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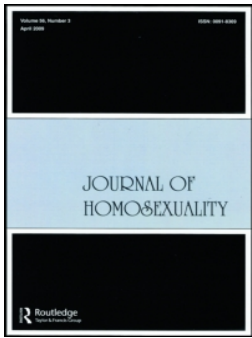


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The Emotional Experience of Motherhood in Planned Lesbian Families in the South African Context: “... Look How Good a Job I’m Doing, Look How Amazing We Are”

Jacquetta Van Ewyk, MA^a and Lou-Marié Kruger, PhD^b

^aDepartment of Psychology, Stellenbosch University, Matieland, South Africa; ^bDepartment of Psychology, Stellenbosch University, Matieland, South Africa

ABSTRACT

This article focuses on lesbian mothers’ emotional experience of motherhood. It forms part of a larger qualitative and exploratory study with 10 lesbian couples in South Africa on their lived experience of planned motherhood. The study is located in a feminist phenomenological framework. Semi-structured interviews were conducted and interview transcripts were analyzed using thematic analysis. Participants described many different emotions associated with new motherhood: hope, joy, love, anxiety, helplessness, exhaustion, and feeling companionship and togetherness as well as feeling compromised and deprived. Mothers described these emotions but also focused on the development of a new identity, that of being a mother.

KEYWORDS

Lesbian mothers;
motherhood experience;
planned lesbian families

Introduction

The concept of family and what makes a family “normal” and functional has changed in recent years within many Western societies (Bos, 2013). As such, the idealized notion of the traditional nuclear family is no longer considered to be the only viable family form (Bos, 2013), with an increased awareness of the viability of other family forms, including single-parent families, stepfamilies, and same-sex families (gay- and lesbian-headed). Recently, formed lesbian families are not only composed of divorced lesbian mothers (from heterosexual marriages/partnerships) or single lesbian mothers and their children forming a family with their new partners but also include so-called “planned lesbian families” (Hayman, Wilkes, Jackson, & Halcomb, 2013), consisting of lesbian couples who choose to have and raise children within their current relationship using donor insemination, surrogacy, and/or adoption (Moore & Stambolis-Ruhstorfer, 2013).

While traditionally lesbian mothers were regarded to fall outside of the heterosexual norm and were considered by many to be unnatural, immoral,

inappropriate, and deviant (Wall, 2011), more recently, and in many contexts, motherhood and lesbianism are not considered to be incongruent and the term “lesbian mother” is no longer considered to be an oxymoron (Hequembourg & Farrell, 1999). In South Africa, specifically attitudes toward homosexuality are slowly shifting, with less homophobia and more visible lesbian and gay communities in larger cities, while homophobia often persists in smaller towns and townships (Everett, 2014). These shifting attitudes are happening in the context of acceptance of the South African Bill of Rights, contained in the Constitution of the Republic of South Africa, stating that no South African may be discriminated against on the basis of their sexual orientation (Act No. 108 of 1996). While, in general, this made it possible for gays and lesbians to be more open about their sexuality and their lives (Ryan & Berkowitz, 2009), further legislation gave lesbian mothers access to fertility procedures and adoption (Lubbe, 2007a): The Human Tissue Act of 1983 was amended in 1997, granting lesbian couples access to reproductive technology, while amendments to the Children’s Act (No. 38 of 2005) made it possible for them to adopt children. This access to fertility procedures and adoption was of crucial importance to lesbians who wanted to become mothers, as legal protection served to facilitate the process of becoming mothers both practically and emotionally (Rozental & Malmquist, 2015).

In the 1990s, the number of planned lesbian families reportedly rose sharply (Clarke, 2008), specifically in places such as the United States, Europe, and the United Kingdom (Bos, 2013). South African statistics regarding planned lesbian families are scarce (Suckling, 2010). The 2011 census refer to “other family structures,” indicating that 25% of South African households consist of family forms that differ from usual family forms such as traditional, stepparent, and single-parent families. These “unusual” family forms include grandparent- and child-headed households and gay couples (Jeffery, 2015). The census does not specify the size of each subgroup and does not provide specific statistics for lesbian families or more specifically planned lesbian families.

Even though the number of planned lesbian families in South Africa is unknown, one can infer that amended legislation and increased access to reproductive facilities probably mean that in South Africa, like elsewhere in the world, there is an increase in planned lesbian families (Bos, 2013; Suckling, 2010), making research into planned lesbian families worthwhile and necessary (Moore & Stambolis-Ruhstorfer, 2013).

Not surprisingly then, research into lesbian families,¹ and specifically planned lesbian families, has steadily increased within various Western societies, most notably the United States, Europe, the United Kingdom, and Australia (Bos, 2013). Studies generally focus on the relationships between partners as well as between parents and their children (Bos, 2013). While studies originally focused on comparing lesbian families to other

families, more recently the focus of the international literature changed to studies that explore the unique aspects and relationships within lesbian families, without comparing these families to their heterosexual counterparts (for a comprehensive review of the literature, see Van Ewyk, 2013).

Research into South African lesbian motherhood is still limited (Lubbe, 2007a; Suckling, 2010; Van Ewyk, 2013). Published studies that could be found included an individual lesbian mother's experience of motherhood in the cultural and political context of South Africa (Distiller, 2011), studies of the experiences of children (Lubbe, 2007b, 2008) and adolescents (Van Der Vlies, Grobler, & Denton, 2015) growing up in lesbian families, and a study considering the social identity of the South African lesbian family (Breshears & Lubbe-De Beer, 2016). Several recent unpublished studies concerned with South African lesbian motherhood could also be found (Distiller, 2010; Suckling, 2010; Swain, 2010; Van Ewyk, 2010), perhaps indicating that despite the relative paucity of research (Lubbe, 2007a), there is growing interest in this topic.

Given the relative paucity of literature, the first author of the paper embarked on a study in 2011, exploring South African lesbian mothers' lived experience of motherhood in the context of planned lesbian families. In this comprehensive descriptive study, a wide range of topics emerged that were of central concern to the lesbian mothers participating in the study. These topics included the process of deciding to become mothers, the process of becoming mothers, the motherhood experience itself, and anticipated and actual societal responses to lesbian motherhood (including responses of society at large; significant others such as friends and family; and those in the caring professions such as medical personnel, adoption agency personnel, and teachers (Van Ewyk, 2013). While, in general, we are interested in how the external is internalized and the internal is externalized, the focus in this particular paper is not on the delineation of different external factors that were constructed as impacting on the experience of motherhood, but rather on simply describing the emotional experience of lesbian motherhood. As such, this paper focuses on "the place of emotions in an on-going process in which the key ingredient is the lived experience of transition (being moved by the things that affect us and moving the things that we in turn affect)" (Stenner, 2015, p. 44).

Methodology

In this qualitative study, lesbian mothers' experiences are located within a feminist phenomenological framework, in order to explore lesbian mothers' lived experience of being a mother (Chisholm, 2008). This framework facilitates both an expansion and deepening of research (Fisher, 2010), as it

focuses on the importance of the context of lesbian mothers' lived experience, including the social, cultural, and political dynamics impacting on the experience.

The study included 10 lesbian couples from planned lesbian families who had children living in their home. Three couples were from Cape Town, five couples were from Pretoria, and two were from Johannesburg, urban nodes with bigger lesbian communities (Everett, 2014) and more ready access to reproductive technology and adoption agencies. All participants were self-identified lesbians living together as committed and intimate partners (either through domestic partnership or marriage/civil union). Bisexual, gay (males), transgender, intersex, pan-, and asexual people were not included, as such identity markers would compromise the heterogeneity of the sample and would introduce other complex dynamics (of course also worth studying). The couples all took conscious and determinate steps to plan their families, either through conception or adoption, and were raising their children together. All but one participant identified as White, with this participant identifying as being "coloured."² With regards to socioeconomic status, all the couples can be described as middle-class. In nine of the couples, both partners were employed, and in one, only one partner was employed. The costly procedures related to reproductive technology and adoption may have been the reason for the participants' middle-class status. The ages of the participants ranged from 25 to 49 years. Their educational qualifications ranged from completing high school to possessing a tertiary degree. The length of their current relationship ranged between 2.5 and 17 years, with a mean duration of 8 years and 7 months. The religious denominations of couples were as follows: six couples were Christian, two couples were atheist, and two couples had partners with differing religious denominations (one Christian and Jewish, one Christian and atheist). Each couple had only one child, with ages ranging between 10 months and 3 years. Eight couples used donor insemination to have a child and two couples opted for adoption. Both adoptive couples adopted an African child.

Given that the topic of research was sensitive and potential participants can be considered to be part of a hidden or hard-to-reach population (Browne, 2005), chain referral (Penrod, Preston, Cain, & Starks, 2003) was used to recruit the 10 couples. The use of different networks increased the likelihood of access to participants who move in different social networks.

Participants were interviewed as couples. Conducting an interview with the couple provided certain advantages. Partners could potentially help each other remember, or describe, events or experiences, but couple interviewing also provided a means to understand lesbian motherhood from different vantage points: those of biological, social (the nonbiological partner), and adoptive mothers, together with the vantage point of the couple.

Data were collected through a demographic questionnaire followed by an in-depth, semi-structured interview with open-ended questions. As such, in-depth data could be elicited and participants could speak for themselves and focus on topics they deemed important or of interest to them.

Prospective participants were contacted via e-mail messages to explain the purpose of the study and to ask whether they might be interested in participating in the study. Participants were informed of the first author's lesbian orientation before the interview commenced. According to Acker (2000), belonging to a shared group may increase rapport and the information participants are willing to share. Self-disclosure, in a sense, aids in leveling the hierarchy between the researcher and the participant, thereby facilitating trust and allowing the participant to provide more in-depth and intimate information, especially related to a sensitive topic (Dickson-Swift, James, Kippen, & Liamputtong, 2007).

The first author is bilingual and conducted each interview in the participants' own homes in the language of their choice, either Afrikaans or English. Interviews averaged in length between 1 and 2 hours and questions included "describe how it feels to be a mother." Interviews were recorded on a voice recorder, with the couple's permission, and subsequently transcribed verbatim and analyzed.

Due to the larger study's exploratory nature and its aim to develop a comprehensive and overall view of lesbian mothers' lived experience of motherhood, thematic analysis was deemed appropriate and was used to analyze and interpret the data (Braun & Clarke, 2006). The focus was more on the surface meanings of the data than on theoretical interpretations of participants' words (Braun & Clarke, 2006). The data were analyzed by applying the six phases of thematic analysis as described by Braun and Clarke (2006): (1) transcription of the data and immersion in the data by reading and rereading; (2) systematic coding of interesting features across the entire data set; (3) fitting codes into possible themes and collecting data that are deemed relevant to these possible themes; (4) checking themes to ensure that it worked in relation to the extracts that were coded (level 1) and compared to the entire data set (level 2), which enabled the generation of a thematic outline of the analysis; (5) constant analysis to refine the specifics of each of the themes and the overall story of the analysis; and (6) selecting and analyzing convincing extract examples from the data. The analysis was then related back to the research question and literature. All Afrikaans quotations were translated into English.

Results and discussion

The focus of the current study was to describe a group of South African lesbian mothers' emotional experience of motherhood. Emotions focused on

by mothers in this study included hope, joy, love, anxiety, helplessness, exhaustion, and feeling companionship and togetherness as well as compromised and deprived. Mothers described these emotions but also focused on the development of a new identity, that of being a mother. How participants constructed the ways in which their emotional experiences were shaped by external support/or lack thereof and other responses to their families is not the focus of this paper, but will be further discussed in Van Ewyk and Kruger ([forthcoming](#)).

Hopes, fantasies, and ideals

The mothers in the study, like most mothers, talked about hope—fantasies and ideals about what their children should become. Striking, however, was the fact that most mothers in the study did not report that they had preconceived ideas of what or who their children should become. Rather, they spoke about wanting their child to be his or her own person:

Dana: And we don't want to push him into anything, you know ... must do rugby ... must do cricket [chuckling], what we want him to do, is what he wants to do.

Participants seemed not to have clear or explicit goals for their children and stressed that they did not want their children to be constricted by societal rules, specifically, rules regarding gender and sexuality:

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

Other studies (Bos & Stanford, 2010; Johnson, 2012) also found that lesbian mothers appear to place great emphasis on encouraging their child's autonomy, uniqueness, and agency instead of conformity. Implicit in their hopes for their children are dominant discourses of sensitive mothering and democratic parenting (Gilles, 2007), discourses prevalent in middle-class families in the context of a neoliberal society.

Joy

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

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

They marveled at how motherhood has fulfilled and enriched their lives:
Megan: You know, special that she has done is, she's enriched our lives for us ...

Tracy: Fulfilled ...

Megan: Yes.

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

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

Participants' statements that the transition to motherhood was joyful and meaningful is consistent with international research concerned with planned lesbian families (Bos, Van Balen, & Van Den Boom, 2004; Conlin, 2001; O'Neill, 2011; Perlesz & McNair, 2004).

Love

Participants described how bonding between themselves and their child took place. They described the pace of bonding but also described aspects that facilitated or impeded the pace. Some biological mothers reported that they bonded with their child while in the hospital, while for others, bonding happened later:

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

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

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

The bonding experiences of social mothers also varied. Some bonded immediately, while some described their struggle with bonding:

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

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

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

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

It is interesting that, even with the explicit desire to have a child, bonding between lesbian mothers and their children happened at a different pace for each mother. A difference in the pace of bonding holds true for both heterosexual and lesbian mothers. According to Littleton and Engebretson (2005), there are various factors that can facilitate or hamper the pace of bonding between a mother and a child. These factors can include difficulty during delivery, experiences of pain or exhaustion, or struggling to take on the role of being a mother (Littleton & Engebretson, 2005). The variations and pace of bonding could be due to internal or external barriers in the facilitation of bonding with their child. The stress and trauma of delivery could have caused an external barrier, and struggling to identify as a mother could have caused an internal barrier. Resolution of external barriers to bonding seemed to result in faster bonding than internal barriers. This may be due to the external barrier, such as the stress of delivery, being easier to resolve. Participants who experienced internal barriers took longer to bond. This may be due to the participant having to resolve internal issues themselves, such as identifying as a mother, before the process of bonding could take place. However, even though participants had various reactions to the pace of bonding, they seem to have made sense of how quickly or slowly bonding occurred for them.

It was generally reported that children did not bond more with one mother than the other, regardless of having biological ties:

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

Olivia: You know, there were other people in his life before us, and I must say we never had that problem with him, from day one he was fine,

he really was. I mean, I must be honest, sometimes I think, you know, about the ease with which it all happened.

These quotes suggest that couples who used donor insemination felt that children loved their social mother just as much as their biological mother and that children from adoptive couples seemed to love both their adoptive parents. It seems that the rate of bonding for a child with his or her parents is based on the infant becoming attached to his or her parents, which takes place through touch and whether the parents are responsive and caring. This is supported by studies that have found that the bonding relationship for a child is not dependent on biological ties, but relies more on the attention and care that the child receives (Farr & Patterson, 2009; Vanfraussen, Ponjaert-Kristoffersen, & Brewaeys, 2003). Although a few studies have found that some social mothers initially struggled to bond with their child (Hadley & Stuart, 2009; Wojnar & Katzenmeyer, 2014), for others bonding happened quickly (Hayman et al., 2013). Further, research indicates that children have bonded equally with both their social and biological mother (Goldberg, Downing, & Sauck, 2008), as well as both mothers in adoptive couples (Erich, Leung, Kindle, & Carter, 2005). These findings suggest that the necessity of biological ties for bonding is not necessarily as important as heterosexist norms tend to indicate.

Anxiety, helplessness, and exhaustion

Like heterosexual mothers (Porter & Hsu, 2003) and lesbian mothers (O'Neill, 2011) elsewhere, participants described feeling overwhelmed by the responsibility of raising a child:

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

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

Tina: Tried to be prepared, you are [chuckles] just not prepared.

Anne: Difficult, 'cause you never stop worrying.

They reported feelings of helplessness:

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

As in other studies of lesbian motherhood, O'Neill's (2011) participants stated that infants' intense demands for attention led to existential crises, feelings of being stuck and feelings of extreme exhaustion:

Mandy: It's just, all your energy is going into this child.

Blaire: You don't, over time you adjust and you get accustomed to it. But when it hits you, that, oh, you just think to yourself, is my life going to be any different, am I going to ever have a normal life again? Cause you kind of get stuck into this rut of, like, baby sleeps, baby shits, baby feeds, baby sleeps, baby shits, baby feeds and ...

Mandy: And then it starts all over again.

Blaire: And that's how you go, but you're going like that 24 hours a day, 7 days a week. And you just think to yourself, ah, is this ever going to change? It does. I mean, they go through different phases and eventually it becomes easier and easier and easier, but parenting is insane, it's just mad.

Mandy: Nothing can prepare you for the exhaustion.

Participants also stated that as their child grew, the constant demand for attention became less. As a result, child care became easier:

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

They also felt that the stress of the responsibility was manageable if one felt ready for a child:

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

Wall (2013) conducted a study on lesbian couples regarding their perceived parenting skills and readiness to parent. Lesbian mothers, irrespective of using conception or adoption, found it necessary to be ready for motherhood. According to them, feeling emotionally ready to be a mother helped prepare them for the responsibility of child care as child care is hard work and challenging. It seems that being prepared to become mothers along with acquiring the necessary skills can make child care easier.

Participants further expressed that co-parenting alleviated much of the stress and prevented exhaustion. For them, the implementation of co-parenting meant that partners did not have to experience frustration with too much of the responsibility falling on only one parent:

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

Research indicates that lesbian couples usually employ co-parenting (Bos, 2013). Some of the benefits of co-parenting are alleviating exhaustion and not feeling that one has to cope alone, which helps to prevent frustration and resentment in relationships (Bos, Van Balen, & Van Den Boom, 2007).

Companionship and togetherness

For participants in the study, motherhood seemed to confirm the companionship and the equal partnership they experienced with their partners:

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

Due to lesbian couples consisting of two female partners, there seemed to no obvious adherence to traditional gendered role division relating to household chores and childcare. Couples clearly aspired to break away from rigid gendered role division and were outspoken about the importance of flexibility:

Lucy: I will, for example, bathe her and Tina will dress her or, we still do it, or I will dress her or Tina will bathe her and I will dress her. So, we never really have, you only do this and I only do this, we take turns.

As in other studies of lesbians motherhood (Goldberg, 2013), participants adhered to a principle of equal sharing of responsibilities. Lesbian partners in the current study reported that a fair division of labor was not always possible but that partners were, in general, also flexible and pragmatic

about the division of labor (Ben-Ari & Livni, 2006; Esmail, 2010). The division of labor was not reported as being a major issue between partners:

Blaire: In the sense that we kind of, are able to say, look I'm really busted, I need you to take over. And we do that, but generally, average week it's like I'm kind of, like, out here early in the day, and I often do, like, the running around, so. If Mandy has to work the whole day, then I'm the one that run with Beth to granny in [name of suburb] and then go into town into the office, and I'm the one that picks her up in the afternoon and comes home again. So, we kind of share, but we all do different things. Overall, I think that we share the responsibility.

Various factors such as biological motherhood, child and parent temperament, and job responsibilities dictated how couples divided child care, implicitly suggesting a principle of flexibility:

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

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

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

Further, participants typically felt that, after becoming mothers, they could rely on their partners for practical and emotional support. With the implementation of co-parenting it seemed as though participants deemed the support received from their partners as the most significant factor in how they experienced motherhood:

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

Feeling supported by one's partner may have a direct impact on participants' experience of partner satisfaction. Goldberg (2013) and Johnson (2012) found that lesbian couples were satisfied with their partner as a co-parent. This was mainly due to them sharing tasks as equally as possible and consequently being less disillusioned about the division of child care duties

than mothers in heterosexual relationships. Therefore, participants reported that satisfaction with their partners may be due to co-parenting, with both wanting to be a mother and taking on the responsibility of being a mother.

There was one case in which a mother expressed disillusionment about her partner's involvement. However, her partner acknowledged her need to become more involved and explained that her failure was due to stress at work and adapting to a new environment:

Natalie: I am very stressed [chuckling], work stress. ... And through all these stresses and things, we actually went through a hell of a lot in the 2 years. It was his birth, then she was retrenched, then we moved to Johannesburg. You know, it's a lot that we need to adapt to, where our whole life has changed. But hopefully next year everything will be back to normal, type of thing.

While the couple reported dissatisfaction with an unfair division of labor and very set roles, the notion that "normal" was more equal and more flexible is still implicit in this narrative of discontent.

Also regarding the division of household chores, participants spoke about striving to divide chores as equally as possible, with the division influenced by factors such as personal preferences, respective strengths, or work arrangements:

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

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

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

Lesbian mothers in this study negotiated the division of labor on the basis of equal sharing and freedom of choice in the roles that they would take on (Esmail, 2010; Goldberg, 2013) and thus subverted the division of labor according to stark gender lines. It can thus be stated that while in some ways lesbian mothers in the current study adhered to dominant discourses of motherhood, in their emphasis on equality and flexibility, powerful gender discourses were subverted.

Deprived and compromised

While lesbian mothers in the current study reported the joys of and their total immersion in motherhood, they were very aware of the compromises of

motherhood. Participants reported changes in their relationship, feeling that less time together as a couple compromised intimacy and connection:

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

They also reported changes in their sexual relationship, typically experiencing a decrease in sexual activity. However, they emphasized that love was more important than sex in their relationships and did not express regret about the decrease in sexual activity. They rationalized and attributed this change as a temporary sacrifice of motherhood:

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

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

The research available indicates that after the birth of a child, most parents experience having less time to focus on their couple relationship and that this has an impact on their relationship and sexual activity (Pacey, 2004). These findings also seem to apply to lesbian relationships (O'Neill, 2011; Suckling, 2010; Wall, 2013). The fact that participants were reportedly not distressed by the decrease in sexual activity may indicate that sex is not a priority and that this was a sacrifice couples were willing to make in order to have a child. This, consequently, defies the stereotype of the highly sexualized and promiscuous lesbian (Biblarz & Stacey, 2010). However, due to the sensitive nature of the topic, it is also possible that couples found it difficult to talk about their frustration in the context of the interview or in front of their partner.

Relating to social activities, socializing with friends became increasingly difficult, as it involved considerable planning and organization. Some couples declared having good friends who were very understanding and accommodating in this respect. However, some participants reported having fewer friends because they were unable to socialize as much as before:

Courtney: Things are not the same anymore. But I am happy about it, because I made a decision to give my life to my child and to my wife, you know, for my family. ... Because, oh, friends are not always there, you know. ... But your wife and child, I think, will always be there.

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

Despite socializing with friends becoming difficult, participants reported that they did not regret having their child even when it resulted in them having fewer friends. They chose to view these changes as an adjustment and not a loss, feeling that their child was worth all of these sacrifices (O'Neill, 2011; Wall, 2013).

In general, the participants in this study seemed to think that as mothers they should situate the needs of their child above their own. For instance, participants state that “you must think ... consider” and “always have to think (about)” the needs of their child before making arrangements to go out or visit friends. This included not only considering their child’s health and routine but also ensuring that the places they go to are child-friendly:

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

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

Similar to lesbian participants in O’Neill’s (2011) study, participants spoke about the necessity of having to subvert your own personal interest in favor of the child’s interest:

Blaire: It’s like in the past you get excited about sexpo, now you’re getting excited by baby expo [chuckling], weird.

Implicit in this is a motherhood discourse that suggests that good mothers place the needs of the child above their own (Wall, 2013). Selfless and self-sacrificing mothering is regarded to be part and parcel of contemporary motherhood ideals (Wall, 2013). Feminist scholars point out how women have generally been raised to place the needs of others above their own and are constructed as being nurturing and selfless (Hequembourg, 2007).

Participants stated that work obligations had an impact on the time they could spend with their child. However, for them to be financially secure, both partners had to work:

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

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

Tina: For me the most difficult is to go to work in the mornings and leave her here. And to go away on my work trips, because I want to be with her every moment, it's difficult for me.

Hadley and Stuart (2009) and Perlesz et al. (2010) reported that it is typical for both partners in a lesbian relationship to work. They found that participants reported conflicting desires as they had gone through great efforts to have children and wanted to spend time with them, but they also had to work in order to provide a better future for their family. This conflict could be due to dominant motherhood ideologies stating that good mothers should stay home and look after their children (Hadley & Stuart, 2009). The lesbian mothers in this study were clear about the necessity of both partners earning an income, even though this compromised their time with their child.

A new motherhood identity

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

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

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

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

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

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

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

This internal struggle may be due to social ideals where a mother is expected to have biological ties to her child in order to be considered the “real” mother (Dunne, 2000; O’Neill, 2011). Internalizing these ideals may be the reason some participants initially struggled to identify themselves as a mother:

Blaire: I thought that because I never carried Beth and I said, I’m her mother, people would think I’m a phony. ... But you’re also dealing with this stuff and you feel in a way guilty, ‘cause your mind is telling me, why should you feel like that, why is your brain and your psyche playing those tricks on you, why can’t you just get with the program. But you kind of work it through.

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

Blaire: Just because I had not physically carried her, or she is not my genetic make-up, or anything like that doesn’t mean that I’m not her mother. She’s still my daughter, and I still will protect her like crazy, like I did the other day. I have to protect her, and I thought, okay well, you know, that’s it, there we go, there’s the proof of what I was looking for ... I was protecting my young, I was not, you know, I mean, you just lose all rationale when you have to protect your young. And you will fight, like, you will even hit your mother if you have to [chuckling]. That was the breakthrough that I had, where I kind of said, stop beating yourself up about this thing, stop trying to over-analyze yourself, stop trying to look for identification, you’ve got it, it’s there, you know. You’re her mother, you will fight, you will even hit your own mother [chuckling].

The fact that biological and nonbiological mothers in the current study identified themselves as mothers, that is, feeling loving, caring, and protective toward their child, serves to subvert the notion of biological supremacy and contest the association of motherhood with biology, where a “real” mother has biological ties to her child (Dunne, 2000). Motherhood is thus not reduced to biology but has to do with feeling and acting like a mother (Hequembourg & Farrell, 1999). The implication is that being a biological mother does not automatically indicate efficacy at nurturing, just as being a nonbiological mother does not inherently imply an inability to nurture (Hrды, 2009).

Conclusions

The aim of the current study was to describe a group of South African mothers' emotional experience of motherhood. Participants in the current study described many different emotions associated with new motherhood. These feelings ranged from hopefulness, profound joy, and intense love to feeling overwhelmed, exhausted, and worried. Mothers discussed how having a child impacts on the couple relationship and socializing, often leaving them feeling deprived and compromised. While mothers in this study clearly were in touch with negative feelings and were aware of the compromises and losses associated with motherhood, they did not report anger, frustration, or regrets. Also, none of the mothers participating in the current study could be described as being depressed.

The relative positive portrayal of motherhood might have to do with sampling (angry and/or depressed mothers may not volunteer for such a study); with the design of the study (couple interviews may have meant that participants did not feel free to discuss their anger and frustration with partners or did not want to admit their loneliness); or with wanting to please the interviewer (a self-identified young lesbian woman wanting to become a mother).

However, as suggested by the data above, it is also possible that some of the phenomena typically associated with postpartum depression (Leigh & Milgrom, 2008; Robertson, Grace, Wallington, & Stewart, 2004; Ross, 2005) were not present here, for example, unequal division of labor; lack of flexibility; lack of partner support; isolation and loneliness; unrealistic and rigid expectations of the child; poverty; or an unplanned, unexpected, or unwanted child. This finding is important, because it may serve to support the assertion that so-called postpartum depression has less to do with having a baby and more to do with the conditions within which many mothers, specifically those in developing countries like South Africa, become mothers.

Further, this relatively positive portrayal of motherhood may also have to do with the fact that despite legal and ostensible acceptance of motherhood, lesbian mothers still feel as if they are under constant scrutiny and that they have to prove themselves as mothers (Bos et al., 2007; Brooks & Goldberg, 2001; Donovan & Wilson, 2008; McNair, Dempsey, Wise, & Perlesz, 2002; O'Neill, 2011; Perlesz & McNair, 2004). Suckling (2010) reported that the lesbian couple in her South African study also experienced societal scrutiny with the couple feeling that they have to work hard to prove their parenting capability. In the words of the participants:

Mandy: I think, also for lesbian parents ... I mean, and I talk for myself here, you kind of are trying to prove to society just how good a

mother you are ... all the time, because you know that society has these ideas about gay parents.

Blaire: And you kind of want to go, fuck you, look how good a job I'm doing, look how amazing we are, don't come with that shit, don't try and throw that whole car at us because it's not true, we are living proof that it's not true. So, I know that for us we try harder all the time to be really good parents and to be the best parents that we can possibly be so that we can also show society prrt [sound to indicate "in your face"] you guys are wrong, in the way that you, and not all of society but, you know, those ones that kind of say you shouldn't.

While one possibility is that lesbian mothers are invested in portraying themselves as good mothers because of a perception of constant scrutiny, another possibility is that they do in fact work hard at parenting and have good parenting skills (Biblarz & Stacey, 2010; Bos et al., 2004, 2007; Brewaeys, Ponjaert, Van Hall, & Golombok, 1997; Flaks, Ficher, Masterpasqua, & Joseph, 1995; Golombok, Tasker, & Murray, 1997; Perlesz et al., 2010; Vanfraussen et al., 2003). This may be due to their awareness of public scrutiny but may also be related to the fact that mothers in planned lesbian families are generally prepared, highly motivated, and emotionally invested in becoming parents.

Our findings seem to suggest that lesbian motherhood can potentially subvert the ideology of biological and natural motherhood and serves to subvert the notion of intensive mothering (i.e., the mother who is not formally employed), but it is interesting to note that other dominant motherhood discourses are still implicit in participants' representations of motherhood. The ideals of the self-sacrificing mother and the sensitive and democratic mother certainly impacted on how participants experienced motherhood.

In conclusion, we can say that mothering, perhaps more than any role in society, has been invested with pervasive ideological meanings and cultural significances (Bassin, Honey, & Kaplan, 1994; Glenn, 1994; Hays, 1996; Parker, 1997; Robson, 2005), with authors frequently referring to "the myth of motherhood" (Braverman, 1989, p. 244; Glenn, 1994, p. 9) or "the fantasy of the perfect mother" (Chodorow & Contratto, 1982). This means that women's experiences of themselves and their bodies as mothers are mediated by their interactions with institutions and discourses (Leuvennick & Hamman, forthcoming). Our study shows that "mothering is a culturally determined role; that the objectives of mothering differ from generation to generation; and that social and economic realities significantly influence the expectations of motherhood" (Braverman, 1989, p. 228). Our findings also suggest that studying lesbian motherhood in a developing country, that is, exploring

the psychological experiences of those on the margins during marginal times, can facilitate a deeper understanding of the assumptions and limitations of dominant motherhood discourses. Flax (1995, p. 157) states in this regard that researchers should strive to “generate an infinite ‘dissemination’ of meanings. They should abjure any attempt to construct a closed system in which the ‘other’ or the ‘excess’ are ‘pushed to the margins’ and made to disappear in the interest of coherence and unity.”

Notes

1. In the context of this paper and in reference to previous studies, the term “lesbian family” is used as an overarching term to include lesbian couples with children, where the mother is divorced from her husband, single lesbian mothers, as well as planned lesbian families. Where reference is made to a specific family form, this will be stated. Furthermore, reference to “family” should be understood as meaning “families with children living in the home.”
2. In this paper, the category of “coloured” will be used to refer to South Africans said to be of diverse and mixed racial origins.

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