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Becoming a birth mother in the context of a planned same-sex family: ‘As amazing as it is, it’s kind of a tough road to navigate’

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ABSTRACT
This qualitative study explored how ten birth mothers in same-sex relationships in Ireland experienced becoming a mother. Semi-structured, face-to-face interviews were audio recorded and transcribed verbatim. Data analysis drew on Interpretative Phenomenological Analysis (IPA) to identify two superordinate themes and related subordinate themes. The first superordinate theme, ‘Negotiating the joy and the strain’ encapsulated the dichotomy of positive and negative experiences mothers encounter in their role. Two subordinate themes, ‘Embracing motherly connection’ and ‘Grappling with motherhood expectations’ captured the positive experiences of attachment with their child and the challenges entailed in being in the ‘stereotypical’ role of the birth mother. The second superordinate theme, ‘Building a united front’ represented the experiences within a couple pertinent to an LGBQ+ family in a heteronormative context. Two subordinate themes, ‘Creating a shared motherhood’ and ‘Uniting as a family in an insecure system’ highlighted how the couple created strength and empowerment within their relationship and family. The findings emphasize the internal and relational processes that impact on the identity formation, couple relationships, and family dynamics of birth mothers becoming a mother in a same-sex relationship. Implications and recommendations for practice and future research are discussed.

Research on mothers in Lesbian, Gay, Bisexual, Transgender, Queer and/or Questioning, Intersex, and Asexual (LGBTQIA) families has grown in the last 40 years (Goldberg & Allen, 2012) and has highlighted efforts taken as a couple in deciding when and how to become mothers (Chapman et al., 2012; Titlestad & Robinson, 2019). The journey to becoming a mother in a heteronormative world entails a range of emotions and challenges for many same-sex couples during family planning and engagement with their families and local communities (Appelgren Engström et al., 2018; Gartrell et al., 2019; Gregg, 2018; Titlestad & Robinson, 2019).

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Research has portrayed an overarching theme regarding the need for mothers in same-sex relationships to ‘continuously defend and justify their positions as parents’ (Malmquist & Nelson, 2014, p. 70). Such challenges have been accompanied by an acknowledgment of strengths, including parenting without social templates, greater openness within their family and society, and collaborative and egalitarian parenting (Titlestad & Robinson, 2019). The dialectic between marginality and mainstream conformity has been highlighted as a significant experience for same-sex mothers (Ben-Ari & Livni, 2006; Rippey & Falconi, 2017). This reflects the proposition of Lewin (1994) that lesbian mothers bring a unique challenge to the cultural opposition between ‘lesbian’ and ‘mother’. The experience of this may be emphasized for birth mothers in same-sex relationships through experiencing pregnancy and related practices (e.g. breastfeeding) that are often what Ingraham (2010) describes as ‘heterogendered’ (i.e. assumptions regarding another that are both heteronormative and gender normative) in society (Rippey & Falconi, 2017).

Relative to research on birth mothers in heterosexual relationships, much less research has explored specific experiences pertinent to birth mothers (e.g. pregnancy, postpartum experiences) (Tanganhito et al., 2019) in same-sex relationships (Rippey & Falconi, 2017). The current study seeks to explore the experiences of becoming a birth mother in the context of a same-sex couple in Ireland.

The decision-making process in becoming a mother in a same-sex couple

A vast amount research on same-sex motherhood refers to the decision-making processes involved in becoming a mother (e.g. Goldberg & Scheib, 2015). Inherent in the experience of motherhood for same-sex mothers who conceive children through assisted reproductive technology (ART) is the intentionality of becoming a mother (Lewin, 1994). The initial decision-making stage where couples decide if they would like to have children involves several influences such as experiences of discrimination, stigma, and socio-cultural values (Kleinert et al., 2015). Couples undertake high levels of research in the decision-making process, whereby considerations such as child outcomes, routes to parenthood, costs, and legal implications of various routes to pregnancy are discussed (Ben-Ari & Livni, 2006; Chapman et al., 2012). Initial consideration of whether the couple would like to adopt or whether one of the partners would like to give birth involve considerations about age, health status, fertility levels, legal implications and cost (Chapman et al., 2012; Titlestad & Robinson, 2019).

Following this stage of decision-making, there are various routes to conception for the couple. Donor insemination and in vitro fertilization (IVF) are the most widely used options. Donor insemination is less expensive than IVF in many countries (Gregg, 2018), although the costs vary substantially across countries (Fauser et al., 2019). If a couple choose donor insemination, many will need to decide if they wish the donor to be known or unknown. Many countries still maintain the option of unknown donors. However, some countries, such as Ireland, where the current study is situated, have implemented legislation (Children and Family Relationships Act, 2015) to ensure that sperm donors will be known and children’s rights to obtain knowledge of their genetic origins can be upheld. Legal implications during this process must be considered, as legislation in Ireland enabling both mothers in a same-sex couple to be legally recognized as parents to their child does not apply to mothers who have conceived their child outside
of a fertility clinic in Ireland (e.g. used home insemination with a known donor) (Children and Family Relationships Act, 2015).

Experiences of high parental stress, due to the complexity of the process of becoming a mother in a same-sex relationship using ARTs, have been noted in the literature (Yager et al., 2010). This process has also resulted in many couples reflecting on their values and how they would like to parent long before the conception of their child(ren) (Titlestad & Robinson, 2019).

\section*{Becoming a birth mother in a same-sex relationship}

The process of becoming a birth mother in a same-sex relationship reflects many of the stages laid out in Mercer (2004)’s ‘Becoming a Mother’ (BAM) theory. These stages are: ‘(a) commitment, attachment, and preparation (pregnancy); (b) acquaintance, learning, and physical restoration (first 2–6 weeks following birth); (c) moving toward a new normal (2 weeks to 4 months); and (d) achievement of a maternal identity (around 4 months)’ (Mercer, 2004, p. 231). Some experiences reported by birth mothers in same-sex relationships have reflected the attachment patterns (Bowlby, 1988) that need to occur for mothers pre-birth and post-birth (e.g. Brandon et al., 2009). This has included reporting a unique connection to their child through physical and emotional attachment experiences (Ryan-Flood, 2009; Van Ewyk & Kruger, 2017) and descriptions of becoming the primary ‘comforter’ to their child (e.g. Appelgren Engström et al., 2019; Rippey & Falconi, 2017). However, individual differences in this experience (i.e. some mothers not reporting these experiences) have challenged the notion of biological intensive mothering and the existence of a universal maternal bond (Ryan-Flood, 2009).

The process of developing a motherhood identity (Laney et al., 2015; Mercer, 2004) for birth mothers in same-sex relationships is underscored by an embodied transition into motherhood (Young, 2005) that differs from their partner’s experience of transitioning into motherhood. Breastfeeding for same-sex birth mothers has been suggested to enhance embodied experiences of feeding and connection to one’s body (Schmied & Lupton, 2001). Rippey and Falconi (2017) discuss the array of meanings that may be placed on breastfeeding. For example, for some same-sex birth mothers, breastfeeding may be experienced as ‘conformity’ to a societal expectation of behaviours that a ‘mother’ should perform or as a ‘transgression’ from a ‘butch’ gender identity (p. 36). On the other hand, the authors suggest that it could also create an embodied sense of bodily mastery and purpose providing sustenance for another human being.

The role of socio-cultural factors has been highlighted with some mothers describing minimization of queerness in public while breastfeeding (an assumed heteronormative behaviour) (Rippey & Falconi, 2017). Additionally, birth mothers often report experiencing greater social recognition and being assigned a more privileged status than their partner (e.g. having legal recognition as a parent) (Ben-Ari & Livni, 2006; Gartrell et al., 2019; Zamperini et al., 2016). Hays (1998) proposed that ‘intensive mothering’ (i.e. mothers highly investing physical and emotional time with their child) was culturally seen as the ‘ideal’ form of mothering in Western culture (p. 9). Greater societal recognition of birth mothers in same-sex relationships, who are perceived by many in society as investing more physical and emotional time with their child compared to non-birth mothers, support this proposition.
The impact of social constructions of gender roles has been highlighted (Ryan-Flood, 2009), with some mothers describing how others have assumed their partner would understand their experience as a mother, by way of also being a woman (Juntereal & Spatz, 2019; Rippey & Falconi, 2017). The conclusions of Van Ewyk and Kruger (2017) may reflect how this misconception could be present for researchers and professionals. They suggest mothering with another woman may reduce experiences of postnatal depression. However, this is not supported in research literature, with findings suggesting that mothers in same-sex relationships may have an increased risk of experiencing postnatal depression (Ross et al., 2007). Conclusions like these from researchers or caring professionals may inadvertently act to minimize the difficulties faced by birth mothers in same-sex relationships.

**Context of the current study**

Many rapid societal changes have occurred in Ireland over the last few decades, from a position of lagging behind in the acknowledgement of LGBTQIA rights compared to many other Western European countries at the end of the twentieth century, to becoming the first country in the world to legalize same-sex marriage by popular vote (Marriage Act, 2015). The rights of same-sex parents were also endorsed in the Children and Family Relationships Act (Part 2 and 3, 2015), wherein non-birth mothers became eligible to apply for legal status as parents if they met with certain conditions (i.e. if conception occurred by way of validated fertility clinics). However, this was not enacted until May 2020 (Department of Health, 2020). Such changes highlight the ongoing shift in LGBTQIA identity and family formation in Irish society (Murphy, 2016). This qualitative study took place against the backdrop of these societal changes and sought to answer the research question, ‘How do birth mothers in same-sex relationships experience becoming a mother?’

**Method**

**Recruitment and participants**

Ethical approval for the study was received from the university in which the study was conducted. Ten adult LGBQ+ identifying women with an age range of 32–51 years, were recruited using purposive sampling techniques. Inclusion criteria comprised: Currently mothering a child (under 18 years) in the context of a planned same-sex family; becoming a mother after accepting and disclosing sexual identity; having regular contact with the child and regarded by the child to be their mother; and being the birth mother to their first child. A poster advertising the study was distributed via the first authors’ contacts in LGBTQIA women’s groups, relevant organizations in Ireland, and social meeting places. An article advertising the research was placed in a monthly magazine serving the LGBTQIA community.

A total of 13 potential participants contacted the researcher to participate in the study. Out of these, one did not meet inclusion criteria, and two did not respond to researcher contact in order to arrange an interview. All ten participants were Caucasian and European. All completed second-level education and six completed third-level education. All
were in a relationship with their partner/wife for at least five years and were living with their partner/wife for at least four years. Five participants first identified their sexual orientation to themselves in their teens, and five in their twenties. Three identified their sexual orientation to others in their teens, and seven in their twenties/thirties. All conceived their first child by either intrauterine insemination (IUI) or IVF and used known sperm donors. At the time of interview, four participants were on maternity leave, five were working full-time, and one was working part-time. Two participants had more than one child and one participant was a non-birth mother to their other children. The first child of eight participants was younger than 18 months of age. The first child of two participants was older than eight years of age. All children of all participants were younger than 12 years of age. Nine participants identified past religious affiliation as Roman Catholic. Eight participants identified current religious affiliation as ‘None’, one identified as non-denominational and one identified as Roman Catholic.

**Data collection**

Qualitative data were gathered by means of an in-depth semi-structured interview (see Appendix A for interview schedule) created in line with Interpretative Phenomenological Analysis (IPA) guidelines (Smith & Osborn, 2003). IPA positions the individual as an expert in their experience (Smith et al., 2012). In line with this, interviews were approached from a position of flexible and open-ended inquiry, for example, ‘Tell me about your experience of becoming a mother for the first time’. Audio recorded interviews lasted between 60 and 90 min and were transcribed verbatim by the first author.

**Research team description**

The first author, at the time of the study, was an Irish counselling psychologist in training, identifies as female, is in a heterosexual relationship, and does not have any children. The other authors are faculty members and research supervisors for the study. The third author is also a trained integrative psychotherapist. As the method of analysis involves a large degree of subjectivity, the researchers’ interpretive frameworks were explicitly discussed at the outset of the study to identify biases and pre-conceptions (for example, the third author wondered if biological motherhood would evoke a power imbalance in the co-mother couple). A reflective journal was kept by the first author to facilitate researcher reflexivity.

**Methodological integrity**

Methodological integrity (Levitt, 2019) was sought in line with Yardley’s (2000) four broad principles for evaluating the quality of qualitative research. Sensitivity to context was endeavoured to be met through the interview environment and grounding claims in data using considerable verbatim extracts (Smith et al., 2012). Commitment and rigour were demonstrated through attentiveness during data collection and analysis, and selecting an appropriately homogenous sample with suitable interview questions for this sample related to the research question. Each stage of analysis was checked, cross-checked, edited, audited, and consensually agreed on with research supervisors, alongside two independent peer auditors.
Analysis

The data were analysed using IPA as it allows in-depth exploration of lived experiences relating to a particular event (phenomenology) and facilitates reflection on and construction of meanings based on these experiences (interpretation) (Smith et al., 2012). The first stage involved reading and re-reading the transcripts to become immersed in the data. The second stage involved making initial notes, paying attention to semantic content and language within the transcripts. The third stage involved developing emergent themes to concisely capture the psychological essence of the participant’s experience, through the ‘double hermeneutic’ of the researcher making sense of the participant making sense of their experience (Smith & Osborn, 2003, p. 51). The fourth stage involved searching for connections across emergent themes to produce a hierarchy of themes. The fifth stage involved repeating these steps across each case. The final stage involved looking for patterns across all cases. This took place as an iterative process of moving back and forth between emerging themes and the original text to ensure that themes reflected the essence of participants’ experiences (Smith et al., 2012).

Results

The outcome of the analysis was two superordinate themes, each with two related subordinate themes, as seen in Table 1.

Negotiating the joy and the strain

The first superordinate theme concerns how mothers negotiated the dichotomy of joy and strain when becoming a birth mother in a same-sex couple. Two subordinate themes represented the tensions these mothers held: ‘Embracing motherly connection’ and ‘Grappling with motherhood expectations’.

Embracing motherly connection

The experience of embracing a unique motherly connection with their child was evident across each of the participants. Participants described the joy experienced from a unique physical and emotional connection with their child(ren), originating from embodied connection with their child(ren) beginning in pregnancy. This connection was visible in varying ways for each participant. Many spoke of their opportunity to experience an instinctive physical and emotional prenatal attachment with their child, where the child was felt within oneself yet also separate to the self. For example, Amelia highlighted

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Note: The term LGBQ+ was used in place of LGBTQIA as it represented the cohort of participants as a result of inclusion criteria for the study.
the beginnings of an intense physical and emotional connection emerging in pregnancy when she spoke of the grieving she felt after the birth of her child:

What struck me was when he was born ... I actually felt loss ... I was carrying him around and he was part of me for ... nine months ... next minute it was just this big void. It was just a big blob of water and jelly ... And I actually cried ... even though he was there ... it was like I didn’t feel him inside me anymore ... I missed that ... the foot sticking in your rib or ... the butterflies or whatever. (Children in early childhood and middle childhood)

Participants described how this close physical and emotional connection remained present in the early years of the child’s life. Many described this bond as a sense of intuition and instinctive connection with the child. Isabella described the intense physical connection she had with her son, and how she embraced having this intensity of closeness to him:

I’ve been breastfeeding him since he was born ... so very physical relationship ... for the first ... five months I was very stuck, [laughs], I was physically stuck ... But I was OK with that. (Child in infancy)

Sophie described how feeling needed by her daughter created a connection that felt special and unique between them:

We do have a great bond ... I’m feeding her, so you do have that extra kind of connection ... it’s just a really nice feeling that she ... relies on me and obviously [wife] as well, but more so myself. I mean we spend all day together. (Child in infancy)

Similarly, Anne described feeling awe at an instinctive connection with her child developing in a unique way by being a birth mother:

Your motherly instincts are ... unreal. Like [Person] went to pick him up and I was like, ‘oh wait!’ ... these, emotions or like instincts are just, they’re, they’re almost feral like they’re unreal!’ (Child in infancy)

The wish to embrace these joyful experiences of connection afforded by being a birth mother was reported across participants.

**Grappling with motherhood expectations**

This subordinate theme captures how participants engaged with and responded to the expectations placed on them as birth mothers in same-sex relationships. Becoming the birth mother in a same-sex relationship appeared to result in what Michelle described as, ‘that stereotypical role of the mom.’ She illustrated how this experience was particularly prominent in the early years of the child’s life:

I’m at home now ... I gave birth ... I’m kind of still following that normal role like as you would expect in a straight couple. (Child in infancy)

Michelle described this in the context of how she related to this ‘stereotypical role.’ For many mothers, engaging in this role presented challenges as they had a more ‘intensive’ experience of mothering, compared to their partner.

Many participants described underlying feelings of guilt or uncertainty about their ability to meet social expectations placed on them as birth mothers. Many described internal and external pressure to meet socially constructed expectations of how to
mother their child. Jenny described internal pressure she placed on herself to be the ‘primary’ caregiver and live up to the ‘perfect’ image of a mother that society expects:

It’s difficult obviously when there’s two women … as the birth mother … I feel like the primary carer … you have this instinct that you have to be the number one parent. (Child in infancy)

Sophie described how she internalized this pressure in the context of a period where she was adjusting to motherhood and learning how to master new tasks such as breastfeeding:

My relationship with her I think is different to what [wife] would say of course her relationship is … being the birth mother … people do give you comments … you always feel like someone is judging you for how you’re doing things … I put a lot of pressure on myself

Sophie described this in the context of feeling the need to intuitively know how to soothe, comfort and feed her child while adjusting to this new role.

Many participants spoke of emotional strain in the transition to becoming a mother. Jenny described the overall process of becoming a mother through gestation as ‘overwhelming’. She described, as other participants did, experiencing postnatal depression:

I remember thinking at the time, ‘Jesus I can’t do this. I’m going to be a shit mam’ … and I did end up, em, getting postnatal depression … I was putting a massive amount of pressure on myself.

Jane also described her experience of postnatal depression in the context of adjusting following the birth of her first child.

You have somebody who’s … dependent on you like 100% of the time … that probably took … coming to terms with. I probably had, em, a bit of postnatal depression, eh, as well … I think I came through it relatively quickly. (Children in infancy and early childhood)

The way Jane described her experience of postnatal depression echoes how other participants described this in the context of having to come through it in order to ‘be the best mam’ and ‘cope during that difficult period’ (Jenny). This suggests the complexity and strain that could be entailed in allowing psychological space for this emotional transition while simultaneously being faced with an array of other challenges as a birth mother in a same-sex relationship.

Such challenges included the tension that many participants described when others made the assumption that they were their child’s ‘real’ mother, dismissing the role of their partner as an equal mother in the family. Anne described the experience of close family members making an assumption that her role as a mother took priority over her wife’s role as a mother. She described how this created experiences of hurt and conflict within her family of origin and immediate family:

And [wife] had [son] and [family member] went, ‘oh yeah let his, let his mam hold him.’ And [wife] went, ‘no but I am his mam.’ And she was like, ‘yeah but you know what I mean, his actual mother.’ … that was difficult. It was difficult for us all to get over I think

Many of the participants reported unease arising from entering motherhood in a manner that afforded such an intensive experience of mothering while their partner did not enter motherhood in this manner. Michelle spoke about how the intensity of her relationship
with her child could result in feeling that she was ‘cutting her (partner) out.’ Jenny described concerns that she could be ‘too overbearing’:

I know I have to step back… I feel like … the dominant parent… Maybe it’s because, it’s just because I gave birth to him

Such statements illustrate the discomfort many mothers seemed to experience to varying degrees being in a role that involved more intensive connection to their child, compared to their partner.

These experiences portray how birth mothers in same-sex relationships, while experiencing many positive and joyful experiences of connection with their child, could be faced with the negative implications of being in this role, as a result of physical and emotional strain during their transition, and social constructions and expectations of what constitutes a mother and mothering. This could include managing hormonal and emotional transitions, or feeling guilty, perceiving themselves to not be living up to the ‘gold standard’ of motherhood. It could also include feelings of unease that they have had experiences with their child that their partner has not had. This mixture of strong emotions may create a complex psychological road for these mothers to navigate when forming their identity as a birth mother.

**Building a united front**

The second superordinate theme relates to participants’ descriptions of the transformative relational processes they experienced when becoming a birth mother in a same-sex relationship. Rachel captured the uniqueness of this experience in her statement:

There’s no daddy. There’s two mammies, even better!’ (Child in infancy)

This reveals how she and her partner worked collectively to create a family unit that expanded beyond the social constraints of the heteronormative ‘nuclear family’. This theme depicted the sense of unity and togetherness that comes about while often facing some element of insecurity in the wider societal context as a result of inequality and discrimination. Jenny described the sense of unity and strength coming out of this within their family, throughout challenges faced in a heteronormative society:

It’s really unity … our relationship has been a roller coaster of emotions now between civil partnership … the first pregnancy not taking place … fear of the second pregnancy … when [son] was born … it was completeness … It just felt … we felt whole

Two subordinate themes represent these transforming relational experiences: ‘Creating a shared motherhood’ and ‘Uniting as a family in an insecure system’.

**Creating a shared motherhood**

This subordinate theme captures how participants came together as mothers, supporting, and empowering each other in each stage of the process of entering motherhood. Notwithstanding that there were challenges to be negotiated, the lack of security and certainty about being mothers in a same-sex relationship was also met with a striving to create unity and strength as a couple. Amy (child in middle childhood) spoke of the ‘collaborative’ nature of ‘being mothers’ together. Many, such as Rachel, spoke about how
they openly discussed their intensive decision-making at the outset and the impact of their decisions:

[partner]'s a mammy as well so … being joint … in the thought process.

Correspondingly, Hanna portrayed the collaborative nature of choosing a donor as a couple:

We both went and said, 'Right, you go and find the ones that you think are a runner. I go and find the ones that are a runner. And the ones that we match, OK we'll start. (Child in infancy)

This sense of sharing motherhood expanded for many participants to take turns in the roles they took up within the couple as birth/non-birth mothers. Jenny highlighted the support experienced by having this option available as a couple:

I think I've done my stint now … And it's great that obviously when you're in a same-sex partnership, you can just give a high five and go, 'You're it!' … [laughs] … Pass the buck, so to speak

Amelia also spoke in a practical manner about taking turns in becoming pregnant, as both herself and her partner wanted to carry a child, in the context of how they supported each other in this process:

[partner] was wanting to carry this time … Because I carried with [son]. So … she wanted to experience it

These experiences highlight how participants experienced motherhood as birth mothers in a context of sharing motherhood. The sense of being mothers, rather than being a mother, was evident for all participants and seemed to create strength and feelings of empowerment for both mothers amidst the challenges of navigating entering parenthood without social templates in a heteronormative context.

**Uniting as a family in an insecure system**

This subordinate theme captures how participants developed a unified family unit which created security and togetherness within a society that exposed them to insecurity. This insecurity included their partner not being recognized legally as their child’s parent, alongside uncertainties about how their child would be treated by society. Isabella spoke about the ongoing uncertainty and sense of being ‘in limbo’ experienced within their family:

I’d say there will be a lot of challenges ahead … particularly maybe for my partner, you know as non-biological … because of the legislation … we’re in a limbo because she can’t adopt until he’s two so … a lot of uncertainty around that and if something happened to me, touch wood, he’s in limbo

Participants described how they worked in a manner which would enhance the security of both their partner and child(ren) in a family system that experiences insecurity by way of societal and legal discrimination. These mothers described working amidst challenges to ensure greater equality for their partner in legal terms, as a result of their partner not being given full legal recognition as a mother. Michelle described the efforts they went to as a couple to ensure some sense of legal equality for both mothers:
Laws are … changing here at the moment to allow for same-sex parents to both be legally recognised … so we just made sure that everything we did followed those regulations … so once the law comes into effect then we would be able to apply for [wife] to be added to the birth certificate

Many participants described the proactive efforts they took to create more inclusivity for their children. As Rachel describes:

You don’t want [daughter] … to be any different or anything … Well you have to be different … in a good way … the school is grand … we just went up and just introduced ourselves … she didn’t care that it was two women … But you know you have to think that sort of thing as well

Many participants, such as Anne, spoke of the importance of openness within their family from the early stages of family formation, to allow their child the freedom to ask questions:

We’re very honest … and we’re very open so we’re hoping that that will be good for [son] … I think that’s the most important thing

Anne spoke of how this attitude of openness expanded outside the family and into society, with a belief that this degree of openness was needed to create positive change:

We need to be more open with each other … and tell each other the good things and the bad things

This reflects the openness that many participants noted as important, that allowed for both positive and negative experiences to be expressed.

While participants varied in their experiences of security and insecurity as a family, there was an overarching sense across all participants that they united in an effort to create equality for their family and that this was an important aspect of their life as a birth mother in a same-sex relationship. This depicts the sense of togetherness and unity these mothers described as being of great importance in their family life. It highlights the discrimination and stigma that same-sex families frequently face and what helps them to overcome and create strength amidst these challenges.

**Discussion**

The aim of this study was to explore the experiences of birth mothers becoming mothers in same-sex relationships. The dual journey of self as birth mother and self as LGBQ+ mother is evident in both superordinate themes. ‘Negotiating the joy and strain’ highlights the aspects of the journey as a ‘birth’ mother while ‘Building a united front’ highlights aspects of the journey as ‘LGBQ+’ mother. This supports Lewin’s (1994) proposition that lesbian mothers challenge the cultural opposition between ‘lesbian’ and ‘mother.’ Findings in the first superordinate theme reflected the negotiation involved at each stage of developing a motherhood identity suggested in Mercer (2004)’s BAM theory. The findings supported previous research indicating how birth mothers often describe positive emotional experiences of childbearing and breastfeeding, including attachment or a ‘special bond’ and feelings of mastery in relation to their bodies (Appelgren Engström et al., 2019; Raes et al., 2014; Rippey & Falconi, 2017; Ryan-Flood, 2009).
The findings supported in some regard socio-cultural theoretical concepts such as ‘intensive mothering’ (Hays, 1998) and the presence in society of biocentric theories that the biological mother is the ‘real’ mother (Ryan-Flood, 2009). The findings also endorsed previous research suggesting the social advantage birth mothers often experience in comparison to non-birth mothers.

The current study highlighted how experiences of connection, intensive mothering, and social constructions of ‘mother’ while living in society as a mother in a same-sex relationship may interact to create an internal psychological conflict for birth mothers to negotiate. This psychological conflict has not been highlighted in research to date and may occur as mothers attempt to integrate both positive (attachment) and negative (conditions accompanying birth motherhood, such as postnatal depression) experiences into their developing motherhood identity (Mercer, 2004). The findings suggest that birth mothers may be at risk of minimizing positive and/or negative aspects of their experience (for example, minimizing the impact of postnatal depression), perhaps due to feeling discomfort/guilt for being afforded unique opportunities with their child and validated as a mother in society more than their partner. This indicates the potential risk for experiences of both birth mothers and non-birth mothers (McInerney et al., 2021; Raes et al., 2014) in same-sex families to be minimized. This minimization also points to the relational difficulties couples may face in trying to maintain a balance to both feel validated in their experiences as mothers (Pelka, 2009).

The second superordinate theme supported prior research emphasizing the discrimination and challenges same-sex couples face when entering motherhood (Appelgren Engström et al., 2018, 2019; Somers et al., 2017). These findings reflected previous research highlighting the egalitarian and collaborative stance towards parenting that mothers in same-sex couples adopt (Appelgren Engström et al., 2018; Titlestad & Robinson, 2019). Furthermore, this theme underscored the intentional collaborative decision-making that was required (Goldberg & Scheib, 2015). The emphasis on being mothers rather than being a mother was a contrasting finding to some research in Belgium (Somers et al., 2017) where many same-sex mothers of children aged 7–10 years were guided by heteronormative assumptions and treated the biological mother as the main ‘mother figure’ (e.g. only celebrating the biological mother on mother’s day). Perhaps, this highlights positive societal changes in Ireland that validate the importance of challenging heteronormative assumptions of family forms. The findings also suggest how this collaborative stance of sharing motherhood could create empowerment, strength, and support within the couple and in turn, the family.

Zamperini and colleagues (2016) reflected on the social act of lesbian motherhood, ‘promoting a more open-minded view, leading to the acceptance of the innovative extent of their biographies’ (p. 10). The way that participants incorporated openness into their way of being as a couple and a family echoed findings from previous research exploring how lesbian couples managed communication with children relating to donor conception (Van Parys et al., 2016). This attitude of openness suggested how their lives as mothers provided opportunities to influence positive changes in societal attitudes. In many ways, becoming a mother in a same-sex relationship is an act of advocacy and empowerment on behalf of all LGBTQIA individuals. It involves challenging heteronormative views of family and paves the way to inclusivity for, and understandings of all family forms. Nonetheless, the pressure placed on the couple and family to fight for
inclusion and equal opportunities creates an emotional and psychological strain (Van Ewyk & Kruger, 2017). Research has shown how becoming a parent puts strain on couples’ relationships at many levels (e.g. Goldberg & Sayer, 2006). The likely presence of this strain alongside these other pressures creates a greater challenge for couples to work alongside each other, creating a balance as mothers, to ensure security as a family.

**Strengths and limitations**

A strength of this study lies in the depth of interpretation enabled by the analysis consisting of immersion in the individual’s experience. In order to carry out the depth of analysis required in an IPA study, there is a need to obtain a homogenous sample of individuals who have experienced the same phenomenon. As a result, this study’s inclusion criteria were limited to mothers who identify as female. Additionally, as a result of the population being difficult to reach, inclusion criteria for this study did not limit the child’s age. Therefore, some participants became mothers at a different socio-cultural time in Ireland than other participants. While most of the sample had children in infancy, there may have been interesting differences in findings if all mothers in the sample had children at other stages of childhood. All participants in the study were biological mothers to their children and interesting differences may have emerged if mothers had experienced reciprocal IVF with their partner. Additionally, the sample in this study is limited to experiences within Western culture.

IPA has been criticized for not being entirely grounded in and informed by the tradition and philosophy of phenomenology (Van Manen, 2018) and thus inaccurately claiming to be a phenomenological method of inquiry. However, Smith (2018) has stated that IPA, while not adhering rigidly to any single phenomenological philosophy, is informed by phenomenological thinking by way of its implicit interest in allowing ‘experience appear in its own terms’ (p. 3). This study interprets participants’ experience from a psychological lens, which influences the researcher’s interpretations. Alternative interpretations of the data may also emerge from another lens.

**Implications and recommendations for theory, research, and practice**

Findings in this study highlight the internal and external role attainment (Mercer, 2004) that birth mothers must undergo while negotiating and integrating conflicting emotional experiences and conjoining with their partner as one of two mothers in the various stages of developing a motherhood identity. Future research could explore these specific processes in greater depth to enable clinicians to provide appropriate support to these mothers in their transition into motherhood and to expand components of identity theories (e.g. Laney et al., 2015; Mercer, 2004). In order to reduce risks for experiences of birth mothers to be undermined or invalidated (internally or externally), future research needs to explore specific understudied aspects of birth mothers’ experiences, such as postnatal depression (Maccio & Pangburn, 2011). Further research exploring the experiences of both partners in the couple could also be helpful to understand the shared and diverse experiences of becoming mothers. Additionally, the experiences of birth mothers in same-sex relationships outside of a Western context and the experiences of mothers who do not solely identify as female warrant attention.
Within society, mothers in same-sex families need to constantly battle to obtain equality. This study has highlighted how the undercurrent of social constructions of the ‘idealized’ mother is present in society, with participants themselves describing how it affects their internal motherhood experiences. As researchers and clinicians, it is important to have awareness of internal biases drawn from heteronormative and socially constructed understandings of motherhood. This is vital to make sense of motherhood experiences outside of such frameworks, enhancing opportunities for greater support and inclusive practice for LGBTQIA families. Furthermore, legislative policies regarding family law need to reflect an ideology that is not constrained by heteronormative assumptions.

This research offers some insights for clinicians when working with same-sex couples becoming mothers. It highlights areas to explore with these couples, setting aside assumptions, such as each mother’s role adjustment, how this presents in the couple’s relationship, and what helps them to cope. A deeper understanding of these issues is needed to enhance resources informed by cultural competence and inclusive practice within services provided to LGBTQIA families across all stages of parenthood. This can be supported through psychoeducation (e.g. information on paths to parenthood for different LGBTQIA families) at all levels of education and in health services, and advocacy at a wider societal level so the findings from ongoing research are disseminated into the wider context of LGBTQIA families’ lives.

**Conclusion**

This research endeavoured to explore the experiences of birth mothers becoming mothers in planned same-sex families. The findings highlight the complex dichotomy of emotions that these mothers need to negotiate and how this may impact their identity. They further highlight the togetherness that is important in creating support and withstanding adversity for these mothers and their families. These findings inform the direction research and theory can take in gaining a deeper understanding of such processes. This study emphasizes how advocacy and education at a research, clinical, and societal level is needed to enhance awareness and inclusive practice and create tailored supports for LGBTQIA families.

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References


**Appendix A**

**Interview schedule**

1. How did you become a mother? What was involved in making your decision? (Probes: Tell me about your choice of sperm donor. If the father is known: How involved is he with your family?)
2. Tell me about your experience of becoming a mother for the first time. (Probes: What was that overall experience like for you as a person?)
3. What was the pregnancy like for you? (Probes: Tell me the story of your pregnancy. How did you experience the first trimester, the second trimester, the third trimester, and birth?)
4. Tell me about your relationship with your child(ren). (Probes: Describe typical day with your child(ren).)
5. When did you first know that you wanted to become a mother? Was it something you always thought about or wanted? (Probes: Tell me more about that.)
6. Was motherhood what you imagined it would be? What was difficult about it? What was unexpected about it? (Probes: In what way has becoming a mother changed you? How has it affected your relationships?)
7. What kind of support networks do you have and how do you use them? Have they changed? (Probes: In what way?)
8. Tell me what motherhood means to you. (Probes: What has influenced you in creating this meaning?)
9. Is there anything that I didn’t ask you today which you think is important in understanding your experience of motherhood?