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The Effect of Language on Lesbian Nonbirth Mothers

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ABSTRACT

Objective: To explore how language affects the transition of social (nonbirth) mothers into motherhood.

Design: Nonexperimental, qualitative design.

Setting: This study took place in large, urban city located on the East Coast. Interviews were conducted in a private location within the social mother's home or in a private room at a coffee shop.

Participants: Twenty women who became social mothers through donor insemination with their female partners within the previous 24 months.

Methods: In depth, semistructured interviews lasting from 45 minutes to 90 minutes.

Results: The transition to motherhood for social mothers is influenced by the use of language at the individual (social mother), family (mommy, mama, or something else), community (heterosexism of health care providers), and societal (education equals validation) levels. At present, a common language for or understanding of nonbirth mothers and their motherhood roles does not exist. Health care providers, including doctors, nurses, and office personnel working in maternal and child health settings, can help social mothers transition into motherhood by validating and recognizing their maternal roles through the use of written and spoken language.

Conclusion: By understanding how language affects the transition of social mothers to motherhood and by addressing their needs, health care providers can deliver better support to social mothers and their families.

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uring the past two decades, an increasing number of same-sex female couples have become parents by planning a family, implementing the plan, and transitioning into the roles of mothers (Golombok et al., 2003; McManus, Hunter, & Renn, 2006). This family structure, often referred to as the "planned lesbian family," is characterized by a same-sex female couple who decides to have a child together, typically through donor insemination, resulting in a birth mother and a social (nonbirth) mother (Vanfraussen, Ponjaert-Kristoffersen, & Brewaeys, 2003). The birth mother becomes pregnant; the social mother does not share a biological connection to the child but takes on the role of a parent (Vanfraussen et al., 2003). Although both women take on a maternal role, researchers have found that each woman experiences the transition to motherhood differently (Fontenot, 2007; Golombok et al., 2003).

Although much is known about how birth mothers and adoptive mothers adapt to motherhood, little is known about how social mothers assume the maternal role (Bos, van Balen, & van den Boom, 2004; Fontenot, 2007). Therefore, the purpose of this study was to better understand how social mothers adapt to the maternal role. We were particularly interested in discovering the role of language in this transition. Our hypothesis, which is based on anecdotal evidence, was that language would play a profound role in this transition. Findings from this investigation provide important insight for health care providers including doctors, nurses, and office personnel working in maternal and child health settings with diverse family structures.

Background

Language is used to assist communication and assert one's identity (Jaspal, 2009). In a planned lesbian family, the social mother is the second female parent in the household, which often does not conform to the standard societal definition of family (Vanfraussen et al., 2003). Numerous terms exist in published literature and in the lesbian, gay,

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Often social (nonbirth) mothers fall in motherhood limbo.

and bisexual (LGB) communities to describe social mothers. These terms include *nonbirth mother, nonbiological mother, other mother, and comother* (Vanfraussen et al., 2003; Varney, Kriebs, & Gegor, 2004). Recently, the term *mather* has been used in the literature as a hybrid of mother and father to represent social mothers (Padavic & Butterfield, 2011). Although language to designate lesbian mothers (birth mother and biological mother vs. nonbirth mother and nonbiological mother) describes what one woman does and what one woman does not do, these terms are often not used consistently or accurately (Muzio, 1993).

Regardless how one becomes a mother, this process represents a psychosocial transition (Fontenot, 2007). For birth mothers, the physical and emotional changes of pregnancy guide the transition (Lothian, 2008). In contrast, social mothers must establish new parental roles without the traditional definition of mother or father (Hadley & Stuart, 2009). Unlike birth mothers and fathers who have universally defined and accepted roles, social mothers often report a sense of exclusion and lack of recognition and social support (McManus et al., 2006). For example, family members and friends of social mothers may not consider them to be "real" mothers because they do not biologically bear or carry their children (Ross, Steele, Goldfinger, & Strike, 2007; Ross, Steele, & Sapiro, 2005). The term real in this case equates women's biology to authentic motherhood. Additionally, the term real has many implications, including true, correct, reliable, and honest, which provide additional evidence that motherhood must be associated with pregnancy to be the only authentic option for becoming a mother (Lewin, 1993).

Following the work of Rubin's (1967) theory of maternal role attainment (MRA), Mercer's (2004) becoming a mother (BAM) theory provides a framework for how a woman identifies and transitions into her new roles as mother and emphasizes the importance of how establishing a maternal identity contributes to a mother's psychosocial development. A mother's inability to integrate a concept of herself into the overarching identity is associated with negative parenting behaviors, poor attachment, and an increased risk of psychological consequences (Mercer, 1985, 1995, 2004; Mercer & Walker, 2006; Rubin, 1984). Therefore, Rubin (1984) encouraged health care providers to look

beyond the physiological aspects of childbearing and to focus on the deeper psychosocial aspects of the transition to motherhood.

Mercer and Walker (2006) recommend using the BAM theory when studying groups of women who are marginalized because of potential challenges in their transition to becoming mothers. Although it is recognized that a mother's ability to transition and adapt to her role is critical to her well-being, her ability to parent, and the health of her infant, the theoretical and empirical literature on social mothering in lesbian couples is lacking. For example, many health care providers know little about what it means to be a social mother, what factors influence how planned lesbian families decide which woman will become pregnant, and how each woman transitions into the role of mother (Bos, van Balen, & van den Boom, 2003).

Significance

It is projected that the number of planned lesbian families will continue to increase (McManus et al, 2006; Roberts, 2006). Therefore, it is vital that health care providers working in maternal and child health better understand the health needs of the entire planned lesbian family. To date, very little is known about the transition to motherhood for the social mother (Bos et al., 2004), and there is limited published data to help health care providers communicate effectively and respectfully with social mothers. Therefore, our primary goal was to explore how language affects the maternal role transition for the social mother in the planned lesbian family. Our investigation adds to the current state of the science related to planned lesbian families and maternal-role transition. Data from this investigation provide an important foundation for future practice and research related to planned lesbian families.

Methods

Design

We used a nonexperimental, qualitative design with a feminist perspective to guide the study. Various methods of qualitative research are used to explore and explain behavior specifically from a feminist perspective (Madriz, 2000). Feminist researchers view motherhood as a multidimensional construct that should include mothers from varying cultural backgrounds (Arendell, 2000; Olesen, 1994). Denzin and Lincoln (2011) stated that qualitative research is multimethod in focus and follows an interpretive naturalistic approach to its subject

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