

Beyond Biology: Exploring the Mental Well-being of Non-Gestational Mothers in Same-Sex Partnerships

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Many couples that aspire to start a family face various challenges from pregnancy planning to parenthood. However, there are also specific challenges that lesbian parents have to navigate due to our societal norms and the heteronormative expectations exhibited within our legal and healthcare systems. This affects the social and personal dynamic between the partners themselves, society, and even their future children (Morse, 2013). We can again perceive the negative implications of societal norms through the negative experiences communicated by these couples, making it a pertinent issue within our society that must be examined and directly addressed (Gregg, n.d.). The formation of parental identity for non-gestational parents in lesbian relationships is hindered by societal heteronormative standards, necessitating interventions to advance social, biological, medical, and legal inclusivity.

The first significant factors affecting the mental health of the non-gestational lesbian parent is stigma and social exclusion. As reiterated by Vázquez (2020), social stigma regarding same-gender relationships affects the perceived competence of each queer parent individually. While the biological partner tends to receive less

scrutiny from the general public due to her “maternal instincts,” the non-gestational partner does not have biology to fall back on. Due to this stigmatization, fissures often form within LGBTQ+ relationships due to the perception that one parent is more valuable than another. From a broader familial standpoint, non-biological mothers reported that extended family was more likely to make an effort to connect with the child if it was biologically related to their daughter (Paldron, 2014). These heteronormative “master narratives” (Farr and Vázquez, 2020) that define our society leads to non-gestational or adoptive lesbian parents not being perceived as “real moms.” This lack of acknowledgment leads to a sense of invisibility, therefore negatively affecting the mental health of these moms (Abelsohn, 2013).

Lesbian mothers have also reported feeling as if the questions asked of them as parents are much more invasive than those asked of heterosexual parents (Hope, 2019). These comments usually target the non-gestational mother’s role in the procreation of their child, as shown through the classic question regarding who the “real” mom is. Not only does this create tension between the couple and those asking, but also

creates an awkward dynamic between the mothers and how they decide to approach answering such a question (Abelsohn, 2013). Another question that many couples find themselves hearing incessantly regards who is playing the role of “mom” and who is playing the role of “dad.” According to qualitative research, many non-gestational mothers feel themselves being compared to the “dad” in their relationship due to the fact that they are not carrying (Hope, 2019). This is specifically harmful to their mental health because it is subliminally invalidating their identity as lesbian women.

Another factor impacting the mental health of non-gestational lesbian parents is biological connectedness, which influences identity formation regarding “fatherhood.” From a broader societal context, many people try to discern whether the donor is the “father” or “not the father” which can have detrimental effects on the creation of parental roles (Lingiardi et al., 2016). The implications of this are decreased significance of genetic ties between the parents and children, and increased importance of an intentionally structured, connected relationship (Lingiardi et al., 2016).

However, societal norms still poke through, even as lesbians foster these connected relationships. As Lingiardi (2016) states, many non-biological mothers feel as though they are third in line in their importance as a parent, after the biological mother and donor. This not only disrupts their sense of equality as co-parents but also may incite feelings of invalidity in relation to the biological mother and donor (Lingiardi, 2016). The use of assisted reproductive technology ignites

other psychological problems within some non-gestational mothers. For example, the language used to describe the donor as the “missing” or “extra” piece in the creation of a family perpetuates the idea that the lesbian familial structure is lacking due to the absence of a father.

Another important variable that may have a significant effect on the non-gestational parent’s mental health is legal factors. Ehrensaft (2008) raises the point that the vast majority of the time, the non-biological lesbian mother holds no rights over their child unless she formally adopts him or her. Therefore, you can imagine how this may feel as a partner who has been involved in the entire pregnancy and birthing process—extremely invalidating (Ehrensaft, 2008). This is not even mentioning the adoption process, which in itself is very rigorous. While all states support “marital presumption,” or asserting the father as an automatic legal parent, nowhere in the United States does the same presumption apply to lesbian mothers. Wald (2016) also raises the point that this can be both emotionally and financially devastating for all parties involved, illustrating a factor of discrimination against same-sex couples. Additionally, if a lesbian couple were to file for divorce and adoption was not yet asserted, the non-biological mother would have no grounds for custody as a father would in a heterosexual relationship. Therefore, equal parental legitimacy is directly affected by genetic participation (Lingiardi, 2016). This idea of queer rights was highly disputed in the case *Obergfell v. Hodges*, which asserted an array of equal protections for the gay community. However, legislation is still extremely unequal regarding parental rights, a statue

not protected by the Equal Protection Clause of the Constitution (Farr et al., 2001).

Intervention needs to be instituted in the areas of therapy, the medical field, and our government. To begin, it has been proven that socializing is positively correlated with better mental health outcomes. This underscores the necessity for increased accessibility to therapy, particularly for non-gestational mothers. Therapy is typically offered to the biological mother during postnatal check ups due to higher rates of postnatal depression; however, the non-gestational mother is not afforded this same opportunity for screening since she did not carry the child (Abelson, 2013). Therefore, resources such as LGBTQ+ Counseling and Therapy Services (NGB) in California have to be more widely employed and accessible. This form of intervention actively combats the manifestations of stigmas regarding non-biological parents in our society by offering LGBTQ+ Counseling and Therapy Areas for a wide array of obstacles that come with being a part of the LGBTQ+ community. They explore niches such as dating, relationship, and marriage issues; divorce and healing; parental alienation; and of course, non-biological parent therapies.

Inspired Birth Pro, an organization striving to promote inclusivity through online childbirth education, is leading efforts to a more welcoming maternal community. This organization believes there is a lack of education within the medical community and coaches massage therapists, chiropractors, doulas, midwives, doctors, nurses, lactation consultants, childbirth educators, and all other pregnancy/birth/postpartum professionals

on these ever-so-important identities. For example, one aspect of educating these medical professionals is teaching them the difference between gender identity, gender expression, physical attraction, and emotional attraction, and how this may equate to an individual's identity and relationship status (Bauta, 2020). This relates to the non-gestational parent's mental health by spurring more sensitive and accepting dialogue among the biological mother, the clinician, and the non-gestational mother.

The most significant legislative advancement needed is the establishment of marital presumption of parentage. This legal concept would grant equal rights to same-sex couples by presuming their legitimacy as parents based on their shared living arrangements. In reality, however, marital presumption is applicable only to heterosexual couples and not to lesbian couples, consequently affecting child rights of the latter group (Krimmer, 2016). The majority of the time the non-biological mother is not listed as the other parent on the birth certificate. Often they must go through a legal process that confirms the mother's intent to raise the child, a step that no birth parent would have to complete (Wald, 2016). This flaw in the United States' legal and medical systems must be corrected to affirm the rights of the LGBTQ+ community as parents.

There needs to be a clear statute written within federal law (not just state law) that allows same-sex partners the same rights as heterosexual couples. A Rhode Island lesbian couple reflected upon the necessity for this legislation. The non-gestational mother stated that for the first

eight months of her son's life (the time it takes for the adoption to be processed), she could not pick him up from daycare, authorize vaccines, or even add him to her insurance (Moreau, 2020). This couple is actively involved in the Movement Advancement Project for assisted reproduction and de facto recognition, a legal intervention currently supported by thirteen states (MAP, n.d.). De facto recognition makes the non-gestational lesbian parent an automatic legal guardian over their child, just as male non-gestational parents have this same right.

In conclusion, the lack of systemic support for the non-biological mother in a lesbian couple has detrimental effects on both her, her partner, and their child. Additionally, we see broader societal implications, revealing our prioritization of traditional families over non-traditional ones through our actions. To address this, we must intervene on a variety of fronts, including addressing social, biological, medical, and legal inclusivity.

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Beyond the Body: Finding Liberation in Basquiat's Lines

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It did not occur to me at the time, but looking back on my experience, I imagine that every twelve year old is uncomfortable in his or her body. On the other hand, not every twelve year old can so intensely locate this discomfort to such a specific, tangible place on their body--though, again, perhaps it does feel that way to many kids. Still, my anxiety told me I was different, and that only magnified my embarrassment. It was not until later that I discovered my discomfort had a name: pectus carinatum.

"It's not a medically concerning condition, but..." the doctor began--and my shame had long since familiarized me with where this sentence was going-- "...many patients feel uncomfortable about it and want it addressed." The doctor's choice of "uncomfortable" struck me as a gentle euphemism for the depth of awfulness I felt.

"You have three options: undergo surgery, wear a twenty-four-hour brace, or choose to deal with it." Those choices replayed in my mind as my mother and I left the surgeon's office. "Mom, I need this thing gone," I exhaled.

"And would you prefer the painful brace or the metal bar screwed into your chest?" she asked. My heart raced under the protrusion on my chest, knowing she was right. I felt as if a repulsive parasite had invaded my body, fed by my anxiety. So began

my long struggle to come to terms with my pectus carinatum. "Deal with it" was an easy option for a doctor to list, but a seemingly impossible task to accomplish. For years my motto was: hide, ignore, forget, repeat. Until I encountered Jean-Michel Basquiat.

I saw Basquiat's *Horn Players* for the first time in Art History class: three panels connected by scrawled white words: "DIZZY," "ORNITHOLOGY," and "ALCHEMY." The painting's figures are jarring, uncanny, and disproportionate: one a head atop a spine of music, one with a phantom shadow of an arm, and one a disembodied head disrupted by incongruous lines appearing from nowhere. I was captivated. Basquiat dissolved the coherence of bodies, leaving strange and vibrant figures in their place--fragments, shapes, chaotic lines, pulsating colors. Feeling my long-held anxiety dissipate, I sensed Basquiat freeing his bodies from their restrictions, unleashing the power of their raw physicality. I felt myself exhale. Entranced by Basquiat's style of physicality, I realized my repulsion at my pectus carinatum had deep roots in my understanding of bodies as having a simple composition, defined with averageness as virtue. This understanding melted away in the face of the strange gift of Basquiat's bodies and the possibilities for embodied