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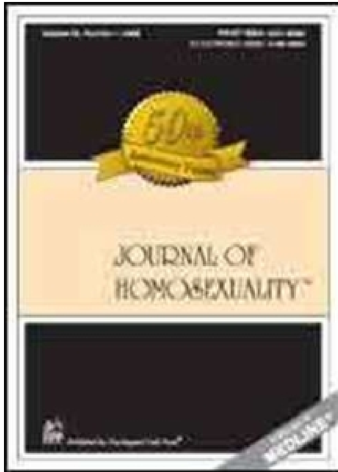

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Sharing Motherhood: Maternal Jealousy Among Lesbian Co-Mothers

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Previous research has not adequately addressed how gay and lesbian couples emotionally negotiate unequal biological ties to their children. Because each co-parent has the potential to be their child's biological parent and because same-sex couples highly value relationship equality, unequal biological ties to children may cause feelings of jealousy between co-parents. To counter this, increasing numbers of lesbian couples have been using in-vitro fertilization (IVF) to biologically co-mother, using the eggs of one partner and the womb of the other. While hardly common, this strategy can affect the emotional dynamics between the co-mothers and their children. This article explores how variables common to many lesbian-led families (including method of conception) may contribute to or protect against jealousy.

Presented data comes from an 18-month ethnographic study of 30 lesbian-led families with young children living in a major northeastern city. Ten couples adopted infants, 10 couples used assisted insemination (AI), and 10 couples used IVF to biologically co-mother. Lesbians' use of IVF to co-mother has not been

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previously studied. Methods included in-depth interviews, participant observation, and self-administered questionnaires.

Couples who adopted or used IVF reported less jealousy than couples who conceived using AI. Factors that correlate with the likelihood of experiencing maternal jealousy include both partners wanting to be a birth mother, perceptions of unequal biological ties to children, and infertility. Professionals serving lesbian co-mothers should be sensitive to the presence and absence of the above factors.

KEYWORDS *lesbian couples, lesbian mothers, co-mothers, jealousy, attachment, in-vitro fertilization, assisted insemination, adoption, new reproductive technologies*

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There are many ways that lesbians can have children today. Like heterosexuals, lesbians might choose to raise children as single mothers or parent as a couple. The "lesbian step family" is the oldest type of lesbian-led family (Wright, 1998). In this scenario, one or both partners bring children conceived in a previous heterosexual relationship to their new household. As social mores have shifted over the last several decades, many lesbians have been choosing to create families exclusively with a lesbian partner, often by using assisted insemination (AI) with donor sperm (Patterson, 1995; Sullivan, 2004) or by adopting. More recently, some lesbian couples have been electing to use in-vitro fertilization (IVF) with embryo transfer to biologically co-mother (Pelka, 2005). In this situation, one partner contributes her eggs, which are externally fertilized with donor sperm and, subsequently, her partner carries the pregnancy to term. Because one partner is the gestational/birth mother and the other is the genetic mother, both partners feel equitable biological ties to children conceived they conceive this way (Pelka, 2005).

A desire to maintain equitable partnerships (i.e., a fair division of labor regarding both household chores and financial income) has been well documented among White, educated, middle-class lesbians (Dunne, 1998; Eldridge & Gilbert, 1990; Kurdek, 1993, 1998; Peplau & Spalding, 2003; Reimann, 1997; Tasker & Golombok, 1998).[1] Even in lesbian couples that self-identify as butch-femme and/or who have a clear division of labor in which one partner provides more childcare and the other does more remunerative work, these tasks tend to be valued equally (see review by Peplau & Spalding, 2003). Yet, ideal lesbian relationship equality can be challenged by the co-parenting experience, particularly when both women desire to be a birth mother using assisted insemination with donor sperm (AI). Considering lesbians' strong preference for relationship equality and considering that *both* partners have the potential to be birth mothers, it is reasonable to

hypothesize that unequal biological ties to children would cause jealous feelings of the birth mother–child bond.

Scant research exists on whether or not and to what extent men feel jealous of early mother–child bonds, particularly those facilitated by pregnancy and breastfeeding.[2] What research is available suggests that once the baby is born fathers generally expect that their female partners will have a relatively more primary and nurturing relationship with their infant. Although their partners' pregnancies and their children's infancies are often times of high stress and anxiety and for new fathers (Gerzi & Berman 1981; St John, Cameron, & McVeigh 2005), and although many men today desire to be more involved in childcare than their own fathers were (Bolzan, Gale & Dudley, 2004), fathers rarely report envy or jealousy of the maternal bond.[3] It appears that Euro-American men are socialized, just as women are, to expect that mothers will have relatively closer primary attachments with their infants than will fathers (Doucet, 2006, pp. 119–135; Marsiglio, 1998, p. 120; Parke, 1981, p. 33). The puzzle then for families headed by two mothers is to psychologically negotiate each woman's learned expectation that she would one day be her child's most central relational object and primary attachment figure. When motherhood, a status generally defined by its singularity, is shared it can be challenging to one's internalized sense of one's own full maternal status, particularly if one is not the birth/biological mother.

Becker (2000) and Ragoné (1994) have discussed the emotional complexities (such as jealousy and resentment) that unequal biological ties between parents and children can evoke in infertile heterosexual couples that use donor gametes or surrogacy to conceive. "Husbands involved in surrogate arrangements and wives involved in DI [donor insemination] are thus cognizant of the inequality of a relationship in which one partner will be considered the 'real,' that is, the biological, parent whereas the other parent will be considered a parent in law only" (Ragoné 1994, p. 115). Both authors note that infertile men and women often feel jealous of their partner's biogenetic tie to their child (Becker, 2000, p. 70; Ragoné, 1994, p. 115).

Unlike Ragoné (1994) and Becker's (2000) work on infertile heterosexual couples, previous research has not adequately addressed the ways in which gay and lesbian co-parenting couples emotionally negotiate different or unequal biological ties to their children. When asked how different biogenetic relationships to their children influence their family dynamics, gay and lesbian parents often respond saying, "love [not biology] makes a family" (Clunis & Green, 2003, p. 45; Hayden, 1995, p. 43). Although love surely makes a family, shared biological ties do not go unnoticed by lesbian co-parents (see Hayden, 1995). Having observed the common trend in the lesbian community to deny the impact of varying biological ties to children, Clunis and Green explain that doing so ultimately invalidates the struggles

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that many nonbiological mothers experience in their quest to be recognized as an equal parent (p. 45).

While lesbian co-mothers share childcare more equitably than most heterosexual parents do, birth mothers (among lesbian couples who used AI to conceive) still often do more childcare than their partners (Ciano-Boyce & Shelley-Sireci, 2002; Patterson, 1995; Sullivan, 1996; Tasker & Golombok, 1998). Although relationship equality is often the goal for many lesbian couples, *parental equality* is difficult, particularly while children are infants. Regardless of their parents' sexual orientation, infants and small children do not treat caregivers with perfect equanimity. For example, Sullivan found that young children of lesbian mothers conceived through AI generally seek out their birth mother when hungry or otherwise distressed and, in turn, seek their non-birth mother for play and other stimulation. Sullivan (2004) refers to this common albeit temporary dynamic as "food-mother/fun-mother" (pp. 70–77) and notes its considerable potential to illicit feelings of jealousy in mothers that feel excluded from the desired bond with their child, be that bond "food" or "fun."

Although infants and young children are known to develop close bonds and attachments to multiple caretakers, many developmental psychologists have argued that infants and young children have an attachment hierarchy of major caretakers, preferring their principal attachment figure when they are hurt, sad, scared, hungry, or otherwise distressed (Gartrell et al., 1999; Tracy, Lamb, & Ainsworth, 1976). Adopted infants (Bennet, 2003), children raised in institutions (Burlingham & Freud, 1944; Dontas, Maratos, Fafoutis, & Karangeli, 1985; Stevens, 1975) and the biological children of lesbian parents (Ciano-Boyce & Shelley-Sireci, 2002; Tasker & Golombok, 1998) exhibit behaviors suggesting a principal attachment figure. While heterosexual parenting couples expect that infants will be more closely bonded to their mothers than to their fathers, different parenting dynamics are *not* often anticipated by lesbian co-mothers, particularly among couples in which both women aspire to occupy equally primary "maternal" roles.

Although it is rarely mentioned by social scientists studying lesbian-led families and apparently rarely discussed within lesbian parenting circles (Ciano-Boyce & Shelley-Sireci, 2002, p. 11), it appears that many nonbiological mothers often experience feelings of exclusion and jealousy during their child's infancy and toddlerhood.[4] Morningstar (1999) concurs explaining that "many lesbian couples report that the child is more attached to the biological mother for about the first twelve to eighteen months of life" and that "there is no way to escape the primacy of the early connection between the biological mother and child" (p. 230). Morningstar maintains that "no matter how involved [the nonbiological mother] may be, or *because of how involved she may be*, the feelings of exclusion and/or rejection can be powerful" (p. 231, emphasis added). Consequent feelings of exclusion coupled

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with the expectation of occupying equally nurturing "maternal" roles may cause emotional distress or conflict among co-mothers.

Paying particular attention to the role of infant preference,[5] Ciano-Boyce and Shelley-Sireci (2002) provide one of the few studies to address the emotional complexities of asymmetrical biological ties within lesbian-led families created through AI or adoption. Interestingly, infant preferential behaviors were only reported to be difficult for Ciano-Boyce and Shelley-Sireci's lesbian adoptive sample. Given neither a birth nor breastfeeding link, which might rationalize the infant preference, the less-preferred adoptive mothers in their study often felt that their child made a deliberate choice in preferring her partner, causing hurt feelings and jealousy. Infant preferential behaviors were not reported to be problematic for the lesbian couples who conceived using AI. While novel in scope, replication of Ciano-Boyce and Shelley Sireci's study is warranted.

The present study not only includes the experiences of lesbian couples who adopted infants and those that conceived using AI, but it is also the first study to include lesbian couples who used IVF to biologically co-mother. The following article focuses on how variables common to lesbian-led families, such as infant preference, infertility, and gender and role identifications, correlate with feelings of jealousy between lesbian co-parents. The experience of feeling jealous of one's partners' relationship with one's child is important to explore in order to provide lesbian co-mothers a reference point to validate their own feelings. It also provides information that may help professionals serving lesbian-led families better understand and support their unique family configurations.

METHODS

Findings are based on in-depth interviews conducted between 2001 and 2004 with a total of 30 lesbian couples (N = 60 women) with at least one child. In contrast to lesbian-step families, current informants are lesbian-first families as their children were conceived within the current lesbian relationship. The vast majority of informants live in a major northeastern coast city. For purposes of broadly comparing the influence of a perceived biological connection of parents to their children, three ostensibly different sample populations of lesbian-led families were recruited for study: Ten couples had adopted infants, 10 couples created their families using AI, and 10 couples used IVF. (See Table 1 for sample demographics.) Table 1 first mention

Because lesbian parenting couples are difficult to locate, nonrandom sampling techniques were used to recruit study informants. Informants were recruited through a gay and lesbian parents' listserv, an advertisement placed in a lesbian-oriented magazine, a virtual message board for women using IVF, a local lesbian parent support group, and word-of-mouth. This

TABLE 1 Informant Demographics

Average (median) Age and SD of all informants N = 60	41 (41) years ± 6
Average (median) age of adoptive mothers N = 20	45 (45) years ± 5
Average (median)age of AI mothers N = 20	42.5 (41.5) ± 5.74
Average (median)age of IVF mothers N = 20	36.4 (35) ± 3.75
Percentage Jewish N = 23	38%
Percentage women of color N = 9	15%
Average number of years of education	18 years (M.A.)
Average (median) age of children 43 children: 19 boys, 23 girls	3.2 (1) years
Percentage of families with only one child	54%
Average amount of time together as couple prior to interview	11 years

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research was approved by the Institutional Review Board at The University of Chicago and all research informants gave informed consent to participate.

Pilot work demonstrated that sustained joint interviews encouraged more candid conversations between researcher and informants than did shorter individual interviews. The average interview lasted three hours and took place with both partners present. Not only did informants appear more relaxed in joint interviews, but they also often challenged each other when they felt that their partner wasn't being forthcoming on a particular issue. Joint interviews gave the researcher insight into how the women related to one another as a couple (i.e., noticing who dominated or demurred on certain topics of conversation, which issues elicited tense feelings, etc.). Joint home interviews also enabled the researcher to observe the natural environment of the family and enhanced positive rapport between researcher and informants.

While the majority of couples were interviewed together in their homes, a few couples were interviewed at another private location of their choice. Couples who pursued IVF and those who had adopted children proved to be more difficult to locate than were couples who had created children through AI. Consequently, all AI informants were interviewed in-person while two IVF and three adoptive couples were interviewed by phone due to long-distance and budget constraints. Potential consequences of these discrepancies are discussed in the conclusion.

The interview guide[6] consisted of 30 open-ended questions. The interview began with a request to learn about how the couple met and proceeded to inquire about how they decided to go about having children and what their parenting experiences have been like. Topics on the interview guide for all three sample groups included: relationship background information (i.e., what the trajectory of the couple's relationship has been like); how the couple divides or manages household matters and childcare; particular reasons for pursing AI, adoption, or IVF; sperm donor selection process (if applicable); perceived benefits and/or challenges to creating a family through AI, adoption, or IVF; experiences with legal and medical professionals; perceived benefits and challenges to co-mothering; past and current

relationships with extended families; grandparents interaction with grandchildren (if applicable); whether or not both mothers feel biologically related to their children (asked also of adoptive informants); definitions of kinship and biological relatedness; and informants' gender self-identifications and perceived parental roles.

Interviews were tape recorded, transcribed, and analyzed using grounded theory emphasizing an "emergent approach" of consistent, comparative analysis (Glaser, 1995, 1998; Kavale, 1996). Transcripts were content coded to recognize different themes that emerged in informant narratives. Approximately one year after being interviewed, informants were mailed a self-administered follow-up questionnaire in order to get clarification on missing data from the interview. There was a 60% response rate with equal number of returns from all three samples. The researcher also periodically checked in with informants by e-mail or phone to clarify an interpretation of narrative data or to gather missing data.

Current informant demographics and division of labor practices closely parallel those found by Reimann (2001) in a study of lesbian-led families in the New York area. The average ages of the current three samples of mothers might at first seem remarkably different with adoptive informants being older than the AI informants who, in turn, are older than the IVF informants. However each sample's children's average age followed suit such that the adoptive children were older than the AI children who were, in turn, older than the IVF children. The mother's ages are comparable when one considers the mothers' similar average ages at the time of their children's births. Relative to other major U.S. cities, this particular metropolitan area has a large Jewish population, which could account for the high percentage of Jewish informants. Women who identified as an ethnic minority (non-Caucasian) are counted as "women of color" in this study. There were five women of color in the adoptive sample, three in the AI sample, and one in the IVF sample. To protect informant confidentiality, the specific ethnicities of informants are not provided here.

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FINDINGS AND DISCUSSION

One of the many themes that emerged from narrative data concerned the presence or absence feelings of resentment, jealousy, or envy concerning a partner's relationship with one's children. Typically, when these feelings surfaced it was in the context of a non-birth mother feeling jealous of the physical relationship that her partner, the birth mother, and her children shared. The emotions "envy" and "jealousy" appear to overlap significantly both in common understandings of their definitions (Haslam & Bornstein, 1996) and in common cross-cultural usage (Kim & Hupka, 2002). The current study informants used the word "jealousy" to describe the emotions

associated with this experience more often than they used the words "resentment" or "envy." For this reason and because this particular experience of jealousy concerns relationships to the child that have been traditionally associated with the "maternal" (including processes such as pregnancy and breastfeeding), I chose to code these emotions as "maternal jealousy" (MJ), which is how it is subsequently referred to in this article. MJ differs from parental jealousy present in heterosexual relationships, that is, a father feeling excluded from the breastfeeding relationship, because it is importantly informed by issues of self- and gender-identity, namely, whether or not an individual feels that her actual experience of motherhood is consistent with her socialized expectations for her own motherhood.

Eighty-five percent of informants (from all three samples) were raised in middle-class families with heterosexual, married parents. Informants explained that they did not have unique templates of lesbian motherhood on which to model themselves. Although they felt themselves to be "trail-blazers" in being both lesbian and mothers, many informants held traditional notions for what the trajectory of their individual experience of motherhood would be like (also found by Ciano-Boyce & Shelley-Sireci, 2002, and Nelson, 1996). As a result of maintaining fairly traditional expectations for their experience of motherhood and because the vast majority identified as "mother" (not "father"), many informants, particularly those that desired to be birth mothers, expected to have a close maternal bond with their infants, commonly thought of as a "primary bond."

Narrative and content analyses were carried out to explore possible relationships between maternal jealousy and the following variables: a) individual desire to carry a pregnancy (one partner, both partners, neither partner); b) infant preference behaviors for one mother; c) struggles with infertility; d) the possible influence of gender identities and parental roles; e) division of labor; f) method of conception (IVF, AI or Adoption); and g) breastfeeding.

The following sections refer to the findings summarized in Table 2 and discuss the ways in which the variables appear to influence the presence or absence of maternal jealousy among informant couples. Each informant couple, with the exception of Amy and Michelle who desired to use their real names, is represented in Table 3 using a pseudonym to protect their anonymity. (Table 2 is a summary of the data presented in Table 3.)

Desire to Carry a Pregnancy

All couples in which both women desired to give birth to a child experienced some form of maternal jealousy (MJ). Although MJ was experienced more frequently in the AI sample relative to the IVF and adoptive samples, this is likely due to the fact that the AI sample consisted of more couples in which both partners wanted to be birth mothers. Six of the 10 couples who

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TABLE 2 Summary of Factors That Appear to Influence Maternal Jealousy in Lesbian Couples

Maternal Jealousy Present
100% of couples in which *both* partners desired to carry a pregnancy
64% of couples in which one or both partners experienced Infertility
50% of couples who reported issues of infant preference
60% of couples who used AI
20% of couples who used IVF
10% of couples who adopted
Mediating Factors
83% of couples with "role difference," reported no jealousy
92% of couples with a clear division of labor reported no jealousy

employed AI consisted of partners who *both* wanted to be pregnant. This is in stark contrast with only one IVF and only one adoptive couple who originally both wanted to give birth. The choice of conception method (AI, adoption, or IVF) appears to be greatly dependent on individual desire to carry a pregnancy.

Many informants from all three samples (AI, adoption, and IVF) *never* desired to carry a pregnancy. None of the couples in which neither woman specifically desired the experience pregnancy reported experiencing MJ. Ninety-five percent of couples in which *only one or neither partner* desired to give birth reported no issues with MJ. These findings suggest a strong relationship between a mutual desire for pregnancy and MJ.

Infant Preference (IP)

Infant preferential behaviors (IP) were described as occurring in the following contexts: wanting to be fed and soothed by the birth mother when upset; crying if picked up during these times by the non-birth mother; and preferring the birth mother for common "bedtime" routines. Amongst AI and IVF informants that reported IP behaviors, the preferred parent was the birth mother in all but one case.[7] While 100% of couples who experienced MJ also experienced IP for one mother, 50% of couples who experienced IP *did not* experience MJ. In the present sample, IP is a weaker predictor of MJ than a mutual desire to carry a pregnancy.

Infant preference behaviors were experienced very differently by the three samples (AI, adoption, and IVF) of mothers. Although half of both the IVF and adoptive samples reported IP, only one couple in the adoptive and two couples in the IVF sample reported jealousy related to these behaviors. Again, IP was primarily an issue for couples in which both women desired to experience pregnancy.

Even when both women in a lesbian couple wish to give birth, for practical reasons of needing a support system (i.e., one partner physically

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TABLE 3 Informant Distributions as Pertaining to Maternal Jealousy

	IVF					AI					Adoption				
Maternal Jealousy	1	*	÷	IP	Lillian & Diane	0		÷		Dawn & Sheila	0			IP	Gail & Kristin
Absent	1	*	÷	IP	Miera & Jade	0	*			Loreen & Amber	0		÷	IP	Tina[i] & Noelle[i]
	1	*	÷	IP	Melissa & Tracie	1		÷		Judy & Marleen	0				Joan & Meredith
	1		÷		Rachel & Tania	1			IP	Veronica & Naomi	0	*		IP	Leslie & Megan
	1	*			Amy & Michelle						1				Liz & Jill[i]
	1	*	÷	IP	Meg & Tamara						1	*	÷		Regina & Mona
	1	*	÷		Chris & Patrici[a]						0	*	÷	IP	Yvette & Erin
	1				Sam & Marci[i]						0		÷		Laura & Joline
											0				Therese & Rona
Maternal Jealousy	2			IP	Wendy & *Marsha*[i]	2			IP	Kathleen & *April*[i]	2	*		IP	*Leah* & Julie
Present	1			IP	*Rebekah* & Carol[i]	2			IP	*Anne*[i] & *Hilary*					
						2		÷	IP	Josey[i] & *Stella*[i]					
						2	*		IP	Raquel[i] & *Monica*[i]					
						2			IP	Paola & Heather					
						2			IP	*Brenda* & Mollie[i]					

Underline denotes birth mother; *italics* denotes mother who experienced jealousy; 0 = neither woman strongly desired to experience pregnancy; 1 = one woman wanted to experience pregnancy; 2 = both women wanted to experience pregnancy; * = a relationship self-described as having "role difference"; [i] = a woman who experienced infertility; IP = couples who experienced "infant preference" behaviors; ÷ = division of labor (one partner does significantly more childcare and one does more remunerative work).

capable of working outside the home, doing household chores, etc.), a lesbian couple will rarely choose to attempt concurrent pregnancies. Instead, such couples often choose to "take turns" at pregnancy with the older partner often "going first" to maximize her chances of conceiving and bearing a healthy infant.

AI couples Paola and Heather and Hilary and Anne each gave birth to one of their two children. Both of the younger partners, Paola and Hilary, experienced feeling jealous of their partners' primary bond with their first child. Both couples deliberately shared parenting responsibilities such as bathing and bedtime rituals. They scheduled their maternity leaves and work schedules so that they would have relatively equal caretaking time with their infants. All of these measures were taken with the goal of creating and maintaining relatively equal mother–child bonds, indirectly preventing or alleviating experiences of child rejection, subsequent MJ, or both.

Having taken the above precautions, Paola was unprepared for her first infant to exhibit strong preferences for her partner, its birth mother. She explained that: "My mom was like the primary parent—and so this sharing stuff was new—like really sharing parenting is really hard." Because Paola doesn't invoke her father even though he was present throughout her childhood, she seems to be communicating is that sharing *motherhood* is really hard. The fact that Paola could not have the kind of primary relationship with her child that her own mother did with her was unexpected. Now that Paola has given birth to their second child, a daughter, her partner Heather has experienced being on the other end of their daughter's preferential behaviors. Heather supported Poala's reflections adding that "there is an insecurity there [being the nonbiological mother] that you don't have when you're the biological parent."

Like Paola, Hilary (of Hilary and Anne) also had to *wait her turn* and bear their family's second child. She describes the experience of being the nonbiological mother:

> I was the *most* jealous of Anne when she was breastfeeding him and he was actually here. . . . When you have a newborn and it's your—I mean, as the second mom I felt like this baby's *my baby* but yet he really wants to be with her, like you really have to deal with that. That's hard because, to you, it's *your* child, and of course he *is* my child, but there's a definite imbalance in what the baby wants and how the baby treats the biological mom verses the nonbiological mom. So I think that was a harder time for me. . . . I mean I always thought that I would have the baby, and I kind of come to the point where I was gonna have a baby by myself I thought. So I really was like I *will* have the baby. It was a definite change in mindset for me to understand that someone *else* was gonna have the baby, that Anne was gonna carry the baby. (emphasis in original)

As "the second mom," Hilary challenges the possibility of two primary caregivers through her semantic hierarchy. Like Paola, she is frustrated that

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she cannot immediately have a *primary* relationship with her newborn. To contextualize Hilary's statements, it is worth noting that, prior to obtaining sperm, Hilary had not anticipated that her partner Anne would even want to be pregnant. Hilary is more traditionally feminine than Anne and "always thought that [she] would have the baby." Having to surrender the primary mothering/nursing role, at least for their first child, marked a rupture in her self-identity. Her words echo Paola's feelings that "really sharing" mothering is hard.

Infertility

Maternal jealousy was present in 64% of couples in which at least one partner experienced infertility. Several informants had desperately wanted to carry a pregnancy but could not. If their partner then became pregnant, they often experienced mourning their own fertility while trying to simultaneously celebrate their partner's blossoming pregnancy. This situation can be emotionally complex as it often compounds feelings of deep grief with feelings of jealousy.

April and her partner, Kathleen, had joyfully planned on each birthing one child. April was to carry their first child and Kathleen would carry their second a few years later. April was emotionally unprepared to discover that she was infertile and lamented the lack of familiar templates for anticipating the feelings associated with being infertile in a lesbian relationship. April found it particularly hard to watch her spouse do the very thing she had wanted to do:

> April: I think I thought [my feelings of grief] ended when Kathleen gave birth. When she was pregnant with our son I was thinking, fine, we'll be over this soon. So then all of a sudden I come to realize now I have the constant reminder that one of us is biologically related to the kid and *it's not me.* And I think that it took me a long time to understand that this doesn't end. . . . I don't now feel any less of a mother to [our son], but I think I did when I wasn't nursing him, you know, and he wasn't sort of physically mine when physicality mattered so much. (emphasis in original)
>
> Suzanne: So, watching Kathleen nurse was difficult?
>
> April: Yeah, I don't know, it happened so much . . . I think I sort of reached a threshold of unbearability and nothing over that registered.

April's comments illustrate that unequal biological ties of lesbian mothers to their children can be difficult to emotionally navigate, especially if the non-biological mother strongly desired to bear a child herself. April's sentiments

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illustrate that this situation is unique to lesbian couples as both women possess the abilities to perform *same* biological functions within their family (barring infertility and/or advanced maternal age). The potential to occupy the same physical role of biological mother can catalyze an emotionally complex (re)negotiation of the self. This is evidenced by April's grief and subsequent periodic feelings of jealousy over the physical bond that her partner and child shared.

Influence of Gender Identities and/or Parental Roles

Findings reveal an association between role and gender identity with presence of maternal jealousy. In the current study, "role difference," is used to describe informant couples in which one partner desires to be the birth mother or be the infant's principal attachment figure while her partner does not. By the same token, "role similarity" is used to describe informant couples in which *both* partners did or did not desire to give birth or be the infant's principal attachment figure. Across the three sample groups, only 17% of "role different" couples reported jealousy, while 41% of "role similar" couples reported jealousy. Partners who reported role difference were more likely to divide labor in traditionally gendered ways. Fifty-eight percent of "role different" couples had a strong division of labor in comparison to 35% of couples that were "role similar."

There is a tricky conflation of family "roles" and gender identity that is difficult to fully tease out. While it was often true that informants conflated feminine tropes with maternal ones, there were cases in which this was not the case. For example, several butch-identified informants desired to carry a pregnancy. Compared to the other samples, IVF couples tended to subscribe to more dichotomous gender identities than did the majority of AI and adoptive informants. IVF couples also often characterized themselves as being "traditional," as the term is used in common American parlance (in opposition to "alternative"). In the current sample, there were also more self-identified butch-femme couples in the IVF sample (60%) than in either adoption (40%) or AI (20%).

Butch-femme informant couples were highly variable, full of stereotypic contradictions and few fit hetero-normative gender expectations (see Epstein, 2002; Halberstam, 1998; and Rubin, 1992, for fuller discussions of butch and femme identities). IVF informants Meg and Tamara are a case in point. Meg identifies as butch but it was she, not her femme-identified partner, Tamara, who desired to be pregnant. Both women remarked that, contrary to popular gendered expectations, Meg is "the primary parent." Tamara, the genetic mother, playfully refers to herself as "Dadgal." Tamara did not want to be pregnant and, despite the presence of early infant preference for Meg, Tamara did not report experiencing MJ.

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By contrast, another self-identified butch-femme IVF couple, Miera and Jade, cannot fathom how two women who both want to bear children can even be in a romantic relationship together. Although they have close friends in exactly that situation, Miera and Jade say that "that concept feels completely foreign" to them. Had Miera, who is femme-identified, been unable to carry Jade's genetic child to term, it would have been totally unacceptable to her for Jade to attempt pregnancy. After their second failed IVF attempt, Miera told Jade that she didn't know if she could emotionally or physically tolerate going through another round of the hormones prescribed for IVF. Without thinking, Jade, who identifies as being stone butch, responded that perhaps she (Jade) ought to try to get pregnant. Miera immediately burst into tears. The idea of Jade being pregnant felt deeply unsettling to Miera's traditionally feminine role in their partnership. Jade quickly realized that being pregnant was not at all something that she wanted to do. She explained, "Asking me to be pregnant is like asking an Eskimo to plant a cactus." Nevertheless, having a genetic child continued to be important to Jade. The couple decided that if Miera did not become pregnant on the next IVF cycle, they would hire a gestational surrogate to carry Jade's child to term. Fortunately, eschewing the doctor-recommended hormone therapy, Miera conceived and bore twins resulting from the next IVF cycle. The above anecdote illustrates the various ways in which gender identity can influence lesbian couples' reproductive choices. It also shows the emotional complexity that choices regarding pregnancy and genetic continuity can catalyze.

IVF genetic mothers, like Tamara and Jade, who contributed eggs to the pregnancy but did not carry the child, often compared their roles to the roles of fathers in our conversations: "I'm like the Dad" or "I feel in a fatherly way towards the children" or "I have a more paternal role." The qualifying markers inherent in these statements (marked by "like" "father*ly* way" and "more") indicate that the speakers do not imply a neat or direct comparison. Couples with role differentiation who used AI to conceive made similar statements. Interestingly, *none* of the adoptive mothers compared themselves to "father," or father-like figures. A comparison to fatherhood only seems to occur in the context of pregnancy and birth. The act of pregnancy has long been defined as an exclusively "female" experience and therefore signals a gendered parental relationship. Because the Euro-American construction of gender is dependent on the dichotomy of male and female, it makes sense that, in the context of pregnancy, the other mother might readily align with "father." Otherwise she risks an invisible or "shadowy" status (Rohrbaugh, 1989, p. 57, as quoted and discussed in Muzio, 1999, pp. 208–209). Co-mothers that create their family through the socially accepted "alternative" practice of adoption, appear to have an easier time escaping the dominant gendered tropes that pregnancy signals. Muzio illuminates pregnancy's power to enact roles

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between lesbian partners where previously there might have been little or no role differentiation:

> Additionally, lesbian couples who, before the pregnancy or birth, may have experienced themselves as more alike than different are confronted with a profound different-ness. This newly found sense of different-ness is related, of course, to the changing roles pregnancy and birthing impose. It extends, however, to the interpsychic struggles with femininity and (M)otherhood both partners undoubtedly confront after the birth of a baby. As such, lesbian couples who have babies must reorganize their sense of themselves and their relationships in unique and powerful ways. (p. 206)

Regardless of gender identity, 90% of IVF couples consisted of one partner who strongly wanted to carry a pregnancy and one partner who absolutely did not. All six IVF couples characterized by this "role difference" expected that the birth mother would have a physically and emotionally more primary relationship with the infants than would the genetic mother, and they anticipated some degree of infant preference for the birth mother. Consequently, IVF genetic mothers did not experience jealousy when infant preference for the birth mother came to pass.

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Division of Labor

Approximately half of informant couples across the three samples described having a strong division of labor between remunerative work and childcare. Sixty percent of the IVF sample, 50% of the AI sample, and 40% of the adoptive sample reported that one partner did more childcare while the other did more remunerative work. Slightly more than half of these couples also identified as having "role difference" which for some, as described in the previous section, crossed over with gender identification such as reporting a butch-femme relationship.

Only 8% of informant couples with clear divisions of labor experienced MJ. This is in marked contrast to the 47% of couples that had no clear division of labor and did experience MJ. Reasons for the finding that a clear division of labor is correlated with a lack of jealousy are not obvious due to complicated individual differences and small sample size. However, consistent with the earlier analysis concerning the emotional challenges that mutual desires to carry a pregnancy can evoke a clear division of labor may be comforting in its idealized familiarity. As the vast majority of informants were raised in what can be loosely referred to as "traditional nuclear households," a clear division of labor may ameliorate the degree to which lesbian mothers feel outside the [heterosexual] norm so to speak. A division of labor may correspond to learned templates of family dynamics, despite the

fact that the template of a clear division of labor is no longer the lived experience of most North American heterosexual parenting couples.

It is interesting that in the adoptive sample, three of the four mothers that provided the majority of their child's care were not their child's principal attachment figure. This arrangement may have balanced out the adoptive mothers' experiences, making their relationships with their children feel more equitable, thus protecting against MJ. The fact that the adoptive mothers who provided the most childcare were often not their child's principal attachment figure importantly illustrates that the relative amount of childcare a parent provides does not have a necessary correlation with the relative closeness of the parent–child relationship. This mistaken correlation of parent–child closeness with the relative amount of time spent with the child is rarely challenged and widely assumed in both lay and academic circles. The previously mentioned template or stereotype, of the heterosexual nuclear family wherein the mother is assumed to be both primary caretaker and primary child attachment, is responsible for this misguided conflation.

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Method of Conception (IVF, Adoption, or AI)

Method of conception (AI, adoption, or IVF) is also strongly predictive of the presence or absence of maternal jealousy. Far fewer IVF and adoptive couples reported struggling with issues of MJ than did AI couples. However, the choice of conception method is, to a large extent, dependent on individual desire to carry a pregnancy. Seventy-five percent of couples in which both partners desired to carry a pregnancy chose to pursue AI. While 80% of IVF informant couples experienced no jealousy, 100% of those couples included one partner with no desire to carry a pregnancy. Additionally, the perception of relatively equal biological relationships of co-mothers to their children (as is perceived to be the case for both IVF and adoption informants) does appear to prevent feelings of MJ. Likewise, the mutual procedures (be they legal or medical) involved in adoption and IVF appear to further level the early maternal playing field for lesbian co-parents.

The assisted components of the IVF process can help establish an equitable sense of parenthood for the genetic mother and her partner (the gestational mother):

> It was a much more equal process with, you know, our both having gone through the [hormone] shots and, and I was going through the [egg] retrieval and Marci went through the [embryo] transfer and all that, so it was more of an equal—just like our relationship—type of event. (Sam, IVF genetic mother)

Although it is not evident from the above excerpt, Sam is comparing her and her partner's (Marci) experience of using IVF to their experience of Marci's

previous attempts to conceive through AI. Although using IVF in this way was not the couple's first choice, both women ultimately believe that "it was meant to be" that they used Sam's eggs and Marci's womb to create their child. Evidencing a high value of equality in all aspects of their relationship, Sam's narrative reveals that she experienced the discomfort of taking hormones to overproduce eggs and her subsequent egg retrieval procedure as a proxy for the discomfort of pregnancy that Marci experienced. Their shared difficulties, while not exactly equal, balanced the experience of conception for them.

Sixty percent of IVF informants reported that their infants exhibited preferences for the birth mother, yet none of the couples that used IVF for elective reasons reported experiencing MJ, regardless of infant preference. For these couples, it was expected that the birth mother would most likely to be the infant's principal attachment figure. In the case of IVF, knowledge of a genetic tie with the non-birth mother appears to have a strong protective effect against potential feelings of MJ. One genetic mother said:

> And plus this [IVF with embryo transfer] makes sure that when people ask that question, which they *always* do: Who's the mom? Really? No *really*, who's the mom? No, I know you're both but who's the [real] mom? We say both of us and it's really really true and no one can say it isn't. I mean when you say to someone, "Well, they're mine genetically but Tracie gave birth.". . . You're both 100% the mom. There's no question in anyone's mind . . . the courts can't just come in and say, you know, [they can't] tell you that you have no tie to this child. (Melissa, IVF genetic mother, emphasis in original)

Because shared genetics between children and parents is a culturally valued signifier of a legitimate parental relationship in the United States and because giving birth to a child also establishes a claim to maternity, it is not surprising that in all 10 cases of lesbian IVF, both genetic and birth mothers felt secure in their early maternity. IVF genetic mothers reported that their genetic tie to their child helped psychologically legitimate their role in their child's life and reassure them of their maternal bond, particularly in the face of early infant preference for the birth mother.

The joint reproductive procedures inherent in donor-egg IVF can be compared to the joint bureaucracy involved in adopting a child. Interestingly, many adoptive informant couples remarked that they too had created a baby *together,* albeit through piles of legal paperwork and adoption hearings.

> . . . there's a great, great advantage in—especially in a lesbian relationship, a nontraditional relationship where, together, we could never make a child. The child would always be of one of us more than the other. Through adoption, we have, in fact, together made a child. (Jill, adoptive mother)

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The mutual lack of biological ties in the adoptive sample was reported as being a great equalizer for adopting co-mothers. Only one adoptive couple, Leah and Julie, expressed having struggled with jealousy from time to time. Specifically, Leah feels some jealousy surrounding her partner and daughter's shared ethnicity:

> The only thing that . . . comes up for me every once in a while is just around some level of knowing that, if times are hard for [my daughter] Sienna when she feels like she doesn't want to come from two moms, that I would be the parent that wouldn't be around in her perspective 'cause she's South Indian. She would want to have the mother that's also South Indian, so she wouldn't have to be out [known] as an adopted kid. . . . [If she claimed me as her mother] it would obviously be an adoption of some sort. And if there was one person that didn't need to be around, in her communication to friends or whatever, it would be me.

In the effort to create a family that represented both mothers, Leah and Julie decided to raise Sienna in the Jewish religion, as Leah had been raised. Sienna shares her South Indian ethnicity with Julie while sharing Leah's Jewish faith and culture. As in heterosexual reproduction, both adoptive parents have passed on their ethnic inheritance to their child. Yet, Sienna does not display her Jewish inheritance from Leah the way she displays her racial inheritance from Julie. Leah fears that when she gets older, Sienna might closet her in order to "pass" as the birth-child of Julie in order to avoid disclosing her parents' sexual orientation, or the fact that she's adopted. Leah resents that her partner will never have to anticipate nor experience this kind of rejection.

In the case of adoption, neither mother feels biologically related to her child. In the case of IVF, both partners do, either by genetics or birth. Relatively equal biological ties, or equal lack thereof, appear to emotionally protect the lesbian-led family from feelings of MJ.

The Breastfeeding Relationship

Many AI mothers that experienced maternal jealousy found watching their partner breastfeed to be particularly difficult. Several informant couples had considered inducing lactation in the non-birth mother so that they could both breastfeed and both closely bond with their child. However, once the baby was born and the household chores increased, inducing lactation in the non-birth mother did not seem a practical use of time and was not pursued by any of the couples. When the birth mother was not able to successfully breastfeed, there was a noticeable absence of jealousy. Although all birth mothers intended to breastfeed, three IVF couples had trouble doing so and

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exclusively bottlefed. These couples remarked how this seemingly unfortunate situation turned out to be fortunate for them as a family as it enabled both mothers to form early positive bonds with their infant. All other IVF and AI couples breastfed their infants and supplemented with formula when needed. Although breastfeeding appears to be an emotional catalyst for MJ in nonbiological mothers, it is not an independent predictor of MJ in this sample. Nevertheless, further research on the effect of breastfeeding in the lesbian-led family is warranted.

CONCLUSIONS

This is one of the first studies to directly address MJ in lesbian-led families as well as the first study to include lesbian couples who elected to use IVF to biologically co-mother. The first major finding is that it is possible for lesbian couples to experience MJ. Factors that appear to contribute to higher probabilities of MJ include: dual desire to carry a pregnancy (a variable which is conflated in this study to some degree with having "role similarity"); the experience of infertility (conflates with "desiring to be pregnant"); and perceived unequal biological ties of mothers to their children. Infant preference behaviors do not appear to be an independent predictor of maternal jealousy as IP was only reported to be difficult for couples in which both women desired to be birth mothers. Conversely, this study suggests that the perception of equal biological relationships of both mothers to the child (as in the case of elective IVF and adoption) or being a couple in which only one partner desires to carry a pregnancy are factors that often protect against MJ.

Additionally, it was found that lesbian couples often chose to employ assisted reproductive technologies for psychological, emotional, and legal reasons rather than to counter infertility. Just as electing to use anonymous donor sperm rather than sperm from a known donor gives lesbian parenting couples a sense of independence and legal protection of their sole custody, electing to use IVF can create the perception of equitable biological motherhood. Knowing that one is either the genetic mother or the birth mother of one's child appears to ameliorate emotional insecurities that often arise in the face of the public's challenge to one's maternal legitimacy as a nonbiological parent, particularly in a dual mother household. Using IVF in this way also ameliorates emotional insecurities in private domains, that is, in the face of common infant preference behaviors for the other parent.

There are limitations to this study. The generalizability of the findings may be limited by the size and composition of the sample. To some extent, study informants were a self-selecting group. They were relatively "happy" couples that felt confident enough in their personal relationships and sexual identity to be interviewed and observed at length. The vast majority of informants were known as lesbians, both to their wider families and in

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much of their professional lives. In this way, informants may be qualitatively different from other lesbian parenting couples that do not share these qualities. The fact that even relatively “happy” couples reported struggles with jealousy suggests that this experience may be underrepresented in the lesbian, gay, and other parenting communities in which there are asymmetrical biological ties of children and their parents (as is the case for heterosexual couples using donor egg, donor sperm, or surrogacy to counter infertility).

Generalizability is further limited by race and socioeconomic status as the majority of informants were highly educated women of Caucasian descent earning professional incomes. It is expensive to pursue IVF (approximately $18,000 per cycle), AI (approximately $3,000 to $7,000 total) and adoption (ranging from $8,000 to $30,000+). Lesbians without money to pay adoption fees or to purchase donor sperm are more likely to ask a friend to donate sperm or have unprotected sex with a stranger to conceive a much-wanted child. If infertile or unwilling to be pregnant, economically poorer lesbians are less likely to find a way to have children.

The current findings conflict with the findings of Ciano-Boyce and Shelley-Sireci’s (2002), who did not find (parental) jealousy among their lesbian or heterosexual AI samples but did note jealousy among their lesbian adoptive sample. It is possible that maternal jealousy has gone underreported in the current adoptive sample. This may be due to the fact that infant preferences are most disparate during infancy and young childhood. Considering that the majority of this adoptive sample had older children relative to the AI and IVF samples at the time of the interviews, experienced jealousies regarding infant preferences may have been too distant in the minds of adoptive informants to adequately recall. The three adoptive informant couples and the two IVF couples interviewed by phone may not have felt as comfortable opening up about jealous feelings. Further research is therefore needed to explore how the mutual lack of biological ties for adoptive lesbian co-mothers affects their relationships when common infant preference behaviors occur.

In order to give gay and lesbian-led families templates and references by which to normalize and affirm their parenting experiences, both the joys and challenges faced by gay and lesbian-led families need to be discussed and shared. In light of the findings presented in this article, medical and legal professionals should not view lesbians couples desire to use reproductive technologies such as IVF as frivolous. Living in a culture that legally and psychologically privileges biogenetic kinship, a mutual sense of biological parenthood facilitates a deep sense of maternal legitimacy for both partners.

Findings suggest that lesbian couples that pursue their ideal families through AI and IVF should be prepared for the experience of infant preference for the birth mother, particularly if she breastfeeds. Lesbian couples choosing AI should likewise be prepared for possible periodic feelings of jealousy in the non-birth mother, particularly if she also desires to give birth (however, such feelings are likely to significantly abate as the child matures). Therapists and

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professionals that serve lesbian and gay co-parents should be sensitive to the unique emotional needs of variously created families, particularly when only one partner is biologically related to their children. This study suggests that heightened care and sensitivity is especially needed when one or both partners have struggled with infertility. Finally, because both partners in a lesbian couple have the potential to bear children, and because lesbian couples tend to highly value equality in their partnerships, jealousy of one another's mother–child relationship is possible and should be discussed by co-mothers.

NOTES

1. These findings may not generalize to lesbian populations that are not Caucasian and/or middle-class (M. Moore, personal communication, May 1, 2006).
2. A small percentage of fathers display sympathetic pregnancy symptoms, such as weight gain and nausea. Such ritualized behaviors and symptoms are known as "couvade" (see Broude, 1988; Browner, 1983; Klein, 1991; Munroe, Munroe, & Whiting, 1973 for full discussions of couvade). Nevertheless, male pregnancy symptoms do not appear to be related to male jealousy of the birth bond.
3. My literature review suggests that it is generally uncommon for men to feel jealous or envious of women's ability to give birth and breastfeed, however, there is data to suggest that some men feel jealous of the time and attention that their infants necessarily demand and receive from their female partners, particularly if the infant is breastfed. Jordan and Wall have written a few short pieces on this subject (Jordan, 1993; Jordan & Wall, 1990).
4. It is important to note that such feelings appear to significantly abate as physicality (i.e., breast-feeding) becomes less central to the mother/child bond (Pelka 2005).
5. Infant preference is defined here as behaviors exhibited by infants that facilitate or maintain the attentions of and proximity to a specific parent or caretaker. Such behaviors often include crying until picked up or soothed by the desired parent, physically moving toward that parent, etc.
6. The interview guide may be obtained by contacting the author.
7. For AI informants, Brenda and Mollie, the non-birth mother, Mollie, was often the preferred parent. Both women attributed their children's frequent favor for Mollie to Mollie's warm and nurturing personality. Mollie explained, "I cuddle them more."

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REFERENCES

Becker, G. (2000). *The elusive embryo: How women and men approach the new reproductive technologies*. Berkeley: University of California Press.

Bennet, S. (2003). Is there a primary mom? Parental perceptions of attachment bond hierarchies within lesbian Adoptive families. *Child and Adolescent Social Work Journal*, *20*(3), 159–173.

Bolzan, N., Gale, F., & Dudley, M. (2004). Time to father. *Social Work Health Care*, *39*(1–2), 67–88.

Burlingham, D., & Freud, A. (1944). *Infants without families*. New York: International University Press.

Broude, G. J. (1988). Rethinking the couvade: Cross-cultural evidence. *American Anthropologist*. *91*(3), 902–911.

Browner, C. H. (1983). Male pregnancy symptoms in urban Colombia. *American Ethnologist*, *10*(3), 494–510.

Ciano-Boyce, C., & Shelley-Sireci, L. (2002). Who is mommy tonight? Lesbian parenting issues. *Journal of Homosexuality*, *43*(2), 1–13.

Clunis, D. M., & Green, G. D. (2003). *The lesbian parenting book: A guide to creating families and raising children* (2nd Ed.). Emeryville, CA: Seal Press.

Dontas, C., Maratos, O., Fafoutis, M., & Karangeli, A. (1985). Early social development in institutionally reared Greek infants: Attachment and peer interaction. *Monographs of the Society for Research in Child Development*, *209*, 139–146.

Doucet, A. (2006). *Do men mother?: Fathering, care, and domestic responsibility*. Toronto, ON: University of Toronto Press.

Dunne, G. A. (1998). *Living "difference": Lesbian perspectives on work and family life*. New York: Haworth Press.

Eldridge, N.S., & Gilbert, L. A. (1990). Correlates of relationship satisfaction in lesbian couples. *Psychology of Women Quarterly*, *14*, 43–62.

Epstein, R. (2002). Butches with babies: Reconfiguring gender and motherhood. *Journal of Lesbian Studies*, *6*(2), 41–57.

Gerzi, S., & Berman, E. (1981). Emotional reactions of expectant fathers to their wives' first pregnancy. *British Journal of Medical Psychology*, *54*(Pt. 3), 259–65.

Glaser, B.G. (1995). A look at grounded theory: 1984–1994. In B. G. Glaser (Ed.), s*Grounded theory 1984–1994*. Mill Valley, CA: Sociology Press.

Glaser, B. G. (1998). *Doing grounded theory: Issues and discussions*. Mill Valley, CA: Sociology Press.

Halberstam, J. (1998). *Female masculinity*. Durham, NC: Duke University Press.

Haslam, N., & Bornstein, B. (1996). Envy and jealousy as discrete emotions: A taxometric analysis. *Motivation and Emotion*, *20*(3), 255–272.

Hayden, C. P. (1995). Gender, genetics and generation: Reformulating biology in lesbian kinship. *Cultural Anthropology*, *10*, 41–63.

Jordan, P. L. (1993). Supporting the father When an infant is breastfed. *Journal of Human Lactation*, *9*(1), 210–213.

Jordan, P. L., & Wall, V. R. (1990). Breastfeeding and fathers: Illuminating the darker side. *Birth*, 17(4), 31–34.

Kavale, S. (1996). *InterViews: An introduction to qualitative research interviewing*. Thousand Oaks, CA: Sage.

Kim, H.-J., & Hupka, R. (2002). Comparison of associative meaning of the concepts of anger, envy, fear, romantic jealousy, and sadness between English and Korean. *Cross-Cultural Research*, *36*(3), 229–255.

Klein, H. (1991). Couvade syndrome: Male counterpart to pregnancy. *International Journal of Psychiatry in Medicine*, *21*, 57–69.

Kurdek, L. A. (1993). The allocation of household labor in gay, lesbian, and heterosexual married couples. *Journal of Social Issues*, *49*(30), 127–139.

Kurdek, L. A. (1998). Relationship outcomes and their predictors: Longitudinal evidence from heterosexual married, gay, cohabitating, and lesbian cohabitating couples. *Journal of Marriage and the Family*, *60*, 553–568.

Marsiglio, W. (1998). *Procreative man*. New York: New York University Press.

Morningstar, B. (1999). Lesbian parents: Understanding developmental pathways. In J. Laird (Ed.), *Lesbians and lesbian families* (pp. 213–241). New York: Columbia University Press.

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Munroe, R. L., Munroe, R. H., & Whiting, J. W. M. (1973). The couvade: A psychological analysis. *Ethos*, *1*(1), 30–74.

Muzio, C. (1999). Lesbian co-parenting: On being/being with the invisible (m)other. In J. Laird (Ed.), *Lesbians and lesbian families* (pp. 197–211). New York: Columbia University Press.

Nelson, F. (1996). *Lesbian motherhood: An exploration of Canadian lesbian families* Toronto, ON: University of Toronto Press.

Parke, R. D. (1981). *Fathers*. Cambridge, MA: Harvard University Press.

Patterson, C. J. (1995). Families of the lesbian baby boom: Parents' division of labor and children's adjustment. *Developmental Psychology*, *31*(1), 115–123.

Pelka, S. (2005). *Lesbian couples creating families using in-vitro fertilization to co-mother: A cultural study of biological ties*. Unpublished doctoral dissertation, University of Chicago.

Peplau, L. A., & Spalding, L. R. (2003). The close relationships of lesbians, gay men and bisexuals. In L. Federman, & L. Gross (Eds.), *Psychological perspectives on lesbian, gay, bisexual experiences* (449–474). New York: Columbia University Press.

Ragoné, H. (1994). *Surrogate motherhood: Conception in the heart*. Oxford: Westview Press.

Reimann, R. (1997). Does biology matter?: Lesbian couples' transition to parenthood and their division of labor. *Qualitative Sociology*, *20*(2), 153–185.

Reimann, R. (2001). Lesbian mothers at work. In M. Bernstein & R. Reimann (Eds.), *Queer families, queer politics: Challenging culture and the state* (pp. 254–271). New York: Columbia University Press.

Rohrbaugh, J. B. (1989). Choosing children: Psychological issues in lesbian parenting. *Women and Therapy 8*, 51–64.

Rubin, G. (1992). Of catamites and kings: Reflections on butch, gender, and boundaries. In J. Nestle (Ed.), *The persistent desire: A femme-butch reader* (pp. 466–482). Boston: Alyson Publications.

Stevens, A. (1975). Attachment and polymatric rearing. A study of attachment formation, separation anxiety and fear of strangers in infants reared by multiple mothering in an institutional setting. In H. R. Schaffer (Ed.), *The origins of human social relations*. London: Academic Press.

St John, W., Cameron, C., & McVeigh, C. (2005). Meeting the challenge of new fatherhood during the early weeks. *Journal of Obstetric, Gynecologic and Neonatal Nursing*, *34*(2), 180–9.

Sullivan, M. (1996). Rozzie and Harriet? Gender and family patterns of lesbian. coparents. *Gender and Society*, *10*(6), 747–767.

Sullivan, M. (2004). *The family of woman: Lesbian mothers, their children, and the undoing of gender*. Berkeley: University of California Press.

Tasker, F., & Golombok, S. (1998). The role of co-mothers in planned lesbian-led families. In G. Dunne (Ed.), *Living difference: Lesbian perspectives on work and family life* (pp. 49–68). New York: Harrington Park Press.

Tracy, L. R., Lamb, M. E., & Ainsworth, M. D. (1976). Infant approach as related to attachment. *Child Development*, *47*, 571–578.

Wright, J. M. (1998). *Lesbian step families: An ethnography of love*. New York: Penguin.

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