalisation

All participants reported a little on their family background and how their families attitudes impacted on their sexual orientation and current family status. The dominance of heterosexuality was particularly evident in participants' views of themselves and their world. Although all of the participants were out as lesbian women, there was an acknowledgment that this minority status impacted participants to some degree. All participants had experiences in which they had felt marginalised or did not always fit in, due to their sexual orientation. For some this experience of marginalisation extended or even originated from their families:

> My mother had always kind of been "oh don't tell your grandmother, she won't know how to deal with it"... (Natalie, p. 4)
>
> I came out in the time of the law reform. And you know my father's in [city centre] marching you know to keep the legislation that keeps them mentally ill and "away from me thank you very much!". (Laura, p. 9)
>
> My mother was never awful about it but you know she was signing the petition in front of me... she said "yes but that's gay men. And they're disgusting"... [laughter]. (Laura, p. 15)

These experiences described by Natalie and Laura illustrated the attitudes held by parents regarding homosexual orientation. The effect of these early experiences gave Laura an awareness of her minority status and insight into the belief that male homosexuality from her mother's perspective was "disgusting". This was at a time when Laura was herself coming to terms with her sexual orientation. Her father viewed homosexuals negatively due to the belief that they were "mentally ill". The impact of these early experiences added to the views already prevalent within society, whereby differences in sexual orientation were largely unsupported. Thus minority status was affirmed, in this case, through the opposition to the legalising of male homosexuality in New Zealand. Feeling aware of difference due to sexual orientation was reported by several participants:

> And at [postnatal group] I just didn't feel like I could fit in, not at [postnatal group], at plunket group, our antenatal group....Oh they were just very straight young women… (Lila, p. 5)

> And very hard, you know I was 13 when I first realised I was lesbian. And it took me til 20 to be brave enough to tell anyone or do anything about it, um, and I've still carried a bit of that. And now I've let it go. (Laura, p. 9)

> Like I never thought I would have kids, I never thought I would have a, you know, a lifelong relationship with anyone, you know I didn't, it just didn't seem that the way they were setting it up was applicable to me. (April, p. 1)

April described the feeling that she did not quite fit in with heterosexual expectations in her early adulthood, and was aware that her feelings around having children and a lifelong relationship somehow varied to others. She stated that it did not seem as if the expectations within society were "applicable" to her. This relates to her feelings of being initially unclear about her sexual identity in late adolescence and the fact that the dominant discourse emphasised heterosexual marriage and child rearing, which April did not necessarily feel was relevant to her. Thus her awareness as a minority was highlighted as she felt that she differed in her perspective. She went on to realise, "oh I am attracted to women, oh that's what it is!" (April, p. 1). Ideas about creating a lesbian-led family therefore sit within a context of being aware of this difference and in opposition to the dominant discourse. A marked difference between a typical heterosexual couple and a lesbian couple also relate to the use of another person for procreation purposes – the donor. While some participants felt that their relationship with their donor was fitting and posed no concern to them, other couples had difficulty with their donor being involved within their family, as discussed in the following section.

Donor boundaries impacting on the relationship

Despite the forethought in creating a family, several participant faced challenges in maintaining acceptable boundaries with their donor. This led to tensions with their partner, or with other family members. For several participants attempts were made by their families, or in Lila's case their donor's family, to include the donor in the family as a possible male or father figure. Attempting to heterosexualise, or fit the participant into a pseudo relationship with the donor, impacted the couple relationship. Below Lila spoke of her experience with their donor's sister:

> She [donor's sister] was bringing food and she was really nice, but she didn't acknowledge [partner] as the parent and she kind of tried to make me and [the donor] as a couple. And actually I really didn't like it. And it happened for about two months until I had come out of my state of exhaustion, coma, and actually said to him, this is

> not how it is. This isn't working, [partner] is the person who's up in the middle of the night. (Lila, p. 3)
>
> He's [Leah's father] become obsessed with the donor dads. He just loves them... and he's brought back t shirt like 'I love my dads', I just love it, but he is really obsessed with the dads. And [partner] gets a little bit... [uncomfortable] (Leah, p. 15)
>
> Our relationships sort of pretty good, but we've had real ups and downs since then because I was in a position where I felt... it was a real strange situation to be in, you've got [partner] the birth mum, mother, we've got [name] who was our donor and me who was the other mother. (Natalie p. 5)

Natalie struggled with her partner's parents making contact with their donor and his wife without the couples express consent, and the attempts made to form a relationship with him as a part of the family:

> It's had a huge impact to be honest. We've gotten through it. We're pretty good now, but we had quite a long period where every time I looked at [partner] I saw her mother. Oh god... you know the way she was, and I think I transferred a lot of my hurt and upset with her mother on to [partner]. And [partner's] been in a really awful position as such, she's been totally in the middle of everything. (Natalie, p. 7)
>
> We should have been a lot clearer. We thought we were quite clear at the outset... and we did talk about things, but we sure realised A. We didn't know this person half as much as we thought we knew him, um, and B. That we hadn't talked over enough stuff... (Natalie, p. 15)

For Natalie the emphasis on the biological link to the donor by her in-laws caused much frustration and hurt as they attempted to incorporate the donor in their heterosexualised view of the family. This greatly affected her relationship with her partner and she discussed the transference of anger and hurt onto her partner. The difficulties with donor involvement also impacted her role as a non-biological parent. The lack of acknowledgement for non-biological parents is presented in the following section.

Recognition of the non-biological parent

Friends were very important in the lives of participants and their families, although there was an acknowledgement of the gravitation towards others with children, regardless of sexual orientation. For some participants the support of friends was likened to family support. For Laura, the friends that she had were "pseudo grandparents and aunties all over the place" to her child (p. 14.). Surprisingly, the challenges experienced in regards to sexual orientation,

couple relationships, and raising children in lesbian-led families were from family. Six of the eight participants interviewed had encountered responses from their own family, or their partner's family, which were negative, frustrating or hurtful:

> My step mother was quite funny about "oh you're having a child and... oh, two mothers"... she didn't know how to cope. (Rose, p. 9)
>
> We actually found that we hadn't received any really adverse reactions or hostility from anybody outside of the family. It's been the people closest to us. (Natalie, p. 10)
>
> When I told my father that I was pregnant, I got the response, "oh... oh, you sleeping with men again are ya!"... "oh, oh are you straight"...[laughter]... it just challenged, challenged every... everything... every preconceived notion. (Rose, p. 8)

Rose reported that her father's response to her pregnancy emphasised his assumption of heterosexual dominance. The oxymoron association with lesbianism and motherhood was thus expressed by Rose's father when he automatically made the assumption of a heterosexual union when Rose informed him of her pregnancy. Rose explained the preconceived notions that a) lesbians do not have children because they do not have a man; and b) only heterosexual couples can conceive. Rose went on to explain the impact of the heterosexual emphasis on her relationship. Rose's partner felt ostracized by her family as they (initially) failed to accept the role her partner played as a mother to Rose's biological child. In an effort to preserve their lesbian identity the couple strove to retain the basic premise of their family:

> It took perseverance and it took a lot of honesty and just saying we're not gonna take any crap basically. And they were fine. The second [baby] came along, um... you know there was teething problems, because they just didn't really know how to relate to the three of us, as a family. (Rose, p. 9)

The issue that Rose raised around her partner's acceptance as a parent to their child was a common experience for participants who had carried children, and who felt that their partners were not fully acknowledged by family as being a parent to their child. This struggle for recognition impacted negatively on the relationship, whereby the lack of recognition had the potential to create tension or hurt:

> She [Laura's mother] sort of didn't acknowledge [partner] that much as a parent. But she was absolutely fine with me being lesbian. I mean that took years... years of talk and years of you know, her saying the most awful things, you know, to get to a place where she sort of finally understood and let go of lots of her fears or prejudices or whatever.... (Laura, p. 15)

> [Grandmother] was pretty kind of stumped at first but then, she came to the civil partnership and sat with her face twisted up [demonstrates]. I know I kind of had it out with her a bit later and she said 'Natalie I said to you initially I just need to get my head around it and I have', and she has, she has actually been fine for the last few years, and we've just actually been back for a visit just [child] and I and she just adores [child]. (Natalie, p. 4)

In the above quote, Laura raised the issue of the acceptance and support from family being a process which "took years". Natalie also acknowledged this in regards to her grandmother's attitudes towards her being both lesbian and having a family. Rose's family acceptance of her partner being a parent also evolved. This was a journey apparent for most of the participants who had difficulties with family understanding and accepting their relationship and family structure. This was a process for family, as they took steps towards openness and acceptance over a period of time; months, years and even decades. Gradually families who struggled with the concept of the lesbian-led family were often able to shed some of the original negative attitudes they had expressed in the early days. Nevertheless, these early attitudes were still remembered by participants for the impact they had once had.

The lack of acknowledgement was one of the challenges faced by non-biological parents. This had the potential to hurt and frustrate participants and their partners, and devalued the family as a cohesive unit with two parents of same-sex. As previously reported, the possible response of "eunichifying" the couple as being of another relationship to each other, for instance, as a sister, mother and aunty, was a lack of acknowledgment of the role of the other parent. In the following quote, Rose remembered her experience of her family's lack of acknowledgement of her partner as their baby's other mother:

> Cos my family didn't really recognise [partner] as the parent. And so that was a bit rough. But [partner's] family did acknowledge me, as the parent. So that was a bit rough. It was hard trying to sort of change attitudes. (Rose, p. 8)

Rose described this lack of acknowledgement as having had some impact on their relationship as she felt that her partner may have wondered if she too felt similarly to her family:

> Well I suppose [partner] wondered if I also felt the same way and if that meant she would be excluded because of the opinion of my family. (Rose, p. 9)

Alex, initially a non-biological parent, had concerns that others would not understand that she too was going through a huge change in becoming a parent, despite the fact that she was not

pregnant herself. She pointed out the value placed on the biological connection to other people:

> I wondered how that would go down, in terms of discrimination and did people understand what it was actually like for me, and that is that I was going to be a parent, and it was the view that valued as much as [partner], as what [partner] was going through... (Alex, p. 12)

This biological emphasis, reflected by others, was reiterated throughout interviewing. However, this did not just impact the non-biological mother but also the biological mother who would often strive to protect her partner from the hurt feelings and frustration at people who expressed these biologically orientated views:

> She's a parent, and she should be respected for that as an individual, whether or not she was a birth mother... (Lila, pg. 4)

> No one even said 'daddy' which was really good. Or else I would have noticed because I was worried about [partner]. (Leah, pg. 16)

> So she just needed reassurance that that wasn't the case, and that we'd walk through it. Cos I think she felt a bit ostracised by some of my family members. (Rose, p. 9)

The effect of varying levels of acknowledgment and recognition of the other mother had the potential to strain the relationship, as in Natalie's situation:

> [Partners] parents' sort of treated [donor and donor's wife] like family because they saw him as kind of like, the dad. Which he wasn't. And he didn't want to be.... we specifically said to them that we didn't want them contacting them [donor and wife] anymore and they said well it's our grandchild, we're going to. (Natalie p. 2)

> I suppose, the biggest impact it had for us was probably to do around the uncertainty of where I stood in the relationship or where I *felt* I stood in the relationship. Because I felt I had a lot of people standing on my toes who thought they had um, thought they stood a bit high up the chain that they did. And it's took a lot of education to say "well actually no the two of us are the parents. And you need to respect that". (Natalie, p. 15)

Natalie described her journey through navigating the status of being a non-biological parent when the couple's donor played a part in their lives. She described a sense of uncertainty as to where she needed to stand, due to her status as a non-biological parent. Natalie struggled with her role as a parent as there was emphasis placed on the role of the donor by her in-laws during the transition to parenthood. Natalie had found this to be disempowering and disrespectful. The attempts to contact the donor and include him in the family were demeaning to Natalie in terms of her role as a mother and parent being validated by her in-law's.

To summarise, the lack of acknowledgement of the non-biological parent impacted the couple relationship. Because of heteronormative views of how families are constituted, some couples struggled with family acceptance or problems related to donor involvement. Therefore, the navigating of the "straight world" was important for participants in their experience of parenting in lesbian-led families.

Navigating the straight world

A number of complex issues arose for participants when navigating the raising of a family within a straight, or heternormative, world. The presence of children or the presence of a pregnancy made the assumption of heterosexuality even more pronounced. Yet for participants this added further complexity to the issue of coming out as explained by Natalie and Alex:

> [Partner] wanted me to go to the chemist and get something, like hair dye. And I was with my children, and I say I'm just looking for hair dye for my partner. And they say, pretty much all of the time now, what colour is his hair? And they just assume it's for a man cos you've got children. (Alex, p. 13)

> I suppose there's the odd thing when you've gone in for a scan or whatever and people say "oh bring your friend in, and you say well she's actually my partner." They go, "oh ok". (Natalie, p. 15)

Several participants discussed the experience of the assumption of heterosexuality being made due to their having children. While this assumption of heterosexuality occurs regardless of whether children are present or not, several participants felt it was a more pronounced once children were born or during pregnancy. Alex's second example above, highlighted how even when subtle corrections were made, her hairdresser found the concept of heterosexuality as fixed. However, not making sexual orientation explicit could give participants the appearance of being heterosexual when they were not. In other words, invisible as lesbian women.

> Cos what I used to do in the past is sort of choose, who I thought, I'd consider, ...like when you meet somebody I'd think can I be bothered and I'd think, nah. You just sort of pretend... not that you lie but you just don't talk about the details. But since we've had children, you can't lie anymore because it's about the child's parents. And if I was going to do that, and they were going to hear, then that's not ok. (Alex, p. 13)

> I referred to my partner as, you know a 'genderless' partner. And when I had my business um I mean to my social circle, at the school all that sort of thing, there was no problem, we were obviously two women. And in my work situation, yeah but I think it's quite a fluid concept. (Karen, p. 13)

Other participants described varying degrees of being out as a family. These appeared to be related in part to the age of the children and the type of situation that was being navigated at that time, such as a schooling, extended family or the healthcare environment. Generally participants were open about their family structure, however this was sometimes dependant on the degree of perceived safety. Their openness related to the safety that this afforded their children, or the concern that their family may be seen differently as in Rose's example below:

> It challenges your own homophobia. I mean, I've been out for years now, but there's always that latent "oh I don't know if I wanna say anything" and... either that whole being slightly different, and "oh they won't accept me" and.. "oh yeah, it is because gay people are a bit different". (Rose, p. 13)

The more direct issue of bullying of children of lesbian parents. The need to protect ones child was raised by Laura:

> I was gonna say I think I would've been more open earlier on and more inclusive, but... out leaps this fierce protectiveness for [child]... and what's best for her and nothing else matters really. (Laura, p. 11)

The "fierce protectiveness" Laura described is what placed the importance on being a parent over a partner. Despite the potential cost to her couple relationship, for Laura the importance of protecting her child from potential bullying was of utmost importance:

> I thought if they knew it might make her life difficult. And if their kids knew it might make her life difficult... (Laura, p. 9)

For Laura the drive to protect their child from the negative effects from others of her sexual orientation impacted on her relationship. This denial of her sexual orientation in public arena's meant that in some settings Laura's partner was somewhat invisible as a mother:

> She didn't come to parent teacher interviews and... she didn't come to everything that [child] went to. You know, like every event that parents could go and watch or whatever. She came to some but not all of them. I'm sure it had a big impact on her. And in retrospect, I would do that differently. Yeah. (Laura, p. 10)

Laura's partner did not attend typical events that she may have done had they have been more open about their couple relationship. Laura chose this approach from a stance of protectiveness for their child while recognising that this also arose from her own fears, which were in part associated with her own experiences in growing up and the difficulties faced in coming out:

> I was just scared all the time. Not you know, not in a you can see it looking at me sort of way, but that little kernel of fear of I don't want to be seen, it'll change the way you view me or my child. You'll be suspicious of me. (Laura, p. 9)

Karen described the difference in her and her (ex) partner's feelings at being open about their lesbian relationship. While Karen was happy to be open about her sexuality and her family, her partner was opposed to this, citing concerns around the protection of their child. She also pointed out the blending of their families to now contain two sets of lesbian parents. This was due to the original relationship between Karen and her partner dissolving, with both Karen and her partner meeting new partners, who both have contact with their children:

> [Ex partner] is very concerned about what may happen to the children if other kids discover that, that we're a lesbian couple.... were. Now she's got four mums.... [laughter]. (Karen, p. 14)

Karen's partner, had a different viewpoint regarding her sexuality prior to the children being born. This illuminates the change in her view of being out after the transition to parenthood where she was concerned for her children's welfare above her comfort as a lesbian woman:

> You know I can remember we went to a motel and [partner at the time]... I'd describe her as a real fighter and she would say... "yes this is my partner that's alright isn't it!" [laughter]. (Karen, p. 15)

As previously discussed, the presence of children in a lesbian relationship amplified the expectation that parents were heterosexual, unless clearly stated and made known. For some parents the assumption of heterosexuality was inevitably exposed as their children grew older. Stories were retold around this type of situation as children challenged other adults about their parents sexual orientation and misperceptions of their family structure:

> I can remember [child] chatting away to the checkout girl and saying I've got three mums and the checkout girl was very puzzled by this and she said 'well I've got two, but how come you've got three?' (Karen, p. 13)

> And someone will say take that to your mummy or something and [child] will go she's not my mummy she's my mama! My mummy's over there. (Alex, p. 14)

> The teacher said, take this note home to your mum and dad and [child] put up their hand and said "I've got two mums", and the teacher just continued....and there was a few parents in the background including my friend, and there was a sort of 'wooooooh'... so the teacher just carried on and said "well just take this home that's what you need to do with this notice" in a sort of brusque oh my lord what am I gonna say now. And then another boy, my friends son, put his hand up and said "did you hear what she said?" (Laura, p. 11)

This above example highlights the heartening response of Laura's friends young son, who was aware that his school friend having two mothers had not been acknowledged by the teacher. His question to the teacher was an innocent attempt to have his classmates statement validated by the teacher, who had failed to do so. This illustrates the invisibility of the lesbian parent, and further illustrates the innocence of children who are subject to the impact of homophobia or this blanking of the lesbian-led family. Additionally, there appeared to be different challenges and complexities related to being out in regards to the ages of the children. As children grew there appeared to be more exploration as they became actively involved in the discussion around diversity. Karen and Laura both had children in an older age bracket.

> Although, she's [daughter] she's a really out there kid and you know, if there's people being called gay or faggots she's right in there on to the bullies. (Karen, p. 13)

> Like, a new child stayed over here a couple of nights ago. But it was [my child's] call whether or not if I said [that I was lesbian]. So if it was uncomfortable for [my child] then [partner] wouldn't stay. We wouldn't call each other darling [laughs]... (Laura, p. 9)

> It's very difficult... and I've just had a couple of invitations on Facebook oh... kids in [childs sports team]... I'm trying to organise their [sports game] and you know I don't want them on my face page really. So, I'm sort of ignoring. Cos people write on your wall and you don't want them to necessarily see it... (Karen, p. 15)

Here Karen acknowledged a tension between her being out as a lesbian woman within society, and being out to children in her child's sports team. Participants attempted to be sensitive to the needs of their children as they grew older and this meant that parents were faced with dilemmas related to their sexual orientation and degree of outness as their children grew.

In summary, parents needed to navigate the straight world in raising children within lesbian-led families. This led to the consideration of children and their safety for some parents who had concerns about their children or family being viewed differently. However, this was largely unremarked by participants with younger children (under 6 years of age). Younger children were also likely to comment on their family formation without preconceived notions of this being socially unacceptable. As children grew it appeared that this had the potential to alter the coming out experience as parents faced a variety of situations according to age and developmental stage.

Health care professionals responses

Positive responses

The responses to the lesbian-led family by health care professionals were both positive and negative. Most participants reported a positive experience. The acceptance of the lesbian relationship, without it being examined or judged, appeared to be particularly important in making this a positive experience. Rose describes a "curious" approach taken by her female general practitioner (GP) which she found helpful:

> She was just curious and very supportive, when I'd go in there and I wasn't very well she'd ring me the next day and "how are you doing?" and she was able to move on from any prejudices, and I don't think she had any. (Rose, p. 12)

The extra action of caring through follow-up was also very important to Rose. Rose was sick throughout her pregnancy, as well as suffering from illness after the birth of their first child. Thus the emphasis on caring was appreciated as her GP would go the extra mile to ensure that she was coping following a visit to the surgery. The professionals April and Leah dealt with were also felt to be "fantastic".

> Fantastic, really fantastic, we had midwives through the home birthing association, just fantastic professionals. (April, p. 14)

> Yeah everyone was just lovely. You know. And positive. We had an obstetrician, we didn't go with a midwife. He was really great. There was never any negativity. (Leah, g. 16)

Leah's emphasis on positivity was important for her. She found it helpful that her relationship was respected, for instance she was pleased that no one referred to the "daddy" (p. 16). She did however go on to say:

> There's still that thing though, that you always have to come out. It's painful and boring but you know. (Leah, pg. 16)

Alex's perspective on her health care was also positive:

> In hospital during the birth and that kind of thing, it was a real acknowledgement that we're both parents sort of thing. And I think it's really changing, the world actually. And I think we need to acknowledge people who have come before us really... (Alex, p. 15)

Alex emphasised that the acknowledgement of both her and her partner as being the parents was what was required to make them feel safe and comfortable. She pointed to the societal change occurring and acknowledged the steps taken by others who had previously forged the way. The women who had started lesbian-led families or raised children within lesbian relationships were felt to be instrumental in making Alex's more recent experience with health professionals acceptable and non discriminatory.

However despite the positive interactions, participants noted that some health professionals were more lesbian friendly than others. Participants and their partners would find the challenge associated with negativity projected towards them as being demeaning and harmful. Moving towards people who were better suited to make them feel comfortable seemed to be a natural response, ensuring that they were in the safest possible environment:

> There was one woman there… she was a lot more friendly with me so we just, you know, worked through her. (Karen, p. 2)

> And then, by chance we got a different nurse to do the um, procedure. And she was gorgeous. She was just lovely. She was so the opposite of... and that was when I conceived. (Laura, p. 13)

> We had, I had a very good obstetrician [name of Doctor] was very up front and supportive... I felt very comfortable with him. We had a nurse there who was clearly against the idea and quite quickly she made her feelings known. And we stopped having anything to do with her. (Karen, p. 2)

To attain health professionals that were sensitive and friendly towards lesbian couples, lesbian women had to actively seek out professionals, or else encountered lesbian friendly health professional by chance. Laura came across a different nurse, by chance, who was then

instrumental in Laura conceiving. Prior to meeting this nurse, Laura had been largely unhappy with the prejudiced care she was receiving but felt powerless to address the situation. For this reason several participants actively sought midwives they knew would be sympathetic and supportive. The proactive approach to finding lesbian friendly health professionals was aimed to protect against homophobia:

> A friend of ours was a midwife, so she had mates who she knew, who she recommended. There's actually quite a few of them out there....we had recommendations from [family group] as well, mum's as well, who'd used lesbian midwives. (Natalie, p. 13)

> We may as well try the lesbian midwife. So I rang her but we're out of her geographical zone. So she recommended someone else. And the first phonecall I said, "we've been referred to you by this woman and would you be happy taking on a lesbian couple"... "oh yeah no problem"... so we just [have] been quite up front. (Rose, p. 12)

As Rose mentioned, the concept of being out and open to health professionals was important. She described this as being "quite up front" because the assumption of heterosexuality was made by health professionals, especially as a child was present or the focus of interaction. Therefore, participants needed to specify their relationship to the child, particularly in the case of illness where they would need to specify their biological link to the child. While not all participants were specifically questioned about how they approached this, most participants had adopted an upfront approach whereby they fully disclosed their family structure to their health care provider:

> We just have to go with the full disclosure. (Rose, p. 12)

> When we take our children to the doctor, which seems like all the time [laughter], we're just really up front – this is [name of child] and he's got two mums and [partner] gave birth. (Alex, p. 15)

As Alex had found previously, without adopting "full disclosure" approach, the interaction with a health professional was likely to be being strained and awkward. Therefore the importance of coming out was instrumental for receiving health care that was acceptable to the participant, as it meant that the family's two parents had the opportunity to be acknowledged. Nevertheless, reactions to lesbian status were difficult and posed challenges to the relationship and family. Negative responses were noted by several participants and are discussed in the next section.

Negative responses

Negative responses were reported by three of the eight participants. In addition to these three participants, one participant had felt that her experience with health care had been positive since her location in New Zealand, but nevertheless had experiences of inappropriate or judgemental care in her country of origin (from a social worker). Participants were more likely to discuss their experiences as being positive if their children were under six years old at the time of interviewing. For several participants who were parents of children older than six years, contact with health professionals had previously been unsatisfactory. It is unclear from discussion with participants what caused this shift although it is likely related to changes in societal acceptance over time.

In examining the negative responses encountered by some participants, several key aspects of care were found to be unhelpful; heteronormative attitudes which included insensitive questioning, and a failure to appropriately acknowledge the lesbian relationship.

Heteronormative world

Viewpoints from the heteronormative world were felt to be insulting and hindered the relationship between the participant and the health professional. The following quote illustrates a heteronormative experience encountered when Laura and her partner were interviewed by a social worker:

> The social worker had to interview us to decide if we were suitable candidates to be parents. She had the most appalling ideas about lesbian relationships... she said things during the interview like "it would be better for the child if you went over to the West Coast, found someone in the pub, slept with them and got pregnant, because at least then your child would know who the father was... least then your child would have a father...". (Laura, p. 12)

This example of a heteronormative response was "appalling" (p. 12) to Laura and her partner. She felt that the health professionals she had dealt with during her time in the fertility clinic were all "varying degrees of awful" (p.12) as they were subjected to unacceptable treatment whilst attempting to conceive. This appalling response by the social worker demonstrated the heteronormative view that having sex with a man, even a one-night stand, was paramount and completely invalidated the lesbian couple.

Natalie gave another example of heteronormativity and the inappropriate questions asked in an interview with a social worker. The social worker was in contact with Natalie to assess her suitability to adopt her own child, as Natalie was not the legal guardian at this time as she had not given birth.

> She asked us the most inappropriate questions. Bearing in mind she was a social worker....we felt like she was kind of, almost looking for something that wasn't there... (Natalie, p. 6)

> We got all the visits from the social worker, she visited us about ten times, it was ridiculous. (Natalie, p. 5)

Heteronormativity was also apparent within the hospital setting. Laura described a feeling whereby she was not fully accepted as a mother post birth, at a time when both her and her partner should have been receiving optimum care and support:

> At the hospital people were fine but abrupt. You know, they were kind of like, "ok, what are you doing with a baby? Oh ok, alright then". (Laura, p. 13)

Laura felt the staff would "tolerate" (her being a lesbian mother) (p. 13). However she was pleased when she went to another hospital to discover other midwives were more politically minded. She pointed out that the couple lacked control over the types of attitudes health care professionals would incorporate within their practice:

> They were great. So it was, was what everyone brought to it and we had no control over any of that. (Laura, p. 13)

Natalie also recalled her visit to a GP where they disclosed that they were trying to have a baby.

> Funniest thing was that we went to the doctors and we said "we've been trying for about three months to have a baby" and the doctor looked at us and said "really? How?" (Natalie, p. 2)

This example highlights the heteronormative attitude where children are expected to be conceived within heterosexual relationships. The emphasis on heterosexual reproductive relationships also crosses over to a common complaint which was related to a more specific aspect of heteronormativity: the failure to acknowledge the lesbian relationship.

Failure to acknowledge the relationship

For the participants who had reported negative or harmful experiences of contact with health care professionals, not acknowledging their partner or lesbian status was found to be very unhelpful. This was a denial of their sexuality and a denial of the essence of their family structure. This was apparent in Lila's recollection of her contact with a doctor:

> I said, [name's] my partner, but she's not here, and there's just a blank, there's just a blank and it's nonexistent. (Lila, p. 12)

Lila felt that her partner was not acknowledged, denying her identity as a lesbian woman. However Lila also introduced the idea, echoed by several participants, which pointed to the power association which is related to health care professionals. She stated:

> And when you've got a sick child, you're not fighting about that, you're fighting other issues like I don't want my child to have so many steroids. (Lila, p. 12)
>
> …because he was sick quite a lot, I ended up going, to whatever doctor I could get because I was so busy and then I sort of whittled it down to a list of three because I actually couldn't bear it anymore, this kind of patronising attitude and this kind of disacknowledgement of [partner] as a person in the process, even though she wasn't there. (Lila, p. 12)

Lila "whittled it down to a list" of health care professionals who would provide supportive care for her sick child. Lila felt that despite the poor treatment she was subjected to, and a lack of acknowledgement of her partner, she was unable to call this to the health professionals attention. This was because she was struggling with her child being ill and needed to prioritise the "fight" to focus on her child's health. The power imbalance meant that some participants were unable to voice concerns about their treatment, and the power that was held over their reproductive success. Laura too acknowledged this power dynamic:

> But it was just because they had so much power over our lives that really mattered. You know right down to whether we even conceived or whether we are allowed in the programme. (Laura, p. 13)

Laura's difficulties relate to the nurses who were "awful" in their treatment and care of her and her partner. Laura also encountered homophobic attitudes from a social worker who was assessing them for fertility assistance at a clinic they were hoping to use. She pointed again to the power dynamic between herself and the health professionals:

> And we just had to ride with that because if I'd fought against it, she had too much power in the situation. (Laura, p. 12)

Laura stated that for her the balance of power led her to acquiesce to poor treatment so as to not upset the process they were trying to navigate:

> And because we were desperate for their approval we didn't question it either. You know, we played the game... I think that it's subtle. You know, on the surface, just you know tough up and deal with it. Cos it's a means to an end. But I think it's all those things that shape... not in a really obvious way, but the little sort of undercurrent, of feeling that you know, you've done something that's, maybe not quite right... or that this world isn't quite ok with. (Laura, p. 14)

> Being a lesbian parent... or lesbian family in a straight world is what impacts on the relationship. (Laura, p. 16)

The undercurrent of feeling that Laura was not doing something right in the heteronormative world added to a feeling of perpetual marginalisation. The process Laura was navigating at the time included invasive procedure as well as the reliance on nurses for clear and honest information, which she was not given. The added pressure for some participants related to the feeling of undergoing constant scrutiny and judgement by the heterosexual community at large, but particularly by health professionals. Lila recounted this sense of scrutiny and judgement as a lesbian mother, and Lila also reiterated her feelings of an added layer of vigilance and awareness at the judgement of others which would be absent for a heterosexual mother:

> She was derogatory in... just this sort of attitude... that I was a lesbian mum. So therefore, it was kind of like I wasn't doing things properly.... it was kind of like we were odd, but we were then more odd... (Lila, p. 12)

> And I think he kind of looked at us like "what are you both doing sitting here, why are you both answering those questions?" and we hadn't been up front with him from the start. Cos it's the whole thing about coming out all the time, we couldn't be bothered, we were never gunna see him again. (Alex, p. 15)

Alex described the desexualising of the relationship due to the heteronormative response of assuming just one person to be the child's parent as the couple are of same sex. Alex's experience also reflected another aspect of her contact with this doctor; the coming out experience. As she described, the monotony of coming out frequently led her to feel this was not necessary, yet without doing so, this compromised the relationship with the doctor. It also had the potential to cause tension between the couple in regards to the status of biological parentage.

In summary, the majority of participants reported supportive treatment and care. However there was an acknowledgement of the need to seek out suitable health professionals, suggesting that this was often as a result of informed decision making. Several participants reported negative experiences which were impacted by issues of powerlessness in the hands of health professionals, making it difficult to speak out about unfair or discriminatory behaviour.

Conclusion

Lesbian women are faced with many challenges which impact on their relationship in the transition to parenthood. These challenges relate to maintaining a lesbian identity within their families, as they are frequently aligned with the dominant heteronormative perspective. Some participants faced challenges with donors being involved in their families in ways that were unacceptable to them and could lead to strain on the couple. Participants also reported difficulties in the recognition of the non-biological parent which had the potential to cause tension within their relationship. Specifically the fear of homophobia and the emotional safety of children, which led to some closeting behaviour for some participants. For others, being open and clear through self disclosure was reported as helpful. Participants were also challenged when their children grew and adapted to different circumstances and situations where the issue of their sexuality was more apparent.

Health care professionals who were viewed as being positive in their response towards participants were described as supportive and caring. The gravitation towards lesbian friendly health professionals was evident, as women appear to seek health professionals who are able to care for them in a professional and non judgemental manner. Those who experienced negative responses, found heteronormative attitudes offensive and alienating. The failure to acknowledge the lesbian relationship was also identified as being unhelpful. Power inequalities contributed to negative responses whereby participants lacked personal power to address poor treatment adequately. These findings will be discussed in the following chapter.

Chapter IX: Discussion

"...being a lesbian parent... or lesbian family in a straight world is what impacts on the relationship." (Laura, p. 16)

Introduction

This research found that lesbian couples experienced some similar changes as heterosexual couples during the transition to parenthood. These changes included issues such as fatigue related to sleep deprivation, which impacted couple functioning and communication. Changes in leisure time and social activities impacted on the relationship with the couples' focus changing from the relationship, to the baby. This renewed focus led to decreased time spent nurturing the relationship, as partners prioritised their parent role. Participants described their families as placing the importance on mutual support, love, and the need to put children first, sometimes to the detriment of their relationship.

However, the participants in this research also faced a variety of differences to heterosexual couples and additional stressors which made their transition to parenthood challenging. This chapter presents the three main themes that emerged from the findings: *a lesbian family in a straight world, donors and biology,* and *two mothers*. These unique challenges will be discussed in this first section; *a lesbian family in a straight world.* I further explore the emotional investment couples put into their quest for a donor, donor boundaries and biology in the second section *donors and biology*. The recognition of the non-biological mother and the queering of parenthood is discussed, and the context of heterosexism and heteronormativity explored in the third section *two mothers*. Queer theory is used as a guide for discussion.

A lesbian family in a straight world

Invisibility and coping with heteronormativity

All participants reported experiences of heterosexism and gave examples of overt homophobia. Participants commented on the tedious nature of needing to come out to people

on a continual basis. They were aware of their invisibility as a lesbian couple, or parent, should they not directly disclose this information to a third party, such as a health professional or teacher. Sylva, Rieger, Linsenmeier and Bailey (2010) considered that even when people may be able to pass as heterosexual, this is not without effort and can depend on the cognitive demand required. If someone was under cognitive stress they may find it more demanding to conceal their sexual orientation. The 'full disclosure' was the open approach taken as a necessary tool to inform others, such as health professionals, about their family. Several children also attempted to disclose their family structure to others, such as a teacher or checkout girl; in their own way facilitating a disclosure.

These experiences reveal what Oswald, Blume and Marks (2005) described as heteronormativity in relation to their families and identity; "heteronormativity entails a convergence of at least three binary opposites: "real" males and "real" females versus gender "deviants", "natural" sexuality versus "unnatural" sexuality and "genuine" families versus "pseudo" families" (p. 144). In Short's (2007b) research of resiliency, in the context of discrimination and heteronormative oppression, participants likened their experiences to that of minority groups. The socio- political understanding of heterosexism was therefore viewed alongside oppression such as culture or social class. As Trettin, Moses-Kolko and Wisner (2006) pointed out, because lesbian women are not only lesbian but also women, heterosexism is very oppressive due to their belonging to both of these marginalised groups.

Lila discussed the process of "eunichifying"[6] when an assumption was made that the other partner was an aunty or other family member, but not a partner. This was also reported by Mercier and Harold (2003), who explored the interface between children's schools and their relationship with lesbian-led families. Some participants in their study reported school staff assuming that the non-biological mother was related to the child in some other way than as a parent, for example, assuming the parent was a grandparent. This perpetuates invisibility of lesbian women as parents. Yet lesbian parents worry that the care of their children/family will be jeopardised and that they will be viewed as different. Similarly, Weber (2009) contends

[6] See P. 56

that gay and lesbian parents may be concerned that their child will be treated differently if the school are aware of their parents sexuality.

Several participants reported that their identity as a mother was challenged. For instance, others questioned how they had conceived their child, or whether they should be called mum or dad. There was also sense of unease about the method of conception. Likewise, Short (2007b) reported that many lesbian mothers felt that they were subject to experiences that made them feel judged, invisible or scrutinised by others. She found that people asked inappropriate questions such as asking who the "real" mother was, or how the participants had become pregnant (p. 69). Participants described the interplay between themselves and the public in their identity. As Hequembourg and Farrell (1999) described, lesbian mothers are challenged to live up to the ideal role of the perception of a good mother as they negotiate their dual identities in a public arena. This is difficult and tiring and therefore has an impact on the relationship as they attempt to live up to expectations imposed upon them.

Queering health care

Being a lesbian family in a straight world also included navigating the health system for the sake of themselves or children. Five of the eight participants in this research felt that their health care/maternity care had been positive in their experience of becoming parents. These participants identified support and acknowledgement of their partner as being important. Research within healthcare for lesbian women is limited by heterosexism, as lesbian womens' needs are not understood. Lesbian women also tend to be careful about the information they give to health professionals, thus limiting the information gathered about them (Irwin & Litt, 2007). Irwin and Litt (2007) noted that although conditions are improving for queer people within society, discrimination still exists within the health care system. This acts as a barrier to healthcare and thus impacts on their families well-being.

Buchholz (2000) found that the inclusion of the partner during the birthing process was important. Participants emphasised that an acknowledgement of their partner was helpful. The acknowledgement of the non-biological parent during birthing was felt to be inclusive,

and therefore made the experience a positive one (Buchholz, 2000). In other research, couples who experienced nursing staff as being busy wondered if this was due to nurses actually being busy, or in fact just uncomfortable with them being lesbian (Röndahl, Bruhner, & Lindhe, 2009).

Participants described the purposeful seeking of health care professionals that would be responsive to their needs. This was an attempt to find and secure the involvement of health professionals who would be respectful and supportive of their relationship and sexual orientation without exhibiting heteronormative assumptions. Power differentials between the health professional and couple were noted by several participants, for instance Laura stated that "we played the game" (p. 14). Hicks (2000) found that lesbian couples wishing to adopt had to be seen to conform in relation to their attitudes towards men, and not pose a threat to heterosexuality. They also needed to represent their lesbianism without being militant or radical and instead appear discreet. Using the theoretical framework of queer and feminist theory Hicks (2000) described the pathologising of lesbians as women who were perceived to have failed to meet the gendered, conventional dominant views of heterosexuality. Goldberg, Ryan and Sawchyn (2009) recommended that health professionals orientate themselves to resist the heteronormative worldview they take for granted. They must do things differently to make queer spaces possible for lesbian parents. This is linked to cultural safety within nursing practice[7].

DONORS AND BIOLOGY

Emotional investment

An important theme from the data revealed the process of planning and donor identification. This included negotiation and navigating complexities in obtaining a suitable donor. According to Finer and Henshaw (2006), close to 50 percent of pregnancies in heterosexual women are unintended. This clearly contrasts with the participants experiences, where all pregnancies were planned. Participants described the high level of emotional investment, and possible financial investment, required in this process. Chabot and Ames (2004) similarly

[7] See P. 9

reported that the use of donor insemination required a substantial amount of planning and decision making. April, a participant in the current study, noted that it was strange having to look outside of her relationship in order to plan a family. As Bos, van Balen and Ven den Boom (2005) found, couples must go to great lengths for conception to occur, compared to the majority of heterosexual couples. Emotional investment included the formation of homes which prioritised the best interests of their children above all else. Bos, van Balen and Ven den Boom's research participants believed that they are able to raise children within stable homes and be loving and caring and good parents, as also reported by Gartrell et al. (1996).

Embedded within participants narratives was the expression of the emotional toll it took on the couple to find a suitable donor, particularly for those who had faced barriers in this process. Gun and Surtees (2009) found that becoming a parent, after lengthy donor acquisition processes and negotiation, was therefore viewed as being a huge achievement. Participants reported their disappointments and setbacks associated with their search. The process of finding a donor can be emotionally draining for couples, with multiple complexities apparent. Couples often have to modify their first sought preferences in seeking a donor and couples experience variations in emotion during this time (Ripper, 2007). Ripper also contended that strain can be placed upon the relationship should couples differ in their assessment of a suitable donor. As for the participants in this study, Lila described the angst of her partner being unable to become pregnant after a lengthy search for a donor, having an impact on the relationship, which culminated in the couple separating for a period of time. Ripper (2007) also found that couples had to be sensitive to one another, particularly if the other partner was unable to become pregnant. Pelka's (2009) study of maternal jealousy in lesbian non-biological mothers also found that partner infertility was a potential source of tension and emotional pain between partners.

Participants reported that a number of decisions needed to be made to identify a suitable donor. One such decision was whether the donor be known to them or remain anonymous. Of the eight participants interviewed, six had used a known donor, and five of these had become pregnant at home through self insemination. Lesbian couples may be wary of choosing a known donor given the potential custody battles (Chabot & Ames, 2004; A. Goldberg, 2010a). Some couples choose known sperm donors for their children to ensure children can

make biological connections in their life (McNair, Dempsey, Wise, & Perlesz, 2002; Perlesz & McNair, 2004). Dempsey (2010) considered that children conceived within clinics through anonymous donation do not know the identity of the donor, although there may be provisions for contacting the donor in the future.

Two of the three participants who conceived through a fertility clinic experienced problems. Both these women felt discriminated against or judged in this process. Yager, Brennan, Steele, Epstein and Ross (2010) stated that fertility clinics may not validate the importance of lesbians sexual orientation when accessing the service. Laura explained that the compulsory counselling she and her partner underwent, prior to insemination (within the clinic), was difficult, as the interviewing social worker was grossly misinformed about the nature of lesbian relationships, and conveyed this in a way which was insulting to the couple. The interviewing social worker was in a powerful position and had the authority to approve Laura and her partner as prospective parents. Queer theory relates power and dominance to such attitudes. According to Almack (2006), donor insemination through clinics is subject to regulations and legal obligations, which lesbian couples who self-inseminate at home can side step. They are able to thus disregard regulations set out in clinics. Lesbian couples may also choose to avoid donor insemination in a clinic setting due to concerns that they will be subjected to heteronormative attitudes such as the other parent not being acknowledged (Almack, 2006; Chabot & Ames, 2004).

Donor boundaries

Findings from this research revealed that several participants had had issues with problematic involvement of the donor in their family. This impacted significantly on participants and their relationship. For all participants, the level of involvement of the donor was discussed within the couple and also with the donor prior to conception where applicable. All couples wished to be primary caregivers for their child/ren. Dempsey (2010) found that partnered lesbian couples wanted to keep their reproductive relationship with the donor distinct to their own residential couple relationship. It is important for the lesbian couple to be central in the parenting relationship and include the use of boundaries in maintaining ideas around forming their family (Donovan & Wilson, 2008).

The participants in this study sought to clearly define relationships with their donors. Despite early intentions, participants described the relationship as evolving. Subsequently issues emerged which had not been identified prior to the conception of a baby. For several couples this placed minimal to severe strain upon their relationship with their partner. That lesbian women are concerned about managing the relationship with their donor was also reported by Short (2007a). Several participants in this research, with known donors, regarded their ideal situation regarding their childs relationship with their donor, as one where the child has some contact in a limited manner, similar to that of an uncle. Participants in this research all needed to establish a relationship with their donor, defined as a "reproductive relationship" by Dempsey (2010, p. 1151). The findings reveal that participants were placed along a spectrum of intentions for donor involvement, with some requiring more input than others. Dempsey describes this variation in a spectrum of kinship intentions; at one end of the continuum, the child has very little to do with the donor. The other end of the continuum may involve the recognition of the role of biological mother and father, and both take on a caregiving role (Dempsey, 2010). As Haimes and Weiner (2000) suggested, some women have an awareness that others feel a need for the involvement of a father in the family; therefore, they may include a donor in their family formation to enhance acceptability within society. Gun and Surtees (2009) also reported that lesbian women in New Zealand often try to secure male involvement in their child's upbringing, whether through involvement of the donor themselves, or through other male involvement.

Early feminist discussion opposed Assisted Reproductive Technologies (ART) due to concerns that it was patriarchal in nature and had the potential to control women's reproductive capacity. However in the New Zealand context, more recent discussion presents a growing unease that fathers are no longer needed as women are able to independently take advantage of available reproductive technologies (Michelle, 2006). Clarke and Kitzinger (2005) reviewed media talk shows which discussed same-sex families lacking a male role model as an actual problem. It was highlighted that women defended their family type by drawing attention to the fact that their extended families contained adequate male role models. In studies where there is a control for social and economic factors, the lack of a father figure in itself does not negatively impact children in terms of their emotional

adjustment nor intellectual ability (Broman, Nichols, & Kennedy, 1975; Crockett, Eggebeen, & Hawkins, 1993; Ferri, 1976; Gartrell & Bos, 2010). Nevertheless, Biblarz and Savci (2010) argued that lesbian mothers may be under pressure to conform to the cultural norms in regards to masculinity and emphasising male achievement.

Several participants felt it was important to have their donor identifiable to their child. However, no participants commented on their concern of not having a father for their children. Involvement of the donor with the lesbian couples child was foreseen to be regulated by them as parents. Laura's experience of being told by a social worker that it would be preferable if she went to a pub and found someone to sleep with "cause least then your child would have a father..." (p. 12) illustrated an overarching ideology regarding the importance of both fathers and biology which queer theory attempts to deconstruct. In this context, Laura's social worker seemed disinterested in what type of a man or father this person would be, but just that the child would have a "father". The debates about lesbian women having children largely revolve around the necessity of fatherhood and that children need to have a father (Short, 2007a). Gay and lesbian parents or prospective parents face issues around raising children using a known donor, yet not involving them as a father. Anxiety about the lack of a father is associated with the emphasis on the perceived heterosexual families superiority (A. Goldberg, 2010b).

Biological emphasis

When Rose announced her pregnancy to her father he made the assumption that she was in a heterosexual relationship. The absence of the traditional mode of conception, sexual intercourse, in addition to the lack of a defined father was thus a source of confusion for him. Gabb (2006) argued that the lesbian family affects queer politics as well as the traditional notion of family. It challenges traditional gender categories in a radical way, in addition to the destabilising of heteronormativity within society in general. Giving birth is considered to be socially acceptable for many heterosexual women. Yet when examined in a heteronormative lens, this is constructed as being deviant in terms of the lesbian couple relationship because a father is not apparent within society's expectation of the normal parental configuration (L. Goldberg, et al., 2009). In contrast to the participants report of their

families being genuine and real, opposition to lesbian-led families claim that the lesbian family is not a 'real' family. This is based around heteronormativity and also what is described as "biologism", which purports that real families are based on biological links to one another; this reinforces the idea that biological parents are a child's true parents, including donors (Short, 2007b, p. 59). Gabb (2006) also contended that the difficulties in living outside of a biologically centred world view, results in the family suffering from a lack of "linguistic absence" in addition to social exclusion (p. 11). Thus, the lesbian family has a task of defining itself in the absence of terms commonly associated with family such as father.

As the findings identified, Padavic and Butterfield (2011) found that language constrains people to use the "one mother-one father" and does not linguistically describe the lesbian co-mother (p. 176). Some participants reported that their children used a variety of ways to name them and their partners, sometimes by first name or variations of mum, for example mama. Language assists in making people's expressions and experiences visible. However it serves to reinforce stigma, and, as Wilson (2000) discussed, with an absence of wording and language, comes invisibility. Language constrains the existence of a second female parent within a lesbian-led family, as there is an absence of words available to define their role (Vanfraussen, Ponjaert-Kristoffersen, & Brewaeys, 2003). This explains the variation in how the participants were named by their children and it appears that as there is no one accepted term for the non-biological mother.

Wilson (2000) explored the experiences of lesbian non-biological mothers, and reported that she used the word co-mother in her research, as it was felt to be a more inclusive term. Some participants in Gabb's (2005) research objected to the term co-parent or the use of language which lessened the relationship to the child. Some "other mother's" did not feel comfortable in using the status of mother despite their huge investment in parenting (p. 586). Padavic and Butterfield (2011) contended that though there are constraints in language for non-biological mothers, there is also an assumption that non-biological parents *want* to be mothers when they may in fact not wish to be known in these terms.

Because heterosexual parenthood is seen as the "gold standard" of parenting, lesbian and gay parents are researched from a perspective that they and their children are inferior (Stacey & Biblarz, 2001, p. 162). All participants reported their families participate in activities, sports and family events the same as assumed with a heterosexual family. Lila stressed that there were many other lesbian-led families in society who appeared to be invisible or heterosexual. Alex discussed the societal context associated with her parenting relationship with her partner and their family. Vanfraussen et al. (2003) found that heterosexual and lesbian families functioned in much the same way, although heterosexual mothers took on the brunt of the parental responsibilities. Vanfraussen et al. (2003) further argued that research has typically reported on the similarities between heterosexual and lesbian mothers, in an attempt to legitimise the family formation of lesbian-led families. Researchers who suggest otherwise open themselves up to criticism and the manipulation of their findings in order to criticise the lesbian-led family. Hequembourg (2007) discussed that assimilation strategies ignore the difference of sexual orientation. Therefore the differences between lesbian and gay families are ignored. However, this strategy reinforces the idea that lesbian families should seek to mirror heterosexual families. Oswald, Kuvulanka, Blume and Berkowitz (2009) described how queer theory challenges the idea that lesbian-led families are normal just because they mirror heterosexually led families.

According to Duggan (2002), forging ways of living which mirror that of heterosexuals is termed homonormativity. By subscription to heterosexual culture and the mirroring of heterosexual concepts, such as the creation of family and the emphasis on biology, gay and lesbian parents are acquiescing to what has been culturally sanctioned through heteronormativity. In contrast, Ripper (2009), in her study of parenting through donor insemination, found that lesbian parents and donors reinforced the idea that love was central to family formation and more important than a biological emphasis. This has been consistent with the findings in this research. Lovelock (2010) described that lesbian and gay families are promotive of the social nature of parenthood, and reject the notion that their sexual orientation and biological connection to children is important in the role of parenting. Despite this, Legge, Fitzgerald and Frank (2007) stated that biological connections may still be valued as important. Families having two mothers and challenging biological and heteronormative status was apparent in this study, and is discussed in the next section.

TWO MOTHERS

Recognition of the non-biological mother

Participants described experiences of the non-biological mother not being recognised as an equal parent to their child. The lack of recognition could lead to feeling unsure of their role and in need of reassurance from their partner. Goldberg (2010a) discussed that a non-biological mother's role is not easily defined, nor is it recognised within society. Goldberg also stated that friends and families may perceive the non-biological mother as slightly less of a mother than the biological mother who, at least initially, is perceived as the primary mother (2010b). According to Ben-Ari and Livni (2006), non- biological mothers are not necessarily considered a mother at all. This experience of stigma adds another layer to the complexity of lesbian invisibility. Non birth mothers are challenged to construct their role as a lesbian mother, although they have not given birth to their child. In contrast, Du Chesne and Bradley (2007) stated that the birth mother within the lesbian couple is able to rely on the biological distinction of having given birth to their child to define them as a 'mother'.

The law may discriminate against recognition of the lesbian-led family, and therefore recognition of the non-biological mother (Short, 2007a). In particular, non-biological mothers may face challenges if couples separate regarding child access due to biological emphasis (Perlesz & McNair, 2004). Law makers justify laws which recognise biologism due to the belief that this is in the best interests of the child, when in fact discriminatory laws perpetuate stigma. This can impact on the recognition of the family and the other mother (A. Hequembourg & Farrell, 1999; Short, 2007a).

Participants described the necessity of reinforcing their partner's role as a non-biological mother within both private and public arenas. Despite the challenges, participants in this study validated the role of both mothers as being equally important in the transition to parenthood. Their couple relationship was subsequently of value. Non-biological mothers may face challenges related to feeling out of place within the schooling environment or health care environment (Perlesz & McNair, 2004). Padavic and Butterfield (2011) found that people frequently challenged the non-biological mother's right to be a parent of their child. Lesbian mothers often felt that their parentage did not fit into any category and this took an

emotional toll on them. Despite the lack of recognition, Wilson (2000) discussed that co-mothers stress that parenting is parenting regardless of sexual orientation; the main goal is to create happy homes, which participants in this study strove to achieve. Vanfraussen et al. (2003) found that relationships between the non-biological mother and her children are found to be essentially the same as the biological mother. Both mothers are as involved in child rearing as the other. In their research, the biological link was not found to dictate the relationship with the child.

Queering parenthood

Given that lesbian couples have two mothers, there is a difference which occurs in parenting roles, but one which is not related to sex differentiation (Ciano-Boyce & Shelley-Sireci, 2002). Findings revealed that participants who were biological mothers were the main caregivers for their child/ren post birth. Most returned to work as their children grew more independent or were ready for daycare. Non-biological mothers returned to work after an initial period of time following the birth. This was related to the financial needs of the couple as well as issues of recuperation post-birth and breastfeeding. The decisions made about how paid work and family are managed is based around the couples preferences rather than an assumption that one person assume the role of the main caregiver (Perlesz et al., 2010).

According to Ben-Ari and Livni (2006), the gender roles which are applicable within traditional heterosexual relationships are not applicable within lesbian parenting relationships. Hence, there is a freedom to create new parenting relationships. In contrast to heterosexual couples, the division of labour and responsibility tends to relate to preferences of each partner, individual preference and on personal characteristics (Ben-Ari & Livni, 2006). However, participants in this current study reported that generally partners who were non-biological parents spent more time in paid labour, at least while babies were little. This was more accurately reflected in research which found that non-biological mothers tend to do more paid labour outside of the home; whereas biological mothers spend more time caring for children (A. Goldberg, Downing, & Sauck, 2008; Johnson & O'Connor, 2002). Regardless of this difference, the biological mother was not perceived by couples as being the primary parent, which may clash with perceptions of others (Goldberg, 2009).

Two non-biological mothers noted a similarity to the father role. Padavic and Butterfield (2011) sought to explore the idea that co parents in lesbian families may in fact negotiate a more paternal identity rather than that of a mother, and devised the term "mather" as a combination of both mother and father (p. 180). They point out that by scholars attempting to focus on lesbian co-mothers as mothers, they have reinforced the heteronormative relationships which many wish to deconstruct or challenge. Gabb (2005) discussed that couples are often aware of typical feminine and masculine roles played out in their parenting and relationship. Some lesbian non-biological mothers may define themselves more as fathers than mothers; the queer identity thus changes the meaning and construction of what is family.

Hadley and Stuart (2009) liken heterosexual woman to lesbian women, stating that both sets of women alternate between female and male identifications in both their family life and in paid work. Lesbians may have flexibility in terms of their gender identities which allow for a fluidity in the gender continuum. Lesbian mothers do not fall victim to the inequalities which can be linked to the gender of the partner (Hadley & Stuart, 2009). Therefore, as Gabb (2005) identified, queer parental identities unsettle the cultural understanding of what is maternal when viewed through a lens of queer theory. The changes brought about by disrupting the accepted notion of family means that the practice of femininity or masculinity does not rely on the sex of the person to instill it.

One participant reported feelings of jealousy regarding the attachment of their child to her partner. However, it is noteworthy that of the eight participants interviewed, two were non-biological parents and one was both a non-biological and biological mother. Another participant, who was a biological mother, noted that her partner had been jealous of the time she spent at home with their child. Goldberg et al. (2008) noted there to be a potential for conflict within relationships related to lesbian motherhood since both women take on a mothering role. She states that there is also an opening for jealousy attached to bonding with baby, as well as feeling less capable in terms of being a mother. As Goldberg and Smith (2009) suggested, lesbian mothers may feel less confident in their role as a mother given that they have another female partner to measure their parenting skills against, which heterosexual

mothers do not have. Du Chesne and Bradley (2007) found that, in addition, the lack of social recognition for non-biological mothers can be frustrating and is emotionally painful. Gartrell et al. (1999) found that child preferences can impact on the couple relationship as some non-biological parents report feeling jealous of the bonding between their partner and baby/toddler. However (Gartrell et al., 2000) found that by the age of five years, most couples have an equal parental relationship with their children.

According to Hequembourg and Farrell, (1999) lesbian mothers must claim their role as mother as an actor would; by making it believable by the investment of others. There are difficulties, particularly in the case where the non-biological mother is claiming her role as a mother. Lila reported the assumptions made by children at a local school that she was her child's nanny, not her child's mother (although she was herself a biological mother). Stepping outside of one's personhood and viewing oneself the way others might gives the person a perspective of her identity. These interactions are all influenced by culture and social values (Bergen, et al., 2006). For example, lesbian mothers may legitimise their parenthood and relationship with one another through symbolic constructs. These can include communicating identity through shared last names, naming of parents on birth certificates, wills and other legal documentation (Bergen, et al., 2006). Laura recollected her friend's description of a young boy challenging a teacher to acknowledge his friend's two mothers, "did you hear what she said?" (p. 11). Here the emphasis was on the legitimacy of his friend having two mothers needing to be addressed by the teacher.

Opposing the inclusion of gay and lesbian family education in school curricular is an example of how the natural sexuality of heterosexuality is upheld (Oswald, et al., 2005). Berkowitz (2009) gave an example of how lesbian mothers may queer their families in the public arena through the deconstruction of heterosexual ideals. Berkowitz asked what an onlookers perception may be of a woman who is breastfeeding a child, and then passes this child to another woman, stating that the child was going to their mama. This queer perspective also confounds the construction of identity within a limited framework. "Queering processes" are the challenges made to gender, sexuality or family binaries within heteronormativity (Oswald, et al., 2005). Lesbian women, therefore, exist within a world where their identity and relationships are impacted by the attitudes and perceptions of others.

Conclusion

The participants in this study report that lesbian women's relationships are impacted by their experience of the transition to parenthood in planned families. Lesbian women must seek the assistance of a third party and engage in significant forethought to plan their family. They also experience challenges to their role as a parent, and are aligned with gendered expectations of parenthood. Subsequently others may struggle to understand the unique, yet hugely important role, of the non-biological mother. Viewed through a lens of queer theory, the queering of parenthood occurs through the challenging of heteronormative expectations and the deconstruction of male/female binaries inherent in assumed parenthood.

As Donovan (2000) explained, couples who build families outside of heterosexual unions may often transpose the gendered roles of 'mother' and 'father'; yet do so without gender differentiation. The devaluing of the biological emphasis also means that their relationships and families are empowered. Lesbian women must assert themselves as parents to their children as their relationship and family may be subject to pressure through the expectation that their family have a 'father' as opposed to a donor. Pressures can be felt through participants own family, health professionals, and society at large. Chapter ten will conclude the thesis and discuss the implications of the research, the strengths and weaknesses of the study, and recommendations.

Chapter X: Conclusion

Introduction

The purpose of this study was to explore the question "what is the impact of the transition to parenthood on the relationship in planned lesbian-led families?". This chapter will present an overview of the findings and discuss the assumptions inherent within the research, and how these were challenged. The implications lesbian women, health professionals, teachers, government agents are discussed. The strengths and weaknesses of the study are presented, including the use of queer theory as a theoretical framework for data analysis. Recommendations for early childhood, primary, tertiary and postgraduate education are made, followed by recommendations for practice and clinical environments. Education for professionals is discussed, as well as recommendations for legislation and policy change. The chapter concludes with comments on the experience of completing the research.

Overview of findings

Overall, the research findings revealed that the transition to parenthood for lesbian couples in planned families has some similarities to that of heterosexual couples. However, the findings reported that lesbian couples experience major challenges within their relationship during this transition that are unique. Participants were impacted by the lengthy processes related to conception and the careful selection of a donor. Addressing the changes of significance post-birth (see question 2, Appendix A), participants experience exhaustion, changes in sexual relationships, shared couple time, and changes in their living circumstances. The participants in this study protected their roles as the parents of their children without involving the donor in a parental capacity. Lesbian-led families strive to raise children in loving and stable homes. However, couple relationships are impacted by the effects of homophobia and heteronormativity in relation to their family structure. Couples are also impacted by the responses of others, such as family and health professionals (see question 5 and 6, Appendix A). This includes emphasising biology and the lack of recognition for the non-biological mother which was important in the research findings.

Rethinking assumptions

The assumptions I identified in commencing the research were a) that lesbian relationships should be, but are not, valued equally to heterosexual relationships b) that children can be raised well within lesbian relationships without adversely affecting children; c) that heteronormativity and homophobia affects lesbian women adversely; and d) that roles would be more fluid within planned lesbian-led families. Largely, these assumptions were reaffirmed by the reported findings. However, the assumption I held in regards to roles being more fluid within a lesbian-led family has been challenged. It was found that although lesbian women strove to both be involved in their children's upbringing, generally one parent spent more time caring for children while the other worked, at least in the first year of baby being born. There was one exception to this; one mother worked and cared for her children most frequently and this had an impact on the couple, who separated.

Implications

This research has implications for lesbian women considering parenthood or who have already started this process. Lesbian women may be unaware of the impact that the transition to parenthood may have on their relationship and may feel better prepared for the reality of parenthood through reading the experiences of others who have navigated this same process.

This research also has implications for health professionals, including nurses, in all speciality areas of care, particularly midwifery, public/primary health care, and fertility. Implications for practice include the acknowledgement of partners, and being open, non judgemental and friendly. It is important for health professionals to be aware that lesbian women may purposely seek out health professionals who are felt to be lesbian friendly. Professionals should not assume heterosexuality, despite the presence of children, and be aware that lesbian women may feel unsure or concerned for their child's welfare in coming out to the health provider. For those women who chose to come out, disclosure should be acknowledged appropriately. Professionals should also be aware of issues of power and control which all women may find intimidating, but especially lesbian women. The findings from this study can assist to gain some understanding of the impact of heteronormativity and homophobia on lesbian families and relationships, and broaden their understanding of lesbian-led families. In

respect to the latter, this study also has implications for professionals who work in fields of family related care, such as social work and psychology.

The findings also have implications for teachers and those who work with children and families, such as Plunket nurses, and in early childhood education. Teachers may require further education about the nature of family in order to better protect, teach, and care for children from diverse family structures within schools and early childhood education. They must also be active in challenging heteronormativity and homophobia. Implications for the inclusion of diversity in curricular across teaching specialties is important. In addition, the individual relationships with parents within schools should take into account the possibility of the lesbian-led family, and not assume heterosexual family orientation. The importance of acknowledging the two mothers equally was reported by participants in the study.

In addition, this research has relevance to government and policy development in both healthcare and social development. For example, the *Adoption Act* (1955) currently forbids lesbian couples from adopting children together. Therefore research around the nature of lesbian relationships and the meaning of family, such as biological emphasis for example, may inform legal decision making. This research also has implications for the general public, who may still lack knowledge of the lesbian-led family as a legitimate family structure.

Strengths and weaknesses of the study

The strengths of this study relate to the qualitative research design, which allowed for rich data to be generated. Interviewing participants was assisted through a trusting relationship being built during the interviewing process which included self disclosure. This was particularly important given that lesbian women are a marginalised group within society. This study therefore allowed for the experiences of women to be heard. The geographical spread across New Zealand contributed to the strengths of the study, although it is acknowledged that this was not situated rurally within New Zealand.

Weaknesses of the study relate to the small sample size, which was appropriate for the scope of this particular study but cannot be generalisable to some demographic groups. According to Boswell & Cannon (2007), generalisability refers to how applicable findings are to other populations in different contexts. This is aided by the researcher providing a thorough description of the sample, the setting, and data so the reader is able to judge how transferable the study's findings are (Boswell & Cannon, 2007). Culturally, the participants in this study were homogenous, in that all participants identified as European Pakeha; the findings are therefore not generalisable to other cultural groups within New Zealand. In addition, participants were all educated within the tertiary sector, and all had at least one partner working and bringing in an income. Therefore, lesbian women in lower socio-economic groups were not represented within the sample. However the findings of the study can be generalised to highlight issues of male privilege within society, whereby lesbian women continue to experience marginalisation and invisibility.

Using queer theory as a theoretical framework to analyse the data was a strength within the research. Queer theory allowed me to interpret the findings more critically, and consider the implications of heteronormativity on the participants relationships. It also contributed to viewing the lesbian relationship without the constraints of gender and therefore allowed for openness in interpretation. Reviewing the foundations of queer theory gave a background to early contributors within the field of gay and lesbian studies; this gave me a deeper appreciation and understanding of how the lesbian-led family has evolved within a societal context.

RECOMMENDATIONS

Early childhood, primary, tertiary and postgraduate education

- Early childhood teachers and primary teachers require training and support to enhance their understanding of diversity and lesbian-led families within the environments that they teach. This approach can be beneficial for a variety of family structures and include step-families, solo parents, families with grandparents as caregivers, blended families, and families with varying cultural backgrounds.

- Societal change in regards to homophobia and heteronormativity needs to be approached from an early childhood educational perspective, whereby an understanding of diverse families occurs from a young age. Teachers, parents and early childhood educators therefore have a responsibility in developing this.
- Secondary school education should add to these building blocks and incorporate the acceptance of same-sex attracted people within the curriculum and in sexual education. Taking a proactive approach to address bullying within secondary schooling needs to be inherent within teaching and educational institutes. Anti-stigma campaigns within the media and within schools are of importance.
- Undergraduate degrees should incorporate education about diversity within families and inclusion of the lesbian-led family, particularly in relation to cultural safety. It is also recommended that postgraduate education develops on foundational understandings of cultural safety and enhances critically thinking about heteronormativity and its associated impacts.

Practice and clinical environments

- It is recommended that nurses adhere to the nursing council's definition of cultural safety relating to what the *client determines as being culturally safe*. Therefore, clinical practice guidelines would indicate that the communication with women accessing services is open to variance in sexual orientation. Therefore, asking clients for their opinion and guidance, and being open to feedback, is essential to ensure that clients are receiving care which is appropriate and relevant to their needs.
- Clinicians must ensure that they are open to the disclosure of sexual orientation and remain gender neutral in their communication until this has been established with the client. Once a disclosure has been made it is important that clinicians remain supportive and professional in their communication and care.
- Recognising the important role that both women play within the lesbian-led family needs to be enforced within standards of cultural safety and valuing of the family. Health professionals need to understand that lesbian-led families are valid, important and diverse, and are not necessarily shaped by biological links to one another.
- The impact of language needs to be emphasised, which may include the sensitive naming of the non-biological mother, or the use of gender neutral terms, to include

partners of same gender. Referring to women in terms of their marital status such as Mrs, Ms, or Miss is irrelevant to the lesbian couple. Even for those who have committed through a civil union, these terms may not be inappropriate or invalidating. Marriage is not a choice for lesbians in New Zealand, and labels can imply an assumption of heterosexuality.

- Similarly, the care of children needs to be mindful of issues related to their family. Professionals should avoid using specific terms with children such as 'mummy' or 'daddy' until it is established who is important to the child.
- Ensuring that the clinical environment is suitable for the disclosure of sexual orientation is important. Clinical environments may be GP offices, or fertility clinics for instance. Clinical environments should promote the inclusion of diverse families through posters which depict families in a way which is normalising. The use of standard nuclear family/heterosexual advertising and promotional materials should be balanced to take into account the inclusion of 'lavender families'.
- Forms should be reviewed regularly to ensure they are inclusive of diverse families, for instance using Parent 1 and Parent 2, or caregiver, as opposed to mother and father.

Education for professionals

- Nurses and all other health professionals, and those practicing in social work, counselling, and social sciences, need to have an awareness of the heteronormative world, and its impact on their clinical practice. For this reason, improving self awareness, and the ability to critically reflect and evaluate care, is important.
- Training in areas of family related practice is recommended, emphasising the importance of cultural safety within practice through mandatory training.
- Health professionals must be educated on the power dynamics which relate clinical practice to client care, and the barriers that may prevent lesbian women and their families from seeking healthcare.
- It is also recommended that lesbian visibility in practice is an issue which warrants further attention, as women benefit from the presence of lesbian friendly health professionals and actively seek these services.

- Given the above, it is recommended that District Health Boards and Non Government Organisations are proactive in addressing the training needs of staff to ensure they are equipped to practice in a culturally safe manner with lesbian women.

Legislation and policy change

- Steps must be taken within healthcare, and tertiary education, to ensure that cultural safety is more clearly defined and that lesbian-led families are included in this definition. Specificity relating to wording in policies, for instance, the use of the word 'lesbian' as opposed to 'diversity' may enhance the understanding of requirements within culturally safe practice.
- It is recommended that legislation regarding the *Adoption Act* (1955) be reviewed, as the current Act is discriminatory towards lesbian-led families by not allowing lesbian couples to have legal adoption rights as a couple.
- Legislation relating to human rights and anti-discrimination policy needs to be emphasised within practice environments, such as the *Human Rights Act* (1993).
- Currently lesbians are not able to marry, but have the option of a civil union to legally recognise their relationships. Marriage for lesbian women needs to be re-considered within legislation as being fair and equitable with that of heterosexual people.

Research Recommendations

It is recommended that further research be instigated in areas of the non-biological mother's role within the family and their experience in the transition to parenthood. The research findings suggested that insecurities around the non-biological mother's role was apparent for some couples. One participant touched upon jealousy within her relationship with her partner, however this was not explored as it was not apparent within other's narratives. This may be an area for further research in regards to the couple's relationship. The process of acquiring a donor and the significant thought that goes into this decision and how this may impact the relationship could also be further explored; this was identified in the findings as causing tension. Exploring the attitudes of health professionals in relation to lesbian women and their role as a parent and partner is also a research recommendation. This may assist in identifying

gaps in knowledge and understanding which can be addressed in training and in nursing education.

Overall, any research within a New Zealand context relating to the transition to parenthood for lesbian women and their children is valuable. Much of the current research is drawn from a United Kingdom, European (including Scandinavia), and United States of America context which has the potential to be applied to New Zealand research.

Concluding comments

This research has been significant in examining lesbian relationships within the context of creating families. The participants in this study were open about their experiences which made the interviewing process an enjoyable and interesting time. The time spent with participants revealed important insight into the experience of being a lesbian woman in a relationship at a time when becoming a parent also needed to be prioritised. The resilience of these families was very apparent, as was the clear appreciation and valuing of their children and partners. For this reason, the lesbian-led family appeared to be very much built upon foundations of love and care for their children.

This study has been able to address some of the challenges to relationships that lesbians experience in their journey to becoming parents, such as biological emphasis, the lack of acknowledgement of the non-biological parent, and the inclusion of donors within a family constellation. It has also addressed the significant changes lesbians experience, such as focusing on the baby and being shattered, and how these impact on their relationships. Being a "lesbian family in a straight world" comes with its own set of difficulties that couples must overcome, such as heteronormativity and homophobia, in a world which places emphasis on families containing a mother and a father. As both professionals and lay people, this view of the lesbian-led family, and lesbian relationships must be acknowledged within our educational and professional environments.

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APPENDIX A

SCHOOL OF NURSING
Faculty of Medical and Health Sciences

THE UNIVERSITY OF AUCKLAND
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Private Bag 92019
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New Zealand

Semi structured Interview
Questions guide

Aim
To explore the experiences of lesbian women's couple relationships in the transition to parenthood (whereby parenthood has been planned together) and the effect that these experiences have on their couple relationship.

1. **Can you start by telling me about your current or past relationship history and your child/ren?**

2. **Can you tell me what you think some of the significant changes were for you once your first child was born?**

3. **How did becoming a parent impact on your relationship with your partner?**

4. **What were your experiences of this in relation to your experience both as parents, and as a lesbian couple?**

5. **Can you tell me what your experiences were with:**

- **Friends (social groups)**
- **Family**
- **Nurses and health care professionals**

during the time that you were planning pregnancy, becoming pregnant, or after having had a baby?

6. **How did these experiences impact on your relationship?**

7. **Do you have any other information that is relevant to this study?**

Thank participant for their time and conclude interview.

APPENDIX A

APPROVED BY THE UNIVERSITY OF AUCKLAND HUMAN PARTICIPANTS ETHICS COMMITTEE ON 11/08/10 For 3 years, Reference number 2010/357

Office of the Vice-Chancellor
Ethics and Biological Safety Administration

THE UNIVERSITY OF AUCKLAND
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Te Whare Wānanga o Tāmaki Makaurau
The University of Auckland
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Auckland, New Zealand

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UNIVERSITY OF AUCKLAND
HUMAN PARTICIPANTS ETHICS COMMITTEE

04 August 2010

MEMORANDUM TO:

Helen Hamer / Kristal Roache
School of Nursing

Re: Application for Ethics Approval (Our Ref. 2010 / 357)

The Ethics & Biological Safety Administration has received your amendments for ethics approval for your project titled ''The transition to parenthood: The impact on lesbian couple relationships in planned families''.

All the requirements are now met. You can proceed with the project. The final approval will be issued after the meeting on 11-August-2010.

ALL COMMUNICATIONS WITH THE UAHPEC REGARDING THIS APPLICATION SHOULD INDICATE OUR REFERENCE NUMBER.

Lana Lon
Executive Secretary
University of Auckland Human Participants Ethics Committee

c.c. Head of Department / School, School of Nursing

Kristal Roache
Room 812, The Quadrant Hotel, 10 Waterloo Quad,
Central Auckland

APPENDIX C

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ADVERTISEMENT

<u>If you are a woman who has had a child or children with a past or current female partner then would you consider being part of my research project?</u>

The title of my study is:

The transition to parenthood: The impact on lesbian couple relationships in planned families.

The aim of this research is to explore your experiences of the changes that occurred within your relationship with your partner once a child is born.

This research will contribute towards lesbian women's health care and research around family structures in Aotearoa/New Zealand. Whether you are a biological parent or not, I would love to talk to you.

You will be asked to participate in an interview of approximately one hour at a location which suits you.

If you want to participate, or think you may be interested, please contact me (Kristal) for further information on 0210681449 or krin_roache@hotmail.com or contact person ....(name) and ...(organisation) and an information sheet and consent form will be sent to you.

APPROVED BY THE UNIVERSITY OF AUCKLAND HUMAN PARTICIPANTS ETHICS COMMITTEE ON 11/08/10 For 3 years, Reference number 2010/357

APPENDIX D

SCHOOL OF NURSING
Faculty of Medical and Health Sciences

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CONSENT FORM

Title: The transition to parenthood: The impact on lesbian couple relationships in planned families

Principal Investigator: Kristal Roache

This study is aimed at exploring the experiences of lesbian women in becoming parents, and the effect that this transition has on their couple relationship.

- I have read the participant information sheet and had the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.
- I understand that this consent form will be kept separate from the data in a locked cabinet at the University of Auckland for 6 years and then destroyed.
- I understand that my participation in this study is voluntary. I have the right to withdraw from the study at any time and to withdraw any information I have contributed up until July 2010.
- I agree to the interview being audio taped.
- I understand that I have the right to ask for the audiotape to be turned off at any time during the interview.
- I understand that anonymity will be assured in any publications and presentations resulting from this research. A pseudonym will be used.
- I agree to take part in this research.

Signed……

Name……

Date……

I wish to receive a summary of the research findings YES/NO

APPENDIX D

If yes, please provide a postal address:

APPROVED BY THE UNIVERSITY OF AUCKLAND HUMAN PARTICIPANTS ETHICS COMMITTEE ON 11/08/10 For 3 years, Reference number 2010/357

APPENDIX E

SCHOOL OF NURSING
Faculty of Medical and Health Sciences

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PARTICIPANT INFORMATION SHEET

Title of Research: The transition to parenthood: The impact on lesbian couple relationships in planned families.

My name is Kristal Roache, and I am a student in the School of Nursing, Faculty of Health and Medical Sciences at The University of Auckland. I work as a mental health nurse and a part time clinical tutor for mental health nursing. I have an interest in the well-being of lesbian women, their mental health and family related topics. The study is being undertaken in order to complete a Master's in Nursing through The University of Auckland.

What is the study purpose?
The study will explore the experiences of lesbian women who have had a child/ren together in a way which was planned. Planned families are families where two lesbian women have consciously decided to have a child together, using donor insemination to conceive. The donor may be known to the couple or anonymous. In particular I would like to identify significant changes to the couple relationship as a result of becoming parents together, and how these changes impact on the relationship.

What will I be asked to do?
You will be invited to participate in an interview with the researcher for approximately one hour. You will be given reimbursement for any travel time in the form of petrol vouchers.

Can I withdraw from the study?
You have the right to withdraw from the research up until July 2011. If you chose to withdraw from the research you will need to contact the researcher via email as provided. All data will be destroyed once notification of your withdrawal is received.

What happens to the data if I choose to participate?
Recordings will be a necessary part of the research. A digital voice recorder will be used to record interviews. The interviews will then be transcribed. Both the audiotaped and written data will be held on a password protected computer. The data will be securely stored with the supervisor for this project at The University of Auckland for a six year period. Data will be kept on the supervisors password protected computer or in a locked filing cabinet.

Who will see the data?
The transcripts may be viewed by the researcher and the researcher's supervisors only. After six years all data (electronic or hard copy) will be deleted and destroyed.

APPENDIX E

The data will be reported in a way which is sensitive to avoid any identifying information. This means that no participant's names will be used. Pseudonyms may be used.

Can I change any of the data once I have participated?
You have the opportunity to receive a copy of your transcript to read once it has been transcribed. You have the opportunity to remove or edit anything on the transcript and return to the researcher.

What are the risks and benefits?
For some participants the interview process is a useful way to discuss thoughts and feelings and can be a positive experience. However, taking time to reflect on your own personal experience may mean you have pleasant or unpleasant reactions. I will be able to identify and minimise any possible psychological stress that may arise in the discussion and if necessary will provide guidance for obtaining support for you. In addition the contact details for the Health Advocacy Trust are provided below.

If you are willing to participate in this research then please contact -
Researcher details:
Kristal Roache
School of Nursing
Cell phone: 0210681449
krin_roache@hotmail.com or kristalr@adhb.govt.nz

Supervisors details:

Helen P. Hamer
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Private Bag 92019
(09) 373 7999 ex.t 87441
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HOD details:

Assoc Prof Judy Kilpatrick
School of Nursing
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j.kilpatrick@auckland.ac.nz

Health and Disability Advocate, Telephone 0800 555 050, Northland to Franklin.

For any queries regarding ethical concerns you may contact the Chair, The University of Auckland Human Participants Ethics Committee, The University of Auckland, Office of the Vice Chancellor, Private Bag 92109, Auckland 1142. Telephone 09 373 7599 extension 83711.

APPROVED BY THE UNIVERSITY OF AUCKLAND HUMAN PARTICIPANTS ETHICS COMMITTEE ON 11/08/10 For 3 years, Reference number 2010/357

Thank you for taking the time to read this information sheet.