the unfortunate kinds of pressure that society exerts on their relationship. To facilitate this cognitive conversion, however, it is necessary that the therapist acknowledge the frank differences that exist between lesbian and heterosexual couples.

Summary

It has been postulated that fusion and attempts to deal with it are crucial issues in treating the lesbian couple and that these issues exist in concert with a wide range of clinical problems generally encountered in practice. We have outlined broad areas of environmental pressures causing the boundaries around a lesbian couple to be ignored or violated, with the hypothesized consequences that the lesbian partnership rigidifies its boundaries and the partners tend to become more enmeshed or fused with each other. Families of origin, "demand bid" social situations, unclear boundaries with resulting inappropriate claims, loss, and sexism are all examples of those areas of pressure. We have gone on to look briefly at some of the responses lesbians tend to make both to the pressures and to the phenomenon of fusion.

Finally, we have taken the position that the family therapist needs to be sensitively aware of the unique impact on the lesbian partnership of the difficulty in establishing respected boundaries. It is the therapeutic task to help the couple clarify those boundaries in ways that do not lead to fusion but that support the survival of the partnership.

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Lesbian Motherhood: Identity and Social Support

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This article explores the relationship between lesbian identity, social support, and lesbian mothers' ability to cope with the stress of a heterosexual and homophobic environment. Interviews with 31 lesbian mothers revealed that social support was obtained from a variety of sources, both lesbian and nonlesbian. The women had strong, positive lesbian identities and were open about their lesbianism, although selective about coming out. They had and used stress-mediating resources and were successfully adapting to their social environments. The implications for social work practice are presented.

Lesbian motherhood, once largely hidden and unrecognized, has recently come into wider public awareness. Because of societal homophobia and a devaluation of alternative family forms, in general, and gay and lesbian families, in particular (Ettorre, 1980; Goodman, 1980), the lesbian family occupies a marginal position in society. It is evident that the lesbian mother suffers from the stigma of being lesbian in a heterosexist environment and that she and her family are stigmatized for being an alternative family form in a culture that idealizes the nuclear family (Goodman, 1980).

The existence of lesbian mothers and their children is a direct challenge to the patriarchal family assumption that is dependent on

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the institutionalized enforcement of heterosexuality, which Rich (1980) referred to as "compulsory heterosexuality." Since the institution of motherhood is sanctioned only within the institution of heterosexuality (Rich, 1976), the lesbian mother’s position in society is a confused one (Goodman, 1980). Society embraces the notion that it is good to be a mother but bad to be a lesbian; this idea has caused the dominant culture to label the lesbian family as deviant. The resulting marginality of the lesbian family, along with the necessity for the lesbian family to interact regularly with societal institutions, creates the potential for a significant amount of stress in lesbian mothers and their families (Brooks, 1981). Lesbian mothers are often subjected to social and legal discrimination, such as the loss of custody of their children, denial of access to housing, and discrimination in employment (Goodman, 1980; Hanscombe & Forster, 1982; Pagelow, 1980; Rand, Graham, & Rawlings, 1982).

This article reports on a study of the relationship between lesbian identity, social support, and lesbian mothers’ ability to cope with the stress of living in a predominantly heterosexual, assumedly homophobic, social environment. The data presented here were gathered as part of a larger study that explored the coping characteristics of lesbian mothers (Levy, 1983).

REVIEWS OF PREVIOUS RESEARCH

Lesbian Identity as a Stress-Mediating Resource
The literature suggests that an inverse relationship exists between the adoption of a lesbian identity and stress experienced by lesbians; that is, the stronger the lesbian identity, the less stress experienced by the woman. In her theoretical model of homosexual identity formation, Cass (1980) suggested that the disclosure of one’s lesbian identity can be viewed as a coping strategy because it brings a woman’s public identity in line with her private identity. Ferguson and Finkler (1978) also found that lesbians who are overconcerned with self-disclosure may experience greater internal conflict as a result of not disclosing their lesbianism. Although women who do not disclose their lesbian identity may have poorer defenses against society’s assault on their self-esteem and may be more anxious than are lesbians who are open about their lesbianism, open lesbians may experience negative social confrontations that may also result in anxiety.

The issue of disclosure is critical for lesbian mothers, whose fears may extend to the loss of the custody of their children and to a concern
that their children are not harassed, questioned, or made to feel uncomfortable in any way. Therefore, the open adoption of a lesbian identity may be an internal psychological resource that buffers the impact of stress for lesbians in general, but for lesbian mothers, it may create additional stress (Hall, 1978; Lewin, 1981; Lewis, 1979; Page, 1980; Rand, Graham, & Rawlings, 1982).

There is also evidence that although lesbians report feeling an increased sense of pride, self-respect, and identification as lesbians, these feelings are not unilaterally connected with "coming out" (Moses, 1978). Thus, lesbian mothers may experience this issue of public identity differently from lesbian women in general and thus may have a positive lesbian identity and choose not to disclose it publicly because of the possibility of real sanctions against them and their children.

Social Support as a Stress-Mediating Resource
Studies have suggested a relationship between social support and the ability to cope with and adjust to stress, crisis, and change (Belle, 1982; Cobb, 1976; Eckenrode & Gore, 1981; Hirsch, 1981; McCubbin, Boss, Wilson, & Lester, 1979). Social support is defined as "information" exchanged in the interpersonal realm that strengthens, comforts, or assists an individual, members of a family, or a family unit (McCubbin et al., 1979).

Although several studies cited the lesbian community as a major source of social support for lesbians (Albro & Tully, 1979; Barnhart, 1975; Chafetz, Sampson, Beck, & West, 1974; Seiden & Bart, 1975; Toder, 1979; Wolf, 1979), few studies specifically addressed the issue of social support for the lesbian mother and her family (Crawford, 1987). The lesbian community provides a network of social support for lesbians and serves a mediating function between them and the larger society (see, for example, Etorre, 1980; Wolf, 1979). The community may cushion the stigma of being labeled deviant and may provide support and validation of the reality of lesbians as members of an oppressed group. Thus, if the larger society demonstrates hostility toward the lesbian family, the lesbian family, through its contact with the lesbian community, may have supportive resources and define the event as a social problem, rather than an individual problem, which may lessen its members' vulnerability to stress.

On the basis of these findings, it appears that the lesbian community can provide support, as well as be a place for lesbians to socialize
and be themselves. However, involvement in the lesbian community may have particular implications for lesbian mothers, whose fear of societal discrimination often precludes such involvement (Crawford, 1987; Lewis, 1979; Pagelow, 1980; Rand et al., 1982). Pagelow (1980) reported that the majority of the lesbian mothers she sampled emphasized the necessity to hide their lesbianism to avoid being fired from their jobs, evicted from their residences, and having problems with the custody of their children. Similarly, Rand et al. (1982) noted that if the lesbian mother is ordered by the court to restrict her involvement with the lesbian community, she may be isolated from a significant source of social support and self-esteem. Clinical data (Hall, 1978) suggest that lesbian mothers have a substantial chance of maintaining custody of their children if they are not political activists and if they lead conventional lives in other respects. It is ironic that given the correlation between the frequency of contact with a lesbian community and psychological health (Rand et al., 1982), the factors that influence custody decisions to the detriment of lesbian mothers, such as involvement in a lesbian community, may be the very factors that promote the mothers' psychological health.

A related issue is the stress-producing component of social support systems. Although involvement with the lesbian community is supportive for many lesbians, it may sometimes have the opposite effect and be stress producing. Lesbian mothers who expect to find support within the lesbian community may not find what they need, since the lives of the women without children may be sufficiently different from those who are mothers that there is little connection between them (Crawford, 1987). In discussing the "two-edged" nature of social support networks, Belle (1982) suggested that the denser the network, the more likely it is to generate stress in its members. The potential for incurring more stress from association with a close social network may be present in the lesbian community because of its closed nature and the mutual dependence that often develops among its members (Krieger, 1982).

Taken together, research to date has suggested that although the lesbian community may provide a crisis-meeting resource for lesbian mothers and their families, contact with the lesbian community may also pose particular risks for lesbian mothers. However, lesbian mothers and their children do need the lesbian community, and the formation of lesbian mothers' support groups, as well as more informal networks, has been critical in helping families cope (Crawford, 1987).
Coping
Coping may be considered a response to external life strains that prevents, avoids, or controls emotional distress, thereby enabling the individual to manage current stressors and to use available resources (Brooks, 1981; Pearlin & Schooler, 1978). Coping strategies can facilitate the organization of the family, encourage individual growth, strengthen the family's resources, reduce or eliminate stressor events, and actively influence the environment to change the social situation of the family.

The ability of the lesbian mother to adapt to a sometimes hostile social environment can be understood by viewing coping within a transactional framework (Dill & Feld, 1982; Wrubel, Benner, & Lazarus, 1981) that examines the ways in which individuals and their environments influence one another. Coping is directly linked to environmental contingencies (Dill & Feld, 1982), wherein the power of the social environment may create a feeling of having little control over one's life, a feeling that Goodman (1980) suggested the lesbian mother confronts regularly.

Beliefs and values are also critical to the coping process (Wrubel et al., 1981) and may function as an interpretive system by illuminating the personal meaning of the stressful event and the adequacy of one's coping resources. For lesbian mothers, a positive lesbian identity or a feminist perspective (Etterre, 1980) can serve as a belief system that gives meaning to stressful events related to their lesbianism. For example, if lesbians cannot change their troubled person-environment relationship, they can use their feminist belief system to understand the environment and regulate their emotional distress.

Supportive social relationships are an additional influence on coping. Individuals who receive social support are likely to develop self-confidence and autonomy and subsequently adapt to changes in their environment. However, social relationships can also limit the effectiveness of their coping in that behavior that is regarded as acceptable, according to the community's norms, may not be the most effective coping strategy outside the boundaries of the community. These issues may be relevant for lesbian mothers who are strongly committed to the lesbian community and ideology but come into conflict with the larger community.

Thus, the understanding that coping is a transactional process is central in the discussion of the coping strategies of lesbian mothers.
The potential coping strategies used by lesbian mothers are limited by their internal resources as well as their environment (Dill & Feld, 1982).

METHOD

The sample for the study was composed of 31 white lesbian mothers who were primary caretakers of their children at least 3 months before the study. The sample was recruited through a snowball sampling technique (Babbie, 1984) in a small midwestern city. Data were gathered from extensive interviews and self-administered questionnaires. The average age of the women was 35.5 years. One woman was married, 3 had never been married, and the rest were divorced or separated from their male partners. Twenty-one women were involved with a lesbian lover or partner at the time of the interview and 10 were not. All but 2 women were college educated and, as is consistent with their educational backgrounds, most were in professional or academic positions. The political views of these women were reflective of the community in which they lived, which has a progressive, liberal tradition. Regarding religious preference, 20 women reported no present religious affiliation; the affiliations of the other 11 were as follows: Protestant, 4; Catholic, 2; Jewish, 1; and other (non-traditional), 4. Thus, this was a relatively young, well-educated, feminist-oriented, and politically progressive group of women, with little religious affiliation. The average number of custodial children per family was 1.5, and the mean age of these children was 8.1 years. All but 1 of the children were conceived while the mother was involved in a heterosexual relationship. In addition, there were 9 noncustodial children, some of whom were living independently and others of whom lived with their fathers. Fourteen women had primary responsibility for child rearing, while 17 women shared this responsibility, either with their partner or with the children’s father.

RESULTS

Lesbian Identity

Several aspects of the lesbian identity were addressed in the study: comfort with lesbianism, involvement in the lesbian community, openness about the lesbian identity, and perceptions of the positive and negative aspects of being a lesbian and a lesbian mother. Overall,
the women reported being very comfortable with being a lesbian (mean score of 1.39 on a 5-point scale on which 1 = "very comfortable" and 5 = "very uncomfortable").

Most women reported that they participated in social activities once a week or more and that they had frequent contact at these activities with other lesbian mothers and heterosexual women, but little contact with heterosexual mothers. Almost all the women reported that regular contact with other women was “important” to "extremely important." One-third reported extensive involvement in lesbian-feminist political activities. Some women were fairly active in lesbian-feminist community organizations and regularly read lesbian-feminist publications. Most of the women were involved in ongoing support groups, including a lesbian mother’s support group, 12-Step group, and an older lesbians group. Eighteen of the women reported that they attended lesbian-feminist cultural events once a month or more, which suggests that the women in this sample were active in various aspects of the lesbian-feminist community.

The degree of openness that the women exhibited in their lives was evidenced by the number and categories of people to whom they had disclosed that they were lesbians. In general, the women were fairly open about their lesbianism to their parents, siblings, children, friends, close associates at work, physicians, and social workers and, as one might expect, fairly closed about their identity to their grandparents, former in-laws, other relatives, neighbors, students, and clients.

The women were asked to discuss the positive and negative aspects of being a lesbian and a lesbian mother. They noted that the positive aspects of being a lesbian included a “greater sense of self-acceptance,” “involvement in the lesbian community,” and “increased sexual satisfaction.” In general, the women’s relatedness to other women, as well as their increased acceptance and self-esteem, were the most frequently cited responses to this question. The women cited “societal homophobia” as the most negative aspect of being a lesbian, as well as the “fear of disclosure” and “no validation of lover relationship.”

The majority of women reported “increased choices for children” as a positive aspect of being a lesbian mother. They perceived that their children would be able to choose from a variety of lifestyles when the children approached adulthood. The women cited “better, more
honest relationships with children,” “coparent relationship with partner,” and “positive role models for their children” as the most positive aspects of lesbian motherhood. In discussing the negative aspects of lesbian motherhood they focused on the social and societal implications of their lesbian identity and lesbian motherhood. That is, they cited “homophobia” as having the most negative influence and the “lack of social support from my family,” “harassment of the children by their peers,” “isolation from the lesbian community,” and “custody issues” as being other negative aspects.

The women reported that coming out to their families and interacting with biased social institutions were the most difficult situations or circumstances they encountered as a result of being lesbians. Difficult experiences related to lesbian motherhood included the “fear of a custody battle,” as well as problems resulting from societal homophobia. Some women cited “coming out to children” as the most difficult situation related to lesbian motherhood, as well as the “lack of support from other lesbians for motherhood.” In addition, several women gave examples of discrimination against their sons in the various policies and programs of some lesbian community organizations and in the individual attitudes of many lesbian women in the community.

In relation to the extent of support for lesbian motherhood in the lesbian community, 11 women considered the community to be supportive, 11 thought it was ambivalent, 5 women perceived it as unsupportive, and 4 women did not know how it viewed lesbian motherhood. The women cited “child care” and “support for me as a mother” as ways in which they felt supported. “The lack of awareness of issues,” “not understanding what it’s like to have children,” “the lack of support for male children,” “the lack of child care,” and “women not becoming involved with me because I have children” were given as examples of the ways in which some lesbians in the community were unsupportive of the women as mothers. The women who were involved in support groups for lesbian mothers thought these groups were helpful in validating their experience as lesbian mothers, sharing experiences with child rearing, sharing information on children’s problems, and allowing for social contact with other lesbian mothers. Most of the women thought that the sex of their children influenced their lives as lesbian mothers, with the mothers of girls reporting an easier time than the mothers of boys. They
attributed this difference to the community’s attitudes toward boys and girls.

The women were also asked to describe the nature of their involvement with social institutions. Few of the people connected with the various social institutions with whom the women interacted knew about their lesbian identity. Some women believed that the disclosure of their identity resulted in the provision of better services from these institutions, while others thought that it had a negative effect.

The majority of women stated that their children had accepted their lesbianism. Seventeen of the women reported that their children’s peers were aware that the children had a lesbian mother, and eight women said that their children experienced difficulties with their peers as a result of having a lesbian mother. Some children experienced name calling and other forms of hostility from their peers at school, while others reported that the parents of the children’s friends forbade them to visit the lesbian homes.

Twenty-one women had sole custody of their children, while six had joint custody with the children’s fathers. One woman reported that her children’s father had custody, and three women cited other arrangements. Nine of the women had been threatened with a custody suit as a result of their lesbianism.

**Social Support**

The women reported a mean of 7.9 persons in their social networks. Forty-one percent of their network members were lesbians; 20 percent were heterosexual mothers; 11 percent were lesbian mothers; and the remaining 28 percent were parents, therapists, former husbands, coworkers, male friends, siblings, and other relatives. The women’s friends constituted 53 percent of their total social networks; partners and children, 25 percent; extended family members, 11 percent; parents, 9 percent; and other, 4 percent. Eighty-six percent of the people in their total social networks were aware of their lesbianism.

The supportive aspects of relationships were measured by 12 subscales designed to index three hypothesized dimensions of social support: receipt of positive affect, affirmation, and direct aid. Friends were identified as very important sources of support in all three dimensions, whether they were lesbian or heterosexual. Overall, these women received the greatest percentage of their social support from their partners and friends and occasionally turned to their families of origin for support, especially for direct aid.
DISCUSSION

The women in this study seemed to identify strongly as lesbians. They were involved socially and politically with other lesbians and appeared to be committed to supporting and maintaining a viable lesbian culture. This involvement is consistent with the suggestions of other writers that affirmation of one's lesbian identity can be a positive internal stress-mediating resource (Brooks, 1981; Moses, 1978) and that lesbian mothers who have a positive lesbian identity may be better able to deal with societal stigmatization and social ostracism (Brooks, 1981; Lewin, 1981).

Regarding the range of openness about their lesbian identity, it appears that the women were selective about coming out: They were open about their lesbianism to those with whom they had a close personal or professional relationship. The literature suggests that "not coming out" has been adopted as a coping strategy by many lesbian mothers who fear that they will lose the custody of their children or who are concerned that their children will be harassed or made to feel uncomfortable (Lewin, 1981; Pagelow, 1980). It appears from this study that a positive lesbian identity and openness about one's lesbian identity are not synonymous. However, many women expressed discomfort about their decision not to disclose their lesbian identity because it was inconsistent with their lesbian-feminist beliefs, which favored coming out. They considered the support of other lesbian mothers to be critical in validating their fears and discomfort about coming out.

It is interesting to note that according to the women, the negative aspects of being a lesbian or a lesbian mother apparently had little to do with their feelings about themselves and everything to do with the immediate and long-term consequences of their transactions with what they perceived to be an unsupportive environment. These assertions are consistent with Brooks's (1981) theory of minority stress, which suggests that since lesbian mothers exist outside the normative structure of the traditional nuclear family, their encounters with the heterosexual society may produce stress. Apparently, this external stress had not eroded the women's internal resources.

In general, then, the findings related to some of the lesbian-identity variables suggest that the lesbian mother occupies a marginal position within both society and the lesbian community. Although the women endorsed contact with others as an important coping strategy, they
also were aware of their marginality in the larger community, and, to a lesser extent, within the lesbian community. They identified the lack of social support, support from the lesbian community, and support groups for lesbian mothers as areas in which they perceived unmet needs.

Related to social support, the women felt more at ease to be themselves with other lesbians, although many felt similarly toward their heterosexual women friends. Many of the women thought that other lesbians were ambivalent about lesbians’ mothering children, in general, and sons, in particular. They talked about their feelings of being rejected by the lesbian community because of their motherhood. However, with the current “lesbian baby boom,” many lesbians are choosing to have children in the context of the lesbian community, and it would be critical to explore the impact of their choices on such variables as social support.

Along these same lines, Krieger (1982) suggested that in an attempt to attain cohesion, the lesbian community often threatens the autonomy and individual identities of women who deviate from the lesbian community’s norms. So although the lesbian community is a potential source of social support for lesbians and was clearly a source of social support for the women in this study, it seemed to be a source of stress for the women who perceived that it was unsupportive of or ambivalent about their roles as mothers.

**IMPLICATIONS FOR SOCIAL WORK PRACTICE**

Congruent with the attempt to view the lesbian mother in her social context, Germain and Gitterman (1980) proposed an ecological systems approach to social work practice, which suggests that social work practice should be directed toward improving the transactions between people and their environments to enhance the adaptive capacities of individuals, as well as to make the environment more responsive to people’s needs. Social work intervention can be directed to the person, the environment, or the transaction between the two to provide a goodness of fit between the individual and the environment (Germain, 1979). The study revealed that the women felt good about themselves but bad about discriminatory practices. It also found that the women were doing their best to cope with a homophobic environment and that their difficulties did not lie within themselves but within their environment. Therefore, to provide a goodness of fit,
social work intervention should be directed toward changing the environment.

To achieve this goal, social workers need to educate themselves, as well as society, about the nature of societal homophobia and its subsequent effect on lesbian mothers. Social workers can serve as advocates for lesbian mothers, particularly those involved in child custody cases, by serving as expert witnesses and can perform facilitative roles to help women strategically increase the probability of maintaining custody of their children. Furthermore, they can ensure that their agencies and other institutions do not violate the rights of lesbian mothers through homophobic policies and practices.

In addition to the environmental focus, the ecological perspective addresses the specific personal adaptations that are necessary to facilitate the goodness of fit between the individual and the environment. Autonomy can be promoted through interventions that encourage the adoption of coping strategies that affirm the women's right to exist as lesbians, such as developing a lesbian identity and support systems that validate their lesbian identity and coming out. The women's competence can be enhanced through interactions that increase and support their self-esteem and mastery. Relatedness can be facilitated through the strengthening of supportive resources, and identity can be strengthened through interventions that validate these women as lesbian mothers. Thus, social work intervention needs to be directed toward facilitating the development of self-esteem and mastery, a positive lesbian identity, satisfying social relationships, and cohesive family units, as well as toward changing the homophobic social environment to one of acceptance.

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