Research Thesis

Exploring the Queer Experiences of Parenting: Systematic Review of Existing Literature and an Interpretative Phenomenological Analysis of Non-birthing Lesbian Mothers' Experiences of Parenting.

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Introductory Chapter: Thesis Overview

Lesbian, gay, and bisexual (LGB) people are often overlooked in parenting literature. As of 2019 there are estimated to be over 200,000 (Fairbairn, 2019)same-sex parents in the UK. This has risen by over 40% in the last 5 years (Fairbairn, 2019). Despite this there seem to be a lack of qualitative literature that explores LGB experiences of parenting. The limited empirical research to date is largely conducted in the United States. This thesis focuses on qualitative research related to LGB peoples experience of becoming parents. There are two chapters to this thesis, the review chapter is written for submission to Journal of Reproductive and Infant Psychology and the empirical chapter is for submission to LGBTQ+ Family: An Interdisciplinary Journal.

The first chapter is a systematic review of qualitative research exploring lesbian, gay and bisexual peoples experience of parenting. A systematic review strategy following PRISMA guidelines is used, and results reported using a narrative summary. Clinical implications and future research are discussed.

The second chapter of the thesis is original research that explores the experiences of non-birthing lesbian mothers in parenting and their bonding experience using Interpretative Phenomenological Analysis (IPA). This builds on research that is identified in the systematic review. The findings of this research are presented in three master themes that contain related sub-themes. The findings are discussed in the context of existing research. Clinical implications and future research avenues are considered.

Chapter 1: Literature Review

The Parenting Experiences of Lesbian, Gay, and Bisexual People: A Systematic Review.

Abstract

Objectives

To our knowledge there is currently no systematic review of evidence on the lived experiences of lesbian, gay and bisexual (LGB) persons in parenthood. The current review aims to summarise and explore the qualitative research to date examining the experiences of parenthood for LGB people.

Background

The legal context and social attitudes towards LGB parents internationally have changed significantly over the last decade. It is expected that LGB people will experience similar life transitions to heterosexual people, however, some of these experiences may be heightened and some unique challenges may be present because of LGB people's status as sexual minorities.

Methods

All relevant literature was reviewed using a systematic search strategy and narrative synthesis as methods to identifying and synthesising literature. Eleven full text papers were retrieved and reviewed. The Critical Appraisal Skills programme (CASP) tool was used to evaluate the quality of retrieved papers.

Results

Key findings and themes are described. Four main themes were identified: Sexual and Parental Identity, Social Discrimination and Environmental Factors, Feeling Different and Highlighting Specific Needs, and Resilience of LGB Parents.

Conclusions

Qualitative literature highlighted in this review consistently identified the strengths and positive experiences of LGB parents. There were also difficulties and challenges that were identified such as discrimination and legal barriers in becoming parents.

Key Words: lesbian, gay, bisexual, parenting, experiences, LGB, systematic review

[1] Note for examiners: This article is prepared for submission to the Journal of Reproductive and Infant Psychology. Please see Appendix A for author guidelines. This journal has a limited wordcount of 3500. Whilst this wordcount has been exceeded for the purpose of examining, the author has attempted to be concise to make the examined piece of work and the published version as alike as possible.

1. Introduction

Changes in legal context around the world have led to an increase in people from sexual minority backgrounds including Lesbian, Gay and Bisexual people, (LGB*, see appendix 2 for notes on terms) having children (Goldberg & Gartrell, 2014; Golombok, 2015). Adoption rights, assisted reproductive techniques and marriage rights have opened new avenues for LGB people to have children within the last two decades (Goldberg, 2010; Riskind & Patterson, 2010).

LGB people will experience similar life transitions of heterosexual people, however, their negative experience and the stress of these life transitions may be heightened by being a sexual minority (Farr & Vázquez, 2020; Gabriele-Black et al., 2021; Goldberg & Gartrell, 2014; Kaufman et al., 2017). Some literature has suggested that LGB people will experience higher levels of stigma and stress in their journey to parenthood than their heterosexual counterparts (Gato et al., 2019; Leal et al., 2021). The aim of this systematic review is to summarise and explore the experiences of LGB parents that are described in qualitative studies.

Theoretical Frameworks

Integrative theoretical frameworks can help frame the experience of LGB parents for instance, ecological stress (Bronfenbrenner, 1994) and sexual stigma (Herek, 2004). These perspectives can highlight the experiences and challenges LGB people may face and the impact on new parents' mental health. For instance, within the ecological framework (Bronfenbrenner, 1994) multiple interacting contexts are said to impact development, from macrosystems (for example, legal structure such as adoption and parental rights) and microsystems (for instance, friends, family and the workplace).

All these systems can have an impact of LGB people's ability to cope with the challenges of becoming a new parent. Bronfenbrenner commented that personal and contextual variables can help predict parents' adjustments and that context can significantly shape the lives of sexual minorities. Herek, (2004) highlights sexual stigma as a significant factor in the lives of gay and lesbian people. Sexual stigma is defined in this context as: "the negative regard, inferior status, and relative powerlessness that society collectively accords anyone associated with nonheterosexual behaviors, identity, relationships, or communities" (p. 33). It is described that sexual stigma can take the form of discrimination or is internalised, where stigma can be felt as shame and form issues of identity.

*LGBT (Lesbian, Gay, Bisexual and Transgender) refers to the entire LGBT community and reference is made as there may be similarities in experience in the community. For the purposes of this project LGB will be used to refer to Lesbian, Gay and Bisexual people as Transgender people often have an independent literature around parenting.

Legal Challenges

The wellbeing and functioning of same-sex families can be shaped by legal contexts they sit within (Goldberg et al., 2014). Legal parenthood is defined by having only two legal parents. This implies that they are named on the birth certificate, have financial responsibility and can confer rights, such as medical decisions or inheritance entitlements to their child (Stonewall, 2022). There are a range of ways in which LGB people can be parents, for instance, through adoption, co-parenting, fertility treatment and donor insemination, and surrogacy. More details and information about conception within a UK context can be found through Stonewall (2022).

LGB people can often face barriers and challenges in their legal rights when having children. For instance, if gay fathers have children through surrogacy, under UK law, the surrogate would be the legal mother of the child. If the surrogate is married, the partner would be treated as the second parent. The gay fathers would only be able to gain full parental status after applying for a parental order within six months of the child's birth. This has been described by several authors as a difficult legal barrier for gay men to overcome to become parents (Bergman et al., 2010; Brinamen & Mitchell, 2008; Norton et al., 2013; Stonewall, 2022). However, there is little research into the experience of gay fathers in a UK context of this process.

There are a number of other examples of legal barriers LGB people may face in becoming parents, for instance access to IVF treatment for lesbian couples or parental rights for LGB couples who are not married and not biologically related to their child (Golombok, 2015; Short et al., 2007). Without the structure of legal frameworks and a defined parental identity under law some parents can feel uncertain about their future, insecure in their role and excluded from parenthood (Goldberg et al., 2014, 2015; Short et al., 2007; Trub et al., 2017).

Whilst inequalities and discrimination in the legal system in the UK can create barriers for LGB parents, there are tensions in this argument. Justifications for current legal standings are often cited as being in the best interests of the child, and the rights of parents being secondary to this (Goldberg et al., 2014; McDonald & Morgan, 2019). However, early literature about LGB parenting worked hard to dispel the myths that LGB parenting was 'harmful' to children (Goldberg & Sayer, 2006; Golombok et al., 1983, 2003). Research has in fact highlighted that key developmental and psychological outcomes were comparable with heterosexual parents. Research also demonstrated more positive outcomes in children of same sex parents in some instances (Fedewa et al., 2015; N. K. Gartrell et al., 2011; Goldberg et al., 2014; Tasker, 2005).

LGB Persons and Parenthood

Apart from the legal challenges LGB people may face in becoming parents they may also encounter other challenges. LGB parents may experience social stigma as parents and prospective parents (Goldberg, 2010). Furthermore, LGB persons may require other methods of having children in comparison to their heterosexual peers, such as assisted reproductive technologies, donors and adoption agencies. As a result LGB persons may experience discrimination and barriers to this, with professionals potentially 'gatekeeping' access or financial stress resulting in additional psychological burden (Glazer, 2014; Tasker, 2019). Moreover, LGB people who want children can have a complex and long process of becoming parents and a significant amount of decision making and perseverance to become parents, adding a psychological burden to the process (Goldberg, 2010).

To our knowledge the only systematic review regarding LGB parents explored the role of social support in transition to parenthood for LGB people (Leal et al., 2021). The results suggested that social support in LGB parents' transition to parenthood influenced the psychological well-being and the quality of their support networks. This review highlighted the heteronormativity of current research in social support and transition to parenthood. Furthermore, this paper identifies that there is an urgent need for research with lesbian women, gay men, and bisexual people to further understand their needs and experiences in parenthood.

Review Aims and Approach

To our knowledge there is currently no review of evidence on the lived experiences of LGB persons in parenthood. The current review aims to summarise and explore the experiences of LGB people's journey to being parents, to further our understanding by answering the question: What are the experiences of LGB persons in parenthood? Identifying the experiences of LGB parents and finding themes can be used to increase awareness of difficulties or strengths that LGB parents may experience. The primary aim of this review is to identify, select, group, and critically appraise papers that explore LGB parents lived experiences, identifying the context of LGB relationships has important implications for perinatal and general clinical work. It is hoped this review will help clinicians develop a contextual awareness and an understanding of the difference experiences that LGB couples and individuals can potentially experience when becoming parents.

2. Method

2.1 Design and Search Strategy

Relevant literature was reviewed using a systematic search strategy and narrative summary as methods to identifying and synthesising literature. The reviewer followed PRISMA (Preferred Reporting Items for Systematic Reviews) guidelines (Page et al., 2021) for reporting systematic reviews. This offers a flexible and transparent guide to reporting systematic reviews. This is consistent with recent systematic reviews regarding LGB issues have used this reporting strategy e.g. (Caceres et al., 2019; Layland et al., 2020; Leal et al., 2021; Sherman et al., 2020).

2.2 Studies of Interest

The PICo (Population, phenomenon of interest and context) tool (Baumeister & Leary, 1997; Seers, 2015) was used to identify an appropriate focus for the review (Table 1).

Table 1. The PICo tool

Population	**Phenomenon of Interest**	**Context**
People who identify as lesbian, gay or bisexual and are parents to a child/children.	Opinions, experiences, thoughts and feelings of psychological phenomenon expressed through first person accounts by LGB individuals and couples related to aspects experience and transition into parenting.	Settings limited to the parents and child's home and family life.

2.3 Search Methods and Inclusion and Exclusion Criteria

Scoping searches were initially conducted in January 2021 using key words to identify the number of relevant papers and appropriateness of the review question. A search was conducted on PROSPERO (Centre for Reviews and Dissemination's international prospective register of systematic reviews). No comparable reviews were found at the time of searching. The present review was registered with PROSPERO and a protocol submitted and approved in February 2021 (Ref: CRD42021262554). Databases were then searched using search terms developed during scoping. These are outlined below.

The following bibliographic databases were searched: EMBASE; MEDLINE; CINAHL; PsycINFO. The inclusion criteria are presented in Table 2. The current paper excluded research that had focused on environments other than the home, as there could potentially be different

experiences in the family home compared to other environments such as school or healthcare settings.

Healthcare settings were excluded as during scoping searches most studies focused on specific events and experiences in healthcare settings, such as antenatal appointments at a specific timepoint. If these studies were included, the review may have become unfocused, leaning toward specific experiences, rather than the broader experiences of LGB parents. A review into the LGB parents' experience of healthcare specific events would be better served in a separate review.

Search Terms:

Standardised search terms were used across all databases to maintain continuity. Specific search terms with MESH terms were as follows:

(parent* OR mother* OR father* OR mum* OR dad* OR mom*).ti AND (Lesbigay* OR LGBTQ OR GLBT OR GLBTQ OR lesbian* OR gay* OR lgbt OR sexuality OR gender* OR homosexual OR same-sex OR queer).ti OR (MeSH: *"SEXUAL AND GENDER MINORITIES"/ OR *"TRANSGENDER PERSONS"/ OR *HOMOSEXUALITY/ OR *"HOMOSEXUALITY, FEMALE"/ OR *"HOMOSEXUALITY, MALE"/) AND (experience* OR qualitative Stud* OR interview*).ti

Limits: Title and peer reviewed journal and English language and yr="from inception - Current"

Table 2. Outline of Inclusion and Exclusion Criteria

Inclusion criteria:
Papers are required to have included the following: 1. Discussion of experience of parenting 2. Same-sex Parents 3. Home or family setting 4. Qualitative Studies
Exclusion criteria:
Papers must not be: 1. Single case studies 2. Review studies 3. Quantitative or mixed methods 4. Narrative 5. Relating to only:

a. Outcomes or experiences in children
b. Adoption of Children over 18 years old
c. Experience of healthcare or educational settings
d. Conception only discussion

2.4 Search Outcome

Across four databases 381 papers were identified. Duplicates were removed and 222 papers were identified for review of abstract and were reviewed. Full manuscripts were obtained for the remaining 39 papers. The inclusion criteria were applied to the full text papers by author TS. Collaborators JL and VT also reviewed the final papers and independently rated them. Initially thirteen papers were identified by the author, TS. After discussion with supervisors and collaborators JL and VT it was agreed the two papers would be excluded as they did not discuss parenting and parents' postpartum experiences. Figure 1. describes the search process and number of papers identified and Table 3 outlines the included studies.

Figure 1. Identified papers and PRISMA Flow Diagram

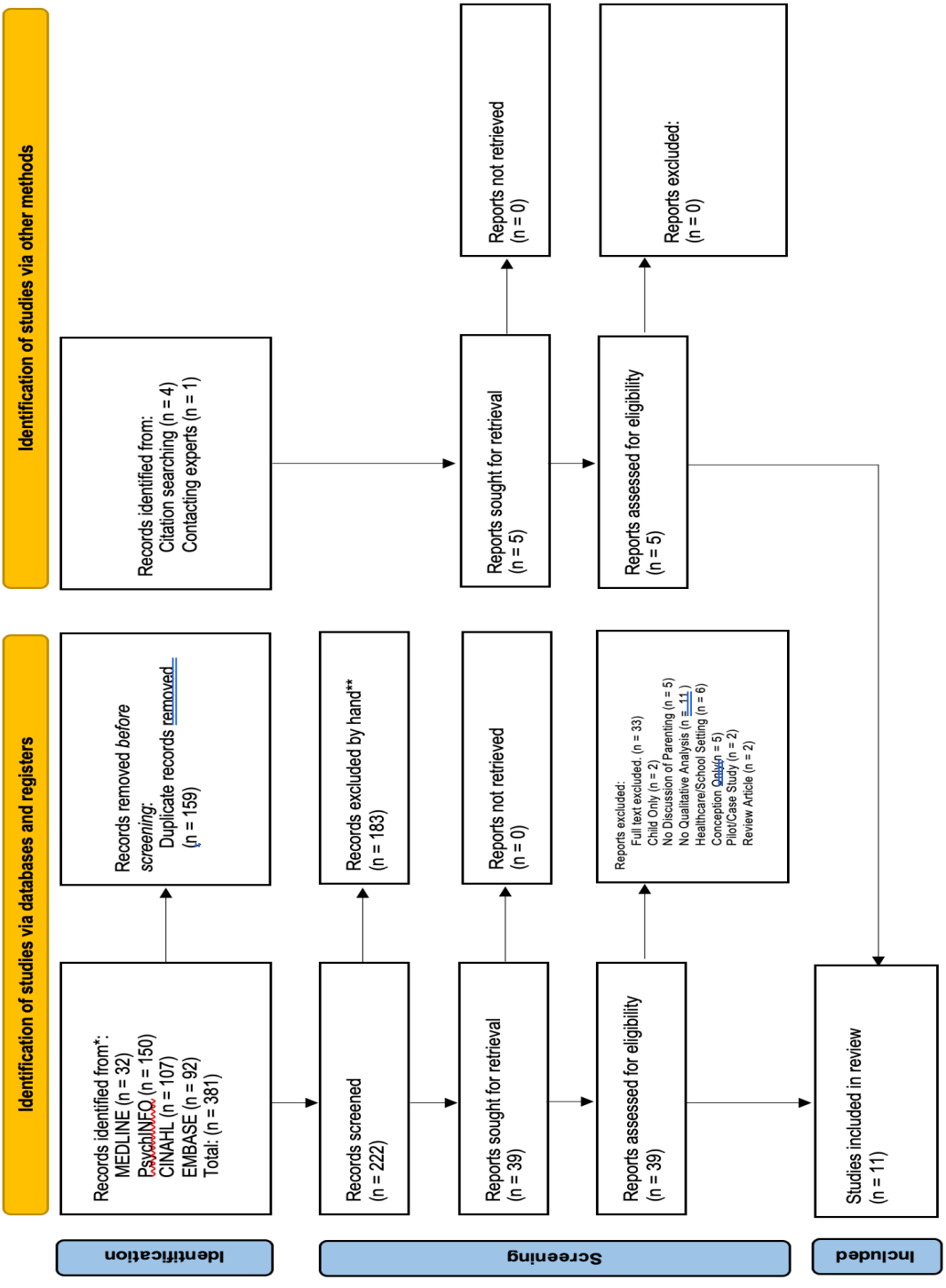

Table 3. Included Studies

No.	1st Autor	Year	Title
1.	Ben-Ari *et al*	2006	Motherhood Is Not a Given Thing: Experiences and Constructed Meanings of Biological and Nonbiological Lesbian Mothers
2.	Bergen *et al*	2009	"About as Solid as a Fish Net": Symbolic Construction of a Legitimate Parental Identity for Nonbiological Lesbian Mothers
3.	Gall *et al*	2019	All Families Are Special: Experiences of Lesbian-Parented Families
4.	Mclnerney *et al*	2021	The Motherhood Experiences of Non-Birth Mothers in Same-Sex Parent Families
5.	McKelvey	2014	The Other Mother: A Narrative Analysis of the Postpartum Experiences of Nonbirth Lesbian Mothers
6.	Súilleabháin	2017	Expanding "Irish Family" Repertoires: Exploring Gay Men's Experiences as Parents in the Republic of Ireland
7.	Schacher *et al*	2008	Gay Fathers Expanding the Possibilities for Us All
8.	Titlestad *et al*	2019	Navigating Parenthood as Two Women; The Positive Aspects and Strengths of Female Same- sex Parenting
9.	Van Ewyk *et al*	2016	The Emotional Experience of Motherhood in Planned Lesbian Families in the South African Context: "... Look How Good a Job I'm Doing, Look How Amazing We Are"
10.	Wilson	2001	The Creation of Motherhood
11.	Wojnar *et al*	2013	Experiences of Preconception, Pregnancy, and New Motherhood for Lesbian Nonbiological Mothers

2.5 Data Analysis and Synthesis

A 'narrative summary' (Dixon-Woods et al., 2005; Siddaway et al., 2019) approach was taken for the data analysis in this review. The aim of this method is to summarise available research that is related to the review question. This approach allows for inclusion of a range of methodologies and interpretative stances (Dixon-Woods et al., 2005, 2007). A meta-synthesis approach, such as meta-ethnography (Atkins et al., 2008; Sattar et al., 2021) would have coincided with the

reviewer's theoretical standpoint of a more interpretivist lens that develops an analytical understanding rather than a descriptive one. This method would have attempted to generate new understandings through the interpretation of previously reported data. It was deemed inappropriate by the reviewer and supervisors to employ a meta-ethnography method. Initial searchers indicated there was not sufficient volume or homogeny of method and interpretation in qualitative studies related to the review question to develop a conceptual model or theory. However, there is increasing research and it is hoped that this will be more appropriate method for future reviews.

2.6 Quality Appraisal and Critique of Papers

The Critical Appraisal Skills programme (CASP) (CASP, 2018) tool was used (Appendix 4) to structure a critique of the included qualitative studies (Table 4). The CASP tool addresses the underpinning assumptions of qualitative research. No study was excluded based on the quality assessment tool as not to limit the included studies from an already small selection of relevant research. However, the quality assessment aided the author to identify the strengths and limitations of the included studies and the insights of this review. All studies were rated by the reviewer and independently by a second reviewer using the 10 questions on the CASP tool. Ratings were consistent between reviewers. A tick was used to signify where adequate information was provided to answer the questions and two ticks to signal that the study is of high-quality. A cross was used to signify that the questions could not be answered due to either the information not being present in the paper, or the information provided not clearly answering the questions. A modified question concerning the author's epistemological standpoint was added to the quality assessment as it was deemed an important consideration in assessing the quality of qualitative research.

All studies were of high quality and valuable to the present review. Studies met most of the criteria in the CASP tool. Some studies lacked detail in describing some sample characteristics and context of participants, however, this did not significantly deter from the overall quality of the papers. The most notable weakness of almost all the studies was the researcher not adequately addressing their role in relation to the participants. Only three studies reflected on the position of the researchers and described their relationships with participants and the topic area. Furthermore, only three studies referred to the researcher's epistemological standpoint.

2.7 Data Extraction

In this review data were extracted using a narrative summary to described study characteristics and relevant data to the question of the review (Joanna Briggs Institute, 2014). The reviewer read and re-read the studies, noted similarities and differences in the studies and grouped them thematically using the main findings and conclusions. The data from the included studies was extracted using a data extraction tool (Appendix 5). Key extracted data is in Table 5.

Table 4. Quality Appraisal using the CASP Tool

	1.Ben-Ari *et al*(2006)	2.Bergen *et al* (2009)	3.Gall *et al* (2019)	4.Mclnerney *et al* (2021)	5.McKelvey (2014)	6.Suilleabhain (2017)	7.Schacher *et al* (2008)	8.Titlestad *et al* (2018)	9.Van Ewyk *et al* (2016)	10.Wilson (2008)	11.Wojnar *et al* (2013)
Screening questions:											
Does the paper report on findings from qualitative research and did that work involve both qualitative methods of data collection and data analysis?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Is the research relevant to the synthesis topic?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
CASP questions:											
Section A: Are the results valid?											
Was there a clear statement of the aims of the research?	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓	×	✓✓	✓✓	✓✓	✓✓
Is a qualitative methodology appropriate?	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓
Is it worth continuing?											
Was the research design appropriate to address the aims of the research?	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓
Was the recruitment strategy appropriate to the aims of the research?	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓
Was the data collected in a way that addressed the research issue?	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓
Has the relationship between researcher and participants been adequately considered?	×	×	×	✓✓	×	×	×	✓✓	✓✓	×	×
Section B: What are the results?											
Have ethical issues been taken into consideration?	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓
Was the data analysis sufficiently rigorous?	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓
Is there a clear statement of findings?	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓
Section C: How valuable is the research?											
How valuable is the research?	Valuable	Valuable	Valuable	Valuable	Valuable	Valuable	Valuable	Valuable	Valuable	Valuable	Valuable
Modified question:											
Do the researchers consider and adequately discuss their epistemological standpoint?	×	×	✓✓	✓✓	×	×	×	×	✓✓	×	×

Key: ✓✓ high quality, ✓ Medium Quality, × low quality

Table 5. Study Characteristics

1st Author and Year	Aims	Country and setting	Data Collection	Data Analysis	Sample Size	Sexual Identities	Relationship Status	Family Context	Age Range of Parents	Age Range of Children	Theoretical Perspectives
1. Ben-Ari *et al* (2006)	Examine the subjective experiences of Israeli lesbian mothers	Israel	Interview, purposive sample	Phenomenological Analysis	16 (8 couples)	Lesbian Mothers	Couples	Multiple children	30 – 44 Years	2 months to 13 years	Not reported
2. Bergen *et al* (2009)	Exploring nonbiological mothers construction of parental identity	United States	Interviews	Grounded Theory	16 Individuals	Lesbian Mothers	Couple	Not reported	Not reported	Not reported	Not reported
3. Gall *et al* (2019)	Explored the lived experience of lesbian-parented families	United States	Interviews, nonprobabilistic criterion sampling	Phenomenological data analysis	8 whole families	Lesbian Mothers	Couples	Multiple children	30 - 49	5 – 11 years old	Systemic and constructivist frameworks
4. Mclnerney *et al* (2021)	Exploring the experience of non-birthing mothers in same sex relationships	Ireland	Interviews	IPA (Interpretative Phenomenological Analysis)	14 Individuals	Lesbian Mothers	Couples	Multiple Children	30 - 53	9 weeks – 11 years	Feminist framework and Queer Theory
5. McKelvey (2014)	Postpartum experience of nonbirth Lesbian mothers.	United States	Interviews	Narrative Analysis	10 Individuals	Lesbian Mothers	Couples	Multiple Children	30 – 61 Years	20 Months – 14 years	Not Reported
6. Suilleabhain (2017)	Exploring gay men's experience and practices to seek insight into family norms	Ireland	Interviews, nonprobabilistic criterion sampling	Grounded Theory	5 individuals and 1 couple	Gay Fathers	Couples and single parents	Multiple Children	29 – 47 Years	Not Reported	Not Reported

7.	Schacher *et al* (2008)	Experience of openly gay fathers and path towards fatherhood.	United States	Focus Group interview	Grounded Theory	21 Individuals	Gay Fathers	Couples and single parents	Multiple Children	29 – 49 Years	3 – 12 years	Not Reported
8.	Titlestad *et al* (2019)	Investigated the positive aspects of female same-sex parenting and strengths of the couples.	Australia	Interviews	Hermeneutical Phenomenological Method	13 couples (26 Individuals)	Lesbian Mothers	Couples	Multiple Children	28 – 48 years	3 – 14 years	Not Reported
9.	Van Ewyk *et al* (2016)	Lesbian mothers emotional experience of motherhood.	South Africa	Interviews	Thematic Analysis	10 Couples (20 Individuals)	Lesbian Mothers	Couples	Multiple Children	25 – 49 years	10 months – 3 years	Feminist phenological framework
10.	Wilson (2000)	Experience of lesbian co-mothers who have had children through the use of alternative insemination.	United States	Interviews	Narrative Analysis	9 Individuals	Lesbian Mothers	Couples ("co-mothers")	Multiple children	31 – 49 years	17 months – 7 years	Not Reported
11.	Wojnar *et al* (2013)	Describe the experiences of preconception, pregnancy and new motherhood from the perspective of lesbian nonbiological mothers	United States	Interviews	Descriptive Phenomenology	24 individuals	Lesbian Mothers	Couples	Multiple children	28 – 48 years	Not Reported	Not Reported

Table 6. Summary Table

Authors	Main findings
(Ben-Ari & Livni, 2006)	• Interviewed Israeli lesbian mothers and the constructed meanings of biological and non-biological motherhood • Birth of a child marks a turning point in the mother's lives • Three 'circles' of being: personal, couple and communal aspects of motherhood • Value a sense of equality in their relationship • Legal aspects of motherhood can shape the partners relationship • Unique model of the family unit • Social expectations of gender roles are less significant in the relationships
(Gall et al., 2019)	• Experience of lesbian-parented families. Interviews with mothers and young children • Intentionality in their decisions of where to live, travel etc • Becoming advocates for being 'out' in their communities • Perceptions of various identities and gender roles and wanting to acknowledge their uniqueness.
(McInerney et al., 2021)	• Interviews with non-birthing lesbian mothers in same sex relationships • Vulnerability in parenting with a lack of legal rights in an Irish context. • Various strategies used to reinforce their parental identity • Parents engaged in constructing and legitimising their parental identity
(Van Ewyk & Kruger, 2017)	• Lesbian mothers emotional experience of motherhood based in south Africa • Described emotions in the development of a new identity of being a mother • Participants individual interpretations of what motherhood represents with a focus on cultural and societal aspects
(Súilleabháin, 2017)	• Gay men's experience of parenting and identities as 'father' in an Irish context. • Fathers find motivation and enjoyment in parenting despite limited routes and challenges into parenthood • Significant decision made to ensure their children's welfare • Find security in family connections and communities, but outside this there are experience of discrimination and 'lesser' status in Irish society • Seek to 'humanise' gay parenting

(Schacher et al., 2005)	• Focus group interviews of gay fathers • Describes paths to fatherhood • Gay couples are challenging tradition cultural norms for fathers and masculinity • Reconceptualising societal idea of families and masculine gender roles that may serve as alternative models for all families
(Wilson, 2000)	• Experiences of lesbian co-mothers • Discusses environmental and interpersonal factors that contribute to the development as themselves as mothers • Society tends to marginalise and oppress co-mothers • Mothers meet these challenges with strength and growth • Stress uniqueness but also similarities in heterosexual parents and do not wish to be seen as different because of their sexual identity. • Speak to benefits of equal parenting and the impact of the wider social environment.
(Mason Bergen et al., 2006)	• Nonbiological lesbian mothers experience and identity. • Emphasises lack of legal ties • Attempts to construct the nonbiological mother in the absence of legal and biological ties • Suggests steps to help construct these ties such as child's last name and legal moves to construct legitimate parental ties for the nonbiological mother
(McKelvey, 2014a)	• Strategies suggested mat offer an increase in social recognition of nonbiological mothers. • Nonbirth mothers' postpartum experiences • Feeling at the mercy of health care providers • Perhaps nonbirth mothers feeling the more vulnerable parent • Described a mix of feeling, including jealously and resentment • Participants shared their experience of anxiety and depression after becoming others • Demonstrates nonbirth mothers do experience an emotional postpartum transition
(Wojnar & Katzenmeyer, 2014)	• Experiences of non-biological mothers • Themes of feeling different • Highlights lack of legal and biological connection to their child • Mothers having few role models and limited social support • Considers steps nurses and healthcare providers can take to facilitating a positive transition into motherhood for non-biological mothers
(Titlestad & Robinson, 2019)	• Investigating the positive aspects of parenthood in female same-sex parenting • Described varying reactions to a heteronormative context and advocating for social change • Described positive factors, including negotiation a co-parenting relationship in the absence of socially prescribed roles • Resilience in being part of the LGBT community and efforts of organisations to promote inclusion. • Findings help clinicals facilitate positive coping in same-sex parents

3. Results

Initial searches using electronic databases outlined in section 2.4 identified 381 citations. Once duplicates were removed and titles and abstracts screened using the inclusion and exclusion criteria set out in Table 1, 39 citations remained. Following this, six full-text papers were retrieved and reviewed. The reviewer also retrieved five papers from hand searching citations, this may be due to several reasons, such as quotes being used in titles and languages changing over time. One study was published after the initial searches and one was not accessible from the author's university library, so this had to be requested.

The studies originated from several different countries. Six studies were conducted in the United States, two in Ireland and one in each Australia, South Africa and Israel. All but one study used interviews, with one using a focus group. Methodologies were mixed in the selected papers. Five studies used Phenomenological analysis, three used grounded theory and one for each thematic and narrative analysis. The age of parents ranged from 25 – 61 and their children ranged from 2 months – 14 years.

Of the presented studies the majority included white, middle to high income people. All but two studies focused on lesbian mothers who identified as female. Sample sizes varied from six individuals to 26 individuals. Studies varied in recruiting couples or individuals. Six studies recruited individuals, four studies with couples and one study with a combination of couples and individuals. All but one studies used interviews (either with a couple or individual), the remaining study used a focus group interview. The key characteristics of included studies are summarised in table 5. Key findings and themes are described and summarised in table 6. There was significant overlap in outcomes, therefore studies included in the review are present in more than one sub-heading.

3.1 *Sexual and Parental Identity*

A number of identities were represented and reported on in the included studies. With regards to sexual identities, lesbian and gay labels were most often adopted with bisexual identity not being reported. Four studies suggested that an absence of a structured family model and varied legal recognition of the family unit resulted in some insecurity within the family. This was especially present in the non-biologically related parent as the legal context of the country could lead them to questioning their future contact with their child if the relationship broke down or ended. However, some studies described that because of a structured model of families for LGB people

families could generate their own unique model of family, motherhood, fatherhood and parenting (Ben-Ari & Livni, 2006; Gall et al., 2019). Equality in the relationship between partners was often a theme in the accounts of parents. Furthermore, some of the studies suggested that the division of labour and responsibility could potentially be more equal and flexible due to their roles not necessarily being tied to biological sex (Ben-Ari & Livni, 2006).

A further study (McInerney et al., 2021) identified mothers using various strategies to help strengthen their parental identity and create legitimacy in their identity. Moreover, Van Ewyk & Kruger, (2017) found that mothers in planned lesbian families were generally prepared, motivated and emotionally invested in becoming parents and this aided in the formation of their parental identity. It is further suggested that lesbian mothers can potentially subvert the ideology of 'natural' and biological motherhood, and overcome the culturally determined role of mothers, developing their own identities and roles and couples, parents, and families.

Another strong theme in families was the presence of intentionality in their relationships (Gall et al., 2019). This ranged from where parents lived, worked, travelled, and intentionally having discussions around and challenging discrimination. Where parents sent their children to school was also a major consideration, even before conception of the child. Several studies highlighted that participants lived in urban areas. Some parents also commented on 'coming out' and discussed their own negative experiences of discrimination. However, parents said that their children often considered 'coming out' as a 'non-issue'. Parents, however, reported they felt that they should not hide their sexual identities and they should promote them and become advocates in their own communities.

3.2 *Social Discrimination and Environmental factors*

In three of the reviewed studies social discrimination and environmental factors were discussed as important themes in experience of LGB parents. One study (Súilleabháin, 2017) highlighted that gay fathers in their study had to make significant decisions in their lives to make having children possible. Gay fathers in this study embraced the diversity of their family, despite social challenges and not necessary fitting into unitary family categorisation. The study highlighted initial homophobic discourses, such as family and community responses and legal challenges to their status as parents. The study discussed that fathers often found security in close family and friends' connections. However, their experience outside of the family was reported as more difficult and they often faced discrimination.

Another study (Schacher et al., 2005) supported the notion that gay fathers are making modifications to socially constructed roles for LBG people. In this regard, the article suggests

that gay fathers have expanded what it means to be a father by socially de-gendering the role. This is both through the bounds of biological connections and socially constructed ideas of masculinity. Interviews suggested that there is a focus on an equitable division of labour and division of duties. The participants in this study also highlighted emotional bonds, rather than biological ones as important factors in their journey of parenting. This seems to be in line with research with lesbian mothers (Gall et al., 2019; McKelvey, 2014; Wojnar & Katzenmeyer, 2014). Social discrimination was further highlighted as a factor in the lives of co-mothers in a study of lesbian mothers (Wilson, 2000). It was suggested that society can marginalise and oppress lesbian mothers, however that they often met these challenges by maintaining perspectives of growth and strength.

3.3 *Feeling Different and Highlighting Specific Needs*

Among the reviewed studies, several highlighted specific needs to legitimise parental identity such as linguistic tools (Mason Bergen et al., 2006), legal ties (McKelvey, 2014) and social support (Wojnar & Katzenmeyer, 2014). One study reported that nonbiological mothers interviewed used three types of symbolic resources: children's last names, address terms for the nonbiological mother and legal moves to legitimise their role as parents. To legitimise parental status some mothers used their names and ways their child addressed them to secure their relationship. One participant in this study described how being called "mommy" validates her parental identity. The same participant also described the child using their last name made her feel more like a "real, permanent figure". This also links to mothers making legal moves to secure the nonbiological parent's standing and security as a parent, for instance having the nonbiological mother's name on legal documents, such as wills, to clearly communicate the family's intent on identifying as legitimate and equal parents.

A further study found that nonbirth lesbian mothers portrayed themselves as vulnerable and "at the mercy of professionals" (McKelvey, 2014). The authors suggest implications for nursing practice, research, and education. For instance, participants described trepidation entering hospitals for fear they would not be recognised as parents. It was proposed that education for culturally sensitive care and leadership should be present in the organisations' culture. Moreover, the study suggests that lesbian mothers may have less social support and as a result are more likely to experience postpartum depression and anxiety than their heterosexual counterparts.

Almost all participants across the studies in this review spoke about "feeling different". This varied across studies, such as connections in their communities (Súilleabháin, 2017), their

identity as parents and LGB people (Van Ewyk & Kruger, 2017) and biological and legal legitimacy (Wojnar & Katzenmeyer, 2014). In a study of preconception, pregnancy and new motherhood for nonbiological lesbian mothers (Wojnar & Katzenmeyer, 2014) it was discussed that nonbiological mothers' differences to mainstream society were highlighted and reinforced by their transition to parenthood. Furthermore, the authors suggested that the perinatal period is a time of vulnerability for new lesbian mothers and that the postpartum period can be challenging as their role as mother is not as clearly defined. Consequently, new nonbiological mothers must carve out their own role that is unique to themselves and their family. Participants highlighted in this study that legal recognition and purposefully forming attachments with their children generated a sense of equality with the biological mother. This study suggested that the postpartum period is an important intervention stage for nonbiological mothers and that they are as vulnerable, if not more so, than the biological mother. It is suggested that this is due to the complex nature of emotions, with confusion and experiences of depression highlighted. The authors of this study suggest that this could be treated or addressed as part of family centred postpartum care to understand, explore and help nonbiological mothers adapt to their roles and positions in the family.

3.4 *Resilience of LGB Parents*

Most studies spoke in some way about the positive aspects and strengths of LGB parents, such as the drive to become parents (Wilson, 2000), positive impact on their communities (Gall et al., 2019) and shaping the idea of non-gendered family roles (Schacher et al., 2005). One study in particular explored the positive aspects and strengths of female same-sex parenting (Titlestad & Robinson, 2019). Reportedly, participants described advocating for social change in their communities, hoping for more supportive and inclusive environments for their children and other same-sex parents. Families also spoke about accepting some challenges but being able to manage the emotional impact of these for their children and themselves. Some participants described focusing on developing their child's coping skills in a heteronormative environment. Parents described several resilience factors that contributed to their positive functioning as parents. For example, establishing co-parenting relationship with shared, collaborative parenting. Participants also identified open communication, supportiveness, and humour as protective factors. The authors of this paper suggest that clinicians can aim to take a strength-based approach when working with same sex families.

4. Discussion

In this review 11 primary qualitative studies were included. Several databases relevant to clinical psychology and social sciences were searched and additionally references were hand searched for completeness.

The present review aimed to explore the experiences of LGB people in parenthood reported in original qualitative empirical research. The review identified four themes in the papers. Most papers had significant overlap in their findings. No contradictions were found between papers, however, there were differences in population and focus, for example gay fathers, or biological and non-birthing lesbian mothers. Despite this difference in foci the findings in these papers had a surprising commonality in their findings. This review attempted to group these common themes and overlap in findings in four subheadings of: Sexual and Parental Identity, Social Discrimination and Environmental factors, Feeling Different and Highlighting Specific Needs, and Resilience of LGB Parents.

Our findings suggest that transition to parenthood for LGB parents can result in 'feeling different' and parents can meet challenges of legal frameworks and social discrimination. The themes in this review highlight that there can be a 'hidden burden' of LGB parents to 'come out' and to legitimise their parental identity. It was also common for participants in these studies to report specific instances where they felt discrimination and/or had to 'come out'. It is however interesting that none of the studies in this review explore early experiences of the participants and the influence of 'growing up gay' in how they manage discrimination and challenging situations as an adult and as a parent themselves. Several studies also identify resilience and growth as important parts of parents' experience.

It is interesting that some studies (Titlestad & Robinson, 2019; Wilson, 2000) used comparison with heterosexual parenting in some of their discussions to demonstrate the differences or similarities for LGB parents. These speak about the similarities participants expressed to heterosexual parenting, this does not seem to be the same across studies with some arguing for the uniqueness of LGB families and embracing the 'new roles' LGB people can occupy. One perspective might be that such comparisons can be unhelpful in understanding LGB families. All families are unique and perhaps the two are more similar than some of the studies highlight. This is highlighted later in this paper as an avenue for future research.

Language and labels in the studies varied significantly; for instance, gay, lesbian mothers, non-biological vs non-birthing mothers. This is perhaps to be expected given the different

cultural contexts and foci of the studies. Although, there was a different focus of the papers, they had similarities in their findings and themes. There were no studies in this review that focused on bisexual persons' experience of parenting, although it is possible that bisexual participants took part, and this was not reported.

The findings of this study fit with Integrative theoretical frameworks, helping frame the experience of LGB parents, for example, ecological stress (Bronfenbrenner, 1994) and sexual stigma (Herek, 2004) highlight the experiences and challenges LGB people may face and the impact on new parents' mental health. These were identified in the themes of this review, such as the interaction between sexual and parental identity. Within the ecological framework (Bronfenbrenner, 1994) multiple interacting contexts such as parental rights, legal frameworks and culture (macrosystems) in conjunction with social support from community, family and friends (microsystems) were found to impact LGB parents' experience.

Overall, the quality of the studies was strong, and they were methodologically sound. However, it is notable that very few studies commented on the epistemological standpoint or theoretical perspectives of the researchers. Therefore, most studies failed to recognise and embrace the inherent impact of the researchers' personal experience and identity in their analysis. The methodology of the studies varied, although most papers took a phenomenological approach. Grounded theory, narrative analysis, and thematic analysis were also used. There was also a variation in sample characteristics and inclusion criteria.

4.1 *Strengths*

The current review utilised a comprehensive search strategy, following rigorous systematic review criteria set out in PRISMA guidance (Moher et al., 2010). This review included the most common search terms in this research area and the author consulted colleagues and a librarian when conducting searches to ensure they were as complete as possible. The CASP tool (CASP, 2018) is a widely used and recognised quality assessment tool that was utilised in this review to assess and ensure the quality of included papers. Although this tool has its limitations it is the most widely used and complete quality assessment tool for health-related qualitative research. The inclusion criteria for the review were broad so as to include as many papers as possible, the review only included in peer-reviewed papers, this adds to the quality assurance of this review**.** A variety and similarities of people's experience was highlighted in the narrative summary. The author purposively avoided over interpreting the data due to the current limited research base.

4.2 *Limitations*

Due to the nature of qualitative research and a variation in language used some search terms may have been missed in our searches. For instance, if a paper used only quotes as its title, this may have been missed in our searches. Non-English language papers were excluded and as a result some relevant data may not have been included in this review.

It is important to consider the limitations of the quality assessment of papers, in particular, the use of the CASP tool. Firstly, the CASP tool may not produce information that can be used for sensitivity analysis, organising studies, or weighing them based on quality. In this respect it is a relatively blunt tool in the subtleties of identifying the quality of papers. For the purposes of this review, a gage of trustworthiness and rigor in the analysis of papers was our priority. An additional question was added by the author to note if the papers identified the epistemological standpoint of the researcher.

The cross cultural applicably of the studies in this review should be approached with caution. Most studies were conducted in the United States. None of the studies were conducted in England. This is potentially a significant consideration in these findings as there is a culturally specific context that cannot be addressed in this review because of the limited papers. For example, the legal context for LGB parents variers not only by country, but also by states in the case of studies conducted in America. There is significant variation in legal standing for LGB parents in different countries, there are still 13 countries in the world where being gay is legally punishable by the death penalty (Stonewall, 2022). This of course would have a significant impact on the experience of gay people in countries where being gay is not legal and in countries where LGB rights are limited. Therefore, this should be considered in the applicability of the present review. Many studies identified legal ties and concerns and major factors in parents' experiences. It is important to consider this when interpreting the findings of this review.

Almost all papers recruited participants who were white and from a relatively privileged economic background. This may suggest the barriers to LGB people becoming parents, most notably the significant cost, but also the impact of social support (Leal et al., 2021). Therefore, challenges for some people may exist in the preconception stage of becoming parents and they therefore may be missed as most research focus on people who have become parents rather than those who have not been able to due to a variety of reasons.

LGB experiences have been grouped together in this review. This is mostly due to limited research in this area and some groups, such as gay fathers and bisexual people are significantly underrepresented in qualitative research for LGB parents. However, there was significant overlap in the studies despite the different populations and experiences of people. Therefore, grouping

together papers highlighted the shared experiences of LGB people in this review, however, it is possible that this may miss the nuances that appear for specific groups. This is highlighted as an avenue for future research.

4.3 *Clinical Implications*

Clinical psychologists and other therapists, clinicians, support staff and leadership in services could benefit from the findings of this review. This may take the form of informing formulations and interventions for LGB people and families. In particular being able to recognise the resilience and strength of LGB parents when faced with social injustices and discrimination. This review may also offer insights offering consultation, planning services, and possibly inform much needed policies and guidance for working with LGB parents. This review may also offer implications and suggestions for perinatal services when planning services and staff training.

This review identifies that LGB families can face unique challenges when becoming parents. Issues of identity and an absence of a 'template' came up in several studies. This could potentially result in insecurities in relationships and in the family. This would be an important consideration if working with LGB families or individuals. Furthermore, some participants in the studies identified that they worried about their relationships to their child and legal rights if their relationship with the other parent broke down. It would therefore be important to signpost people to legal guidance and support. However, despite these potential insecurities, individuals and families reported great pride and freedom in the absence of a structured or 'standard' template of family as they have the freedom to choose their own path.

Another consideration to highlight for clinicians is that LGB families and individuals may face significant discrimination in their lives currently and/or historically. The studies in this review reported that LGB families often made significant considerations to their environment. For instance, when deciding where to live, where their children would go to school and what social connections they may have. This would be important for clinicians to consider when offering support and developing formulations for LGB people. It is also notable that it is common for LGB people to experience trauma and challenges from their own families or communities when growing up (Barbot & Durso, 2017; Jagose, 2009; Watson, 2005). However, reflections on this were absent from the studies in the present review.

Clinicians may also want to consider the language used by LGB families and be aware of the nuances and significance of this; for instance, mamma and mummy or the use of nicknames and surnames of children. Most studies in this review found that language was important, in particular, Mason Bergen et al., (2006) and McKelvey (2014) suggested that names for non-

birthing mothers was important in being able to feel more connected to their child and names helped to legitimise their parental ties to their child. Given this it would be import for clinicians to be respectful and curious about how LGB families refer to each other and how they address their child and each other as parents.

Systemic policy-level changes may help clinical psychologists integrate the findings of this review into services, such as the potential vulnerability of LGB people due to discrimination. Additionally, this review can help inform advice, supervision, and training to other professionals to help LGB parents who may experience psychological distress. There is current training for Perinatal Clinical Psychologist at Exeter University. This is an example of where findings from this review could be considered in training. A briefing document (British Psychological Society, 2016) from the BPS detailing the role of clinical psychology in perinatal services does not include a consideration of LGB parents. This review would highlight the importance of including LGB parents and their experiences in this key document.

Finally, the findings of this review suggest that it would be important for clinicians to take a strength-based approach when working with LGB parents. For instance, being able to recognise the significant commitment and perseverance LGB families have when deciding to have children. LGB individuals from the studies in this review often spoke about the impact of their community and their social support. Parents were reported to be thinking about the practical and emotional impact of having LGB parents on their children, developing their coping skills and resilience. It may be important to celebrate this in families or consider coping skills and resilience as part of an intervention for families that may be struggling.

4.4 *Research Implications*

It is evident from this review that more qualitative research is needed in thinking about the experiences of LGB parents. There are significant changes in law and rights for LGB families as the legal and social context evolves, therefore, research needs to maintain pace with these developments.

Future research may also consider people who are part of the queer community but were not included in this review, such as Transgender people or people who identify as fluid in their sexuality. Furthermore, bisexual people were included in this review, but no studies were found that included them. It is possible the bisexual persons may experience other challenges, such as being stigmatised by the rest of the queer community when entering same-sex relationships (Manley et al., 2018). It may be that due to the underrepresentation of bisexual people in the current research, specific studies exploring their experience may be warranted.

There is a need to expand the scope of the current literature. Often there is focus on legal bonds and 'practical' aspects of LGB parents. There may be merit in a move towards exploring attachments, bonding, and experiences of LGB parents and the impact of 'growing up gay' on their current experience of parenting. Longitudinal studies may be necessary to investigate the impact of legal changes, social support, and current and past experiences of LGB people on their parenting journey.

Finally, research may want to focus more specifically on the psychological well-being of LGB parents. Perhaps considering post-natal mental health in non-birthing parents or in adoption with a consideration of queer theory (Jagose, 2009; Watson, 2005). Research may also aim to evaluate psychological interventions for LGB parents, both individually and in a group setting for secondary psychological difficulties that LGB parents may experience.

5 Conclusion

Qualitative literature highlighted in this review consistently identified the strengths and positive experiences of LGB parents, there were also difficulties and challenges that were identifies such as discrimination and legal barriers in becoming parents. In reviewing the papers, it seems that LGB parents can experience challenges to their identity and security as parents, have significant burden in discrimination and routes to becoming parents. Legal and social attitudes have changed significantly in the past decade and research into LGB parents is evolving. It is vital to support LGB people in their journey to parenthood and to consider the unique experiences LGB parents may face.

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Chapter 2: Empirical Paper

"And love seemed like, easy…"
Non-birthing Lesbian Mothers Experiences in Parenting and Bonding with their Child: An Interpretative Phenomenological Analysis.

Abstract

The aim of the study is to explore non-birthing lesbian mothers' experiences in parenting and the impact this may have on their well-being and bonding experience. Eight non-birthing lesbian mothers participated in in-depth interviews that were transcribed and analysed using an Interpretative Phenomenological framework. Three master themes emerged: 1) "A Balance of Bonds", 2) "we created our own dialogue" and 3) "that is like, the most womanly thing you could possibly do". Each contained two to three sub themes. The master themes captured the relational and reflective nature of the interviews. The concept of identity formed a strong thread throughout the interviews. All the master themes and sub themes were shared among participants. A strong feeling of closeness and a 'balance of bonds' in the dynamic and evolving relationship was identified. This included the child-parent dyad, parent-parent dyad, and the family unit. Participants had secure and strong connections with their children and partners within the family unit, however this was often challenged within systems. Participants described having an equal, but unique bond to their child compared to their partner. Non-birthing mothers also seemed to find freedom in finding their own family form and roles and highlighted the love they felt in the relationship with their child.

Key Words: non-birthing, mothers, lesbian, non-biological, parenting, experiences

1. Introduction

Increasingly families do not 'fit' into heteronormative models of parenting and 'typical' heterosexual nuclear families (Short et al., 2007). Same sex parents are becoming more common in the UK, with an estimated 200,000 same sex parents (Fairbairn, 2019). With regards to defining 'heteronormative' Roseneil et al., (2013) described heteronormative as "multitudinous (social, legal, political, cultural) ways in which heterosexuality is normalized, naturalized and privileged as an institution, and to the ways in which homosexual practices and relationships are excluded, stigmatized, marginalized, and minoritized" (2013: 166)

Historically experiences of LGB* (Lesbian, Gay and Bisexual) families often focus on the social and psychological outcomes for children. This often stems from the social contexts at the time and is often driven by 'concerns' over parenting such as custody battles in 1980s, whether lesbians were fit to adopt in the 1990s, the outcry about IVF being made available to lesbian couples in the 1970s, the rise of donor insemination for lesbians in the 1980s and 1990s. Pioneering work in this area, by researchers such as Golombok et al., (1983), was necessarily defensive due to the hostile context of 'Section 28' (Golombok et al., 2003), and focussed on demonstrating that there is little variation in outcomes, such as psychological wellbeing, self-esteem, anxiety, school outcomes and attachment in children from LGB parents compared with heterosexual parents (Gartrell & Bos, 2010; Gartrell et al., 2011; Goldberg et al., 2013, 2014; Golombok et al., 2018; McConnachie et al., 2020; Wainright et al., 2004).

Current research largely focuses on the outcomes in children, such as psychological well-being, self-esteem, anxiety and school outcomes (Fedewa et al., 2015; Gartrell et al., 2011) and concludes that children of lesbian mothers are likely to be as well-adjusted and have as high-quality relationships with their parents as their heterosexual counterparts (McConnachie et al., 2020). However, anecdotal evidence and some research has shown that LGB people and families can have different experiences, such as discrimination, social support and legal barriers compared to heterosexual families in terms of their parenting (Bos et al., 2016; Short et al., 2007).

Heteronormative literature highlights the importance of early bonding and the well-being of mothers as highly important, but this has not been explored as extensively for the LGBT community, and more specifically non-birthing, lesbian mothers.

Early bonding and relationships

The importance of early bonding has been well established for children and parents (O'Higgins et al., 2013) and the crucial significant of the parent-child relationship in the first year has been long accepted (Chess & Thomas, 1982). It is important to distinguish bonding from attachment as they are not the same construct. Attachment as defined in attachment theory (Burman, 2007; Fisher & Crandell, 1997; Yakeley, 2018) has a specific meaning both in terms of its nature and the person to whom it applies. This refers to when the infant instinctively attaches to their carers and this is a tie based on the need for protection. Bonding are the feelings (joy, connection, love) that flow from parent to infant, that is part of the parent's contribution to the evolving relationship. (Gómez-Beneyto et al., 1993). The term bonding is used in this paper deliberately, as "attachment" is a psychological concept that carries with it an extensive and developing literature (Fisher & Crandell, 1997). Developmental theories of attachment (Bowlby, 1977) and emotional regulation (Sroufe,

1996) suggest that early bonding with parent and child influences various aspects of a child's emotional and behavioural development. 'Positive parenting', i.e. care, responsiveness and clear

*LGBT (Lesbian, Gay, Bisexual and Transgender) refers to the entire LGBT community and reference is made as there may be similarities in experience in the community. For the purposes of this project LGB will be used to refer to Lesbian, Gay and Bisexual people as Transgender people often have an independent literature around parenting. See appendix 2 for a note on terms.

standards, generally link with more favourable outcomes in children, such as better adjustment and lower risk of internalising. 'Negative parenting', such as high level of parental control and a low level of autonomy lead to generally poorer outcomes, for instance, low self-esteem, social hostility and lower later life well-being (Murphy et al., 2010; Xu et al., 2018). Erica Burman's chapter on 'Bonds of Love - dilemmas of attachment' describes how non-birthing/biological mothers can often be excluded from theories on bonding and attachment: "Within attachment theory the fact that women bear children has been taken to mean that (only) biological mothers 'instinctually' want to and know how to care for their children'. (140-141) (Burman, 2007).

Becoming a mother

There is a heteronormative literature which captures that there can be significant changes in the relationship of parents having their first child; new roles can be established and responsibilities can change (Pistrang et al., 2001). This would be important to consider in the context of gender roles and societal expectations in lesbian relationships (Goldberg et al., 2014; Kerppola et al., 2020).

When considering challenges new mothers can experience, research has shown up to 13% of women experience post-partum depression, however these samples are largely based on biological, heterosexual mothers. Well-being in new mothers has been well explored in the literature but again, largely focuses on a heterosexual sample (McConachie et al., 2008). It is important to consider these challenges in new non-birthing lesbian mothers as they may face unique challenges and issues in addition to the known challenges new mothers can face.

LGB parenting dyads

Traditionally heterosexual parental dyads have just one person that occupies the role of mother, although definitions of motherhood vary and are not uncontested. Not only do definitions vary, but there are also a range of perspectives in the extent that motherhood can be distinct from parenthood. For instance, some adaptations to parenthood might be specific to motherhood and not shared with fathers. Mothers can also face additional challenges when becoming a mother,

such as a potential change in societal roles and expectations. Therefore, gendered norms can be said to exist within a societal context and are not necessarily internalised roles. These gendered expectations are a source of distress for many women and there is a body of evidence and anecdotal accounts of how becoming pregnant and then a mother changes how others interact with women, starting from pregnancy (Brearley, 2022; Zdolska-Wawrzkiewicz et al., 2020). Same-sex families may choose adoption as a means to have children, where both parents are 'non-birthing'. However, some lesbian families may start with one partner becoming pregnant, through artificial insemination or other means, meaning there are two 'roles' of 'mother', one biological mother and another, non-birthing mother (C. M. Wilson, 2000b). This presents a number of challenges for lesbian mothers. At a social level the non-birthing mother may be considered the 'other mother', perhaps feeling less of a mother or not a mother at all (Ben-Ari & Livni, 2006).

There are also several challenges that may form in the parenting relationship and tensions of having different roles, when previously roles may have been more equal and not had traditional gender divides (Fedewa et al., 2015; Rahmanian et al., 2017). Furthermore, new mothers in lesbian families may experience a number of additional challenges for being gay in a heteronormative world. Research has suggested that access to services, family support, legal security, gender roles and identity expression may be more difficult for LGB people (Ben-Ari & Livni, 2006; Biblarz & Savci, 2010; Goldberg et al., 2014; Golombok, 2015; Golombok et al., 2003; Kerppola et al., 2020).

Comparable Literature

It is important to consider the bonding experience of non-birthing lesbian mother as this group has not been as represented in the literature as broadly compared to heterosexual parents. Three peer reviewed studies were found exploring non-birthing lesbian mothers' experiences using a qualitative Phenomenological methodology (Ben-Ari & Livni, 2006; McInerney et al., 2021; Wojnar & Katzenmeyer, 2014).

A study in Israel (Ben-Ari & Livni, 2006) examined the subjective experience of biological and non-birthing lesbian mothers using Phenomenological analysis. They explored constructed meanings in lesbian relationships and how they relate to their motherhood experience. They suggested that a first child in a lesbian relationship marks a turning point in the individuals and in the relationship. They identified that before the birth of a child lesbian couples valued equality in their relationships, however after the birth of their first child two different 'status' of motherhood emerged, biological and non-birthing. The authors cited that there were several cultural limitations of this research.

Another recent study conducted in Ireland (McInerney et al., 2021) commented on the

dynamic relationship between seeking connections and seeking legitimacy of non-birthing mothers. The study highlights the importance of legitimising their parental role and suggest therapists should recognise the marginalisation of non-birthing mothers and same-sex families. It is important to recognise that this study is based in Ireland, and thus is a very different legal context to England, such as marriage and adoption rights. In Ireland, non-birthing mothers who conceive in private contexts (outside of approved fertility clinics) are denied parental rights to their child. For the legal context in England and the UK the author would recommend that the reader refer to Stonewall and a Health & Social Care Services in Reading survey document (Healthwatch Reading, 2018; Stonewall, 2022).

Finally, a study based in the United States (Wojnar & Katzenmeyer, 2014) investigated the experiences of non-birthing lesbian mothers in preconception, pregnancy and new motherhood. The study identified a sense of 'feeling different' by the mothers and feeling incomplete as mothers. The authors comment on how non-birthing lesbian mothers in their sample had their experience of motherhood complicated by a lack of biological and legal security.

A further two qualitative studies have explored non-birthing mothers' experiences using different methodology (Bergen et al., 2006; McKelvey, 2014). Both studies were conducted in the United States. Some unpublished manuscripts have also explored the experience of non-birthing lesbian mothers (Linder, 2011; Paldron, 2014) although this work is limited in its exploration of the bonding relationships and psychological factors that impact non-birthing mothers.

This research will aim to inform clinicians such as, clinical psychologists, health visitors and GPs about the unique experiences of LGB families, specifically exploring non-birthing lesbian mothers' experiences of parenting.

Method

The present study aimed to explore adjustment to parenting and the impact on the well-being of non-birthing lesbian mothers up to 49 years old. It also aimed to explore the experience of non-birthing lesbian mothers have of bonding with their children aged 0-2 years. The study team did not access any clinical services for this study. Recruitment operated in third sector organisations only. Ethical approval was granted from the University of Liverpool's committee of research ethics (CORE). Reference: 8421 (Granted on 14/09/2021, Appendix 6).

1.1 *Participants*

A purposive sampling method was used in-line with IPA (Interpretative Phenomenological Analysis) methodology's aim to a homogenous sample (Smith, 2011). Non-birthing lesbian mothers aged up

to 49 years old who identify as female, are in a same sex relationship and have a first child aged 0-2 years old were recruited. The study aimed to recruit 8-10 participants to gain a richness of data as well to gain homogeny in the sample to find meaningful patterns in the data for similarities and differences (Smith et al., 2012; Yardley, 2000, 2008).

Investigators contacted local and national LGBT charities and parenting groups, such as the 'Rainbow Families 'group and "LGBT Mummy's Tribe Community Space" on Instagram and Facebook who kindly advertised the study. All online advertising (see Appendix 7) of the study adhered to university ethics guidance.

Inclusion criteria for age were based on current literature (Ben-Ari & Livni, 2006; Biblarz & Savci, 2010; Fedewa et al., 2015). Generational differences and positions on gender roles, gay relationships, experiences of a heteronormative world and how to raise children can vary between generations (Montgomery & Stewart, 2012). Due to the preference for a homogeneous sample when using IPA, the investigators decided to limit the age range.

The age of the child was selected to capture current experiences of parenting and bonding between mother and child. Established literature (Murphy et al., 2010; O'Higgins et al., 2013) suggests that around age 0-2 is a crucial time in this relationship.

The eligibility criteria for the study were as follows:

Inclusion criteria:

i. Aged up to 49 years old when their child was born (51 at the time of the study).
ii. Same sex co-parenting relationships with the partner being the biological parent of a first infant 0-2 years old.
iii. Identify as female and lesbian or bisexual
iv. (COVID Contingency) Access and willingness to use laptops/camera phone and internet access for zoom/skype interview.

To gain clarity in the IPA synthesis and analysis of data it is important to have a homogeneous sample (Smith et al., 2012). Potentially having quite different experience of motherhood and relationships (Kazyak et al., 2016) the investigators decided to only include people who identify as lesbian women, therefore excluding people who are transgender (See appendix 2 for notes on terms). This is for several reasons, including potential differences in gender identity and early and current experiences of being a sexual minority. Transgender and gay people share many similarities in experiences and discrimination. But equally transgender people can potentially face very different and arguably more difficult experiences (Biblarz & Savci, 2010; Haas et al., 2011) that could not be given the attention and focus they deserve in a project of this scale. It would be important to explore the experience of transgender parents alongside gay experiences, but also in their own right and the

unique challenges they may face.

Exclusion criteria:

i. Insufficient English language ability as assessed by participant and interviewer
ii. Multiple births (twins, triplets etc.).
iii. Has not previously given birth to a child within another partnership.

Thirty-three mothers contacted the researcher, unfortunately not all the mothers were able to take part. Of the 33 mothers, 12 did not meet eligibility criteria for the following reasons: child not born yet (n = 5), child too old (n =3), multiple children (n = 2), not the non-birthing mother (n = 1), not currently in a co-parenting relationship (n = 1). The remaining thirteen mothers contacted the research after the study was closed and the advertisements taken down. Therefore, eight mothers were interviewed. All interviews were conducted online via the researcher's university zoom account. Participants demographics are described in table 5.

It is noticeable that nearly all the participants are of a white background and five of the eight participants were in higher household income brackets. Almost all had at least a bachelor's degrees (one participant did not wish to disclose household income).

Method of conception was discussed in the interviews. With their partner, two participants conceived using known sperm donors and had on going contact with the donor. Three participants used reciprocal IVF (In vitro fertilization) (where the birthing mother uses the eggs of their partner) and three used IVF. For further information for experiences of conception please see Goldberg, (2006); Goldberg et al., (2014). These journals should provide the reader with more information about the processes and experience of conception for lesbian couples and more broadly the LGB community.

1.2 *Procedure*

Following advertisements, people who expressed interest were contacted by the researcher and provided with information sheets (Appendix 8) and consent form (Appendix 9) by email. Interviews followed a semi-structured interview schedule (Appendix 10) that was developed in collaboration with an 'expert by experience' and the study team. Interviews were conducted over one session with a mean total of 78 minutes (range from 70 – 94). There was no limit on maximum length of interviews to aid in the principle of having 'a conversation with a purpose' and to gain richness of data (Tuffour, 2017).

Table 7 Demographic Information of Participants

Pseudonym	Age	Age of Child	Ethnic Origin	Marital Status	Interview length (in Minutes)
Jen	39	13 Weeks	White, Irish	Married	82
Joan	34	19 Months	White	Married	94
Jean	41	19 Months	White, British	Partnered, Co-habiting	76
Fiona	46	21 Months	White	Civil Partnership	84
Jessie	30	22 Months	White, British	Married	72
Anya	35	7 Months	White	Married	80
Sally	37	16 Months	White, British	Married	72
Lisa	34	23 Months	White	Married	70

Interviews were audio recorded digitally using an iPad provided by the Doctorate in Clinical Psychology Programme, University of Liverpool. Recordings were uploaded to the university network. Interviews were transcribed verbatim by the University of Liverpool transcribing services that adhere to confidentiality guidelines. One interview was transcribed by the researcher. Transcripts were pseudo-anonymised, using names selected by participants. To maintain confidentiality all identifiable information was removed or replaced with pseudonyms throughout this paper. The research used the qualitative data software NVIVO (QSR International Ltd 2012) to aid in the storage, retrieval, and analysis of the data.

1.3 *Analysis*

IPA is a qualitative and experiential research design of qualitative methodology that aims to examine, in detail, human lived experience. IPA is concerned with personal reflection upon and making sense of major life experiences (Smith et al., 2012).

The nature of exploring personal and lived experience in detail requires a homogenous sample (Smith et al., 2012; Tuffour, 2017). This is highlighted in IPA as important; variations in the study sample population may confound the interpretations of the participant's experience (Smith et al., 2012). A reflexive journal (Appendix 14) was kept by the researcher to document and reflect upon the researchers' assumptions and positioning that may contribute to the understanding they give to

the experiences shared by participants.

Triangulation exercises, such as, consultation in supervision and with experts by experience were implemented to enhance the thoroughness and rigor of the conclusions drawn through the research (Reynolds et al., 2011). To further enhance this, themes were reflected on with other members of the research team to aid in creating validity and trustworthiness in the interpretation of data.

The author followed guidelines for IPA analysis (Smith et al, 2022; Smith et al., 2012) . Please note that there has been recent changes to terms used in IPA outlined in an updated version of the IPA guide (Smith et al, 2022). Emergent themes are now referred to as experiential statements and a collection of related experiential statements now makes up a personal experiential theme.

For the analysis, each transcript was read and re-read then analysed individually. Phrases, passages of interest and quotes were highlighted. The transcripts were then read in detail and coded with descriptive, linguistic, and conceptual comments in the form of exploratory notes to build ideas of what may be happening in the transcript. Experiential statements were then formulated to summarise sections of text (an example is presented in Appendix 11). The next step was to find connections to cluster experiential statements to find how they come together or are in contrast with each other. This clustering process allowed the author to find and name the personal experiential themes of participants (see Appendix 12 for a case example). This procedure was followed for all transcripts. Following the individual analysis and coding of each transcript, tables of personal experiential themes were examined to identify patterns across cases. The author then identified overarching concepts for the sample, resulting in the identification higher and lower-level themes resulting in a Table of Key Master Themes and Sub Themes with relevant verbatim quotes.

1.4 *Reflexivity and validity*

IPA recognises that as part of the research process the author will play an active and influential role, therefore, it is important to acknowledge the influences the researcher may have and reflect upon the impact this may have on the conclusions the present paper suggests. The author (TS) is a 30-year-old white, British male who identifies as gay. He has an interest in queer theory and a humanist perspective with the application of these to therapeutic approaches with those who identify as part of the LGBT community. Being a male doing research with women is also important to acknowledge. However, in many ways being a man and not a mother means that within the wider research team the author could offer a counterpoint of perspective.

It is important to acknowledge that the author does not have first-hand experience of being a mother or lesbian. However, the author does identify as part of the LGBT and queer community

and believes that this positions him as someone who can empathise with the difficulties that people from sexual minority backgrounds may experience. Furthermore, the research team was carefully considered to reflect the diverse intersections of experiences. The research team includes experts in clinical psychology who are mothers and a non-birthing lesbian mother. Supervisors also have experience in perinatal services and attachment literature. The research team also consulted an expert by experience who is a mother and identifies as lesbian. She advised on the initial concept of the research, including inclusion and exclusion criteria, the format and content of the interview schedule, contributed to thinking about the analysis and interpretation of the interviews and read though some sections of the final paper.

The author's epistemological perspective align with the way IPA is commonly positioned, that is an ontological and critical realist epistemological perspective. See Appendix 13 for a more detailed ontological and epistemological position of IPA and the author.

Vital to the process of aspects of the paper was the use of supervision and to have access to a diverse study team with different expertise and experiences. The author also used a reflexive diary with the aim to acknowledge potential biases and how this may skew or impact the research. There is not an aim to remove bias from IPA, but to be transparent about it an the researcher's own position (Smith, 2011). Supervision was used in all aspects of the research from initial design, interview schedule, transcription and coding, individual analysis, and the final generation of master and sub-themes. This helped to ensure that the quality and validity of the research was kept to the highest possible standards. All supervisors (BG, AF, RO, RB) were instrumental at all stages at the research and reviewed the final analysis.

2. Results

The aim of the analysis was to explore and examine non-birthing lesbian mothers' experiences in adjustment to parenting and the impact this may have on their bonding experience. Following the steps of analysis outlined previously three Master Themes emerged containing two to three sub themes each. These are outlined in Table 8.

2.1 *Master Theme 1: "A Balance of Bonds" (Jean):*

"It felt, it like 100%, natural and fitting for me to be like, the one holding her hand." (Joan)

The first master theme identified that from the mothers interviewed it seemed that most organised their relationships that surround their identity as a mother into three 'circles'. The couple dyad, the child dyad, and the whole family unit. This also seemed to follow a temporal trajectory as well with all the mothers explaining this as a journey from the couple to the child to the family unit.

Table 8 Table of Master Themes and Sub Themes and Recurrence Across Participants.

	Jen	Joan	Jean	Fiona	Jessie	Arya	Sally	Lisa
1. "A Balance of Bonds": "It felt, it like 100%, natural and fitting for me to be like, the one holding her hand."	+	+	+	+	+	+	+	+
The Couple Dyad: "I have to now go off with this tiny stranger… and leave my wife bleeding, with other strangers"	+	+	+	+	+	+	+	+
The Child Dyad: "it was, instantly emotional, erm, er, like, attachment I reckon, I've never experienced anything like it…"	+	+	+	+	+	+	+	+
Roles and Language of the Family Unit: "I feel quite privileged that we are same sex parents because you get to have these conversations"	+	+	+	+	+	+	+	+
2. "we created our own dialogue": "as long as you're keeping them alive, call me Derek, I don't care what you call me"	+	+	+	+	+	+	+	+
Sources of Support: "Where do I go?"	+	+	+	+	+	+	+	+
Social and Heteronormative processes: "you've put the mums on one side and the dads on the other, and where the hell am I meant to go?"	+	+	+	+	+	+	+	+
3. "that is like, the most womanly thing you could possibly do": "that is like, the most womanly thing you could possibly do"	+	+	+	+	+	+	+	+
Queer Identity and Social Constructs: "I feel like then I have to explain it all"	+	+	+	+	+	+	+	+
Motherhood Identity: "ultimately, it just comes down to, like love really, doesn't it?"	+	+	+	+	+	+	+	+

KEY: Sub Themes; **Master Themes**. Recurrence across participants +/-

For example, in the quote below Sally speaks about the bond between herself and her partner. It seems that there is a state of conflict, both inwardly and practically. She seems to

struggle with her responsibilities as a mother and making decisions for another life, but also her bond and attachment to her partner who has suddenly and unexpectedly been separated from her. The image of a 'movie happy ending' and the expectations of the birth seem a stark contrast to the harsh reality of the birth – feeling overwhelmed, pressured, and unprepared, framing the start of this journey as big shift in the relationships between the dyad of partners to the coming dyad of parent and child and triad of the family.

> I think that for me was like, the shift of responsibility, from [my partner], keeping this baby alive, to me, in the space of 10 minutes, was very strange. Cos I think also, you have, you think about, the birth of a child and you think oh, we're both going to be there, and you know, we're gonna be seeing the movies, we were both then going to be there with, the baby and, we'll have photos and you'll have tea and all go home and it'll be lovely. We just completely got separated…[my partner] felt like she had, given her baby away, even though I was with her (laughing) and like her baby was taken away from her. Erm, and I felt, weird that we weren't together as well. Suddenly had all this responsibility and had to make decisions, for another human being (Sally)

The following three sub themes describe these dyads and their development.

2.1.1 *Sub theme 1: The Couple Dyad:*

"I have to now go off with this tiny stranger… and leave my wife bleeding, with other strangers" (Sally)

Throughout the interviews, participants' highlighted the strong relationship they have with their partner, and how this prepared them for their child to come and the often-long journey to getting pregnant. Some participants, such as Jean spoke about how she wanted to be involved and for the relationship to be equal "we really wanted both of us to be involved in some way and so, reciprocal IVF" (Jean).

Participants narratives often communicated a lot about the decision of how to have children. Emotional focused decision making seemed prevalent among participants, such as the above quote or practical as Joan describes "for want of a better phrase 'back the best horse' sort of thing whoever's more fertile" (Joan). This was evidenced in a number of participants using reported speech to communicate how discussions were had with their partner.

It seemed these decisions prioritised the relationship between the two women from the start. Such as Lisa explaining how it was an easy decision to decide who would carry their child "So, yeah it was, we never really had a big discussion it was yes ok, she said I, you sure you don't want? I said no and erm, yeah we just settled that quite quickly." (Lisa) and Jessie speaking about how they wanted their roles to be equal "but yeah we kind of, wanted to, to split it equally so obviously I know she has carried... erm [child] for nine months but then after that I was kind of

like I want, to do as much as I can..." Despite having different roles as the birthing and non-birthing mothers, it seemed most of the women worked together to find how they would manage their relationship and roles in their dyad.

> me and my wife we've been together for nearly nine years and we've never had an argument, but it does put that little bit of a, er, oh god's sake you're just not listening to me kind of thing, erm, but then we'll we'll talk about our feelings and how we feel and then it's soon resolved and then the next day we've taken her to the doctors like (laugh) it's, there is tension but we tend to not let it affect our relationship because we are a team, like, we were a team before [child] was there we were like, it's just a bit more of a difficult team because we have [child] to look after but, we try to not ever let the tension get bigger than what it should be. We try to just sort it out there and then. But if definitely does put tension on our relationship (laugh) a hundred percent. (Jessie)

Jessie described here the strong relationship she has with her wife and how they communicate their feelings and resolve conflicts that may arise. She describes their relationship as a team, similarly, Sally describes her dyad with her partner as a team. "but yeah, just not er, not to worry and just work as a team and, that you're not, (pause) worth less than your partner." (Sally). It seems from the start of the journey the dyad between partners was strong, striving for equality and valuing the roles, both the birthing and non-birthing mothers. This allow for both partners in the dyad to experience their parenting relationship in broadly positive light.

> And so for me I was like this is, it's such a weird feeling because I have to now go off with this tiny stranger, who yes is very much my daughter, but is a tiny stranger, and leave my wife bleeding, with other strangers…. And, you're just like, but I don't want to go, with that tiny stranger, I want to stay here and make sure you're ok, like I've known you for a decade. I don't know that person, and it's really, it's a really weird, erm, situation to be in, because you think that, you know you've bonded with this, bump and you kinda know them a bit. (Sally)

Some of the mothers described how their relationship with their partner can be put to the test. In the above quote Sally uses quite vivid language to describe how she felt to pull to stay with her wife during the birth and the pain of the situation to have to prioritise the care of her new child, the new 'stranger'.

2.1.2 *Sub theme 2: The Child Dyad:*

"it was, instantly emotional, erm, er, like, attachment I reckon, I've never experienced anything like it…" (Jean)

> nice to have that one-to-one bonding time which is really important to us. And erm, I think as she grows and she, she becomes more interactive and more talkative it just, brought us closer together even more we've had like, I've had my little in-jokes with her that [my partner] doesn't

> have and the other way round and erm. I was just a really positive and I feel like we are always, growing closer together because she's older, because she's learning more things and reacting to different things and just, being more of a, like a toddler, toddler, rather than baby toddler. (Sally)

In the above quote Sally speaks about how she feels her bond with her child is growing stronger and how she values one-to-one bonding time. It is interesting that Sally speaks about how their bond seems stronger as their child becomes older. With all the non-birthing mothers it seemed there was a draw to the physical needs of the child, and certain needs such as feeding may lead to feelings of inequality. For example, Fiona spoke about the importance placed on breastfeeding "definitely a feeling that if you weren't breastfeeding, you weren't, you know, a proper parent." and Sally commenting on how breastfeeding seemed to facilitate an early bond with her wife and child. "it's a funny one because, my wife's still breastfeeding her at night-time, so, so their bond is still very physical… So, their bond was like, all, obvs, obviously already incredibly strong, but was, forced together (laughing)…. she's just got to the point where she will seek me for comfort, as well as [wife]. Erm, but I think that's probably age as well, erm. So, yeah I think, (pause) erm yeah, I dunno." (Sally).

Some of the mothers voiced their frustration and hurt about how the early stages of their bond started : "[my wife] would still describe herself, as the primary carer which sometimes I'm not, I'm, does, (pause) er does it hurt, I, I think er like, it's a bit like, oh, she's right, she is, I mean she is the primary carer still, erm, (pause)" (Jean). Jean's speech in this quote is notably quite broken and hesitant, suggesting a discomfort with saying this. Jean spoke about still having a young child, but all of the women explained how they felt their bond with their child was strong. Jean: "it was, instantly emotional, erm, er, like, attachment I reckon, I've never experienced anything like it. So, that was, yeah, it was pretty cool." And Jessie "I'm fun mum and there's not a fun mum because we're both fun in different ways. But I'm the sort of mum that will throw her up in the air, I'll push her down on, not, but like she's standing on the bed and I'll push her over and she giggles or like I'll chuck her on the sofa"

Nearly all of the mothers spoke about how they may have been apprehensive about their bonding experience with their child as the non-birthing mother. For example, Arya spoke about her initial fears and the reality of the relationship feeling natural and safe:

> Yeah, like so, bond, bonding was, one of my biggest fears ….Erm, and I really didn't think about it much anymore. It just felt very natural, erm, she felt, very mine, like I'd, watched her grow, I'd been to private scans, erm, I'd talked to her, I sat in the car for hours on end, while she was in the hospital, like, I was as part of that relationship, as any, dad would be. The only thing I didn't do, was, like provide the sperm, and the genes. (Arya)

In this quote it is interesting in that Arya compared her role as the non-birthing mother to that of 'dad'. Arya's language seems more hesitant and broken. She is speaking about fears of not bonding but also the search of the 'right' language and roles to identify with, and therefore reverting to the 'known' role of a father – and the expectations that may bring. Throughout the interviews it seemed that the mothers have a struggle with using the term 'dad/father' to describe particular bonds as the children are growing or events, such as the birth. Most of the mothers interviewed spoke in some way about valuing the time that they spent with their children and how it was import to have time alone with them to bond with them. "Yeah, so I used to sing to the bump, erm, I used to make up songs, erm, I've always called her my little potato, like when she was inside the womb and I still I call her it now still" (Jessee). Most of the mothers spoke about this having a temporal trajectory with the bond with their child, developing and becoming stronger as they grew as in the below quote form Jen.

> And love seemed like, easy, that's been brilliant, we've looked back at photos from a few weeks ago they feel like thirteen years ago, we were looking last night, and just seeing her development, and I said I like yesterday I just feel so much closer to [my child], and just think she's more and more awesome is that every day goes by. (Jen)

2.1.3 *Sub theme 3: Roles and Language of the Family Unit:*

"I feel quite privileged that we are same sex parents because you get to have these conversations" (Fiona)

> I've always been [my partner's] priority and she's always been mine and then I'm not [my partners] priority erm, I'm further down the pecking order cos there's dog, the dog as well so I'm somewhere like third, do you know like I think, that took a little bit, if I'm honest, internally, I definitely thought that, and I don't think, hopefully I didn't reflect that onto her, but, not now, but certainly there was a few months where I, was aware that I was not, her priority, any more." (Jean)

Above Jean speaks about the "pecking order" of the family unit and how this has changed and developed over time. This creates a sense that the family unit is changing and that all members must adapt and evolve. All of the women interviewed spoke about having 'merged' roles and an urge to move away from traditional roles "So, there are those natural, kind of roles that, just happen because, we want to play to our strengths and give her the best experiences. But in terms of, (pause) mum and dad, being quite separate roles, we're far more merged. (Pause) I can't really explain it…" (Arya). In this quote Arya seems to pause to think about the roles and language used to describe these. From the interviews all of the mothers spoke about "finding their own path" and described themselves as "parent" and "mother". It struck the researcher that all of the women described their roles differently but a common aspect as that they all seemed

comfortable with the duality and mixing of roles. It seemed that this flexibility has great benefits in the family unit and allows both mothers the freedom and availability to nurture their relationship with their child. The below quote from Fiona demonstrates this flexibility in roles and describes it as a privilege to be flexible and communicate about what roles and language they want to use and are not confined to heteronormative, traditional gendered roles.

> "I just don't yeah see myself as a mother and actually I feel quite privileged that we are same sex parents because you get to have these conversations and you get to decide if you want to be a mother or a parent and you get to decide whether you wanna be, you know, you can call whatever you want, it's up to you isn't it?" (Fiona)

In the above quote it is interesting that Fiona separates herself from the label of 'mother' and prefers parent. Some of the women spoke about how they want to differentiate their experience and their partner's experience. "Don't, don't think like that you, you should have the same experiences that (cough) the person who's gonna give birth, cos you're just not and, you're, you'd, I think you, you're setting yourself up for disappointment." (Joan) In this extract Joan seems to find it important to separate the roles and that describing both roles as the same does not do justice to either experience. It is also notable that Joan seems to be searching for words here and it may be interpreted that the roles of mother or parent cannot be easily defined for her.

Feeding often came up as an important aspect of the bonding experience and the "balance of bonds" is defined and shared. For instance, in the following quote where Jessie describes that it feels as though she is missing out on bonding process of feeding "I could then take over at night and then do the bonding 'cos they say that the feeding is bonding, part of, most of it. Erm so at first I was bit like oh, erm, I'm missing out" (Jessie). Jessie goes on later in the interview to describe how they were able to share roles and that she might have other moments, such as bath time or time in the morning where the family could share roles.

Overall, the experiences of the families suggest a flexibility and duality in thinking that helps the mothers/parents to occupy multiple roles at once. Although, it is interesting that the individual's roles are important too. The language of the participants focused on "I" and "me" statements rather than the collective "we" that is commonly used elsewhere in the interviews. This may suggest that there is a level of defensiveness or vulnerability in the roles the non-birthing mothers occupy. That whilst the families have conversations and negotiations there is at the same time a draw to hold value in the individual bond and roles of the family unit. The paradox of these positions are often reflected in the hesitation or pauses in the participants' speech, perhaps searching for the words and struggling to express their role as a family unit and as an individual, such as in this quote: "[my partner] would still describe herself, as the primary

carer which sometimes I'm not, I'm, does, (pause) er does it hurt, I, I think er like, it's a bit like, oh, she's right, she is, I mean she is the primary carer still, erm, (pause)" (Jean).

2.2 *Master Theme 2: "we created our own dialogue" (Arya):*

"as long as you're keeping them alive, call me Derek, I don't care what you call me" (Sally)

All the participants interviewed expressed a difficulty in accessing support and information and being stuck in heteronormative and social process. The title quote of this theme "Call me Derek" is a particularly striking example of participants desperation and acceptance of inadequate care because they want to support their partners and child. Only three participants said that they challenged health professional, such as the facilitators of NCT classes, midwifes or health visitors. The remaining participants did not seem to challenge inadequate care and accepted "antiquated" or "unfortunate" language that might be used. Interestingly, in the second sub theme it seems there is a divide in how language and roles are negotiated openly in the family unit/home but seem stuck and largely left unchallenged in the wider, social world. The following sub themes explore participants relationship with systems that they encounter.

2.2.1 *Sub theme 1: Sources of Support:*

"Where do I go?" (Jen)

The participants interviewed expressed how they had a "long journey" to having their child. Whilst participants used varying methods of conception, they all described how it can be hard to access information and support: "so it was just NHS, it's just, you get, you get what you get" (Joan)

> Yeah just a bit pfff, not really, we thought ok maybe we wouldn't really be, be welcome as a couple…we didn't really mind, not going there, it was all a bit, very practical, al.., always talking about the father, mother, and, just didn't give a good impression. (Lisa)

In the above quote Lisa speaks about how their expectations of support as a couple and that language used was often heteronormative and perhaps made accessing a service more difficult. Jean spoke about having to 'prove' infertility as a strange concept and that accessing IVF as a lesbian couple was difficult: "had to prove your infertility. So, you had to, which is an interesting concept considering I'm, by definition I felt we were probably infertile" (Jean). These quotes suggest that participants feel misunderstood and perhaps isolated, as medical

professionals that they sought advice from could not provide the kind on information and support that would be useful.

> Erm, (pause) I did try and look for books, found zero, zero stuff. Erm, I think to be honest, it just, came about through, talking to, [my partner], all the time about any fears or worries…so we created our own dialogue, and we created our own support. We didn't really, have anyone else to turn to. Erm, everybody on our baby group was, like a heterosexual couple, er…like there was nothing tailored, anywhere, for same sex parenting, let alone, me as the non-birthing mum…having some of those questions answered, would've been really nice. (Arya)

As this quote from Arya illustrates participants found that there was little or no information about being lesbian parents, let alone non-birthing mothers. It seems most participants used conversations with their partner, family, and friends as starting points to help them access information about the conception process and ultimately parenting and the bonding experience. In particular, participants conveyed dissatisfaction with information the NHS provided. Their experiences in private settings were varied, with some participants expressing they had positive experiences when they found the right place for them: "No it was, it was always smooth, I mean they always both of us, when we were in the room and, I just felt as much part of the whole thing as, as [my partner]…we'd both ask questions, and they would both, respond to us and, yeah." (Lisa). However, some participants had mixed experiences: "So I think, I don't think she meant to be rude, she was just really slow on the uptake," (Fiona). In this quote Fiona is referring to health visitor appointments and how the health visitor was set on having the 'father' box on their forms completed. This shows that some visits to health professionals can be "uncomfortable" and "draining" as participants often had to "fill in the gaps" and either correct or ignore heteronormative language. Participants also varied in describing their experience as a non-birthing mother. Some described being included and considered but others felt as though they were put to one side by health professionals.

In terms of accessing support and help with starting a family, participants described difficulty in accessing this, with the cost of having children being one of the biggest barriers "insane amount of money really erm and, ours wasn't even the most expensive, of er, treatments" (Joan). This is often reflected in the socio-economic status of the participants with most of the families who underwent IVF being in higher income brackets. The two participants who did not use IVF and used a known donor said that they did not regret the route they used but had some reservations. Fiona described a "white-knuckle" moment: "I suppose, we naively went into it without any kind of legal agreements and I think we had one sort of white knuckle moment where we were like, oh perhaps we should have, you know, put, put something on

paper, just so we were both kind of clear." (Fiona). This insecurity is perhaps a result of the lack of information available for couples and appropriate services and access to advice and support.

2.2.2 *Sub theme 2: Social and Heteronormative processes:*

"you've put the mums on one side and the dads on the other, and where the hell am I meant to go?" (Jessie)

This theme described the sense of the non-birthing mothers feeling out of place by social and heteronormative processes, mostly in the context of NCT Antenatal classes. The majority of participants used their NCT classes as vivid examples of how social processes can be facilitated by heteronormative assumptions by the facilitators and by other parents too.

> But it just made me just feel a bit like, (pause) not, this isn't like it is right and it is normal, but just made me feel a bit out of place. That make sense? Like I shouldn't have really been there. But then I should have been because my wi... like I am, I am a parent like, I am gonna be a mum, I'm not gonna be a dad but, just, just made me feel a bit uncomfortable if I'm honest. (Jessie)

Most participants described similar experiences in NCT class, of feeling out of place and as though they don't belong. It is evident in this quote that Jessie is struggling with the language and that her speech is broken. This perhaps is reflecting of the nature of the NCT classes, unsure how to include gay couples. It is also interesting how Jessie says "it is normal", as though there is an acceptance of how things are and that it is difficult to change the heteronormative roles already assigned.

> I said because I'm in here and you've put the mums on one side and the dads on the other, and where the hell am I meant to go? Yeah I'm a mum but I'm not carrying the mum, like the child, so, I did put them in their places and I was like you should have training for things like this because it makes me feel like rubbish. (Jessie)

In the above quote, Jessie continues to say how painful it seems to be lost in the gap of the social process. She described having to confront the facilitators in NCT class as she did not have a place. For the author this presented quite a vivid image of Jessie being lost in this process and the heteronormative template not fitting. There seems to be little adjustment or thought made to the people lost in this process. This was a common experience among participants.

Some participants spoke of internalised struggles with the heteronormative processes. "cos like I am a mum, but I'm not, I'm not going to experience tearing. Or episiotomies or any of the rest of those horrific things. However, I'm not, I'm not a dad, like," (Joan) here, Joan seems to express how she may have an internal struggle with her role and value as a non-birthing mother as she has not experienced the "horrific things" of childbirth. This seems to be

confirmed by the social processes at work in the NCT class. Participants expressed a sense of being excluded because of their position as the non-birthing mother in the social connections made from NCT classes. "I'm also a new, mother or new parent would be nice if people were messaging me instead of, just her" (Lisa). Lisa's quote describes an experience of being left by the social group as perhaps other parents do not see her as the "main caregiver" or "mother".

The interviews suggest that non-birthing mothers are stuck between two impasses, internally and socially, particularly in NCT classes – no-one being sure of the language or roles they hold. Interestingly, there seems to be a divide and contrast between identities and roles in the family unit/home and the social arenas of life. Participants speak about discussions in the home around language and roles (such as in master theme 1, sub theme 3) and this feeling a safe and receptive space to have these discussions and the "freedom to choose our own path". However, it seems that in social arenas, such as NCT classes, this is not the case and participants are left feeling lost for words, unable to express themselves and stuck in the ambiguity of the heteronormative roles placed upon them.

2.3 *Master Theme 3: "that is like, the most womanly thing you could possibly do" (Joan):*

As non-birthing parents, participants often spoke about how there "is no template" (Joan) and that their own identity as a queer person and lesbian often interacted with their role and identity as a mother. Four participants described how their queer identity contributed to why they became a non-birthing mother and all participants described how society and their communities highlighted their differences and uniqueness as gay parents. However, in contrast their identity as queer and gay did not seem as prominent in their lives within the family unit. All participants spoke in some way about the "privilege to choose our own path" and that in being gay they were able to negotiate roles and not have to conform to traditional gender or parenting roles. Most participants also spoke about their identity as mothers and how this could feel insecure at times, but that overtime their identity as mothers would strengthen and develop.

2.3.1 *Sub theme 1: Queer Identity and Social Constructs:*

"I feel like then I have to explain it all" (Arya)

Participants often described a "burden" or a need to "justify" themselves and their family. They noted that outside the family home there seemed to be a burden to explain their family circumstances or "fly the flag" as one participant described. In the quote below from Arya she

describes how there seems a need to "explain it all" and compares this to how heterosexual couples do not have the same burden.

> I think I'm embarrassed because I feel like then I have to explain it all, and I really don't feel like, I should have to. Erm, it's, it's like that, whole thing of, why should gay people come out? Like why, why do they have to come out? Nobody comes out as being heterosexual. Like, (laugh) …. You have to justify your existence, and, your role and, fit yourself into a nice box for society to make them comfortable. (Arya)

Arya uses quite forceful language here. In comparison to other passages where there might be a search for words or pauses, here there seems to be an expression of anger and frustration at the inequality that she has experienced. Other participants described similar feelings. Speaking about barriers and questions at her work Joan said, "why should I tell you I need time off because we're getting inseminated today…". Similarly, Joan compared the demands placed upon gay people to perhaps the same questions not being asked of heterosexual people. All participants made a link of their being gay/queerness being something that they have had to 'come out' about and that their experience as parents highlighted this more and that they feel a sense of responsibility to "be proud" as to set an example for their child and promote the equality of the LGBT community.

The identity of participants as gay/queer seemed to also contribute to where they chose to live "absolutely, It is, so it, it's driven where we live, erm, but that's also, I wanna be surrounded by open minded people" (Jean). In this quote Jean speaks about how it is important to be mindful about here they live and what kind of community they are surrounded by. All participants described this in some way, of being aware of where they live and if they will have access to community and nurseries that will be accepting and openminded.

Four participants spoke about their role as a non-birthing mother and a link to their queer identity. "I've never, ever wanted to be pregnant. I've absolutely no desire to be, whereas some sort of women I suppose are, have always, er, felt like, you know they're just waiting for that day, when they feel, that baby in their belly" (Joan). In this extract, Joan described how she perhaps feels set apart as she has had no desire to be pregnant, describing giving birth as "like, the most womanly thing you could possibly do". Four participants, like Joan, said they would never want to carry children, two of the mothers said that they were not "desperate" to carry children, and were more "on the fence". Two participants said they would like to carry children if they were to have more.

Overall, the mothers described encounters where their sexuality and identity were made more apparent, both to themselves and to society. Ultimately, all of the women spoke about this

being positive as they would be able to be "proud as a family", "not to hide" and that ultimately their children would be "proud of their family". However, participants highlighted their fear and an emotional burden on them to confront situations of inequality and to "come out all the time".

2.3.2 *Sub theme 2: Motherhood Identity:*

"ultimately, it just comes down to, like love really, doesn't it?" (Joan)

Some of the mothers spoke about feeling of insecurity of being the non-birthing mother and how biological/physical needs of the child link with the development and growth of their relationship. In the quote below Arya describes a moment where she could not breastfeed her child at a parent's group and that she "couldn't give her what she needs" and her feelings of inadequacy.

"And I just stood there, and I was like, I can't feed her, I don't breastfeed her like, my wife breastfeeds her. And I felt really, (pause) erm, like, helpless. I was like, I can't settle my own baby, everyone's watching, er, I'm not able to give her what she needs right now, and, I felt really inadequate and really, ridiculous. Erm, yeah, to have to say I've gotta take her to my wife (laugh)," (Arya)

The language and pace of this extract from Arya seemed more pressured and conveyed the distress she must have felt in this moment. Other participants spoke about how their identity as a mother may be questioned or challenged by people. "But, it's kinda interesting to see them, erm, acknowledging that I was, a mother, but not THE mother (laugh). I, do you know what I mean, it was, it was erm, in that situation it was, it was kinda weird." (Sally). Here Sally speaks about not being "THE" mother and that may seem almost a rejection by others of her role as a mother. For most of the participants this challenge mostly happened outside the family unit, at NCT classes, medical appointments, nursery and midwife visits, for example. These situations seemed to create anxiety in some of the mothers.

Participants highlighted how they were "destined to be the non-biological parent" or as Joan says: "I felt like that role, completely suited and fitted me. I knew that I was, I knew what I was doing, was kind of like, (pause) in a dramatic way like the role I was born to play. Like, I am, like the side kick, I w..," (Joan). In this quote Joan expresses a sense of security and confidence in her role as the non-birthing mother. Although, she describes herself as a "side kick" which may indicate how she feels she is playing a secondary role. This may highlight a sense of vulnerability or insecurity of the identity of motherhood in non-birthing mothers, especially outside of the more secure connection of the family unit. Some participants noted that there "is no normal" and "I had to find my own way" to describe their maternal identity, suggesting that there is no common experience and have less access to shared experience that birthing or heterosexual

parents may have. However, overall, it seemed that the participants interviewed developed a secure sense of their identity as mothers that was often strengthened overtime by their relationship with their partners and child as described by Sally in the quote below.

> Erm, so I think there's always that worry that they're not then going to, love you in the same way… I now know that she does love me and that she likes me and she'll go to me and, she will choose me sometimes as well...because the bond there is so strong. (Sally)

3. Discussion

The aim of the current study was to explore non-birthing mothers' experience of parenting and the impact this might have on the bonding experience using an IPA methodology. Three master themes were identified: "A Balance of Bonds", "we created our own dialogue" and "that is like, the most womanly thing you could possibly do". These captured the relational and reflective nature of the interviews, and the concept of identity formed a strong thread throughout the interviews. All the master themes and sub themes were shared among the participants with strong feeling of closeness and a 'balance of bonds' in the dynamic and evolving relationship that includes the child-parent dyad, parent dyad and the family unit. The use of language was also import for participants both in services and systems, for instance, antenatal classes and starting nursery. There were many things to celebrate in the interviews, for example, the freedom of finding your own family form and roles, and the importance of love mothers felt in the relationship with their child.

Several of the themes found in this study have been previously described with some variations (Ben-Ari & Livni, 2006; Mason Bergen et al., 2006; McInerney et al., 2021; McKelvey, 2014). Ben-Ari & Livni (2006) described, that lesbian mothers valued a sense of equality in their relationships, however, with one mother being the birthing mother this can create two 'statuses' of motherhood. Furthermore, the legal aspects of motherhood for lesbian women can shape their family and relationship, although, in the present study we found that the legal aspects were less important for participants, with a focus on social constrictions and barriers being the main concern. The family unit offered a safe space where, being a same-sex family, seemed for most women, a non-issue. This may be due to the cultural context of the UK where rights for same-sex couples are more secure than some other countries. It is also worth noting that the legal framework for same-sex couples is rapidly evolving around the world so research can become out of date especially when focusing on the legal contexts of non-birthing lesbian mothers (Stonewall, 2022).

Other studies have highlighted relational dyads and the family unit as important aspects of non-birthing mothers' experience of parenting (Ben-Ari & Livni, 2006; Goldberg et al., 2014; Mason Bergen et al., 2006; McKelvey, 2014; Wojnar & Katzenmeyer, 2014) and for same sex parents more generally (Fedewa et al., 2015). Within the current study some mothers highlighted that they organised their identity around three 'circles' and that this took the form of a 'journey' through various stages of their experience. Most mothers spoke about their apprehension to bonding with their child. Mothers also acknowledged that there was a "pecking order" in the family and a structure that changes and develops over time. It was noted by several mothers that they felt the bond with their child was the strongest as they started to become older. However, all mothers highlighted the flexibility and duality of thinking that allowed them to occupy multiple roles at once. There may also be an overlap with literature for fathers. As a recent literature review (Chung, 2021) highlighted how research has often positioned fathers in a secondary role to mothers in caregiving; There is increasing evidence that fathers contribute independently to their child's development, for example socially, cognitively and in emotional well-being (independent to the mother). The review suggests there has been a substantial shift in the role of father over the past several decades.

All participants commented on their relationships with systems, both in their community and with services, often having difficultly accessing services or having no information about what to expect or where to go for help. It seemed that often that mothers accepted inadequate care, highlighted particularly were antenatal classes, which were commented on by all participants as difficult experiences. There seemed to be a contrast in mothers experience of communication and interactions outside the family and within the family. Being a same-sex couple seemed to be a 'non-issue' for most participants within the family unit, however, outside of this safety, relationships with systems seem to indicate that non-birthing lesbian mothers can feel more vulnerable and unsure about their legitimacy as parents. This is also reflected in previous research (Gartrell et al., 1999; McInerney et al., 2021).

The non-birthing mothers interviewed reported on their identity and experience of motherhood. They often described "having no template" and that their identity as a mother, a woman and lesbian all interacted to make them and their families who they are. Mothers spoke about the balance of security in their identity but also having to "find my own way" and having "no normal", but that they found security and comfort in their "shared journey" with their partner. Some studies have also highlighted identity as a important factor in non-birthing mothers journey (McInerney et al., 2021; Van Ewyk & Kruger, 2017b). Van Weyk et al (2017) described that non-birthing mothers experienced hope, love, joy, helplessness, anxiety etc as new

mothers. Participants also described feeling deprived and compromised, but this journey helping them develop a new identity of a mother. It is interesting how none of the mothers spoke about their experience of being parented or mothered as a child and how this may have shaped their identity as a mother or individual. This may be an interesting point to expand on in future research.

The framework of Queer Theory supports the findings of this research, people who identify as queer, including those who identify as lesbian can often experience social structures in damaging and oppressive ways and thus find methods to cope with and survive heteronormative structures (Kassoff, 2014). This is particularly important when considering parents' experience of their own childhood and the consequence of this for their experience of parenting their own children. For queer people growing up in a heteronormative environment several identities can be incorporated into their lives (Bilodeau & Renn, 2005; Dworkin & Yi, 2003; Gates, 2011). For example, a public identity at work or school and a private identity. As a result, relationships can often be defined by openness, safety, and trust, as for some queer people, coming out can be a vulnerable or even dangerous process, as seen in some the experiences participants shared in this study. For instance, the stark differences in mothers' experience of social environments and their own family lives.

The current study supports and expands on previous literature for non-birthing lesbian mothers. Participants had secure and strong connections with their children and partners within the family unit, however this was often challenged within systems. Participants spoke about their experiences in a relational and emotional way – rather than a practical description of the process. This may help to explain the process within the family unit of open communication and negotiation of roles. However, this being more awkward and unknown in social constructs and within systems. More can be done by healthcare systems to support non-birthing lesbian mothers and recognise the societal barriers in the journey of motherhood. Although as a result of this discrimination, it seems that positive outcomes and higher rates of social awareness and adaptability are reported in children of LGB parents (Goldberg & Sayer, 2006; Goldberg & Smith, 2008; Golombok, 2015; Golombok et al., 2003).

3.1 *Implications for Clinical Psychology*

This research highlights the unique experiences of non-birthing lesbian mothers and identifies how their experience has important differences but often is similar to what we know about heterosexual parents and the complex relationships and interaction all parents can have with their children. Clinical Psychologists are well-placed to offer individual formulations,

interventions and are important figures to drive policy change. Therapeutically it would be important to be aware of pre-existing experiences of coming out, gender identities and other psychological aspects that may be important in framing women's experiences. It is hoped that with this research policies for training, supervision and guidance and be formed to help address the needs of non-birthing lesbian mothers, and more generally same-sex parents.

This research can offer an initial insight to the experiences of non-birthing mothers and to help those who may struggle with accessing services for planning to have children, perinatal, and post-natal care. Services could be more welcoming and accepting of same sex couples regarding use of language and processes, for example, a pressure to 'prove infertility' and experiences of antenatal classes.

The rate of perinatal mental health difficulties is about 20% (Public Health England, 2020), and stigma can stop people sharing concerns they may have (Stubbs et al., 2018) and the present research demonstrates that non-birthing lesbian mothers can fear stigma and experience discrimination. In addition to feeling excluded during birth, this is likely to be a factor for increased risk of birth trauma (Ayers, 2017). Therefore, we may expect LGB parents to have higher rates of perinatal mental health difficulties and may be less likely to access services. Although, currently non-birthing mothers may not be able to access perinatal services as the 'referred' person in most cases which may also impact on feelings of 'otherness'. It therefore may be important for perinatal services to consider mental health assessments, signposting, and support to partners. This may include access to couples and family therapy if indicated. This approach is becoming more integrated into perinatal services in the UK (Darwin et al., 2021).

Acknowledging difficult experiences and being able to offer resources within the local community may also help non-birthing mothers combat the stigma they may face. Helping to validate potential vulnerability and difficulties as a mother and develop resilience when experiencing discrimination and obstacles. For participants in this study most seemed to gain support from family and community groups, therefore more of these are needed to help parents to get a sense of community as this may be an important vehicle for changing parents' experiences. Furthermore, professionals can worry about 'saying the wrong thing' and there may be opportunities to upskill, educate and train staff in line with trauma-informed and culturally responsive care framework (Ayers, 2017; Public Health England, 2020).

3.2 *Methodological Considerations*

The interviews in this project gave rich accounts of participants' experiences. Mothers often gave details and emotive accounts of their experiences. Some used metaphors and examples from

their lives that allowed for an in-depth exploration of their experiences. In an homogonous sample there were several points of variation (that will be discussed below), but generally all mothers commented on similar experiences with all master themes being shared by participants. The analysis of the interviews followed a rigorous methodology (Smith et al., 2012), following guidelines for empirical research, collection of data and analysis and an appropriate sample size for the purpose of this research. The research also consulted an expert by experience (LW-G) and had a range of clinical and personal experiences from supervisors, helping to strengthen the quality of the research (Brocki & Wearden, 2006; Smith, 2011)

Despite the strengths of this research there are some considerations to make. Whilst the authors believe the sample is suitably homogenous for IPA research, the focus of the research and inclusion criteria for participants could have been narrowed down. To the author's knowledge this is the first study of its kind to be conducted in England, and there is limited research internationally. Therefore, a wider inclusion criterion was justified in many ways. However, during analysis subtle differences in experience and terms were highlighted. For instance, there were several participants who used reciprocal IVF to conceive, so that they were the biological mother, but not the birthing mother. Other participants had known donors and had ongoing relationships with them. However, due to the focus and wording of the research on non-birthing mothers' parenting and bonding experience, this did not seem to have an impact of the themes drawn from the interviews. A variation in experiences for different routes to non-birthing mothers might have been expected. However, themes were shared amongst all participants. It is possible with more refined and specific interview questions differences in these experiences may have been drawn out.

Current literature exploring bonding can often focus on heterosexual relationships and it would be important to consider these findings in the context of LGB's peoples experiences as sexual minorities (Montgomery & Stewart, 2012; Roseneil et al., 2013). However, this paper may also be viewed through the lens of patriarchal oppression, which has a negative impact on all women who are parents. It may be that non-birthing lesbian mothers' experience is intersectional, with potential multiple facets of their identity being relevant and interwoven and having salience at different times. Being a woman and a mother in a patriarchal society, being gay and being a non-birthing mother in a system that reinforces traditional stereotypes around childbirth and early motherhood. There may also be the intersections with other aspects of self, including, for example, being from a racially minoritised background or being disabled. It is therefore important to recognise the limits of the current study in its reach into the experience of

non-birthing mothers' with the possibility that there are multiple compounding factors in their experience of being parents.

Interviews with mothers were very rich, with most lasting between 60 – 90 minutes. Although this led to a great experience of analysing the data and being able to identify many experiences and themes, it did make for a complex analysis of the data. Whilst the author and supervisors believe that all experiential statements and personal experiential themes were considered and condensed in the analysis, all three of the master themes could have been their own research project, having more space to explore them. Questions asked were a mixture of broad and specific question (appendix 10), however, most mothers spoke about similar experiences, with master themes being common across all participants.

3.3 *Future Research*

As more research is being developed for same-sex couples who have children there are many aspects of parenting that can be explored. Research for non-birthing lesbian mothers' experiences of parenting could be more focused and explore specific experiences. For instance, experience of antenatal classes (almost all mothers commented on this during their interviews), experience of the birth, including birth trauma and postnatal mental health for the non-birthing mother. Furthermore, research could explore further the clinical impacts and outcomes related to training and guidance for clinicians and their experience of working with same-sex parents.

Future research could also explore the identity of participants, including sexual identity and gender identity. This could also be focused on different stages of decision-making process, such as pre-conception, pregnancy, birth, and parenting. As far as the author is aware no studies to date, including the present study have focused specifically on one part of the decision-making process and experience. Furthermore, research of same-sex parents experience is often very culturally specific, therefore a wider multi-cultural sample may be beneficial in future research.

With regards to bonding for non-birthing lesbian mother, future research, could expand on the findings in this study and explore the experience in a more complex and specific way. For example, observations of mother and baby/child together, interviews with the whole family and perhaps longitudinal studies following mothers up over several years from the birth of the child to track and explore the bonding experience.

Being more specific in research questions and a focus on different experience it is hoped that a more complex understanding of experiences will emerge in research exploring non-birthing lesbian mothers in parenting and bonding.

4. Conclusion

The current research explored eight non-birthing lesbian mothers' experience of parenting and bonding with their child. The themes from the interviews highlighted that the mothers shared a lot of experiences and found that non-birthing mothers felt a strong and loving bond with their children and felt they had an equal, but potentially unique bond to their child compared to their partner. Most mothers found that within the family unit they experienced being a same-sex couple a "non-issue". Only when they considered their communities and social settings that they found reminders that they were different to other families. Mothers also seemed to find freedom in finding their own family form and roles, and the importance of love mothers felt in the relationship with their child. Future research should aim to expand on these findings and develop a more complex and detailed understanding of lesbian mother's experience.

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Appendix 1. Author Guidelines

Review Chapter: Journal of Reproductive and Infant Psychology

Checklist: What to Include

1. **Author details.** Please ensure everyone meeting the International Committee of Medical Journal Editors (ICMJE) requirements for authorship is included as an author of your paper. All authors of a manuscript should include their full name and affiliation on the cover page of the manuscript. Where available, please also include ORCiDs and social media handles (Facebook, Twitter or LinkedIn). One author will need to be identified as the corresponding author, with their email address normally displayed in the article PDF (depending on the journal) and the online article. Authors' affiliations are the affiliations where the research was conducted. If any of the named co-authors moves affiliation during the peer-review process, the new affiliation can be given as a footnote. Please note that no changes to affiliation can be made after your paper is accepted. Read more on authorship.
2. Should contain a structured abstract of 250 words.
3. **Graphical abstract** (optional). This is an image to give readers a clear idea of the content of your article. It should be a maximum width of 525 pixels. If your image is narrower than 525 pixels, please place it on a white background 525 pixels wide to ensure the dimensions are maintained. Save the graphical abstract as a .jpg, .png, or .tiff. Please do not embed it in the manuscript file but save it as a separate file, labelled GraphicalAbstract1.
4. You can opt to include a **video abstract** with your article. Find out how these can help your work reach a wider audience, and what to think about when filming.
5. Between 5 and 6 **keywords**. Read making your article more discoverable, including information on choosing a title and search engine optimization.
6. **Funding details.** Please supply all details required by your funding and grant-awarding bodies as follows:
   For single agency grants
   This work was supported by the [Funding Agency] under Grant [number xxxx].
   For multiple agency grants
   This work was supported by the [Funding Agency #1] under Grant [number xxxx]; [Funding Agency #2] under Grant [number xxxx]; and [Funding Agency #3] under Grant [number xxxx].
7. **Disclosure statement.** This is to acknowledge any financial interest or benefit that has arisen from the direct applications of your research. Further guidance on what is a conflict of interest and how to disclose it.
8. **Geolocation information.** Submitting a geolocation information section, as a separate paragraph before your acknowledgements, means we can index your paper's study area accurately in JournalMap's geographic literature database and make your article more discoverable to others. More information.
9. **Supplemental online material.** Supplemental material can be a video, dataset, fileset, sound file or anything which supports (and is pertinent to) your paper. We publish supplemental material online via Figshare. Find out more about supplemental material and how to submit it with your article.
10. **Figures.** Figures should be high quality (1200 dpi for line art, 600 dpi for grayscale and 300 dpi for colour, at the correct size). Figures should be supplied in one of our preferred file formats: EPS, PS, JPEG, TIFF, or Microsoft Word (DOC or DOCX) files are acceptable for figures that have been drawn in Word. For information relating to other file types, please consult our Submission of electronic artwork document.
11. **Tables.** Tables should present new information rather than duplicating what is in the text. Readers should be able to interpret the table without reference to the text. Please supply editable files.

12. **Equations.** If you are submitting your manuscript as a Word document, please ensure that equations are editable. More information about mathematical symbols and equations.
13. **Units.** Please use SI units (non-italicized).

Preparing Your Paper

All authors submitting to medicine, biomedicine, health sciences, allied and public health journals should conform to the Uniform Requirements for Manuscripts Submitted to Biomedical Journals, prepared by the International Committee of Medical Journal Editors (ICMJE).

Structure

Your paper should be compiled in the following order: title page; abstract; keywords; main text introduction, materials and methods, results, discussion; acknowledgments; declaration of interest statement; references; appendices (as appropriate); table(s) with caption(s) (on individual pages); figures; figure captions (as a list).

Word Limits

Please include a word count for your paper.

A typical paper for this journal should be no more than 3500 words.

Style Guidelines

Font

Use Times New Roman font in size 12 with double-line spacing.

Margins

Margins should be at least 2.5cm (1 inch).

Title

Use bold for your article title, with an initial capital letter for any proper nouns.

Abstract

Indicate the abstract paragraph with a heading or by reducing the font size.

The instructions for authors for each journal will give specific guidelines on what's required here, including whether it should be a structured abstract or graphical abstract, and any word limits.

If you need further guidance, learn more on how to write an effective abstract and title.

What is an abstract in a research paper?
This is your opportunity to 'pitch' your article to the journal editors, and later, its readers.

Your abstract should focus on what your research is about, what methods have been used, and what you found out.

Keywords

Keywords help readers find your article, so are vital for discoverability. If the journal instructions for authors don't give a set number of keywords to provide, aim for five or six.

Headings

This will show you the different levels of the heading section in your article:

1. First-level headings (e.g. Introduction, Conclusion) should be in bold, with an initial capital letter for any proper nouns.
2. Second-level headings should be in bold italics, with an initial capital letter for any proper nouns.
3. Third-level headings should be in italics, with an initial capital letter for any proper nouns.
4. Fourth-level headings should be in bold italics, at the beginning of a paragraph. The text follows immediately after a full stop (full point) or other punctuation mark.
5. Fifth-level headings should be in italics, at the beginning of a paragraph. The text follows immediately after a full stop (full point) or other punctuation mark.

Tables and Figures

Show clearly in your article text where the tables and figures should appear, for example, by writing [Table 1 near here].

Check the instructions for authors to see how you should supply tables and figures, whether at the end of the text or in separate files, and follow any guidance given on the submission system.

You can find more detailed advice on including tables in your article and in our guide to submission of electronic artwork.

Here's also our advice on obtaining permission for third party material if you choose to use or reproduce work from another source.

Do I need permission to reproduce a table?
It's very important that you have been given permission to use any tables or figures you are reproducing from another source before you submit.

Data Availability statement

If you're submitting a data availability statement for your article, include it within the text of your manuscript, before your 'References' section. Remember to give it the heading 'Data availability statement' so that readers can easily find it.

Spelling and punctuation

Each journal will have a preferred method for spelling and punctuation. You'll find this in the instructions for authors, available on the journal's homepage on Taylor and Francis Online. Make sure you apply the spelling and punctuation style consistently throughout your article.

Special characters

If you are preparing your manuscript in Microsoft Word and your article contains special characters, accents, or diacritics, we recommend you follow these steps:

- European accents (Greek, Hebrew, or Cyrillic letters, or phonetic symbols): choose Times New Roman font from the dropdown menu in the "Insert symbol" window and insert the character you require.
- Asian languages (such as Sanskrit, Korean, Chinese, or Japanese): choose Arial Unicode font from the dropdown menu in the "Insert symbol" window and insert the character you require.
- Transliterated Arabic: choose either Times New Roman or Arial Unicode (unless the instructions for authors specify a particular font). For ayns and hamzas, choose Arial Unicode font from the dropdown menu in the "Insert symbol" window. Type the Unicode hexes directly into the "Character code" box, using 02BF for ayn, and 02BE for hamza.

Running heads and received dates

These aren't required when submitting a manuscript for review. They will be added during the production process if your article is accepted for publication.

References

APA (American Psychological Association) references are widely used in the social sciences, education, engineering and business. For detailed information, please see the Publication Manual of the American Psychological Association, Sixth Edition (2010).

Empirical Chapter: LGBTQ+ Family: An Interdisciplinary Journal

Structure

Your paper should be compiled in the following order: title page; abstract; keywords; main text introduction, materials and methods, results, discussion; acknowledgments; declaration of interest statement; references; appendices (as appropriate); table(s) with caption(s) (on individual pages); figures; figure captions (as a list).

Word Limits

Please include a word count for your paper. There are no word limits for papers in this journal.

Checklist: What to include

1. **Author details.** Please ensure all listed authors meet the Taylor & Francis authorship criteria. All authors of a manuscript should include their full name and affiliation on the cover page of the manuscript. Where available, please also include ORCiDs and social media handles (Facebook, Twitter or LinkedIn). One author will need to be identified as the corresponding author, with their email address normally displayed in the article PDF (depending on the journal) and the online article. Authors' affiliations are the affiliations where the research was conducted. If any of the named co-authors moves affiliation during the peer-review process, the new affiliation can be given as a footnote.
2. Should contain an unstructured abstract of 200 words. Read tips on writing your abstract.
3. You can opt to include a **video abstract** with your article. Find out how these can help your work reach a wider audience, and what to think about when filming.
4. Between 3 and 6 **keywords**. Read making your article more discoverable, including information on choosing a title and search engine optimization.
5. **Funding details.** Please supply all details required by your funding and grant-awarding bodies as follows:
   For single agency grants

This work was supported by the [Funding Agency] under Grant [number xxxx].
For multiple agency grants
This work was supported by the [Funding Agency #1] under Grant [number xxxx]; [Funding Agency #2] under Grant [number xxxx]; and [Funding Agency #3] under Grant [number xxxx].

6. **Disclosure statement.** This is to acknowledge any financial or non-financial interest that has arisen from the direct applications of your research. If there are no relevant competing interests to declare please state this within the article, for example: *The authors report there are no competing interests to declare.* Further guidance on what is a conflict of interest and how to disclose it.
7. **Data availability statement.** If there is a data set associated with the paper, please provide information about where the data supporting the results or analyses presented in the paper can be found. Where applicable, this should include the hyperlink, DOI or other persistent identifier associated with the data set(s). Templates are also available to support authors.
8. **Data deposition.** If you choose to share or make the data underlying the study open, please deposit your data in a recognized data repository prior to or at the time of submission. You will be asked to provide the DOI, pre-reserved DOI, or other persistent identifier for the data set.
9. **Supplemental online material.** Supplemental material can be a video, dataset, fileset, sound file or anything which supports (and is pertinent to) your paper. We publish supplemental material online via Figshare. Find out more about supplemental material and how to submit it with your article.
10. **Figures.** Figures should be high quality (1200 dpi for line art, 600 dpi for grayscale and 300 dpi for color, at the correct size). Figures should be supplied in one of our preferred file formats: EPS, PS, JPEG, TIFF, or Microsoft Word (DOC or DOCX) files are acceptable for figures that have been drawn in Word. For information relating to other file types, please consult our Submission of electronic artwork document.
11. **Tables.** Tables should present new information rather than duplicating what is in the text. Readers should be able to interpret the table without reference to the text. Please supply editable files.
12. **Equations.** If you are submitting your manuscript as a Word document, please ensure that equations are editable. More information about mathematical symbols and equations.
13. **Units.** Please use SI units (non-italicized).

Guidance for Preparing your Paper

Same as previous journal

References
APA (American Psychological Association) references are widely used in the social sciences, education, engineering and business. For detailed information, please see the Publication Manual of the American Psychological Association, Sixth Edition (2010).

Appendix 2. A Note on Terms

Having unity of terms throughout the thesis was challenging, particularly within the review chapter due to varying terms and nuanced meaning of these for different people. Firstly, with sexual Identity (Lesbian, Gay, Bisexual, Trans and Queer, LGBTQ) and secondly, with terms of parenthood, conception, and biological connection.

Firstly, to address sexual identity. The review chapter considers the experience of people who self-identify as Lesbian, Gay, and Bi-Sexual. The empirical chapter explore lesbian non-birthing mothers' experiences. As described in the inclusion criteria of the empirical chapter of this thesis, the authors wanted to respect the unique experience of trans people and the challenges and triumphs they may face in becoming parents. Reviews such as (Sherman et al., 2020) explore trans experiences of connection, health and wellbeing. It is hoped that future research can explore the trans communities' experiences of parenting.

Queer is a complex term that can mean different things for people. Broadly queer encompasses several identities of people who do not identify as heterosexual or who are not cisgender, such as gay, lesbian, bi-sexual, Trans and those who self-identify. Queer can be used to express a sexuality or gender that is complex, changes over time or does not fit completely into other labels. Some people use the term queer to refer to the LGBT community more broadly and reclaim pride in a once degrading term (Jagose, 2009; Watson, 2005). The author shares this view and identifies as a gay man, and queer.

With regards to the empirical chapter of this thesis the author has tried to refer to participants with terms that they identified with, similarly in the review chapter the author has used the terms in the retrieved papers. Therefore, there may be variation in terms used. There may be times that the author uses the term queer and queerness to describe the LGBT community more broadly, this is with the intent of being as inclusive as possible and to express pride in our shared experiences.

Secondly, there are terms of conception and biological relatedness that vary in the review chapter of this thesis. Please see (Goldberg et al., 2014) as a brief guide to these terms. The author has attempted to use the language from the original papers, such as nonbiological mother/ nonbirth mother. Although, the empirical chapter uses nonbirth mother consistently as this seems a more inclusive term.

Appendix 3. CASP Tool

Screening Questions

1. Was there a clear statement of the aims of the research? Yes No

Consider:
– what the goal of the research was
– why it is important
– its relevance

2. Is a qualitative methodology appropriate? Yes No

Consider:
– if the research seeks to interpret or illuminate the actions and/or subjective experiences of research participants

Is it worth continuing?

Detailed questions

Appropriate research design

3. Was the research design appropriate to address the aims of the research? Write comments here

Consider:
– if the researcher has justified the research design (e.g. have they discussed how they decided which methods to use?)

Sampling

4. Was the recruitment strategy appropriate to the aims of the research? Write comments here

Consider:
– if the researcher has explained how the participants were selected
– if they explained why the participants they selected were the most appropriate to provide access to the type of knowledge sought by the study
– if there are any discussions around recruitment (e.g. why some people chose not to take part)

Data collection

5. Were the data collected in a way that addressed the research issue? Write comments here

Consider:
– if the setting for data collection was justified
– if it is clear how data were collected (e.g. focus group, semi-structured interview etc)
– if the researcher has justified the methods chosen
– if the researcher has made the methods explicit (e.g. for interview method, is there an indication of how interviews were conducted, did they used a topic guide?)
– if methods were modified during the study. If so, has the researcher explained how and why?
– if the form of data is clear (e.g. tape recordings, video material, notes etc)
– if the researcher has discussed saturation of data

Reflexivity (research partnership relations/recognition of researcher bias)

6. Has the relationship between researcher and participants been adequately considered? Write comments here

Consider whether it is clear:
– if the researcher critically examined their own role, potential bias and influence during:
– formulation of research questions
– data collection, including sample recruitment and choice of location
– how the researcher responded to events during the study and whether they considered the implications of any changes in the research design

Ethical Issues

7. Have ethical issues been taken into consideration? Write comments here

Consider:
– if there are sufficient details of how the research was explained to participants for the reader to assess whether ethical standards were maintained
– if the researcher has discussed issues raised by the study (e. g. issues around informed consent or confidentiality or how they have handled the effects of the study on the participants during and after the study)
– if approval has been sought from the ethics committee

Data Analysis

8. Was the data analysis sufficiently rigorous? Write comments here

Consider:
– if there is an in-depth description of the analysis process
– if thematic analysis is used. If so, is it clear how the categories/themes were derived from the data?
– whether the researcher explains how the data presented were selected from the original sample to demonstrate the analysis process
– if sufficient data are presented to support the findings
– to what extent contradictory data are taken into account
– whether the researcher critically examined their own role, potential bias and influence during analysis and selection of data for presentation

Findings

9. Is there a clear statement of findings? Write comments here

Consider:
– if the findings are explicit
– if there is adequate discussion of the evidence both for and against the researcher's arguments
– if the researcher has discussed the credibility of their findings (e.g. triangulation, respondent validation, more than one analyst.)
– if the findings are discussed in relation to the original research questions

Value of the research

10. How valuable is the research? Write comments here

Consider:
– if the researcher discusses the contribution the study makes to existing knowledge or understanding (e.g. do they consider the findings in relation to current practice or policy, or relevant research-based literature?)
– if they identify new areas where research is necessary
– if the researchers have discussed whether or how the findings can be transferred to other populations or considered other ways the research may be used

Appendix 4. Rationale for Data Synthesis

Due to copyrighted material this table is not included as the author did not have permission to publish.
Please see: Dixon-Woods M, Agarwal S, Jones D, Young B, Sutton A. Synthesising qualitative and quantitative evidence: a review of possible methods. J Health Serv Res Policy. 2005 Jan;10(1):45-53. doi: 10.1177/135581960501000110. PMID: 15667704.

Appendix 5. Data extraction Tool

Author
Year
Title of paper
Research aims & objectives
Aims of the study
Any further research questions addressed
Setting / context
Country in which study took place Study setting (e.g. rural, urban) Study date and duration
Links to services / organisations
Sample
Sampling / recruitment procedures Sample size
Age range
Inclusion / exclusion criteria
Gender identities
Sexual identities
Disability labels
Living context
Ethnicity
Total LGBT identified in sample Total straight in sample
Total undefined
Design & methodology
Study design
Method of data collection (and by who)
Number of times interviewed Length of interview
Data analysis User/carer/stakeholder involvement in study design
Theories & concepts
Theory referred to or concepts
Findings
Themes listed
Relevant quotes to evidence themes Ideas mentioned but not as themes Conclusions
Implications for research Implications for clinical practice

Appendix 6. Central University Ethics Approval

Central University Research Ethics Committee B

20 May 2021

Dear Dr Greenhill

I am pleased to inform you that your application for research ethics approval has been approved. Application details and conditions of approval can be found below. Appendix A contains a list of documents approved by the Committee.

Application Details

Reference:	8421
Project Title:	Nonbiological Lesbian mothers adjustment to parenting
Principal Investigator/Supervisor:	Dr Beth Greenhill
Co-Investigator(s):	Mr Thomas Smith, Dr Andrea Flood
Lead Student Investigator:	-
Department:	School of Psychology
Approval Date:	20/05/2021
Approval Expiry Date:	Five years from the approval date listed above

The application was **APPROVED** subject to the following conditions:

Conditions of approval

Please note: this approval is subject to the University's research restrictions during the pandemic, as laid out on the research ethics webpages. Therefore, wherever possible, research should be conducted via remote means which avoid the need for face-to-face contact with human participants during the pandemic. The process for requesting an exemption to these restrictions is described on the research ethics webpages.

- All serious adverse events must be reported to the Committee (ethics@liverpool.ac.uk) in accordance with the procedure for reporting adverse events.
- If you wish to extend the duration of the study beyond the research ethics approval expiry date listed above, a new application should be submitted.
- If you wish to make an amendment to the study, please create and submit an amendment form using the research ethics system.
- If the named Principal Investigator or Supervisor changes, or leaves the employment of the University during the course of this approval, the approval will lapse. Therefore it will be necessary to create and submit an amendment form within the research ethics system.
- It is the responsibility of the Principal Investigator/Supervisor to inform all the investigators of the terms of the approval.

Kind regards,

Central University Research Ethics Committee B

ethics@liverpool.ac.uk

CUREC-B

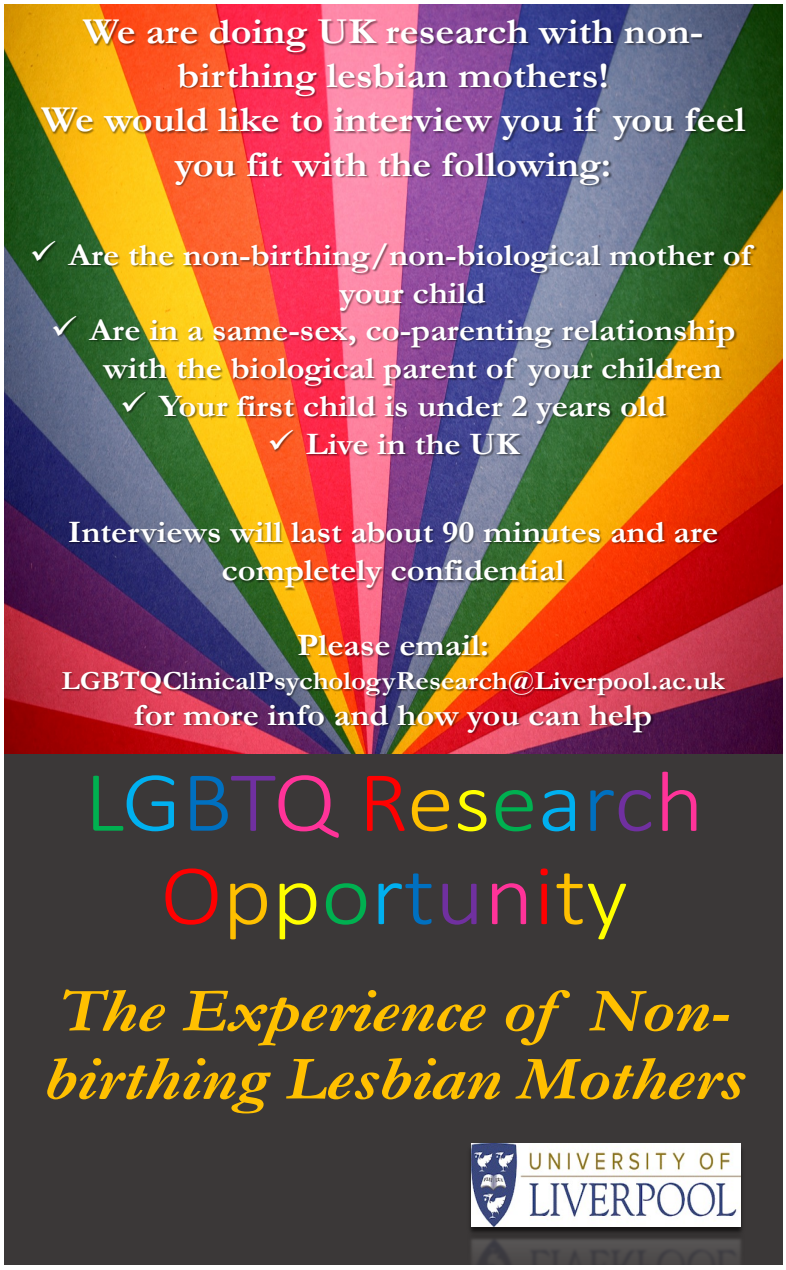
Appendix - Approved Documents

(Relevant only to amendments involving changes to the study documentation)

The final document set reviewed and approved by the committee is listed below:

Document Type	File Name	Date	Version
Evidence Of Peer Review	Smith, Thomas Proposal RRC Approval letter 06.10.2020	03/02/2021	V1.0
Debriefing Material	v1.1 Debrief Form	14/03/2021	v1.1
Study Proposal/Protocol	V2.2 Research Proposal Tom Smith (Amended)	18/05/2021	V2.2
Interview Schedule	Interview Schedule	18/05/2021	V1.2
Advertisement	Research Study f_b advert	18/05/2021	v1.2
Participant Information Sheet	Participant information sheet (PIS) v1.1	18/05/2021	v1.1
Participant Consent Form	Consent Form v1.1	18/05/2021	v1.1

Appendix 7. Study Advert



Appendix 8. Participant Information Sheet

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12/MAY/2021

Participant Information Sheet

What are the experiences of non-birthing Lesbian mothers in adjustment to parenting and what impact does this have on their bonding experience?

You are being invited to participate in a research project. This project is being supervised by Dr Beth Greenhill and Dr Andrea Flood and conducted by Thomas Smith (doctoral student).

Before you decide to do so, it is important that you understand the purpose of the research and what it will involve. Please take your time to read the following information carefully and discuss it with others if you wish. Feel free to ask any questions if anything is not clear or you would like more information. We would like to stress that you do not have to accept this invitation and should only agree to take part if you want to.

Thank you for taking the time to read this.

What is the aim of the research?
The aim of the research is to explore your experience of becoming a mother and your bonding experience with your child.

Why have I been invited to take part?

We would like to invite someone who feels they:

- Are the non-birthing mother of a singleton child under two years old
- Are in a same-sex, co-parenting relationship with the birthing parent of your child
- Identify as female
- Between 18 - 51 years old

If you meet these criteria, then you are eligible to take part in this research.

Do I have to take part?

You are under no obligation to take part in this research; this is completely your choice. If you do decide to take part, you will be able to keep a copy of this information sheet and you should indicate your agreement to the consent form. Also, you are free to withdraw at any time during the study without giving providing any reason or explanation.

What will happen if I take part?

If you consent to take part in the study, you will be asked to take part in an interview. After providing a few general details about yourself. These will include: Age, Ethnicity, Religion, Marriage/civil partnership and the name of your GP. The name of your GP will be kept confidential and only used if there is an emergency in the interview or if the interview was

concerned for your well-being. We will always try to discuss this with you first. you will then take part in a one interview with the trainee clinical psychologist leading the research study.

This interview will last from 45 – 90 minutes and involves questions around your experience of being and becoming a mother. There will be just one interview, but if you wish, we can take breaks during the interview.

Some examples of questions that might be asked are: What was you experience of the decision-making process you went through with your partner when you decided to have children? What was your experience of motherhood in the first few weeks/months? and How would you describe your relationship with your child at the moment? Whilst there are some questions we have in mind the interview is meant to be a conversation and therefore will be slightly different for everyone.

The interview will be recorded and then transcribed by university transcribers. You will be asked what pseudonym you would like to use as once the interviews are transcribed; they will be pseudonymised with a name that you choose.

What are the possible disadvantages/risks of taking part?

There are no risks or disadvantages are expected as a result of participation. Some individuals may find the interview very personal and could bring up some upsetting memories or feelings. There may be times that you could find the interview questions distressing. However, this is not the intention of the interviews and you will be free to not answer any questions that are asked, take a break or stop the interview. If you choose to stop the interview we may ask if you would like to rearrange or if you would prefer to withdraw from the study.

To ensure your safety and wellbeing contact details of appropriate mental health, parenting and LGBT support groups/charities will be provided at the end of the study should you need them. If you for any reason became very distressed, we may encourage you to contact your GP.

If, for this of any other reason, you should experience any distress or discomfort as part of this research, please get in touch with the principal investigator, Thomas Smith (thoams.smith@liverpool.ac.uk) or the lead supervisor, Dr Beth Greenhill (bethg@liverpool.ac.uk).

If appropriate, you may also be reminded about the limits of confidentiality and if it appears there may be a risk to yourself or others, we may encourage you to contact your GP or we may need to contact other services as appropriate.

What are the possible benefits of taking part?

This study provides an opportunity to share your experience of becoming a mother. Although though this is an interview with a trainee Clinical Psychologist, it is not therapy.

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12/MAY/2021

This research will aim to help improve our understanding of non-birthing lesbian mother's experience of motherhood and inform part of the evidence base that can inform service development.

How will my data be used?

The University processes personal data as part of its research and teaching activities in accordance with the lawful basis of 'public task', and in accordance with the University's purpose of "advancing education, learning and research for the public benefit.

Under UK data protection legislation, the University acts as the Data Controller for personal data collected as part of the University's research. The [Principal Investigator / Supervisor] acts as the Data Processor for this study, and any queries relating to the handling of your personal data can be sent to Dr Beth Greenhill or Thomas Smith (please see the contact details below).

Further information on how your data will be used can be found in the table below:

How will my data be collected?	Interview
How will my data be stored?	On a password protected computer. Any collected paper data will be stored in a locked filing cabinet, located in a locked office at the University of Liverpool.
How long will my data be stored for?	10 years, as-per the University of Liverpool's policy.
What measures are in place to protect the security and confidentiality of my data?	An electronic copy of research data will be stored confidentially on a password protected computer in accordance with University of Liverpool Data Management Policy.
Will my data be anonymised?	Yes, using a pseudonym
How will my data be used?	For inclusion in research - doctoral thesis, viva and possible further dissemination in peer reviewed journals.
Who will have access to my data?	The named research team- Thomas Smith, Dr Beth Greenhill and Dr Andrea Flood
Will my data be archived for use in other research projects in the future?	The primary Investigator controls access to the data in order for it to be re-used in the future.
How will my data be destroyed?	Following the viva voce examination and necessary corrections in 2022, all paper copies of research data will be destroyed by the University Records Management Service. Following the 10 year data

	storage period, all data will be deleted from the password protected computer.

Will my participation be kept confidential, and what will happen to the results?

All the information collected during the course of the research will be anonymous using a pseudonym that you will have the opportunity to choose. All information will be stored in line with the University of Liverpool's guidelines. As the interviews are done remotely using video calling we will ask if you are in a confidential space where you feel comfortable to speak freely.

There may be times in the interview that you may disclose confidential information. There is no pressure to answer any questions, however, you may wish to talk about some issues in more detail. For instance, details about difficulties in your relationship or experience of parenting. This will be kept confidential within the study team and remain pseudonymous (using the false name you choose). During the study you will also be told about the limits of confidentiality – that if you or anyone else may be in danger then we may need to break confidentiality and contact appropriate services (for instance your GP).

What will happen if I want to stop taking part?

You are under no obligation to take part in this research. If you do decide to take part, you are free to withdraw at any moment, without giving any reason or explanation. Data collected up until the period may still be used, if you are happy for this to be done; otherwise, you may request that the results be destroyed, and no further use be made of them.

If you wish to remove your data from the study after your interview, please contact the study team as soon as possible at thomas.smith@liverpool.ac.uk. Please note that two weeks after your interview your data will have been transcribed and pseudonymised. Following this it will not be possible to remove your data from the study.

What if I am unhappy, or there is a problem?

If you are unhappy, or if there is a problem, please feel free to let us know by contacting Thomas Smith (thoams.smith@liverpool.ac.uk) or the lead supervisor, Dr Beth Greenhill (bethg@liverpool.ac.uk).

If you have a complaint which you feel you cannot come to us with then you should contact the Research Ethics and Integrity Officer on 0151 794 8290 (ethics@liv.ac.uk). When contacting the Research Ethics and Integrity Officer, please provide details of the name or description of the study (so that it can be identified), the researcher(s) involved, and the details of the complaint you wish to make.

v1.1
12/MAY/2021

The University strives to maintain the highest standards of rigour in the processing of your data. However, if you have any concerns about the way in which the University processes your personal data, it is important that you are aware of your right to lodge a complaint with the Information Commissioner's Office by calling 0303 123 1113.

Will my taking part be covered by an insurance scheme?

Participants taking part in any research has been approved by the University of Liverpool are covered by the University's insurance scheme.

Who can I contact if I have any further questions?

Principal Investigator

Thomas Smith
University of Liverpool
Ground Floor Whelan Building
Brownlow Hill
Liverpool
L69 3GB
Thomas.smith@liverpool.ac.uk

Supervisory Investigators

Dr Beth Greenhill

University of Liverpool
Ground Floor Whelan Building
Brownlow Hill
Liverpool
L69 3GB
bethg@liverpool.ac.uk

Dr Andrea Flood

University of Liverpool
Ground Floor Whelan Building
Brownlow Hill
Liverpool
L69 3GB
amflood@liverpool.ac.uk

Thank you for taking your time to read this.

Appendix 9. Consent Form

UNIVERSITY OF LIVERPOOL

V1.1
Date: 04/MAY/2021

Participant Consent Form

Research ethics approval number: 8421

Title of the research project: What are the experiences of non-birthing Lesbian mothers in adjustment to parenting and what impact does this have on their bonding experience?
Name of researcher(s): Thomas Smith (chief investigator), Dr Beth Greenhill (Primary Supervisor) and Dr Andrea Flood (Secondary Supervisor)

	Please initial
1. I confirm that I have read and have understood the Participation information sheet dated [26th Oct 2021] for the above study, or it has been read to me. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	☐
2. I understand that taking part in the study involves one interview.	☐
3. I understand that the interview will be audio recorded and transcribed.	☐
4. I understand that my participation is voluntary and that I am free to stop taking part and can withdraw from the study at any time without giving any reason and without my rights being affected. In addition, I understand that I am free to decline to answer any particular question or questions.	☐
5. I understand that I can ask for access to the information I provide, under the General Data Protection Regulation (2018). I can request the destruction of that information if I wish at any time prior to pseudo-anonymisation (a false name instead of your own). I understand after the interview is pseudo-anonymised I will not be able to withdraw my data.	☐
6. I understand that the information I provide will be held securely and in line with data protection requirements at the University of Liverpool until it is fully anonymised and then deposited in a password protected archive for sharing and use by other authorised researchers to support other research in the future.	☐
7. I understand that signed consent forms and interview transcripts will be retained in an encrypted file on the University of Liverpool's network for a period of 5 years.	☐
8. I understand that quotes from my interview may be used anonymously in publications and other research related outputs.	☐
9. I agree to take part in the above study.	☐

_____	_____	_____
Participant name	Date	Signature
_____	_____	_____
Name of person taking consent	Date	Signature

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Appendix 10. Interview Schedule

What are the experiences of non-birthing Lesbian mothers in adjustment to parenting and what impact does this have on their bonding experience?

Main Questions	**Follow up Questions**
Can you Tell me about the experience of your parenting journey so far?	
Discovery of your pregnancy/getting pregnant?	
What was your experience of the decision-making process you went through with your partner when you decided to have children?	1. How did you decide which one of you would conceive and birth your child/ren? 2. How did you feel about the decision-making process and the outcome? (Donor choice/Known donor/anonymous (can go to the Europe to get anonymous donor? 3. Cost of treatment/friends/internet? Insecurity of process?
Could you describe the conception process you and your partner used and what was this experience like for you?	1. What was the context of the process clinic/friend? [investment/length of time/social support] 2. Were there any legal frameworks that came up for you? e.g partnership/marriage, parental leave, adoption, etc. 3. How did you feel as though you are treated by health care professionals in appointments? Excluded? Assumptions? 4. Non-birth mother's Fear of child-birth?
Experience of the Pregnancy and Birth	
What was your experience of the pregnancy and the Birth (including scans and check ups)? (Skin to skin contact, experience of the hospital/staff)	1. What was your experience of connecting to or bonding with your unborn baby? In particular, what was your experience of scans and other ante-natal appointments? How able did you feel to connected to the pregnancy [Scans, check-ups, midwife appointments]? 2. What helped you to bond with your unborn baby? What got in the way? 3. What helped you to bond with your newborh baby? What got in the way? 4. How far were you able to contribute to the process? 5. How did the pregnancy change your relationship with your partner?

	6. Did you feel excluded by your partner or by others around the pregnancy? 7. How did you have discussions about how you were going to refer to each other? To what extent did you have open discussions about roles you might take in parenthood and how did this turn out? [co-mothering/co-parenting/thoughts on traditional gender role] Information is targeted to heterosexual couples/cis centric. Classes. Professionals. Excluded? What was the language staff used to describe your relationship? Were you acknowledged as a mother? COVID? Being able to be in the birthing room? Birthing at home (fears of discrimination/comfort at home?) How did the birth impact you relationship with your child? What was your experience of peri-natal services, health visitors and support you received? Peri-natal mental health difficulties? Birth trauma?
	After the birth
What was your experience of becoming a mother Motherhood and bonding with your baby in the first few months?	1. Were there any feelings of equality or lack of equality that surfaced for you? 2. Did this impact your relationship with your partner and/or child? COVID magnified inequalities. COVID – Health visitors? Working from home – both parents involved in health visitor experience? COVID – key worker? Fear of infection? Maternity leave?
	Up to 4th Trimester (12 Weeks)
What was your experience around caring and parenting your baby responsibilities for your child (e.g feeding) your child?	1. How did you decide to feed your child with your partner? If your partner fed your child, how did you feel included or excluded in that process? (or just 'what was that like for you?)[How did you make this decision/did you consider this]

2. How did this impact your relationship with feelings [of closeness or affection] with your partner/ With your child?

?Did you feel your identity changed when your child was born and how you feel you adjusted to parenting? How did people talk to you/how did you experience them (for example, at work)?

Tell me about how you adjusted to parenting and motherhood? What was that like and how did it shape your identity?

1. Did you feel your partner related to you as an equal in your new identity as a mother?
2. How did your family adjust to you becoming a mother/parent? by your partner' s extended family?

- by your support system, friends, etc.?
- by society/professionals around your child' s birth?

As a parenting couple, how did you make decisions around parenting decisions like sleeping / feeding etc What was your experience around control or input around childrearing decision with your partner?

1. How has this impacted your feelings of connection with your partner? With your child?

6 months plus

Tell me about your relationship with your baby from age 6 months into toddlerhood? What was your experience of your child after 6 months? (e.g 6 Months (when your child might have been sitting up, crawling, etc); 12 – 16 Months (walking); 24 Months (talking)

How old is your child now and How would you describe your relationship with your child at the moment?

During your experiences as the non-biological mother, where did you most find a sense of support and resilience in dealing with any challenges you may have faced?

What would you say has been the overall most Rewarding/Challenging aspects of being a Mother?

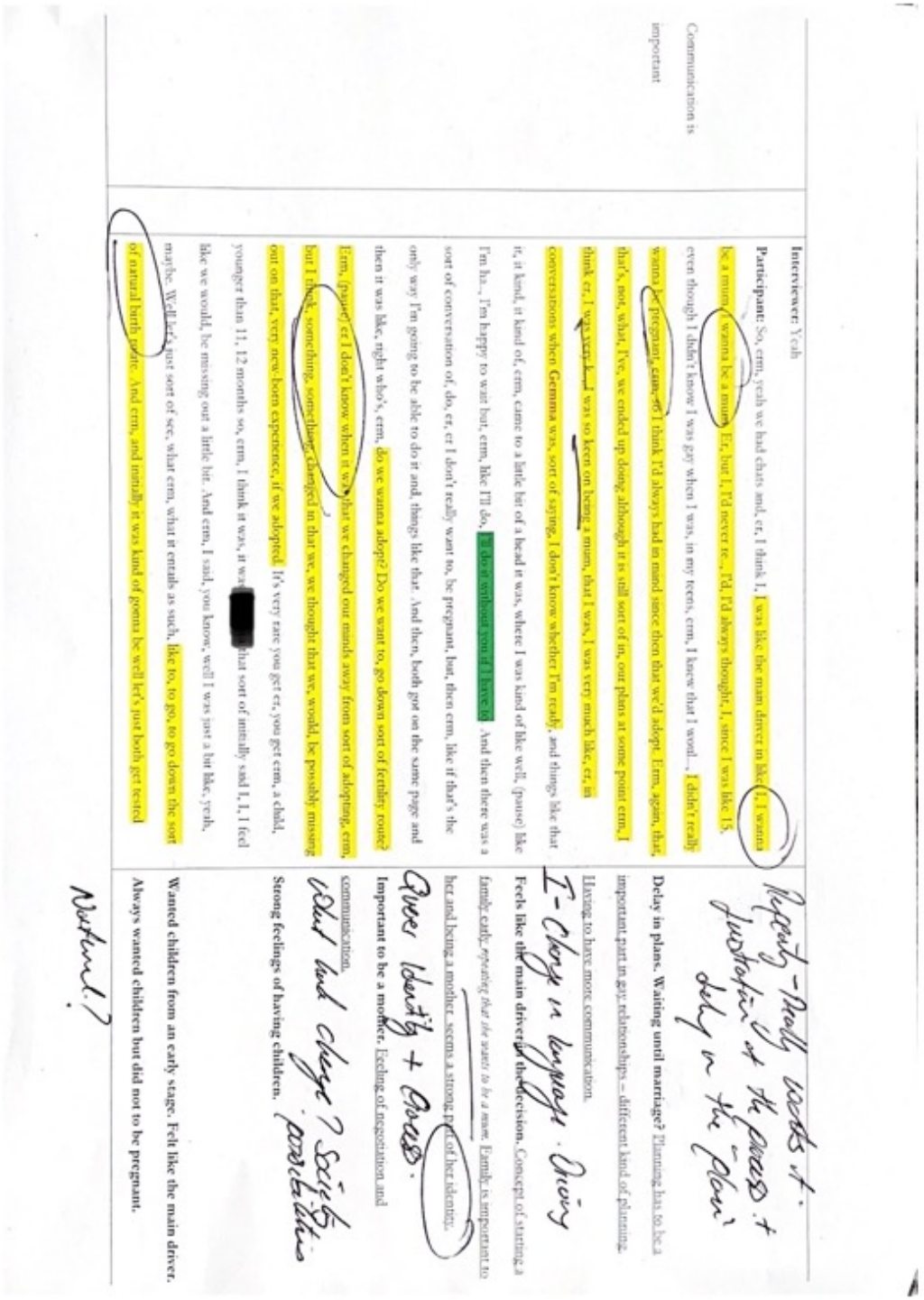
What if anything surprised you most about this process/outcome of becoming a Mother and does being the non-biological parent impact this? What advice would you give?

Is there anything else you would like to add about your experience as a Mother, in the context of being the non-biological parent?

Do you want to ask a question about mental health?

Ask for Pseudonym

Appendix 11: Example of Annotated Transcript with Experiential Statements and Personal Experiential Themes (PET).



Negotiation vs communication?

Pratical.
New possibilities?

Gender Identity
Relationship w/ Children.

Judgement
Had to conceive

fertility wise, and then, erm, for want of a better phrase 'back the best horse' sort of thing whoever's more fertile, we'll just go for it like, that person'll go for it. And then, erm, and then in not so, many words I er, bottled it. And, erm, I think, I think it, when, when it got really serious of like, right, one of you, is going to be pregnant, I realised that, erm, that didn't really fit, with, it's never been in my mind. I've never, ever wanted to be pregnant. I've absolutely no desire to be, whereas some sort of women I suppose do, have, there's, er, felt like, you know they're just waiting for that day, when they feel, that baby in their belly, just never, even crossed my mind. So, then when the, time came, it did sort of bring up questions of, I suppose like my, gender identity of, where, erm, that fit, that aligned with where, where I fit like on a bit of a gender spectrum. Because I feel like, (pause) and I mean this is just my personal opinion obviously, but I feel like if, if you get pregnant and give birth, you couldn't be like higher up the spectrum of being a woman, that is like, the most womanly thing you could possibly do. And that's probably not the, the right thing to say now, about this, like trans pe..., trans men giving birth and things like that, however, personally me, I couldn't think of anything more, that like, woman, and I don't, I, I don't sit up there, I kind of, not non-binary, I do, do erm, (pause) I do, er what's the word? I do feel like a woman. I, I do identify as a woman however, erm, that was like kind of one step too far for me. So, I said, well, I'm happy to go down the, sort of natural, (pause) route but are you happy to be pregnant? Cos [redacted] was also a bit sort of indifferent, she was like, yeah, I will get pregnant but I'm not that bothered, like, if we adopt but she wanted to, sort of pu.., erm, pursue that sort of option and we did and erm, in our Trust, erm, you only get erm, free IVF treatment if, you erm, are, erm, ~~medically sort of,~~ if there's medically a problem with you conceiving. Erm, so, when we

— Pratical decisions

Wanted a new born experience.

We – collective decision together.

- gender Identity + New possibilities

Practical side of parentally leave. Barriers to becoming gay parents. *Change to I.*

Shift the burden of child birth?

Questions her gender identity. Her Identity as a woman?

Relation to queer theory here? Early attachments and relationships as a gay person – relationship to their children? Perhaps link to Golombok outcome of children of gay parents being more emotionally intuitive.

Separate people I/she

Searching for words. I bottled it…

– unsure of the process?
Not ready to be Judged!

Appendix 12. Example of Analysis from Quotes to Experiential Statements to Personal Experiential Theme (PET) within Case Analysis for Sally.

Personal Experiential Themes	**Experiential Statements**	**Quotes**
Relationships : partner and child	What is my Role? & Choosing my path	Sally: "I think that for me was like, the shift of responsibility, form <anonymised>**,** keeping this baby alive, to me, in the space of 10 minutes, was very strange. Cos I think also, you have, you think about, the birth of a child and you think oh, we're both going to be there, and you know, we're gonna be seeing the movies, we were both then going to be there with, the baby and, we'll have photos and you'll have tea and all go home and it'll be lovely. We just completely got separated…,<anonymised> felt like she had, given her baby away, even though I was with her (laughing) and like her baby was taken away from her. Erm, and I felt, weird that we weren't together as well. Suddenly had all this responsibility and had to make decisions, for another human being" Sally: "very much, been very happy in our lanes, as people. And I think as a couple, the reason why we've worked so well is because, we know our lanes, and we stick to them."
	Biological/Physical Bond vs Emotional Bond	Sally: "it's a funny one because, my wife's still breastfeeding her at night-time, so, so their bond is still very physical… So, their bond was like, all, obvs, obviously already incredibly strong, but was, forced together (laughing) because there was just no one else around so, so I also think with lockdown, she's very, like we weren't absent at all and I wasn't absent, at all either from her life, so I think that also helped. But I mean now, she's just got to the point where she will seek me for comfort, as well as <anonymised>**.** Erm, but I think that's probably age as well, erm. So, yeah I think, (pause) erm yeah, I dunno."
	Finding my Bond	Sally: "Erm, so the stuff like we would make sure that I did bath time, erm, and just made sure that, regardless of if I wasn't working at home or if, whatever, I would, that would be my time with <anonymised>, erm, (pause) and that even and, and it's also changed, over, the past 16 months, so now, whereas before <anonymised>would have, sole responsibility for bedtime cos she was breastfeeding and she'd feed to sleep and she'd put her down, now, she will do, 10 minutes breastfeeding, then I will put <anonymised>down." Sally: "I think especially early on I was, I would love to, love to help out and be part of that, bedtime routine erm, to, bit selfish, I'm tired I'm glad I don't have to sit there for hours (laughing) and, being indifferent so I think it, it varies at the moment it's like, hopefully we're moving to the direction that, where I, where it can, be split equally erm. But yeah I think in the beginning it, I, I, it, it's more, it was more like, <anonymised>, reacting negatively towards me like she would, she wouldn't want me to hold her, no, no, mama, which made me feel ok, I'm your mum too. Like, (laugh) just think of me and also same space. But, I think that was also in a period where, erm, she had like separation anxiety and, always shouting mama, rather than mummy. And, er, ok I think now it's, it doesn't really bother me it's more like, ok, I, I want to help but more like a, from a relationship point of view"
	Evolving Bond - Developing a Relationship	Sally: "communication we have, has to be, very physical or very, out there. And I think at the moment, its, you know, we communicate by, me pushing her on a swing, or we communicate by me tickling her or. So I think our bond is, is growing and adapting as she kind of develops, erm, and also, she's kind of the point now where, she's pushing boundaries a little bit, she's throwing food on the floor, that kind of thing so"
System relationships	Different but Equal Experience?	Sally: "Erm, so I think there's always that worry that they're not then going to, love you in the same way. And she's not, and, I'm not expecting her to but I'm very glad, that I now know that she does love me and that she likes me and she'll go to me and, she will choose me sometimes as well, which, erm, yeah, which I think at the beginning, you just can't see happening, because the bond there is so strong. Erm, (pause) but yeah, it's happening." Sally: "but yeah, just not er, not to worry and just work as a team and, that you're not, (pause) worth less than your partner and that you're just as much the mother

		or the parent, of your child. Just to, to embrace it fully and, not worry about it too much."
	Gap in support – where do I go? NHS Support.	Sally: "I think the only, strange thing was kind of, in the waiting room waiting with all the other parents, waiting to have their scans. Erm, and there was very much a, yes, we're the two women. Because, the, all the other couples were, were straight. Or certainly made of, of male and female, couples. Erm, and so I think that was the only time that it was kind of apparent that we were, any different to anyone else but, in the actual scans themselves, (pause) you know, there was, we didn't have any problems at all."
Identity – queer and community?	"A mother but not THE mother"	Sally: "But, it's kinda interesting to see them, erm, acknowledging that I was, a mother, but not THE mother (laugh). I, do you know what I mean, it was, it was erm, in that situation it was, it was kinda weird."
	Destined to be the non-birthing Mother	Sally: "Erm, and almost gave me a reason to tell other people why I didn't want to, give birth cos I think there's, there's a lot of, especially women, who, who are mothers, who don't understand, like my mother, who doesn't understand (laughing) why, I wouldn't want to, to erm, give birth. But I was just, it's not something, that, (pause) it's a w.. (sigh) I dunno, wouldn't know how to explain it. But it's just not something that I, want to do. And it's not something that I have, have a yearning to do either."
	Negotiating Biology	Sally: "I thought about it a lot, obviously and I think the first one is, you know, what if, they prefer him (the donor)? What if they think oh well that's, that's what's missing, I understand it now or, ok that's where I get my nose from or, you know."
	Natural and Intentional Bonding?	Sally: "nice to have that one-to-one bonding time which is really important to us. And erm, I think as she grows and she, she becomes more interactive and more talkative it just, brought us closer together even more we've had like, I've had my little in-jokes with her that <anonymised>doesn't have and the other way round and erm. I was just a really positive and I feel like we are always, growing closer together because she's older, because she's learning more things and reacting to different things and just, being more of a, like a toddler toddler, rather than baby toddler."
	Coming out Again, Again and Again…	Sally: "I mean in the next two or three years we're planning on moving out of <anonymised>, our little, bubble (laugh) and now I think, right at the moment we're planning on going west, but it's very much well where do we choose? Shall we, cos I navigate towards big cities, cos that's where I feel comfortable, but, you know, do we want her to grow up in the countryside and if we do, (pause) how di.., you know, how, liberal are they? Is she gonna be the only, child in the school with two mummies? You know, it's..." Sally: "And I think also with, having <anonymised>, I think, (pause) I have to be more confident, because I want her to have confidence in it. So I think, for me, as a gay parent, I almost have, if I do have any kind of, worries or, erm, (pause) I dunno, kind of, anything that I'm used to doing, or used to avoiding because I'm gay, I almost have to get over myself a little bit, erm, to, and think about her and, and kind of, be more confident about it."
	Trying to find the Right Words – "Call me Derek"	Sally: "again they were like, we don't wanna get it wrong, we don't wanna get it wrong. I was like well, call us anything, I, I dunno I mean (laughing) again, as long as you're keeping them alive, call me Derek, I don't care what you call me (laughing)." Sally: "people would fall over themselves quite a lot to try and say the right thing. Erm, whereas, actually there's quite a lot of things that were factual, so, if I was in the room and they, and they wanted to talk about, like if it was a, erm, a hospital appointment or something and they, and they needed to know

Appendix 13. Research's Epistemological Position and Rationale for IPA Methodology

Approaching the analysis of data, the researcher considered the data by moving between the individual level, interpreting the data (e.g using metaphors, linguistic features) and taking a wider view looking at the data as a whole. The researcher approached each line of text and coded transcripts in detail moving from the participants report and the researcher's interpretation of the meaning of reported speech. The researcher avoided using pre-existing theory to interpret the data, rather focusing on the lived experience of participants.

IPA positions itself between constructivist and realist epistemological approaches. IPA recognises that a person's experience and reality exists in a social world, and this may not always be perceived. This encourages the double hermeneutic process where interpretations are made by the researcher based on the participants interpretation of their experience. This is described by Smith (2004) as: "the participant is trying to make sense of their personal and social world; the researcher is trying to make sense of the participant trying to make sense of their personal and social world" (Smith, 2004, p. 40).

IPA offers an opportunity to have a detailed exploration of psychological phenomenon from a small and homogenous sample. IPA is a methodology that is useful for exploring areas that are ambiguous, complex, and highly emotional. This approach does not seek objectivity and makes sense of participants experience through interpretation. Participants report their interpretation of their experience and from this the researcher interprets this, creating a second order understanding. A double hermeneutic process forms part of the analysis of data. Using quotes and sections of text can highlight themes in the interview as a whole. This can help create new interpretations and understandings of participants lived experience.

Considering the complexity of the topic of this thesis a thematic analysis method was not considered appropriate as it is more descriptive and less interpretative than IPA. Theory development was not an aim of this study, nor appropriate for this topic, therefore grounded theory was not considered appropriate.

Appendix 14. Extract from Reflexive Diary

Reflections in planning

Considerations of inclusion criteria. I considered the experience of Trans people, but it seemed that trans people deserved a dedicated study to explore their unique experiences. I thought about the inclusion criteria in terms of gender identity as well. Likewise, it was a struggle to decide on this issue, trying to be as inclusive as possible but also meeting the heterogeneity IPA asks for.

I wondered about Feminism in psychology, Caring profession and gender being a part of our practice – I wondered how this might be reflected in the interviews and analysis as a man conducting interviews with women. Also, Identity and personal narrative vs imposed narrative from professional context (i.e perinatal services are set up in a heteronormative way).

I wondered about my own position as a cis white gay man – influence interview and analysis?

I considered early on the differences between attachment vs bonding literature and theory. I wondered about language in the interviews/write up that I might use and how to be clear on the differences in literature/theory.

Reflections on an interview

I had strong feelings during several of the interviews of the irritation and disappointment of participants when engaging with services. But I also was struck by the positive perspectives of participants.

I thought about how to introduce the research and myself to participants. I decided that I would identify myself as a gay man. All the participants responded well to this and seemed reassured that I explained my motivations for conducting this research. I wondered about being an insider vs outsider and if this would influence the interviews at all.

Reflections during write-up

Writing up the thesis seemed to force me to sum up and condense very rich interviews into a manageable form for the thesis. The complexity and subtleties of the issues raised by this topic can be difficult to condense, but I believe that we were able to do this in the research.