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# J S P R

# The division of labor and perceptions of parental roles: Lesbian couples across the transition to parenthood

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- ABSTRACT

No research has examined the division of labor across the transition to parenthood for same-sex couples. The current study examined the division of labor in 29 lesbian couples (58 women) during the transition to parenthood. Women were interviewed during their last trimester and 3–4 months postnatally. Two theoretical approaches – gender theory and economic theory – were used to generate competing hypotheses about the findings. Results revealed that couples divided housework quite equally; however, biological mothers tended to contribute more to child care. Despite this, the majority of couples did not perceive the biological mother as the more 'primary' parent. Results highlight both the utility and limitations of current theories for explaining the division of labor in lesbian couples.

KEY WORDS: child care • division of labor • gender • lesbian • transition to parenthood

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Over the last several decades, it has become apparent that a new family form is emerging. Stacey and Biblarz (2001) estimate that between 1 and 9 million children are currently being raised by at least one gay or lesbian parent in the US. Increased childbearing and adoption by lesbians and gay men, and US legislation favorable to gay marriage, has led scholars, politicians, and citizens alike to consider the possibility that families headed by gay parents represent a viable new family form (Lannutti, 2005; Patterson, 2003). Similar to the challenges facing stepfamilies documented by Cherlin (1978) during the 1970s, families headed by gay and lesbian parents are also not 'institutionalized' in our society and thus face unique issues (Hequembourg, 2004). For example, they may lack legal ties to their nonbiological children or the ability to provide health care benefits to their children. Another unique aspect of families headed by lesbian and gay parents is the fact that both parents are the same biological sex. Although we often think of sex and gender as synonymous or co-occurring, West and Zimmerman (1987) highlight that sex is a determination made through the application of biological criteria for classifying persons as females or males. In contrast, gender is not so much a set of traits residing within individuals, but something people do in everyday interactions, thus producing and sustaining social meanings accorded to sex. In heterosexual couples, sex and gender are to some extent confounded: It is difficult to determine what behaviors are due to sex ('essential') differences and what behaviors are due to gender ('socially created') differences. Same-sex couples are a unique 'test case' in that they offer the opportunity to study gender (differences) without the potentially confounding variable of sex (difference) with regard to family processes, in general, and the division of labor, specifically.

In this article, we will extend past research by addressing the division of labor during the transition to parenthood among lesbian couples. Twentynine inseminating couples (58 women) were interviewed at two time points: During their last trimester, and 3–4 months postnatally. We are interested in whether biology (who is the biological mother and who is the nonbiological mother, or comother) becomes the new 'sex' in structuring the division of labor, such that the biological mother performs the majority of unpaid work and the nonbiological mother performs the majority of paid work. By extension, above and beyond the actual division of labor, we are interested in whether women perceive the biological mother as the more primary parent, and as the 'real' mother. In the following sections, we first review the relevant research, and then describe two theories commonly applied to heterosexual couples – gender theory and economic theory – from which we will derive predictions about a lesbian sample. We then describe the data.

# Research on the division of labor in heterosexual and lesbian couples

Of great interest to family scholars has been the division of labor in heterosexual couples, and the fact that men's participation in unpaid work has not kept pace with increases in women's employment (Coltrane, 2000). Heterosexual couples are particularly likely to take on specialized roles during the transition to parenthood: Women take on the majority of unpaid work whereas men spend more time in paid employment (Cowan & Cowan, 1988, 1992; Gjerdingen & Chaloner, 1994; Sanchez & Thompson, 1997). Inequity in the division of labor is associated with poorer well-being and relationship quality among women in heterosexual (Kessler & McCrae, 1982; Steil, 1997) and lesbian samples (Patterson, 1995), and may have implications for children's adjustment (Chan, Brooks, Raboy, & Patterson, 1998).

Studies suggest that both lesbian couples without children (Kurdek, 1993) and lesbian couples with older children (Patterson, Sutfin, & Fulcher. 2004; Sullivan, 1996) tend to share unpaid labor relatively equally. Where differences do occur, biological mothers tend to spend more time in child care (Johnson & O'Connor, 2002; Patterson, 1995). Also, Patterson (1995) found that nonbiological mothers spent more hours in paid work, although at least one study of lesbian couples with children found that nonbiological mothers did not work more hours than biological mothers (Chan et al., 1998). Other research suggests that more than biology, individual interests, as well as work schedules and demands, constitute the influential factors in determining who does what in terms of family work among lesbians (Dundas & Kaufman, 2000). But what happens during the first transition to parenthood, a time of stress, change, and renegotiation of roles? Some research suggests that even among the most egalitarian heterosexual couples, ideology ultimately goes out the window in favor of more traditional arrangements during the transition to parenthood (Deutsch, 1999).

Gartrell et al. (1996, 1999) are the only researchers to prospectively examine lesbians' transition to parenthood (although it is important to note that not all the women in their sample were first-time mothers). They interviewed lesbian biological mothers and in some cases their partners during the pregnancy (Time 1), and when their children were toddlers (Time 2). Although the division of labor was not a major variable of interest, Gartrell et al. (1999) did find that at Time 2, 75% of women reported dividing child care equally; in the other 25%, child care was shared to some degree, but the birth mother was considered the primary parent. In Reimann's (1997) retrospective study of lesbian couples' transition to parenthood, she found that most women recalled a relatively equal division of labor across the transition, and that desire to be with the child, egalitarian ideology, and financial considerations were more important than biology in dictating the division of labor.

No research has examined the division of labor prior to the birth, and then shortly thereafter, among lesbian couples. Becoming a parent for the first time represents a major life transition; thus, studying couples immediately before and soon after the birth of the first child offers a unique opportunity to capture a period of change and stress. Of special interest is whether, because of their shared experience as women, lesbians are successful in negotiating an equal division of labor across the transition to parenthood, or whether they, like heterosexual couples, assume more specialized roles (with one partner taking on the majority of the paid work, and the other taking on more of the unpaid work) as a matter of convenience.

Furthermore, of interest is whether the fact that one partner carried the child and the other did not translates into perceptions of unequal maternal statuses, such that the biological mother is viewed as more 'primary' and as the real mother. No study to date has explicitly and directly asked couples to reflect upon the role of biology on their maternal statuses, although Gartrell et al. (1999) asked the women in their sample what factors they believed most affected mother-child bonding. Fifty percent of coupled women noted time spent with the child, and 32% named biological connections as the most important factors; percentages were not given separately for biological and nonbiological mothers. This research suggests that about a third of the sample felt some difference in roles as a function of biology. A previous study using the current sample found that among almost half of couples, the biological mother carried the child because she had the greater desire to experience pregnancy, childbirth, and/or to be genetically related to her child; the remainder of the sample cited health, infertility, age, and job flexibility/career advancement considerations (Goldberg, 2006). Thus, certain patterns may be set in motion for some couples even before the child is born. Given these findings, as well as the primacy of biological ties in this culture, and the cultural 'given' that there is only one mother in a family, we investigated the impact of biological motherhood on perceptions of the division of labor as well as perceptions of parental roles. The current study, then, attempts to examine whether lesbians' relatively egalitarian division of labor holds up during a period of change and stress, as well as the extent to which biological motherhood may serve to polarize parental roles.

Two major theoretical approaches – gender theory and neoclassical economic theory – have been used to understand gender and family processes in heterosexual families but have not, as of yet, been explicitly applied to same-sex couples. In the following sections, brief overviews of these theoretical perspectives are presented along with predictions regarding the division of labor in lesbian parent households.

### **Gender theory**

Gender theory focuses on how behaviors and roles are assigned gendered meanings and how various social structures, not just families, carry gender values and confer gender advantages (Connell, 1987). The theory recognizes that families are integrated into broader systems of power and emphasizes the role of cultural institutions (workplaces, the legal context) in shaping and enforcing 'appropriate' sex role behavior (Ferree, 1990). This conceptualization of gender lends itself to analyzing the social construction of maleness and femaleness as categories that convey difference and have unequal value: 'By separating the gender given to specific roles from the gender of the individuals who occupy them, the gender perspective provides a model for an authentically structural analysis of family relationships' (Ferree, 1990, p. 869). In the case of parenthood, it is possible to study 'mothering' and 'fathering' as roles, independent of the gender of the individuals doing the parenting (Fox & Murray, 2000). Research with lesbian couples provides an opportunity to study gender, by 'controlling for' sex. Furthermore, a gender approach treats gender as a process that is constantly being created and recreated; thus, family processes (such as the division of labor) must be observed over time to gain a true understanding of gender (Connell, 1987).

Gender theory suggests that women's common gender socialization as women and potential mothers, as well as their awareness of gender inequality, will lead them to prefer an egalitarian division of labor and to work towards an arrangement in which both women feel like equal mothers. Thus, the theory predicts that lesbians will maintain a relatively equal sharing of unpaid labor across the transition to parenthood. Gender theory also maintains that gender is created through action and interaction; this suggests that if nonbiological mothers engage in the activities that constitute 'mothering,' they are equally likely to feel like and be experienced by their children as 'mothers' (and less likely to feel like secondary parents). Finally, gender theory highlights the role of broader systems in shaping gendered roles and identities, suggesting that institutional forces such as legal affirmation of both women's maternal identities (i.e., in the form of coparental adoption for nonbiological mothers) may affect the degree to which women fully embody their role as parents. Thus, nonbiological mothers who receive institutional support for their roles as mothers may be less likely to be relegated to a peripheral or secondary role.

Another theoretical framework that has been used to explore the division of labor is that of neoclassical economic theory (Becker, 1981). Whereas gender theory sees the division of labor as influenced by gender processes, economic theory explains it as a function of financial resources and an exchange of goods and services.

#### **Neoclassical economic theory**

Traditional neoclassical economic theory emphasizes economic utility in terms of understanding the division of labor. Becker (1981), a well-known economic theorist, argues that the underlying cause of women's disproportionate involvement in family labor is the fact that women are able to, and typically do, bear children. According to Becker, 'women ... spend much time and energy caring for their children because they want their heavy biological investment in production to be worthwhile' (p. 23). Thus, women ultimately turn to unpaid work, whereas men turn to paid work, an arrangement that represents a rational exchange of goods and services. This approach would predict that among lesbian couples, specialization occurs along the lines of biology. Thus, women who carry and give birth to their

children will have a stronger biological connection to their children, will be more invested in their care, and thus will take on most of the unpaid labor, while nonbiological mothers (lacking a genetic connection, and the experiences of pregnancy and breastfeeding) will contribute to the home through paid labor. This explanation pertains to what is maximally productive and efficacious; there is little focus on how shared egalitarian ideology (and, in the case of lesbians, shared sex) might transform this process.

Economic theory suggests that structural conditions determine the division of labor, at least insofar as financial necessity may require nonbiological mothers to return to work sooner, leaving their partners with greater responsibility for unpaid work. This theory also implies that motherhood is to some extent a function of biological processes. Thus, biological mothers, having experienced pregnancy and childbirth, are more attached to their children, more identified as mothers, and thus are likely to be experienced and to experience themselves as more 'primary.'

Of interest in the current article is, does the division of labor change across the transition to parenthood for lesbian couples, and, if so, what predicts this change? Specifically, does biological motherhood influence the division of child care tasks and housework across the transition to parenthood? Finally, of interest is how these new mothers give meaning to the division of labor. Do they view the biological mother as the 'real' and more primary mother?

#### Method

In this short-term longitudinal study, 29 inseminating lesbian couples were interviewed twice across the transition to parenthood. (Demographic data appear in Table 1.) Couples were interviewed prenatally (Time 1) and again when their baby was 3–4 months old (Time 2). Members of each couple were interviewed separately. Given the geographical diversity of the participants – 41% lived on the East Coast, 21% resided on the West Coast, 21% lived in the Midwest, and 17% lived in the South – phone interviews were conducted with all but 2 couples, who were interviewed in person. Interviews lasted about an hour. Women also completed a packet of questionnaires that were sent to their home; these also took about an hour to complete. Couples were asked to fill out their packets separately, within a week of the scheduled phone interview. Couples returned their packets in postage-paid envelopes.

Inclusion criteria for the study were: (i) women must be in committed (living together) lesbian relationships; (ii) both must be becoming a parent for the first time; and (iii) at least one partner must be returning to work after the birth. This last criterion was used given the principal investigator's interest in examining work–family issues across the transition to parenthood among lesbian couples, a subject that has received little attention. Interviews covered a range of topics, including relationship quality, mental health, social support, and employment; here, however, the focus is on the division of labor.

A variety of recruitment methods were used. The study was advertised in newsletters, listservs, and websites pertaining to organizations that reach a lesbian audience: For example, Proud Parenting (a national group for lesbian

momens								
	Biological mothers (N = 29)		Nonbiological mothers (N = 29)					
	M (SD)	Range	M (SD)	Range	<i>t</i> -test			
Age	35 (5.6)	21–47	37.7 (7.0)	24.5-49	.76*			
Years a couple	6.6 (2.4)	2-13						
T1: Hrs work/wk <sup>a</sup>	38.0 (11.1)	8-59	49.6 (12.3)	28-80	2.85**			
T2: Hrs work/wk	27.6 (11.3)	5-40	40.1 (8.1)	24-58	3.79**			
Personal income	\$43,900 (\$27,500)	\$1,600-\$150,000	\$71,000 (\$55,100)	\$24,900-\$300,000	2.26*			
Family income	\$100,600 (\$43,900)	\$48,400-\$300,000						
	%	Ν	%	Ν				
Ethnicity								
White, non-Jewish	83%	24	86%	25				
White, Jewish	14%	4	10%	3				
Korean American	3%	1	3%	1				
Educational attainment								
HS Diploma/Vocational		4	14%	4				
Associate's	7%	2	7%	2				
Bachelor's	7%	2	21%	6				
Master's	55%	16	31%	9				
PhD/MD/JD	17%	5	27%	8				
Occupational category <sup>b</sup>								
Sr. officials (SEI > 90)	8%	2	11%	3				
Professionals (SEI > 80)		2	21%	6				
Assoc. prof. $(SEI > 70)$	28%	7	18%	5				
Technicians (SEI > 60)	28%	7	32%	9				
Clerks (SEI > 50)	24%	6	14%	4				
Service/sales (SEI > 30)	4%	1	4%	1				

TABLE 1 Descriptive, demographic data on biological mothers and nonbiological mothers

<sup>a</sup> Only women who were employed were considered in calculations of work hours and personal income.

<sup>b</sup> Ex. senior officials: Physician; ex. professionals: Professor, pilot; ex. associate professionals: Teacher, nurse; ex. technicians: Accounts manager; ex. clerks: Administrative support; ex. service/sales: Cook.

p < .05; \*\*p < .01.

and gay parents and their children), Rainbow Families (a large midwestern organization geared toward gay and lesbian individuals and their families), and Unitarian Universalist churches around the country. The study was also advertised in the offices of midwives and gynecologists, as well as in community newsletters and newspapers. The researcher's contact information was included with the study description, and potential participants were asked to call or email for information. Participants were mailed a consent form assuring confidentiality and detailing the conditions of participation. Participants were asked to return the signed consent form with the Time 1 questionnaire packet.

#### Measures

**Descriptive data.** Demographic data were obtained for the sample. Women reported on their age, ethnicity, relationship length, work hours, income, and educational attainment. Socioeconomic index scores, a measure of occupational

prestige, were derived from participants' job descriptions, and used to classify their occupations into categories (e.g., senior official, professional, associate professional, technician, clerk, and service/sales) (Nakao & Treas, 1992).

**Work hours.** The number of hours women worked per week postnatally (Time 2) was examined as a potential predictor of the division of unpaid work. Work hours at Time 2, not Time 1, were chosen based on the fact that some biological mothers had reduced their work hours or were no longer working at Time 2, rendering Time 1 work hours a less meaningful and relevant predictor.

**Division of labor – Household tasks: Who does what? (Atkinson & Huston, 1984).** Women's reports of their proportional contribution to 14 household tasks (e.g., laundry, cooking and so on) were assessed prenatally and at 3 months postnatally. Women indicated their proportional contribution to each task on a 5-point scale: 1 = 'usually or always my partner' (0–20% contribution) to 5 = 'usually or always myself' (80–100% contribution). At Time 1, the alpha for this scale was .61, and at Time 2, it was .65; however, the alphas from household task measures may not be relevant because individual items from these scales may not be expected to be internally consistent (Grote, Clark, & Moore, 2004).

**Child care tasks: Child care responsibility (Barnett & Baruch, 1987).** Women's expectations about how much they would contribute to child care (Time 1) and their actual contribution to child care (Time 2) were assessed. There are 15 tasks, and they include chores such as feeding the baby and playing with the baby. Women rated their proportional expected (Time 1) and actual (Time 2) contribution to child care tasks using a 5-point scale: 1 = 'usually or always my partner' (0–20% contribution), to 5 = 'usually or always myself' (80–100% contribution). The alpha for the scale was .72 at Time 1 and .80 at Time 2.

**Parental roles.** Some research suggests that biology may influence the division of labor among lesbian couples (Patterson, 1995). However, little is known about lesbians' subjective perceptions of the role (or nonrole) of biology on their parental roles. It is possible that differences in the division of child care as a function of biology do not translate to perceived differences in parental roles. Given our desire to access women's subjective perceptions about biological connections and their relationship to parental roles and identities, the following exploratory, open-ended question was asked: 'In the absence of gender as a structuring variable with regard to parental roles, do you think biology becomes the means of defining roles? That is, do you see your parental role as different from your partner's, in any way as a result of one of you being the biological parent and one of you being the nonbiological parent? Tell me about why/why not.'

**Analysis – analytic strategy.** A series of multiple regressions were conducted to examine predictors of change in the division of labor across the transition to parenthood. The open-ended question on parental roles was analyzed using qualitative data-analytic procedures. The first author read transcripts of each respondent's data multiple times. Then she began the coding process with line-by-line coding (Glaser & Strauss, 1967), which involves examination of each line of narrative and defining events or actions within it. This led to refinement of emerging codes. Second, she engaged in focused coding, in which themes that

frequently reappear are used to sort the data. She then applied the coding scheme to the data, which facilitated the identification of more descriptive coding categories and the generation of themes for which there was the most substantiation. Categories were also examined in relation to partner status. For example, while both birth mothers and comothers cited breastfeeding as a salient way in which the birth mother was experienced as more primary, examination and comparison of their descriptions of breastfeeding revealed that they interpreted the meaning and role of breastfeeding in different ways. The first author continued to reapply the coding scheme to the data and made subsequent revisions until all data were accounted for with the codes. The final coding scheme was submitted to peer-review and a member check. The findings are organized around the final coding scheme.

#### Results

#### Descriptive data

Basic descriptive statistics appear in Table 1. Paired sample t-tests were conducted to assess whether biological mothers and nonbiological mothers differed on key demographic variables. Nonbiological mothers were older than biological mothers, t(1, 28) = 2.16, p < .05. They also worked more hours than biological mothers at Time 1, t(1, 28) = 2.85, p < .01, and Time 2, t(1, 28) = 3.79, p < .01. Correspondingly, nonbiological mothers also earned higher salaries than biological mothers, t(1, 28) = 2.26, p < .05. Prenatally, among biological mothers, 72% (21 women) were working full time, 17% (5 women) were working part time, and 11% (3 women) were not working. Of note is that of the 5 women who were working part time, 2 had reduced their hours in anticipation of becoming parents; of the 3 women that were not working, 1 had recently quit to stay home with her child, and 2 were on bed rest. Among nonbiological mothers, 93% (27 women) were working full time, and 7% (2 women) were working part time. Postnatally, among biological mothers, 38% (11 women) were working full time, 38% (11 women) were working part time, 10% (3 women) were still on maternity leave but returning soon, and 14% (4 mothers) were staving home indefinitely. Among nonbiological mothers, 80% (23 women) were working full time, 14% (4 women) were working part time, 3% (1 woman) was on leave, and 3% (1 woman) was unemployed.

Most women were White and well educated, and most couples were financially well-off. Women tended to be employed in moderate-status occupations.

#### The division of labor

Table 2 contains means and standard deviations for the predictor and outcome variables; paired sample *t*-tests and one-way ANOVAs were used to examine change in the division of labor across time, and the differences in division of labor as a function of partner status, respectively. The division of housework did not change significantly across the transition to parenthood, t(2, 58) = .52, p > .05; nor were there differences, on average, between women's expectations regarding the division of child care at Time 1 and the actual distribution at Time 2, t(2, 58) = .22, p > .05. There were no significant differences between biological mothers and nonbiological mothers in terms of the division of housework, either prenatally, F(1, 29) = 3.20, p > .05, or postnatally, F(1, 29) = .76,

motners						
	Full sample (N = 58)	Biological mothers ( <i>N</i> = 29)	Nonbiological mothers ( <i>N</i> = 29)			
	M (SD)	M (SD)	M (SD)			
Predictors						
T1 Housework	3.11 (.47)	3.20 (.42)	3.02 (.45)			
T1 Expect-child care	3.00 (.36)	3.28 (.23)	2.82* (.27)			
T2 Work hours/week	34.90 (12.1)	27.6 (11.3)	40.1* (8.1)			
Outcome						
T2 Housework	3.12 (.57)	3.20 (.47)	3.10 (.64)			
T2 Child care	3.05 (.58)	3.49 (.43)	2.68* (.40)			

TABLE 2
Means of predictor and outcome variables for biological and nonbiological
mothers

*Note.* Means do not include women who were not working. \*p < .001.

p > .05. However, biological mothers were significantly more likely than the nonbiological mother to expect to do more child care prenatally, F(1, 29) = 58.50, p < .001, and to perform more actual child care postnatally, F(1, 29) = 62.47, p < .001.

Table 3 contains results of all multiple regressions performed with housework and child care tasks at Time 2 as the outcome variables. A series of multiple regressions were conducted to examine predictors of change in the division of labor. First, a regression was conducted to examine predictors of the division of housework at Time 2. The division of housework at Time 1, partner status (biological/nonbiological), and work hours at Time 2 were included as predictors. A second regression was performed to examine predictors of the division of child care at Time 2. Expectations about the division of child care, partner status, and work hours at Time 2 were included as predictors.

#### Household tasks

When the division of housework at Time 2 was the outcome variable, housework at Time 1 emerged as the only significant predictor (B = .67, p < .001): not surprisingly, women who performed more housework at Time 1 were likely to contribute more to housework at Time 2 (Table 3). Neither partner status nor postnatal work hours predicted the division of housework 3 months postnatally.

Next, a series of interactions were tested: Work hours  $\times$  housework at Time 1; work hours  $\times$  partner status; partner status  $\times$  housework at Time 1. These interactions were performed to investigate whether (i) contributions to housework varied as a function of work hours; (ii) work hours differed for biological mothers and nonbiological mothers; and (iii) contribution to housework differed for biological and nonbiological mothers. Because of the small sample size and concerns about power, each interaction was added to the above model and tested separately. Table 3 contains the betas for each variable in the equation, as well as the  $R^2$  and  $R^2$  change for each step. No significant interactions emerged. Thus, the prediction put forth by gender theory that the division of housework is not dependent on biological motherhood was supported.

_	Step				
	1	2a	2b	2c	
Household task variables	(B, SE)	(B, SE)	(B, SE)	(B, SE)	
Constant	1.08 (.51)	1.10 (.79)	.94 (.60)	.44 (1.44)	
T1 HHT	.67 (.14)***	.66 (.23)**	.68 (.14)***	.87 (.45)*	
Partner (bio, nonbio)	.02 (.14)	.01 (.15)	.10 (.25)	.42 (.87)	
T2 Job hours	01 (.00)	.00 (.02)	.00 (.01)	.00 (.01)	
T2 Job hours $ imes$ HHT	. ,	.00 (.01)		. ,	
T2 Job hours $\times$ partner		. ,	.00 (.01)		
Partner $\times$ HHT			. ,	13 (.28)	
$R^2$	.318	.318	.320	.321	
R <sup>2</sup> change		.00	.002	.003	
Child care task variables					
Constant	2.69 (.73)	2.91 (.71)	3.22 (.74)	2.62 (2.15)	
T1 CCT	.43 (.19)*	.32 (.19)	.42 (.18)*	.49 (.67)	
Partner (bio, nonbio)	47 (.13)**	37 (.14)**	82 (.19)***	36 (1.22)	
T2 Job hours	01 (.00)**	04 (.01)**	03 (.01)**	07 (.00)	
T2 Job hours $\times$ CCT		.01 (.00)			
T2 Job hours $\times$ partner			.01 (.01)*		
Partner $\times$ CCT				05 (.39)	
$R^2$	.626	.650	.659	.578	
<i>R</i> <sup>2</sup> change		.030	.033*	.000	

TABLE 3Regressions predicting housework and child care at Time 2 for entire sample (N = 58)

*Note.* HHT = household tasks; CCT = child care tasks. \*p < .05; \*\*p < .01; \*\*\*p < .001.

#### Child care tasks

When child care at Time 2 was the outcome variable, prenatal expectations about the division of child care were a significant predictor of the actual division of child care (B = .43, p < .05), such that women who expected to contribute more ended up contributing more (Table 3). Partner status was also a significant predictor of the division of child care, such that biological mothers performed more child care postnatally compared to nonbiological mothers (B = .47, p < .01). Finally, postbirth work hours were also significantly related to the division of child care, such that working more hours was associated with contributing less (B = .01, p < .01).

Again a series of interactions were tested: Work hours  $\times$  expectations about child care; work hours  $\times$  partner status; partner status  $\times$  child care expectations. Again, each interaction was added to the above model and tested separately. Table 3 contains the betas for each variable, and the  $R^2$  and  $R^2$  change for each step. Interactions were performed to investigate whether (i) expected contribution to child care varied as a function of work hours; (ii) work hours differed for biological mothers and nonbiological mothers; and (iii) expected contribution to child care differed for biological mothers. The interaction between job hours and partner status emerged as significant (B = .01, p < .05); all main effects retained their significance in the model.

In order to understand the direction of effects, we plotted the interactions. This revealed that biological mothers who were working fewer hours were more likely to perform high levels of child care postnatally. To determine whether birth mothers perform more child care regardless of work hours, we performed an ANCOVA predicting the division of child care at Time 2, with partner as the between-subjects factor, and work hours as a covariate. This revealed that biological mothers did indeed perform more child care regardless of work hours, F(1, 29) = 34.47, p < .001. Thus, the hypothesis set forth by economic theory was mostly supported: biological mothers tend to perform more child care, particularly when they work fewer hours.

#### **Biology and roles**

Of interest is whether the observed inequity in child care involvement is reflected in women's perceptions of their maternal roles. That is, do these new mothers perceive the biological mothers as more primary? To address this question, we conducted a one-way ANOVA to examine how feelings about the importance of biology (0 = biology important; 1 = biology not important) were related to the division of child care tasks.

Among biological mothers, performing more child care tasks was significantly associated with feeling that biology makes a difference, F(1, 28) = 6.56, p < .05. However, among nonbiological mothers, the association between the division of child care and perceived importance of biology was not significant, although examination of the means indicates that there was a tendency for nonbiological mothers doing less to feel that biology made a difference (M = 2.44, SD = .18, compared to M = 2.69, SD = .40).

However, of importance is that only 20% of nonbiological mothers and 40% of biological mothers felt that biological motherhood influenced their parental roles; thus, biological mothers were somewhat more likely to feel that biology was important,  $\chi^2(1,57) = 2.28$ , p < .10. In the majority of families (80% of nonbiological mothers, 60% of biological mothers), women felt that biology had not significantly shaped their parental roles. Thus, differential contributions to child care did not necessarily translate into perceptions of unequal parental roles, particularly among nonbiological mothers.

#### **Creating equitable parental roles**

Among those women that did not feel that biology translated into unequal roles, many emphasized that they had made a special effort to minimize the potential influence of biology. They described a number of strategies designed to offset biological inequity.

**Compensation: Special roles.** Approximately one-third of nonbiological mothers noted that they had sought to offset the biological bond and breastfeeding relationship by establishing a certain role or set of rituals with their child (e.g., being the one to put their baby to bed, being the 'bath-time mom'). These activities, which were often performed separately from the biological mother, were seen by both partners as a means for the nonbiological mother to create her own special relationship or connection to the child. Thus, consistent with gender theory, these women sought to create motherhood through their behavior: They carved out a unique role for themselves in an effort to counterbalance the exclusive breastfeeding relationship, and the fact that they had not 'already had 9 months with our child,' as one nonbiological explained. These women were

highly motivated to find other ways that they could create an equally strong bond with their child, and in turn often emphasized the exclusive nature of the activity that they engaged in with their child. Stated Joan, a nonbiological mother, 'We have an incredible "baby carrier" which holds our son right close to my body. He is very soothed by it. I carry him in it many hours each day, especially in the first 6 weeks. I think this has really helped the bonding.'

Of note is that several nonbiological mothers emphasized that their partners were only partially breastfeeding, allowing them to take on the complimentary role of bottlefeeding their child. These women noted some relief at this arrangement, as they were well aware of the strong social significance of breastfeeding, and the cultural notion that it establishes an irrevocable bond with one's child. Both biological and nonbiological mothers commented on the fact that combination feeding had helped to mitigate the feelings of jealousy or exclusion that breastfeeding has the potential to create in the nonbiological mother.

**Matching: Equal time, equal effort.** In addition to compensation, another strategy that emerged was that of matching partners' contributions to child care to the extent that was possible. Consistent with gender theory, another third of nonbiological mothers noted that they had simply made an effort to participate equally in 'all things parenthood': For example, getting up at night, doing diaper changes, and picking up/dropping off at child care. These actions were performed as a means of affirming and asserting their maternal identity, and promoting equity in their parental roles. These women did not specifically seek to offset the breastfeeding relationship; indeed, they rarely mentioned breastfeeding. Instead, they simply focused on doing everything their partner was doing, with the obvious exception of breastfeeding, and were highly involved from the very beginning. Some worked more hours outside the home; however, when they were home, they did everything their partner did. Stated Val, a biological mother, 'She's very involved in getting up and making things happen for him. She's probably almost quicker to change the diaper, to be more a part of it.'

Their efforts to maintain equality extended beyond child care: Indeed, when their partners were breastfeeding, nonbiological mothers tended to take care of housework – cooking, laundry, and cleaning. Stated Kristin, a nonbiological mother, 'Since the baby, I think I'm even more aware of what needs to be done.'

Going above and beyond: Special effort. Finally, several nonbiological mothers emphasized that they had made certain sacrifices or special arrangements in order to ensure that they had sufficient time to bond with their child. These special efforts were also noted by their partners. Two women had significantly reduced their work hours and altered their work schedules, and two women pursued consecutive leaves so that they could stay home with their child when their partners returned to work. These women are similar to those who made an effort to match their partners' contribution, and to contribute equally to parenting; however, they distinguish themselves by their willingness to make work-related sacrifices that may ultimately result in their taking on more of the child care. These women's efforts were derived from commitment to parenthood, and were not described as an explicit strategy designed to offset the impact of biology. Rather, they emphasized that their work-related choices and sacrifices were aimed at allowing them to spend more time with their child, as opposed to allowing them to neutralize or balance out their partner's contribution.

**Institutional factors.** In addition to ideology and behavior, institutional factors also helped to minimize the effects of biology. Over half of the couples lived in states in which second-parent adoptions were legal, allowing nonbiological parents to adopt their children. Consistent with gender theory, this proved to be an important means for nonbiological mothers to legitimate themselves as parents and to receive symbolic and practical institutional support. Several nonbiological mothers emphasized that something shifted for them once they were granted second-parent adoptions; that is, they felt a sense of relief as well as an enhanced sense of security in their parental role.

#### Mechanisms of biological influence

As stated, a sizeable minority of women (40% of biological mothers, 20% of nonbiological mothers) did report feeling that the biological mother was experienced as more primary in some way. Women's narratives revealed diversity in the ways that they conceptualized the role or mechanism of biological influence on parental roles. Some women referred to specific biological or role related differences, such as breastfeeding and the fact that one mother was pregnant. Others discussed the amorphous 'genetic tie.' Still others identified time spent with the child as an important difference in their parental roles; although clearly a social difference, it was conceived of in terms of biology.

**Breastfeeding.** Nine biological mothers and six nonbiological mothers identified breastfeeding as one way in which biology clearly shaped their roles. Biological mothers experienced breastfeeding as establishing a special closeness or connection with their child. Indeed, somewhat consistent with economic theory, some women felt strongly that breastfeeding created a unique and primary bond between mother and child. Stated Terri, a biological mother, 'Yeah, definitely breastfeeding, I think, impacts the closeness I feel with her, though Kim is bottlefeeding her too. She definitely ... there's something about it being breastfeeding. There's definitely a connection.'

The meaning or salience of breastfeeding was interpreted somewhat differently by nonbiological mothers. Nonbiological mothers conceived of breastfeeding's importance primarily in terms of the time and responsibility that it entailed. They reveled in the commitment that breastfeeding involved, and the many hours that their partners spent physically attached to their child. In turn, they sometimes felt envious of their partner's capacity to breastfeed, and excluded from the neonatal dyad. Stated Ellie, 'I do wish that I could provide that sometimes, the nursing thing. I feel – I enjoy them having that but sometimes I wish I could meet that need when Kate's not there to fill it.' Here, Ellie acknowledges pleasure that her partner is breastfeeding, and that her twin sons are able to benefit from that relationship, but also notes that this is a role (and a relationship) from which she is excluded. In other cases, women noted that breastfeeding was the only difference in their roles, and downplayed its influence. Breastfeeding was described as simply the means by which one's child was fed, and was not infused with attributions about its emotional salience or implications. Breastfeeding was seen as a practical choice rather than as an emotionally nuanced, potentially polarizing activity. 'She has to eat from somewhere!' as one biological mother stated.

**Pregnancy-related bonding.** Two biological mothers and one nonbiological mother emphasized that the pregnancy fostered a sense of connection and responsibility in the biological mother that created a difference in their parental

roles. The notion that the biological mother had a 'head start' on bonding was noted by these three women. As Emily, a nonbiological mother noted, 'I am behind 9 months ... I have some catching up to do.' Moreover, the two biological mothers emphasized the enhanced sense of responsibility they had as a result of carrying their child. As Marnie, a biological mother noted, 'He grew in me. If I was the biological father, I don't think it would matter. He grew in me! I was solely responsible for his well-being; for 9 months I was nurturing him. It shapes my role in that I am ultimately responsible for him. He's precious ... I can't throw him up in the air!'

**The genetic tie.** Consistent with economic theory, which asserts that biological mothers will be more attached to their children by virtue of their biological connection, five biological mothers and one nonbiological mother emphasized the genetic connection, the biological 'bond' as a contributor to, or manifestation of, the primacy of the biological mother's role. That is, these women described an intense connection to their child, and in turn explained it in terms of genetics and/or biology. Stated Jess, a birth mother, 'I think biology does have something do with that ... there's something about having a biological child, having that tie, that's different. There's something biological going on, and with the breastfeeding, definitely, definitely ... I think until you experience it, you can't understand.'

And yet, interspersed with words like 'genetic' and 'biology,' biological mothers also described the bond they felt to their child as 'spiritual,' 'inexplicable,' and 'unnameable,' suggesting that they utilized terms like biology and genetics to make sense of something they did not completely comprehend. Of note is that these women clearly felt that their biological relationship to their child set them apart from their partner in some ways, but also did not feel comfortable acknowledging this to their partners, as they felt it would create unnecessary hurt and friction. Stated Sue, a birth mother, 'I love the idea that I'm related to her biologically, that she looks like me. But I guess that I also feel hesitant about expressing that excitement; I don't want Debbie to feel left out. But I don't feel that our relationship is the same, having been pregnant with her, and so on ... My efforts have been greater.'

Knowledge and attunement: Time spent with the child. Three biological mothers and three nonbiological mothers highlighted the greater amount of time that the biological mother spent with the child as something that differentiated their roles. However, biological mothers tended to emphasize their greater knowledge of their child, their ability to 'read' their child's cues, whereas nonbiological mothers tended to simply comment on the amount of time that their partners spent with their child. In turn, biological mothers were more likely to suggest that such attunement was rooted in a biological or innate connection. Nonbiological mothers, in contrast, tended to comment on the perceived consequences of this imbalance for coparenting and decision-making. Said Tamara, a nonbiological mother, whose partner was at home full time, 'Yeah, [biology] does affect it in a certain way. I don't breastfeed. Her decision is the way we go because she's with him all day. I respect that but ... there may be a day when that's tough.'

**Legal insecurities.** Legal insecurities (not being able to adopt one's child) were more salient than biology for some: 20% of nonbiological mothers commented that it was not so much being the nonbiological parent that had made them feel

insecure about their parental status, but rather, being the nonlegal parent. As legal strangers to their children, their partners' biological and legal connections to their child (and the discrepancy in their roles) were accentuated.

### Discussion

#### Applying theoretical models: Gender theory vs. economic theory

The current study represents the first investigation of lesbians' division of labor and perceptions of parental roles across the transition to parenthood. The findings generated support for gender theory, and, to a lesser extent, economic theory. In this study, financial considerations drove most nonbiological mothers to return to work within several weeks; in contrast, most biological mothers reduced their work hours after the birth (or before their child was even born), and in some cases were still home with their child at three months. In turn, biological mothers retained greater responsibility for child care tasks, particularly when they were working fewer hours. This finding, by itself, is consistent with the economic perspective, which suggests that structural conditions shape the division of unpaid labor. However, the finding that couples maintained an equitable division of *housework* across the transition to parenthood is notably inconsistent with the economic perspective (it is more efficient to specialize), as well as with most research on heterosexual couples (e.g., Cowan & Cowan, 1988, 1992). Lesbians' common socialization as women and egalitarian ideology appear to function as buffers to total specialization of roles. Moreover, although biological mothers tended to perform more child care (particularly when they were working fewer hours), and biological mothers who performed more child care tended to view their role as more primary, neither performing more child care nor being the biological mother did by themselves create a motherhood hierarchy. Consistent with the gender perspective, which suggests that beyond biology, it is behavior that is important in determining motherhood (if you act like a mother, you are a mother), couples who were committed to creating opportunities for the nonbiological mother to bond with the child reported success in minimizing the effects of biological motherhood. Also consistent with gender theory, these findings highlight the power of broader systems to support the development of parental identities: Nonbiological mothers who became legal parents experienced a greater sense of legitimacy in their parental role.

Some couples, however, ultimately lapsed into more specialized, and sometimes less equal, roles. An economic perspective would implicate greater biological 'investment' as the source of this perceived hierarchy. However, it is not clear whether most of these biological mothers are truly more 'invested' in their children, although it is notable that a greater number of biological mothers perceived a difference in parental roles as a function of biology, and that biological mothers who felt that biology made a difference tended to be engaged in more child care. The fact that some biological mothers are staying home with their children can be interpreted as evidence of greater biological 'investment.' Or, this finding can be interpreted such that women who spend more time with their children construe their greater attunement to their child's cues as 'biological' in nature, and thus conclude that biology does in fact influence parental roles. Moreover, the fact that some biological mothers are staying home with their children can be seen as a parental investment (as opposed to a biological investment) - a decision that parents make together for the good of their children. Similarly, breastfeeding, which emerged as a salient and charged issue for a number of women, may also be pursued based on parental values about the nutritional and emotional benefits of breastfeeding (and/or as a function of societal prescriptions about such benefits) as opposed to reflecting mothers' biological investment. Of note is that this sample was relatively well educated and financially stable; thus, some families could afford to have biological mothers cut down their work hours or stay home indefinitely. Different patterns may be evident among lesbian couples with fewer resources, in which both partners must return to full-time paid work. Financial necessity may override or 'trump' biological investment, creating even more egalitarian couples than in the current sample.

### **Relevance to previous research**

The findings of the current study are notably consistent with research on lesbian couples with older children, which finds that biological and nonbiological mothers tend to share housework relatively equally (Chan et al., 1998; Patterson, 1995), although where differences do occur, biological mothers spend more time in child care and nonbiological mothers spend more time in paid work, at least when their children are young (McCandlish, 1987; Patterson, 1995). Thus, it extends our understanding of the division of labor in lesbian couples insofar as it replicates previous research, and also enhances our knowledge of what factors help to minimize the potentially polarizing effects of biology, above and beyond the number of hours women spend in child care. It also extends research on lesbian parents in that it highlights a potential discrepancy in perceptions between biological and nonbiological mothers: Biological mothers who perform more child care tend to see themselves as the more primary mothers, while nonbiological mothers' contribution to child care was not significantly related to their perceptions. As the qualitative data indicate, some biological mothers secretly feel that their role is in fact more primary, in part based upon their greater efforts (being pregnant, breastfeeding) but feel hesitant about sharing this with their partners as they do not want to create tension and jealousy. It is possible that this serves a protective factor: Nonbiological mothers are not aware of their partners' perception that they are in fact primary, and in turn view their parenting roles as relatively equal. However, it may also be the source of unstated tensions: If the biological mother truly feels she is more primary, she may also believe she has a greater say in parenting decisions. Further, given that many nonbiological mothers lack a formal, recognized relationship to their children, such beliefs may have negative consequences should couples split up and biological mothers feel entitled to argue for full custody of their children. More research is needed to explore how couples negotiate issues of biological (non)connectedness.

The current findings are notably *inconsistent* with the large literature on the division of labor among heterosexual parents across the transition to parenthood, which finds that women tend to perform the majority of both housework and child care, while men increase their hours in paid work (Cowan & Cowan, 1988, 1992; Gjerdingen & Chaloner, 1994; Sanchez & Thompson, 1997). In the current study, couples maintain a remarkably equal division of housework; furthermore, nonbiological mothers tend to decrease their hours in paid work. This suggests that aspects of lesbian's shared sex. as well as their sexual minority status, may be viewed as protective in terms of their ability to maintain equity in the face of major change and structural pressures. Social class is also likely a factor in these women's egalitarianism: Carrington (1999) found that egalitarianism is often facilitated by lesbian and gay couples' ability to purchase domesticity (e.g., cleaning person, dinners out). Thus, lesbians with fewer resources might be less free to pursue such arrangements. Future research that examines how workingclass lesbian couples navigate the division of labor across the transition to parenthood is needed.

Turning to lesbian mothers' perceptions of their parental roles, an important finding that emerged in the women's narratives concerned breastfeeding: This particular component of child care (which only the biological mother has the capacity to do) emerged as a salient and complex issue during these early months of parenthood. The finding that some nonbiological mothers felt breastfeeding relegated them to the role of 'secondary mother' is consistent with some of the research on heterosexual couples. Of note is that in Ehrensaft's (1990) study of heterosexual parents who shared parenting equally, many fathers who wanted a bond with their children as strong as their wives' expressed jealousy of their wives' capacity to breastfeed. On the other hand, some couples viewed breastfeeding as a temporary and relatively inconsequential difference in their parental roles. Given that most mothers stop breastfeeding by the end of the child's first year, of interest is how these women's lives and parental roles continue to unfold. Future research should follow lesbian couples for a longer time period, in order to understand the role that breastfeeding plays in these women's lives, how they negotiate its impact, and how cessation of breastfeeding changes parents' relationships to each other and to their child(ren). Also of interest is how breastfeeding and nonbreastfeeding lesbian couples might differ in terms of the issues that they face and the ease of their adjustment to parenthood. Future research might compare breastfeeding and nonbreastfeeding couples in order to tease apart the issue of breastfeeding from the larger issue of biological motherhood.

## **Conclusions and limitations**

In exploring the issue of what happens when you have gender, but not sex (difference), this article revealed a third, crucial variable: Biological motherhood, and its impact on the division of labor and shared parenting among lesbians. While many couples were clearly successful in devising strategies to promote egalitarian parenting, some couples struggled with perceived effects of biological motherhood on the division of labor and parental roles. Of interest is how adoptive lesbian couples fare in terms of dividing labor and negotiating parental statuses across the transition to parenthood. How do these couples differ in their efforts to create egalitarian parental roles? Do they use similar strategies to inseminating couples? Do they encounter similar obstacles? What unique issues emerge for adoptive couples? Research with both inseminating and lesbian adopting couples will help to address these questions.

There are a number of limitations of the current study. First, it is a small sample with 29 couples; thus, all quantitative analyses should be viewed with caution. Replication of these patterns is necessary in order to determine whether they are meaningful. Second, couples were interviewed twice, within about a 4-month time span, suggesting that the findings may represent acute phenomena. More extensive follow-up of lesbian couples past the initial months of parenting is needed. Third, the recruitment methods used in the current study may have resulted in a bias towards couples without problems, as well as couples who are relatively active in the lesbian/ gay community, given that many couples were recruited via their association with organizations geared toward sexual minorities. Related to this, the sample is generally highly educated and mostly White – a limitation of most studies of lesbian couples. It fails to capture the class, occupational, racial and ethnic diversity of the lesbian community. One reason why the current project was unsuccessful in obtaining a more diverse sample may be that too few sources of recruitment were used (Internet, newsletters, doctor's offices): There is evidence that multiple sources of recruitment increase the likelihood of obtaining a diverse sample of lesbians (Rothblum, Factor, & Aaron, 2002). It is also possible that among lesbians, socioeconomic status is conflated with method of becoming a parent: Lesbians who are more educated and affluent tend to choose insemination and international adoption, while lesbians with fewer resources choose domestic adoption. Our study excluded adoptive lesbian couples, potentially resulting in a bias toward affluent couples. Future studies with adoptive lesbian couples are necessary in order to clarify these issues.

Patterson (2003) suggests that increasing institutionalization of same-sex relationships offers researchers the opportunity to explore gender and family in a new way. Of interest is, will lesbian and gay couples change the meaning and institution of family, or will increasing institutionalization change same-sex couples? As social norms change, how will the changing visibility of gay/lesbian parents change families as an institution? On a practical level, will increasing visibility of lesbian parents change ideas and

ideals about what it means to parent? Consider the possibility that in the absence of gender prescriptions for who should work and who should stay home, lesbians with children truly are more flexible with regard to negotiating work and family. Will this encourage egalitarian-minded heterosexual couples to pursue more flexible arrangements? It is too soon to tell.

Also, how might the institutionalization of marriage and family life change lesbian couples? The current findings suggested that nonbiological mothers who were able to obtain second-parent adoptions tended to feel a greater sense of legitimacy in the parental role, which may have implications for women's degree of involvement and connectedness to their child, as well as their extended family's involvement. Some research suggests that the parents of nonbiological mothers are less likely to be involved in their grandchildren's life than those of biological mothers (Patterson, Hurt, & Mason, 1998). Would legal recognition of these women as parents encourage their families to become more involved? On a different point, it is likely that among some lesbian couples, the absence of protections routinely offered to heterosexual couples such as domestic partnership benefits (health insurance and other benefits through a spouse's workplace) keep both partners working. If these benefits were offered to lesbian couples, it would be easier to assume specialized roles (one woman works, the other stays home). Would lesbian couples be more likely to choose this arrangement, particularly once they became parents? Would they fall vulnerable to divisions of labor based not on gender, but biological motherhood? With the institutionalization of gay family life, would lesbian couples be more likely to 'create gender'?

In the current swiftly changing social environment, as our society debates the meaning of marriage and families, we as researchers are presented with unique opportunities for exploring the complex intersection of categories such as gender, sexuality, and parenthood. By taking advantage of the natural political and social changes that are occurring, we have the chance to generate research that will contribute to and expand our understanding of gender and families.

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