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More than Dad’s Girlfriend:
The Experience of Non-Biological Maternal Caretakers of Children

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Abstract

This study aims to understand the role of non-biological maternal caretakers in society. Examined in this qualitative study were non-biological maternal caretakers’ negotiations of their role. For this purpose, nine women who were in an unmarried dating relationship with a man who had children from a previous relationship were interviewed. The results indicate that these women experience struggles and challenges without clear behavioral expectations. The women navigated through issues surrounding language, boundaries, power struggles, stigma and confusion. Although mostly negative the women also experienced rewarding positive experiences. The results also showed that non-biological maternal caretakers use coping strategies in order to negotiate their role. These strategies include kinship models, informal and formal support systems and adaptation to situational norms and boundaries. This data showed that non-biological maternal caretakers use stigma management and are constantly adapting to the challenges and struggles they face.
INTRODUCTION

“This beautiful little 3-year-old boy, with his long hair covering half his eyes, ran toward me. I scooped him up in my arms and squeezed him tight while kissing his cheek. I want to tell him that I love him; I want him to know just how much this embrace means to me. I want to tell him that I care about him deeply, and that I will always work to keep him safe. Can I tell him that I love him? Even though I am not his mother, is it okay for me to have these feelings? What would it mean if I did tell him I love him? Will it change our relationship? All of these questions run through my mind as I think about how there are these strange, confusing unspoken rules and boundaries that I must adhere to. Although I have been living with him and his dad, my boyfriend, for the last year, he is not technically my son.

I start to think what does it mean to be mother, a son? I go through all of these questions in my head and decide to tell him just how much I missed him, and just how happy I am that I got to pick him up from daycare today. I hope that one day I will be comfortable saying those words, ‘I love you,’ to him, but today its still a lingering question in my mind. I try to show him how much he means to me, regardless of who his mother is, because I love him.”

Up until a few years ago, I was a woman with the normal views of motherhood and the mother/child relationship. I didn’t give a lot of consideration to mothering relationships outside of those between two biologically related individuals. Then, while living with my boyfriend and his 2-year-old son, I found myself in a position that allowed me to experience the unique relationship a non-
biological female caretaker has with a child. This opened my eyes to a reality I would have never even conceptualized, had I not experienced it myself.

In 2009, nearly 3.4 million people reported to be divorced (U.S. Census Bureau 2009). This high divorce rate has created a shift towards innovative family forms that challenge the traditional marriage model. This created an opportunity for different parental roles to emerge in these new postmodern families. Non-biological caretakers are especially unique in their parental experiences due to the nuclear family values of our society that are based in biology and marriage. These non-biological caretakers encounter struggles and marginalization in their abilities to negotiate their role due to confusing parental or caretaking expectations.

Most current research centers on adoptive, step, and lesbian non-biological mothers. Women who were coupled but not married with men with children from a previous relationship or marriage (which I will be calling non-biological maternal caretakers) were completely absent from the discourse. Consequently, I decided that I would do that research so other non-biological caretakers who are not married to their partners would have a voice. In addition, due to the incredible diversity we see within contemporary family units, I feel it is imperative to research this particular family unit, as it will provide insight into the struggles these women face in trying to fulfill these roles. Therefore, the purpose of this research is to understand how non-biological caretakers negotiate their role.
STATEMENT OF THE PROBLEM

With divorce becoming a more socially acceptable option, and marriage offering fewer benefits when compared with cohabitation, many families are challenging the traditional family structures based on marital ties (Seltzer, 2000). Forty-one percent of children in the United States are born to single mothers (U.S. Census Bureau, 2011). These shifts open up the possibility that a substantial number of U.S. families will include women who couple with men, who have children from a previous relationship or marriage.

Part of being a parent, particularly a mother, is to give emotional and physical support to a child. Although not labeled as “mothers”, these women caretakers have the potential to exhibit the same behaviors as biological mothers. They often spend a significant amount of time with the children, and can consequently have a meaningful impact in their lives. However, because society doesn’t recognize these caretakers as having valuable relationships with the children, the role has not been defined as legitimate.

Non-biological caretakers are not only cast to the margins socially, but also legally. These women, who do not have biological or legal ties to the families in which they are a part of, have few parental rights under the law, and are most often not even legally acknowledged by government agencies. Both state and federal law clearly govern the rights of biological parents and their children, yet there appears to be no current laws, nor pending legislation, set up to manage non-biological caretaker/child relationships in the unmarried family.
Because non-biological caretakers are denied legal and social legitimacy, they may struggle with understanding and playing out their role. The lack of a fitting social script to follow could create confusion, ambiguity, stigma, strain and marginalization as they try to define their emotional, behavioral and disciplinary position in the family (Church, 1999, Perez & Torrens, 2009, Strawn & Knox, 2007, Weaver & Coleman, 2005). Lack of legal rights can turn a simple act like picking up a child from day care, into a stressful task for a non-biological caretaker.

The purpose of this research is to understand how non-biological caretakers negotiate their roles. How do they identify themselves in their family? What language do they use to characterize their role? How do others identify them? What struggles do they run into? What strategies and mechanisms do they use to cope with the challenges they encounter? What do they identify as necessary to successfully integrate into a family? Finding the answers to these questions is important because the lack of social and legal legitimacy can put these caretakers and their families at risk.

By providing a counter narrative to the traditional biological caretakers of children, the data from this study would provide a platform to discuss public policy acknowledging these women as mothers. These non-biological female caretakers are currently not valued due to their status as unmarried and their lack of biological ties. They have no authority and have unclear roles, yet have been made responsible for mothering a sizable section of the population, whether temporary, part-time, or full time. It is imperative that we understand the experience of this group of non-
biological female caretakers, as their love and commitment to family can potentially be an asset to society.

**REVIEW OF THE LITERATURE**

**Mothering Paradigm**

In addressing the role of non-biological mothers it is imperative to discuss the paradigm of mothering. Our society views a mother as a woman who has given birth to a child. This paradigm has shaped our understanding of mothering as a natural, maternal instinct that is part of our biological nature (Hays, 1996). Sociological scholars argue that mothering is not instinctual, but instead it is a socially constructed ideology (Arendell, 2000, Bell, 2004, Maher & Saugeres, 2007 Perez & Torrens, 2009). This paradigm promotes the characteristics or qualities we value in mothers such as nurturing, unconditional love, caretaking and selflessness as innate. Since the hegemonic natural ideology of mothering is valued in our country, it has become the “only” way to be a mother. The unrealistic expectations placed on mothers to fulfill their role due to this paradigm of intensive mothering create strain and stigma (Hays, 1996 Johnston & Swanson 2006). This creates a conflict for mothers who cannot uphold these mothering ideals. It is important to address the role of mother within our society to create the framework for the non-biological mother’s role challenges and coping strategies.

The social practices of nurturing and caring for children can be defined in most cultures as mothering (Arendell, 2000). This socially constructed ideology is
created out of a set of activities and relationships as the primary illustration of what people understand as their place within their families. This mothering paradigm creates the framework for the social construction of mothering and explains how it is reproduced. The creation of mothering ideology that is passed down within the family is referred to as the reproduction of Mothering. Johnston and Swanson (2006, p. 509) argue that “traditional ideology defines a good mother as full time, at home, white, middle class and entirely fulfilled through her domestic aspirations.” By practicing this ideology and placing value on this type of mothering, the reproduction continues. In society where everyone has been mothered or has been a mother, the mothering paradigm becomes enforced through its value.

The paradigm of mothering has a large impact on women (Arendell, 2000). Mothers are still defining their roles as women through their procreative and nurturing nature. This ideology encourages mothers to intensely mother their children and failure to do so results in the label of bad mother (Arendell, 2000, Bemiller, 2010, Johnston & Swanson, 2006, Perez, 2009).

Scholars agree that the main source of conflict for mothers comes out of Susan Hay’s work on what she refers to as Intensive Mothering Ideology (Bell, 2004, Bemiller, 2010, Johnston & Swanson, 2006, Maher & Saugeres, 2007, Perez, 2009.) The ideology of intensive mothering is a very powerful value within our society. Women who do not hold up to this standard of mothering experience marginalization and have serious social and personal penalties (Hays, 1996).

Patricia Hill Collins argues further that intensive mothering ideology is a white upper class ideology that does not recognize the specific struggle of minorities
and lower socio-economic class mothers (Hill Collins, 1994). Hill Collins explains that mothering ideology is completely unrealistic for the mothers who due to race and class, do not have the same access to resources to fulfill this role (Hills Collins, 1994). She advocates the term “mother work” to describe motherhood in society and the unique conflict that mothers encounter while trying to adhere to such rigid distinctions of motherhood (Bell, 2004, Hill Collins, 1994). The literature regarding social construction of mothering, intensive mothering ideology and mother work informs the framework to understand the non-biological mother’s role challenges and coping strategies.

**Who Are Non-Biological Mothers?**

In America alone, 20 million children are living with one biological parent and that parent’s current partner (U.S. Census Bureau, 2011). 13.6 million are unmarried parents living with their children (U.S. Census Bureau, 2011). Non-biological mothers are one of the many family members who construct relationships where biological attachment may not be a factor. Research that seeks to understand the unique experience of non-biological mothers is comprised of 3 main groups: lesbian co-parents, stepmothers and adoptive mothers.

There are 3.1 million same sex couples living together in the United States with 1 out of 3 lesbian couples raising a child (Gates & Smith, 2001). These lesbian mothers are distinct because they are usually biologically tied to children through birth, or are legally attached through adoption. Lesbian co-mothers can be women who are partnered with either adoptive mothers or biological mothers who have conceived through artificial insemination (Hequembourg & Farrell, 1999). Lesbian
co-mothers usually do not have any legal or biological claim to their children. In instances of separation, it is the lesbian co-parent who is not legally recognized that becomes powerless and unrecognized (Millbank, 2008).

A stepfamily can be identified as 2 adults in a formal or informal marriage where at least one of the adults has children from a previous relationship (Henry & Mccue, 2009). With one third of the population residing in stepfamilies, 93% live with a stepfather while only 7% reside with their stepmother (Strawn, 2007). A stepmother can be described as a woman who has married a man with children from a previous relationship. Stepmothers are an important population to include because they lack biological and legal ties to the children they build relationships with, which can create challenges. With divorce and remarriage rates rising, it is predicted that the stepfamily will be the main family structure in the 21st century (Whitting et al, 2007) and this is why it is important to examine the stepmother and her role within the family.

Adoptive mothers on the other hand do not encounter the stigma or illegitimacy of other non-biological mothers. Though there are few studies that address adoptive mothers, the ones that do see communities accepting adoptive families more then other types of non-nuclear families (Miall & March, 2003). In 2007 and 2008, approximately 136,000 children were adopted annually in the United States (Child Welfare Information Gateway, 2011). Due to their legal recognition and their ability to accommodate the nuclear family model, adoptive mothers have been shown to have a much different experience than that of stepmothers, and lesbian co-mothers (Ben-Ari, 2007, Miall & March, 2003). The
literature review will be examining how these three types of non-biological mothers experience challenges within their role and what strategies they are using to cope.

**Strains and Challenges of Non-Biological Mothers**

Non-biological mothers experience many challenges while trying to understand their role within their family. These non-biological mothers encounter role confusion without clear social norms about how to interact within their family. This role confusion can create problems due to the lack of consistent role expectations about how they are supposed to behave. Non-biological mothers also cope with role strain due to the stress that they encounter from negative stereotypes and the internal and external pressures they experience. These non-biological mothers also endure stigma due to their lack of biological ties and are delegitimized within their parental role. In the following section I will be discussing these role strains and problems in greater detail.

**Role Confusion**

Without clear social norms about how to interact non-biological mothers have been shown to experience role confusion. Role confusion can be loosely defined as a role that is confusing or hard to understand. Role confusion for stepmothers and/or adoptive mothers can be described as “challenges that may complicate interaction especially when there is a lack of social consensus concerning the role of a step-parent” (Fine, Coleman and Ganong, 1998). Many stepmothers openly admitted confusion, uncertainty and an acute sense of distress when describing their role (Erera, 1996). Role confusion looks quite similar for
lesbians, who embrace motherhood, although society continues to stress the conflict between being a lesbian, and being a parent (Hequeomburg & Farrell, 1999).

Due to the lack of language to describe the caretaking role of a non-biological mother, non-biological mothers experience role confusion. Jones (2004) explained that it is the use of spoken language that gives us purpose in everyday discourse. Church (1999) describes the lack of terms or language for the many relationships within stepfamilies. For example, a woman may pick up her current partner's child from school, yet there is not language to characterize that relationship (Church, 1999). In the instance of lesbian co-mothers language is a factor in role confusion because the lack of language contributes to lack of legal rights (Millbank, 2008). Weaver and Coleman (2005) agree and called these roles “mothering but not the mother.” Even with the little language we do have to describe these women, Jones argues that words such as step are “less emotional terms and it conveys deficiency” (Jones, 2003:230). The terms “real, natural, birth, and biological” in reference to mothers are often the only terms that are legitimate within our society (Millbank, 2008).

Non-biological mothers experience role ambiguity without any clearly defined roles. Role ambiguity consists of the uncertainty, insecurity and doubt and creates role confusion for the non-biological mothers. These mothers have ambiguous role expectations that push women to fulfill appropriate mothering behavior all the while trying to meet their own and other's relational needs (Bernstein, 1999, Doodson & Morley, 2008). This creates an almost unavoidable conflict between what each member of the family expects from each other as well as
attaining it a tremendous challenge (Bernstein, 1999). Most research addresses role ambiguity in reference to stepmothers, as the stepmother role is more ambiguous than that of the stepfather or biological parent and as a result may have a negative effect on the stepmother (Whitting et al., 2007). The research did not address adoptive mothers as struggling with role ambiguity. This may be due to their ability to adapt to the social expectations of mothering and create an acceptable family form (Ben-Ari, 2007).

Non-biological mothers have no clear boundaries. The research has shown that non-biological mothers experience confusion when they do not have clear boundaries (Church, 1999, Perez & Torrens, 2009, Strawn & Knox, 2007, Weaver & Coleman, 2005). Although there are many roles to be filled within the family, there is no clear role direction for non-biological mothers (Crosbie-Burnett, 2006). The result is confusion due a lack of clarity that is crucial for the non-biological mothers adjustment (Whiting et al., 2007).

Non-biological mothers also have difficulty constructing their roles without clear role expectations (Doodson & Morley, 2008, Weaver & Coleman, 2005). Non-biological mothers have explained that the conflicting expectations about roles make their job as a stepmother difficult. Weaver and Coleman (2005) found that expectations were instrumental in shaping interactions for stepmothers. Stepmothers engaged in mothering but did not want to act as a mother for fear of infringing on the biological mothers relationship.

Scholars have shown that non-biological mothers struggle with boundaries around discipline and parenting style (Strawn & Knox, 2007). A dominant theme in
the literature was the frustration most stepmothers feel from having an inability to control personal and interpersonal matters (Henry & McCue, 2009, Strawn & Knox, 2007). With their study on non-residential stepmothers, Henry and McCue (2009) have found that stepparents attribute their lack of clear behavioral boundaries to their partners and that this can create resentment. Consistent with Weaver and Coleman they also found that stepmothers were reluctant to impose behavioral boundaries with children (Henry & McCue, 2009, Weaver and Coleman, 2005).

Stepmothers are unique in their struggle with these boundaries. Since the biological parents have the “responsibility” for the upbringing of the child, it becomes difficult to establish a clear distinction between responsibilities of the stepmother and the biological mother (Perez & Torrens, 2009). Scholars agree that stepmothers often must enact the rules of the biological mother and feel their parenting style is ambivalent (Weaver & Coleman, 2005).

Non-biological mothers struggle with boundaries regarding appropriate emotional closeness (Church, 2008, Perez & Torrens, 2009, Strawn & Knox, 2007, Weaver & Coleman, 2005). Our cultural expectations of mothers to assume responsibility in meeting the needs of children put stepmothers in a unique role (Jones, 2004). Stepmothers are expected to be more involved in caretaking than stepfathers (Whitting et al, 2007). Woman may struggle with their role in the family because they are expected to care for children that are not their own. Stepmother’s are required to take care of children, domestic labor and most other aspects of family due to their status as woman. This creates a conflict when a stepmother is
also expected to portray a role that is distant and less involved with the child than their biological mother (Levin, 1997).

Many stepmothers use their role as a woman and a mother as the foremost motivation for appropriate closeness behavior (Weaver & Coleman, 2005). Whitting et al (2007) agreed that it is the intense mothering ideology that promotes stepmothers to assimilate into their family and love their children. Scholars had similar findings in regards to the correct emotional closeness by stepmothers. Stepmothers in Church's study were counseled to become a “mother” to her stepchildren, regardless of whether she, her partner or her children wanted that type of emotional closeness (Church, 2008).

Scholars agree that intensive mothering ideology is the dominant discourse of mothering in our mainstream culture. These expectations come out mothering ideology and the social construction of mothering (Johnston & Swanson, 2006, Weaver & Coleman, 2005). The mothering ideologies inform behavior that promotes selflessness and intensive mothering of children. (Johnston & Swanson, 2006, Perez & Torrens, 2009, Weaver & Coleman, 2005) Mothering ideology also promotes women as the main caretakers of children whose sole purpose is maintenance of relationships. This creates unrealistic expectations. Women (both step and adoptive) internalize these ideological expectations and frame appropriate emotional boundaries based on these values (Ben-Ari, 2007, Church, 1999, Johnston & Swanson, 2006). The challenge for non-biological women becomes how to appropriately mother without overstepping boundaries on proper emotional care.
Role Strain

Role Strain can be defined as an origin of stress that creates specific conflict or challenges for the individual encompassing that role (Craig & Johnson, 2010). Adoptive mothers, stepmothers and lesbian co-parents have all been shown to experience some type of role strain in relation to their non-biological mother status (Church, 1999, Mallon, 2008, Perez & Torrens, 2009, Strawn & Knox, 2007, Weaver & Coleman, 2005). Role strain for these groups comes from negative stereotypes, and internal and external pressures. Stepmothers in particular have described their role as stressful, attaching this high level of tension to the specific challenges they endure in their role (Henry & McCue, 2009).

The “wicked” stepmother and other negative stereotypes can create role strain for non-biological mothers. The wicked stepmother is a popular antagonist in our society. Dominant myths present the stepmother as a wicked or cruel parent who is less affectionate than biological mothers (Whiting et al., 2007). These stereotypes implicate the stepmother as abusive and selfish, and create a discourse that is hard to counter (Bernstein, 1999, Jones, 2004, Whiting et al., 2007). Non-biological mothers felt that these negative stereotypes create stressful relationships within their families by influencing the stepchild’s view of the stepmother and the stepmother’s view of herself (Craig & Johnson, 2010 Strawn & Knox, 2007).

Other negative stereotypes exist for non-biological mothers. Lesbian co-mothers experience strain due to blending of their status as a homosexual and a non-biological mother (Hequeombourg & Farrell, 1999). Since lesbians are not considered to have the same characteristics as most mothers in dominant discourse
they struggle to achieve the identity of a “good” mother. Negative stereotypes also surround adoptive mothers due to their lack of biological ties. Adoptive mothers are considered “second choice” by society and by women because society regards maternal attachment through biology (Ben-Ari, 2007). The active avoidance of these negative stereotypes is shown to contribute to greater role strain (Weaver & Coleman, 2005). The negative stereotypes of all three groups help to shape perceptions, which create strain for the non-biological mother role.

Scholars had acknowledged that non-biological mothers experience role strain due to the pressures they encounter (Church, 1999; Strawn & Knox, 2007, Weaver & Coleman, 2005). These pressures can either be internal, brought upon by the family or the non-biological mother herself or they can be external, brought upon by societal norms and public policy that does not recognize them.

Non-biological mothers encounter pressures from their families to encompass a certain role. These pressures range from the place of residence of stepchildren (Fine, 1995) to the level of satisfaction with the new relationship (Perez & Torrens, 2009). The non-biological mother also puts pressure upon herself to hold up the idealized idea of motherhood while combating negative stereotypes. External pressures also exist. Non-biological mothers feel pressure because they are responsible for any development of a child. Non-biological mothers also feel pressure due to their lack of recognition through law or public policy (Church, 1999, Mallon, 2008, Perez & Torrens, 2009, Strawn & Knox, 2007, Weaver & Coleman, 2005). Lesbian co-mothers lack recognition under the law and it is possible that birth mothers are constantly the preferred mother legally (Goldberg, Downing, &
Sauck, 2008). A residential stepparent has fewer rights than a guardian or foster parent and has no legal authority to discipline, authorize medical treatment in an emergency or to even sign a waiver for a school field trip (Jones, 2004).

Stigma and Marginalization

Non-biological mothers feel stigmatized. (Church, 1999 Miall & March, 2004, Perez & Torrens, 2009 Strawn & Knox, 2007, Weaver & Coleman, 2005). One of the reasons for this stigmatization comes from a lack of biological ties. Since biological ties or blood relations can never be severed, these ties define which individuals in a society are related to each other and how we should behave towards one another (Miall, 1987). This paradigm maintains that motherhood is primarily based on biological connections such as pregnancy, childbirth and breastfeeding (Ben-Ari, 2007). Using this model, any women who does not have a genetic or biological means of reproduction is regard poorly.

Adoptive single mothers who chose to adopt encounter stigma and social stereotyping that frames them as inadequate, delinquent and sexually irresponsible (Ben-Ari, 2007). Lesbian co-mothers encounter similar struggles with stigma and marginalization. Lesbian co-mothers encounter a dual stigma, one for lack of biological ties, and one for being a marginalized group (Hequembourg & Farrell, 1999). Stepmothers encounter stigma as well. This stigma comes from the dual role of both a stepparent and biological parent. This stigma causes stepmothers to feel “uncomfortable, uneasy and unnatural” in their roles (Doodson & Morley, 2008).

The marginalization of non-biological mothers de-legitimizes their role as a parent as well as their relationship with their children (Berger, 2000, Church, 2008,
Hare, 1994, Miall & March, 2004, Perez & Torrens, 2009 Strawn & Knox, 2007, Weaver & Coleman, 2005). In addition to stigma for lesbian co-mothers due to their homosexual status, there is a stigma of gay parenthood in general (Berger, 2000). Acceptable mothering is made up of social norms that automatically define lesbian as not only poor but also inappropriate mothers; this is due to the assumption that lesbian women are less maternal then their heterosexual counterparts (Berger, 2000 Lambert, 2004). In addition, when two lesbians couple together to create a family, a hierarchy of parenthood is created limiting recognition of one mother as the real parent (Berger, 2000, Hare 1994). This status is usually given to the lesbian biological parent, leaving the lesbian co parent delegitimized. Stepmothers and Adoptive mothers are also seen as less legitimate then their biological counterparts but do no encounter the same double stigma as lesbian co-mothers. Nevertheless, due to societal norms about parental responsibility and family cohesion, these types of non-biological mothers are also marginalized from their lack of genetics (Jones, 2003).

Marriage has been steadily losing its popularity, status and authority as a social institution (Maroules & Willets, 2004). With the decline in married families, Cohabitation has become a more popular option, which has created a concern for the public. Marriage has traditionally been a more socially beneficial union, due to the fact that cohabitation is less binding both legally and financially (Maroules & Willets, 2004, Seltzer, 2000). This creates a stigma for cohabitating families; non-married couples and non-biological mothers.
Families are traditionally formed through biological or legal ties. Families with children that are formed outside of the institution of marriage are described as “illegitimate” or “out of wedlock” (Seltzer, 2000). This creates a stigma for the members in this specific unmarried family structure. Cohabitating and non-married couples have few of the rights of married couples (Gordon, 1998/1999). Public consensus is that people who chose to cohabitate over get married are different. Cohabitating couples face more disapproval of their relationship and receive less support then their married counter parts (Nock, 1995, Seltzer, 2000). These families exist with relatively no formal recognition, which creates stigma and strain on the members within the family.

Cohabitation has also been shown to create strain on relationships between parents and their children. Research shows that women who are in these relationships tend to feel less secure due to the fact that they have less invested financially and legally, and exiting the relationship is relatively easier then a divorce (Maroules & Willets, 2004, Seltzer, 2000). Non-married cohabitation has been shown to be more common for people with less education and less economic resources. This means that the means to legitimize their family legally (which can be quite costly) are not universally available to them (Seltzer, 2000). The ability to legitimize their families is unavailable to them, which continues the trend towards cohabitation being viewed in the public sphere as an incomplete institution (Cherlin, 1978). Although more people are cohabitating the social costs may be less today than in the past but there is still a great stigma attached to non-married couples with children.
Non-biological mothers encounter challenges and strains within their role. The non-biological mother is deeply influenced through mothering ideology, and stigmatized through non-married coupling and this can create struggles. Non-biological mothers encounter role confusion due to a lack of clear expectations and guides for behavior. Non-biological mothers also encounter role strain, due to the stressful nature of their role ambiguity. Non-biological mothers also encounter stigma and marginalization due to their delegitimized status from lack of biological or marital ties. Understanding the challenges and strains of the non-biological mother is necessary to research how non-biological mothers negotiate their role.

**Coping Strategies of Non-Biological Mothers**

Non-biological mothers use many different coping strategies in order to manage the role challenges that they encounter. Non-biological mothers use two approaches to cope. The active approach uses focusing on others needs as a way to cope with role problems, overcompensation and a friendship model. The passive approach instead uses coping strategies such as waiting it out, caring without authority and humor to deal with the tensions they experience. Other scholars have identified the use of kinship models as a way for non-biological mothers to cope with the challenges they experience. Some scholars argue that women who are non-biological mothers use informal and formal support systems in order to cope with the problems they experience. Coping strategies are vital part of the way non-biological mothers negotiate their roles.
Active Coping Strategies

Some Non-biological mothers take an active approach to coping with the challenges they encounter. Non-Biological mothers use focusing on others’ needs instead of their own as a coping strategy (Church, 1999). By actively engaging in positive relationships with biological mothers, non-biological mothers can find a place in their family (Henry & McCue, 2009). These relationships can foster other roles such as becoming buffers between the biological parents or the facilitator between family members (Church, 1999).

Other Non-biological mothers use overcompensation as a coping strategy (Erera, 1996, Hequembourg & Farrell, 1999). By overcompensating or “doing too much” a non-biological mother may feel she is earning love within her family (Erera, 1996). This overcompensation can be with emotions or with discipline and rewards. Lesbian co-mothers were shown to readjust their impressions so they could provide evidence that they were a “good” mother to others (Hequembourg & Farrell, 1999). Stepmothers also use this approach. Jones (2004) revealed that some stepmothers would rather take on the role of the “super stepmom” then be more active in setting limits. There was no literature addressing adoptive mother’s overcompensation strategies.

Some Non-biological mothers use a friendship model in order to cope with their lack of a role (Erera, 1996). Since they do not have the status of a biological mother they find another way to get close to the children in their family, without impeding on the mother (Erera, 1996). Many stepmothers saw their role as more of a friend or confidant and felt that they had to shift roles when necessary (Whitting
et al, 2007). Since the nuclear family model is not an ideal structure for a stepmother to copy, she chooses instead to be a positive resource that resembles an adult friend (Levin, 1997).

*Passive Coping Strategies*

Research shows that some non-biological mothers use a passive approach in order to cope with the challenges they experience (Erera 1996, Jones 2004, Strawn & Knox, 2007, Weaver and Coleman, 2005). Some non-biological mothers decide to just hang in there and wait out any conflicts that happen in hopes they will be accepted eventually. (Strawn & Knox, 2007). Non-biological mothers utilize this wait and see approach because it is pragmatic and gives the family time to adjust to the new structure (Levin, 1997). Adoptive parents also engage in this approach and choose to ignore any stigma from their status and waiting for it to go away (Ben-Ari, 2007). By ignoring the category of the non-biological adoptive mother as an “exception” mothers were able to integrate themselves into the dominant motherhood paradigm. These non-biological mothers chose not to force the nuclear family model on their families and therefore they just wait for things to work out. (Weaver & Coleman, 2005)

Others use the "hear no evil see no evil" approach (Erera, 1996). This approach incorporates a lack of rule enforcement or discipline in order to avoid conflict (Erera, 1996) Stepmothers felt that their acknowledgment of problems or corrective action might infringe on the family’s sense of well-being and therefore ignored situations they perceived as issues (Erera, 1996). Perez and Torren echo that sentiment with their study that showed stepmoms felt that whatever happened
to the child in the family was the responsibility of the biological parent (2009). The literature shows that stepmothers are the only ones utilizing this approach.

Non-biological mothers use the coping strategy of caring and care giving without authority to understand their role in the family. (Jones, 2004). This coping strategy incorporates the emotional closeness of family with the acceptance that they do not have the authority to make decisions. (Jones, 2004). Lastly, some biological mothers use humor and sarcasm as a way to cope. Most humor is a counter narrative to the stereotype of the “wicked step-mom” (Jones, 2004).

**Kinship Models**

Some biological mothers use kinship models, which can mimic other familial roles, as a coping mechanism (Church, 2008, Weaver & Coleman, 2005). Non-biological mothers adhere to a nuclear kinship style. The mothers that incorporate this style view themselves with the status of a birth parent regardless of biology. (Erera, 1996, Church, 1999 Weaver Coleman, 2005). This style consists of behaving in a way toward the stepchild that is identical to how they would behave with their own children (Erera, 1996).

Other women chose to use the extended family model (Church, 1999, Weaver & Coleman, 2005). This model consists of the non-biological mother taking on the role of an extended family member, such as a cousin or aunt, instead of a mother role (Church, 1999, Doodson & Morley, 2008). These stepmothers consider their family kin but they do not mother their children. These mothers view remarriage as an opportunity to expand their family and believe this expansion enriches their
lives. These non-biological mothers view themselves as adding to the family rather than replacing the biological parents.

Some women used the couple model within their family. This model focuses on the couple's relationship as the primary focus. The non-biological mother makes the couple aspect her priority. (Church, 1999, Weaver & Coleman, 2005) These women do not see themselves in a parental role with their children but instead as a positive role model and identify themselves as the “fathers wife” (Church, 1999). Sometimes this coping strategy made mothers feel guilty for holding a view that somewhat excluded their stepchildren (Doodson & Morley, 2007).

Within this couple model some women expressed that their partners can be vital in their ability to cope. Research showed that other women felt quite the opposite and that their spouses were not supportive in helping them cope with the challenges they faced.

Women who are stepmothers expressed that their partners (biological fathers) were supportive in helping them cope with the role challenges they faced. Research showed that women who have a supportive biological father as a partner felt less stress and strain (Henry & Mccue 2009, Whitting et al, 2007). The stepmother explained she needed a strong marital bond as well as freedom to make decisions as a parent in order to foster a successful stepmother transition (Whiting et al, 2007). The research also showed that stepmothers wanted to be included in the decision-making and wanted to work as team in raising the children. Fathers need to be able to facilitate two households by taking on an active role in mediating between the biological mothers needs and that of his spouse (Craig & Johnson,
2010). Women felt the most successful when their partners had different parental responsibilities, had less gendered roles and both had equal power to make decisions and to discipline (Bernstein, 1999, Weaver & Coleman, 2005).

Stepmothers also encountered negative impacts from spouses who were unsupportive. These fathers would disagree with discipline methods of the stepmother and would not give clear boundaries on how the stepmother should behave (Whiting et al, 2007). These fathers were not supportive of their spouses discipline method and would not give them responsibilities to make decisions on care taking of the children (Henry & Mccue, 2009, Whiting et al, 2007). Research has showed that there can be stressed caused by the biological father not intervening with discipline issues at the biological mothers residence. Weaver and Coleman found that less then 20% of women actually had shared responsibilities within the household (2005). This meant they were expected to do more of the gendered labor of the household such as cooking and cleaning, rather then caretaking. Women who did not have supportive spouses often felt underappreciated and left out of the father child relationship (Craig & Johnson, 2010, Weaver & Coleman, 2005).

Some women used the Biological family model. Woman who used this model felt that they were only mothers to their biological children. (Church, 1999, Weaver & Coleman, 2005). Research has found that women were divided between those included in their “family” and those who were excluded (Doodson, & Morley, 2007). Women who used this model viewed their families as two separate entities, the biological family being one and the married family being another.
Some women employed the no family model. The non-biological women who used this model thought of themselves as outsiders in their families (Church, 1999). This model was usually followed when there were unsuccessful attempts to foster relationships using other coping strategies (Erera, 1996). By using behavioral and emotional detachment, this strategy can create alienation and animosity within the stepmother. These women report feeling alone and not related to anyone in the family (Church, 1999). These women see their relationship with stepchildren in a negative light and use this strategy as a way to retreat.

Informal And Formal Support Systems

Some non-biological mothers use formal and informal support systems to cope with their role challenges. (Craig & Johnson, 2010, Hequembourgh & Farrell, 1999, Jones, 2004, Whitting et al, 2007) Nearly all of the mothers in Whitting et al’s (2007) study agreed that strong social support was important in successful stepmothering. Most mothers utilized these types of strategies to manage the challenges they experienced.

Studies show non-biological mothers seek out formal support systems as a coping strategy. (Craig & Johnson, 2010). These strategies include online support and therapy. Jones found that stepmothers used support groups and that these groups were instrumental in providing stepmothers with the opportunity to freely express their experiences (2004). These groups were extremely helpful in helping the stepmother feel empathy and understanding to their unique role. Berger
explains that it is important to provide these women with support validation and education about what they are going through (2000).

Other non-biological mothers choose to use informal support systems. These support systems usually consist of extended family friends and other kinship networks. (Craig & Johnson, 2010). Lesbian Mothers used extended kin family members and friends as sources of strength encouragement and support (Hequembourg & Farrell, 1999, Lambert, 2005). Stepmothers used spousal or couple support and a strong marital bond as way to endure challenges (Whitting et al, 2007). Adoptive mothers were mentioned in the literature but only in using this set of support systems to facilitating relationships with birth parents to explain their adoptive identities to their children (Von Korffa, 2010).

Non-biological mothers use several coping strategies to manage their role. These strategies consist of active and passive strategies, kinship models for mimicking behavior, and informal and formal support. These coping styles allow the non-biological mother to adapt to the challenges and strains she encounters in her role, and are inherent in understanding how non-biological mothers negotiate their role.

Non-biological female caretakers’ are an understudied group in academia. The specific experience of these women in the non-married family was completely absent from the literature. It is essential to include these women within the scholarly discourse, because without their experiences this particular group is non-existent. In order to create a voice for these women, research must be conducted
providing them the means to verbalize their unique and possibly challenging experience.

Current research shows that non-biological mothers face challenges within their role and use strategies in order to cope. The specific non-biological mother literature focuses on the experiences of adoptive mothers, stepmothers and lesbian co-parents. The literature does not address the unique group of women who are not biologically tied to the children they are forming relationships with and are also not married to their current partner. By adding these non-biological female caretaker’s experiences to the body of literature we will be able to come to a more complete understanding of the role of the non-biological mother. As these women are seemingly absent from the literature, it is imperative to understand the distinctive ways they negotiate their role.

THEORETICAL APPROACH

In order to inform the methods I will be utilizing in my research study, I will employ a feminist perspective of Social Construction and Symbolic Interaction as well as Goffman’s theory of stigma. This will guide my understanding of non-biological female caretakers’ experiences and how they negotiate their role.

Feminism can be viewed as the concepts of how society views women, and then subsequently how women view themselves (Steidman, 2008). Feminism acknowledges that women encounter troubles stemming from their social and political status. Feminist scholars assert that women are a socially disadvantaged group. This group is socially formed and given social norms and values to adhere to.
Feminism also asserts that the world is gendered and that the characteristics we define as feminine are socially constructed through institution (Evans, 2006).

From a feminist perspective women and gender are socially constructed. Feminist analysis of the family has shown that gender roles are often taken for granted as innate (Goldberg, Downing and Sauck, 2008). Beauvoir explained famously that women are made by society and the social world (Evans, 2006). In our society thoughts, feelings, behaviors, employment and identities are all gendered. This means that mothering, and the idea of maternal care exist only because of cultural expectations (Bemiller, 2010). Due to this, women have specific values and views of the world that articulate a very different social experience (Steidman, 2008).

Other feminist scholars have explained that not only are women a marginalized group, but they have a subordinate status as well (Oakley, 1972). Feminist sociology then aims to give women back power from their unequal status with men by giving them a voice. Feminist methodology in research includes women specifically giving a woman agency to construct their own lived experiences (Allen & Baber, 1992: Collins, 1990: Smith, 1987). Research from a feminist perspective gives women in my study a voice by posing questions that are relevant to their marginalized gender role within the family. By researching non-biological female caretakers through a feminist perspective, I am able to bring their experiences into the mothering discourse, thus empowering them.

Social Constructionist theory explains that social reality is created from our behaviors and further refined by our interpretation of those behaviors (Howard &
Hollander, 1996). The theory also states that we negotiate interpretations of meanings that we universally agree upon in order to create a society (Sandvoss, 2006). Social constructionism is concerned with the way individuals’ construct their own perceived reality as it relates to their participation in society. This means that social phenomena is created, becomes known and then is made into tradition, by society. Social roles, such as mother, become an agreed upon construction of what that role entails.

A social constructionist theory with a feminist lens explains that women’s gender and motherhood have been socially constructed and it is that social construction that influences their experience (Goldberg, Downing & Sauck, 2008). Women who are non-biological caretakers are shaped by collective notions of what a mother is or should be. This means that the social construction of mothering is intrinsically connected to how non-biological caretakers view themselves.

Mothering is a socially constructed ideology (Chodorow, 1978). The impact of this ideology is it creates pressures for non-biological mothers to attempt to be the “appropriate mom”. Women who are in a non-biological caretaker role may encounter conflict due to this social construction. Due to this, a feminist social constructionist perspective informs the types of questions I ask. With this as my guide I am able to pose questions that allows us to understand how the social construction of mothering affects non-biological female caretakers’ negotiation of their role.

Symbolic interaction is a way to see how we are constructed out of the interaction with others through mechanisms such as social control or roles (Mead,
Symbolic interactionists, such as Blumer, believed that the culture of a specific population consists of their agreed upon symbols and their understanding of those symbols. Group members become socialized into the populations’ culture and this produces co-operative behavior and symbolic understandings (Blumer, 1969). In this way, symbolic interaction looks at the interpretive process we use to understand the meanings of behaviors and to alter our behaviors as required.

Due to the conflict that can arise based on our collective understanding of the meanings of these roles, this theory becomes important in addressing non-biological female caretakers. Symbolic Interaction focuses on how individuals’ interactions between each other influence their behavior and how this then impacts the social order. This theoretical framework is important in my study because it analyzes how social interactions influence, create and sustain human relationships.

Symbolic interaction with a feminist emphasis tells us that we make meaning out of behaviors and interactions and specifies that those are distinct with regards to women (Howard & Hollander, 1996). By using this theoretical framework, I am able to analyze how interactions and experiences non-biological mothers’ have influence and shape their relationships. This theory also informs me of the meaning that non-biological female caretakers give to the interactions they have with their family members as well as the greater society.

Symbolic interaction is integral to the understanding of the motivations for behavior and the interpretive process that prefaces them (Howard & Hollander, 1996). I use this method to investigate how non-biological female caretakers’ actions are shaped by the way they interpret their experience, through the
meanings that they attach to them from their interaction with others. Therefore, the way in which these women understand their role has a direct effect on how they deal with the distinct challenges they may face, and the coping strategies they may utilize.

In order to inform the methods I am using to conduct my research it is also important to look at Goffman’s theory on stigma. I am using Goffman’s stigma theory to understand how women who are confused by their lack of a role feel stigmatized and how they consequently negotiate their role in order to cope with this stigma.

Goffman explains stigma as a quality that spoils a person’s identity or how they view themselves (Cohen, 2006, Goffman, 1963). This stigma becomes acknowledged during contact with “normal’s” and the individual must manage the tensions brought about by this stigma (Goffman, 1963). Goffman also theorized that it is the unspoken norms we follow as a society that shapes our identity (1963). He explains that our behaviors are driven not by our own personal motives but by our management of our identities based on situational norms and values. In the case of the non-biological caretaker, Goffman’s stigma allows us to acknowledge that the stigma exists, and see how these women find ways to protect themselves and negotiate their role. It is also an important tool in understanding how non-biological caretaker’s identities are shaped by their status and lack of role sets.

These three theoretical perspectives will help me to understand how non-biological female caretakers experience their world. I am informing my methodology by creating questions in my interviews that directly address interactions and meanings, as well as how the social construction of mothering
affects their role and how the stigma they encounter affects how they view
themselves. I am using symbolic interaction to address specific subject matter that
surrounds interactional behavior such as discipline or punishment. I am using my
social construction knowledge to ask questions about role and gender expectations
within the family structure. I am using the theory of stigma to understand how they
negotiate their role in the face of marginalization. All of these theoretical
perspectives informed through a feminist lens, will allow the understanding the
very distinct viewpoint of the non-biological female caretaker.

The research suggests that non-biological mothers experience challenges and
employ coping strategies in order to negotiate their role. Qualitative semi-
structured interviews informed through a feminist social constructive/symbolic
interaction combined with Goffman’s stigma lens allows us to deeply explore the
way these similar non-biological female caretakers’ understand their role and the
meaning that they make from their experience. I am also able to learn how reforms
and policy changes can impact their lives. In addition, I am gaining insight into the
artful and unique coping strategies that they currently employ in managing the
challenges inherent in their role.

OVERVIEW OF METHODS

I employed qualitative research methods, specifically semi-structured
interviews, which were then recorded and transcribed, in order to understand how
non-biological maternal caretakers negotiate their caretaker role (Taylor & Bodgan,
1984). Qualitative research methods have been useful in understanding how people
socially construct the worlds they live in (Emerson, Fretz & Shaw, 2011). By using qualitative methods I was able have a better understanding of non-biological maternal caretaker’s meaning systems and learn how they negotiate their role (Emerson, Fretz, & Shaw, 2011).

It is important to acknowledge that “we” are the research instrument in qualitative research and that it is our subjective knowledge that makes our research unique. Specifically for this study, since I was conducting the research, I needed to fully understand how my status as a non-biological maternal caretaker both helped and hindered me through the research process. As a non-biological caretaker, I understood the unique pressures and confusions that occur in this role. I was able to ask questions of my participants based on my own experiences, which gave me insight that I may not have had without my background. On the other hand, since I was living in the situation that I was interested in studying I may have had some preconceived ideas about how others may have felt in a similar situation. I needed to make sure that I did not allow my bias and prior knowledge to hinder me in understanding conflicting meanings or experiences. My personal experience with this topic related to this research a great deal and my status, as a non-biological caregiver was a benefit to the research.

**Semi-Structured Interviews**

Interviews can be defined as a “meeting of two persons to exchange information and ideas through questions and responses, resulting in communication and joint construction of meaning about a particular topic” (Janesick, 1998:30). Interviewing allows us to understand what life is like from the perspective of others
Non-Biological Maternal Caretakers’ Experience

(Patton, 1990). This gives us the opportunity to move beyond our own experiences to come to a greater understanding of the other person’s viewpoint (Esterberg, 2002). There are many different types of qualitative interview methods. For the purpose of this study semi-structured interviews were used.

Semi-structured interviews are much less strict than other types of interviews. In these types of interview, the main objective is to explicitly explore a topic and to allow interviewee’s to express their thoughts and feelings in their own words (Esterberg, 2002). As researchers, we cannot observe everything we may be curious about, and that is why semi-structured interviewing becomes important. In semi-structured interviewing the researcher will begin with basic ideas about what should be addressed in the interview, but it is the interviewee’s responses that shape the structure and direction of the interview (Esterberg, 2002).

This type of interview is modified to each specific research participant and thus allows for an unrestricted exchange between both parties (Esterberg, 2002). Semi-structured interviewing resembles a dance, where the research needs to listen to the participant’s response and follow her lead in order to address the next question (Esterberg, 2002). Semi-structured interviews are extremely useful in investigating a topic or creating a theory, therefore I utilized this method in my study of non-biological maternal caretakers and how they negotiate their role.

Semi-structured interviews have also been shown to be particularly important in the research of women. Feminist scholars have stated that semi-structured interviews allow groups such as women who have been previously silenced a chance to tell their stories in their own words (Devault, 1999, Reinharz,
Traditionally, social science has not accounted for the presence of women in social life as well as the unique concerns they experience (Esterberg, 2002). Ann Oakley explained that the “idea of objectivity in interviewing prohibits a deeper understanding of women.” (1981).

By using semi-structured interviews with the women I studied, I allowed women the freedom to express their thoughts and opinions and to guide the interview in a way that felt comfortable to them. It was vitally important to use semi-structured interviews instead of other methods of qualitative research because it allowed for a conversation to erupt organically. This means that instead of giving these women a survey with preset answers that I (the researcher) think they may give, they were able to answer in whatever way they saw fit. This method really allowed them to make meaning out their social world through their expression. By using interviews where women could speak their voice I was able to get at how these women socially construct their worlds, and the meanings they make of their behaviors.

Sample

The participants in this study were women who were coupled with men who had a child or children from a previous relationship or marriage. I was targeting this specific population of non-biological caregivers instead of fathers to understand the specific role that women encompass within the family.

My research is focused on the maternal role and the absence of biological ties therefore I was only using that population. Specifically I was looking for women who see themselves as serious and committed with their partner, this means these
women needed to have been with their current partner in a committed relationship longer than 3 months. The biological father needed to have a relationship with his child but did not need to have full custody of the child, nor does the child need to live with him full time.

I have used California State University San Marcos as my initial contact point for finding my research participants. Due to the relationships I have built with faculty I felt this was the most viable option to obtain participants for my study. I know that my position as a student researcher as well as a non-biological caretaker may cause the participants to have a different understanding of their experience. In light of this I maintained strict confidentiality and ethics throughout the interview process. I believed that my duality as a researcher and a non-biological maternal caretaker was a key to gaining respect and trust from my interview participants. This was a crucial aspect in gaining honest and real responses from the women in my study.

Recruitment Strategies

Due to my role as a student in my graduate program I have created relationships with faculty as well as other students at the university. I discussed my thesis project with friends and family and was able to locate volunteers through word of mouth. I also sent out email to the sociology faculty at CSUSM and asked them to make an announcement to find volunteers. I utilized the MASP list serve and sent out an email explaining my study and asking for volunteers. I also made announcements in faculty undergraduate classes and instructed potential participants to email me confidentially.
For the purpose of this study, I wanted ten women who were in a serious relationship with a man who had kids from a previous relationship or marriage. I constructed a statement explaining the goal of my research and the specific population I was targeting. I included my contact information, what I was looking for in a participant and my specific objectives. I used this statement either verbally in undergraduate classes, with family and friends or written through an email.

I specifically targeted women from this population because I was interested in understanding how woman construct their world and how they negotiate their role in this family structure. I hoped that by giving these women a voice to express themselves through interviews, I would understand the honest and real experience of the non-biological maternal caretaker.

I received written responses after the first few days of professors making announcements on my behalf in their classes. I found 5 of my interview participants this way and corresponded with them via email. I was able to find 4 interview participants through mutual friends and word of mouth. Due to the specific time constraints of this study, I selected the first interviewees who responded to my email or my announcement and began interviewing immediately. Since, I only found 9 participants for the study, I did not have to explain to potential interview subjects who were not chosen that I already had the sample I needed. I then emailed or text each interviewee and individually set up a time that would be convenient for them to meet.

The participants in my research study included women ranging from the ages of 20 years old to 45 years old. There were 8 women in committed
relationships with a man who had kids from a previous relationship, while 1 of the women was engaged to their partner but not already married. The sample consisted of women whose male partner had either 1-2 children with 5 of the women having children of their own in addition to the children of their partner. Ultimately I interviewed 9 women who fit into my participant category, while I waited for 1 more women to respond to my announcement.
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<th>Age in Years</th>
<th>Race</th>
<th>Student</th>
<th>Relationship length</th>
<th>Children in care (Age/sex)</th>
<th>Time Spent with Child</th>
<th>Has Own Child</th>
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<td>Yes</td>
<td>1 ½ years</td>
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<td>50% before recent custody battle now no contact</td>
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<td>African American/T Thai/Latina One Child 2 years</td>
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<td>33</td>
<td>White</td>
<td>No</td>
<td>4 Months</td>
<td>11 years old Male 8 years old Male One Child 5 years old Female</td>
<td>Once a week or more</td>
<td>Yes</td>
</tr>
<tr>
<td>25</td>
<td>Latina</td>
<td>Yes</td>
<td>6 Months</td>
<td>Three Children 5 years old Female</td>
<td>50% custody</td>
<td>No</td>
</tr>
<tr>
<td>45</td>
<td>White</td>
<td>No</td>
<td>18 Years</td>
<td>Three Children 28 years old Female 22 years old Male 17 Years old Male</td>
<td>50% custody</td>
<td>Yes</td>
</tr>
<tr>
<td>28</td>
<td>White</td>
<td>Yes</td>
<td>28 years old</td>
<td>Two Children 7 Years old Male 4 Years Old</td>
<td>50% custody</td>
<td>No</td>
</tr>
</tbody>
</table>
Participants

Nine women in the United States were interviewed individually (See Table 1). Criteria for participants in this snowball convenience sample consisted of being in a relationship with a man who had children from a previous relationship for over 3 months. Women who were engaged to their partners were also included in this sample as they were not part of the institution of marriage at this point. I obtained informed consent forms before the interviews were conducted. Interviewees ranged from the ages of 20-45 with the average age being 29 years old. Also their names have been changed throughout the course of this paper to protect confidentiality.

Courtney, age 26, is a student at a cosmetology school as well as a bartender at night. She has been with her current partner for a year and a half and they are cohabitating. Her boyfriend has a son who is 4 years old. The couple had 50% custody of the child up until 6 months ago where a bitter custody battle has left them with only supervised visits for the father. Courtney shared her experiences by telling me about the type of interactions she had with the child when he was in their care. She seemed very open to sharing her experiences both negative and positive. She felt that the interview that was conducted gave her a space to express her emotions and frustrations freely. She also expressed a deep sense of powerlessness when it came to continuing a relationship with the child in her care.

Lisa, age 26, is a student. She has been with her current partner for 3 ½ months. She has a daughter, whose age she did not share and her boyfriend also has daughter that is 3 ½ years old. The couple has her boyfriend’s daughter every weekend. During the interview she stressed that her relationship with her
boyfriends daughter was still just developing. She also suggested that her role as a mother prior to meeting her boyfriend helped her to facilitate the type of relationship she would have with his daughter. She did explain that she struggled with treating the girls equally and felt it was easier to be stricter with her own child, then her boyfriends.

Jennifer age 33 is not a student. She has been with her current boyfriend for 1 year and 8 months. She has two daughters and her boyfriend has one daughter age 17. The couple has her boyfriend’s daughter full time as her mother lives out of state. Jennifer felt that the age and sex of the child in her care made the relationship challenging in the beginning. She explained that she wanted to let the relationship develop naturally and that she did not want to push anything. She felt (as did Lisa) that she benefitted from her status as a mother to two daughters and that this helped her to negotiate her role with her boyfriend’s daughter.

Diane, age 20 is a student and also works part time. She has been with her current boyfriend for 2 years. Her boyfriend has two children, a boy who is 4 years old and a girl who is 3 years old. The children are with the couple every other week. Diane expressed her feelings of confusion and powerlessness within our interview. She explained that she sometimes did not feel like she had a voice. We discussed the topics of parenting style and the conflicts that stem from the children being raised by 2 different families. She expressed how freeing it felt to be able to speak to someone openly about her experience negotiating her role.

Melissa, age 26, is a student and also works. She has been with her current boyfriend for 4 years. The couple has his son who is four years old full time. Melissa
and her boyfriend had recently become engaged. Melissa shared with me her experience creating a relationship with her boyfriend’s son from the early age of 8 months. She felt a close bond to her boyfriend’s child and expressed how this bond was sometimes delegitimized by society. She along with other interviewees shared how helpful the interview was in expressing her experience to someone who understood her.

Tracy, age 33, owns a yoga studio and is also an instructor. She has been with her current boyfriend for 4 months. She has two daughters, and her partner has 2 sons, ages 8 and 11. The children are in the care of the couple once a week or more. Tracy shared her experiences and the steps she deemed necessary in the blending of these two families. She was very energetic and positive throughout our interview and was very open about her values and morals and how they contribute to the relationships she is creating with her boyfriends sons.

Rachel, age 25, is a student. She has been with her current partner for over six months. She has no children of her own. Her boyfriend has a daughter from a previous marriage who is 5 years old. The couple share custody of the daughter with the biological mother with a 50/50 relationship, meaning they have the child half the time. Rachel expressed how excited she was during the interview, that she had never met anyone who was in this situation and was happy to share her experiences. She stressed the ideas that the whole family unit should get along and put a lot of effort into creating relationships with the biological mother and her family. At the end of interview Rachel asked if we could please stay in touch and she
messaged me a picture of her boyfriend’s daughter an hour later thanking me for the experience.

Dana, age 45, works full time. She has been in her current relationship for 18 years. She has a son who is 17 years old, and her boyfriend has 3 children. Of the 3 children 2 are boys aged 17 and 22, while the girl is 28 years old. The couple has only 2 of the children in their care at this time while the two older children are in college. Her boyfriend’s son is with the couple 50% of the time. The couple cohabitates and Dana’s son, age 17, lives with them full time as well. Dana shared her experiences from the entire span of her relationship. She disclosed situations that occurred with the boys were quite young and also included experiences with the boys in the present such as when they arrive home for Christmas vacation. Dana was extremely warm and open to the interview process and was very eager to be helpful in any way she could.

Angie, age 28 works full time and is also a student currently majoring in Human Development. She has been in her current relationship with her boyfriend for 4 months although she explained they were friends for more then 2 years prior to dating. The couple has recently moved in together and have they children 50% of the time.. There are 2 children in her care, a 4-year-old girl, and a 7-year-old boy. Angie expressed that she had many conflicts with biological mother. She also shared stories of her transition from being non-parent to now being called mom. She was very open and forthcoming in our interview and expressed her relief to finally be speaking to someone with whom she could relate.
Each interview lasted from 45 minutes to 75 minutes and was audio taped and transcribed. Women whom I met with in person had their interviews done in a confidential room either on my university campus or a place of their choosing.

As a woman who is dating a man with a child from a previous relationship I was attempting to provide insight into the understanding of these non-biological maternal caretakers within sociological research. I expressed to the women that there was a lack of research on this topic in scholarly literature. I explained that no one else could give an account of how they negotiate their role better then they could, and assured them there was no right or wrong way to share their experiences. Due to my status as an insider, I took a specific approach to my interviews and probed women with information that I had from my previous experience. Even though I was aligned with the women in my study and felt a connection with each one of them, I still encountered some hesitation in what and how they shared their experiences. Mostly though, the women in my study were open, honest and candid about the rocky and unsure role of being a non-biological maternal caretaker.

*Data Collection*

Of my 9 participants, 5 of them chose to meet me on the CSUSM Campus. In order to ensure confidentiality, I asked permission to reserve a private room to conduct the interviews and this room became our point of contact. I interviewed one woman at her home, one woman at her place of business when she was closed, and another woman I interviewed over the telephone since she was not local.
I conducted 9 interviews in February of 2013. I used initial questions to ease into the subject matter such as age, race, length of relationship and information regarding the children in their care such as time spent in care, age, and race. Further questions were aimed to understand how they negotiate their role as a non-biological caretaker, their unique challenges and the way that they cope. The questions I asked were written specifically to understand how they handle emotional closeness, discipline, stigma and other issues they may encounter.

I asked my participants 10-20 interview questions during our interview (See Appendix 1). The initial questions served to establish a basic understanding about the participant such as: their age and race, how long they have been with their partner the children in their family and the age race and gender of the children in their care. Further questions probed at how the women are able to negotiate their role as a female caretaker without biological ties to the children in her family. Questions were designed to get at the experiences of the non-biological maternal caretaker and the pressures and the possible marginalization they may experience. I also formulated questions that help to explain the emotions and feelings that come with embracing this role or lack of role.

The semi-structured interviews allowed participants to have freedom in expressing how they feel. I asked open-ended questions that allowed my participants to answer in a way that suits them without pressure to answer in a particular way. The interview and data analysis was employed according to the indications of a grounded theory approach (Glaser & Straus, 1967, Straus & Corbin, 1990). For this reason, after each interview is completed I had them transcribed. I
removed any information that could possibly identify the participants from the written transcription and destroy the audio files. I then used memoing and coding to find themes within the interviews so that I can use that information to be more prepared for the next interview.

As I continued to conduct my interviews, themes emerged such as responsibility without power and the "wait and see" approach for emotional closeness and this created a more distinct focus for my future interviews. I made sure to use caution though and to leave some room for new ideas or concepts to appear. To lessen possible nervousness in the beginning of the interviews, I briefly explained my research study and my own personal interest in the subject matter due to my status as a non-biological caretaker. I explained to them that after trying to acquire research on non-biological maternal caretakers, I was surprised that none existed. The lack of research centered on this specific role was disconcerting and I felt it was important their voice was heard.

Once interviews were done, I thanked the women for being in my study and we were able to talk about how nice it is to meet someone who is in this situation. This usually led to the discussion of meeting up again in a support group setting where all of the women were able to discuss strategies and experiences with each other in a safe way. I assured all the women who asked for this type of meeting that I would see what I could do to make this group happen at the school and I would be in touch. I also explained that I would let my participants know when the paper was finished if they would like to read it.
RESULTS AND DISCUSSION

What I found out from my conversations with the women in my study was somewhat different than what I expected. I originally wanted to know how women who are coupled with men who have children from a previous relationship negotiate their role as well as their struggles and challenges. Most of the literature had discussed the inherent challenges and struggles of other women who were similar to the women in my study. However my research showed that these women found unique coping mechanisms to navigate their role and that the experience of being a non-biological caretaker is full of fluidity and flexibility.

As I got deeper into my research I saw that these women do not just take on one role, but are ever changing and conforming themselves to each specific situation. The women were constantly managing their stigma by changing their behaviors in each unique situation they encountered. In order to understand their role within their families, institutions and greater society, they identify how they should behave and use identity management tool to find out what role appropriately fits the situation at hand. These women managed their stigma as they navigated their role. They also used their capital, both social and cultural in order to combat the stigma they encountered and move forward in their family.

Navigating the Role

In speaking with the women in my study, the theme of navigating the role came up quite consistently. This meant these women navigated their way by understanding the challenges and boundaries of their place within the family. Women in this study had a variety of issues that they encountered as a non-
biological maternal caretaker. One of the issues that created challenges was the concept of language or lack of language in order to describe their relationship with the child within the family. Another issue that created challenges was the idea of learning and coping with unsure boundaries. Women in my study also encountered stigma and had to navigate through judgment and discrimination. The women also struggled with issues of power between the non-biological caretaker and other family members or society in general. Although mostly negative, there were also triumphs and rewarding moments that the women experienced within their navigation of that role. All of these concepts created unique situations in which the women in my study had to find their way.

Language

There is no language to describe the role of a non-biological caretaker. The lack of even a name or title to describe oneself can be daunting and create confusion and uncertainty. Women in this study found ways to navigate this by either using their first name or creating a nickname they felt comfortable with. They also used language already in place such as mom, stepmom or dad’s girlfriend. Also women spoke about using humor to as way to navigate their lack of a title, or just letting things go when others classified their relationship in parental terms. Women also felt that the lack of a proper term to categorize their relationship sometimes created problems with things such as paperwork Other women voiced that they felt extremely uncomfortable with the use of certain language such as being called mom or step mom. Mostly the women in my study all expressed that the lack of a proper
Non-Biological Maternal Caretakers’ Experience

term for the non-biological caretaker can create challenges for not only the woman herself, but also the child in her care and society as a whole.

Some women in my study referred to themselves as mom and allowed their children to do the same. These women felt comfortable with the title and were able to navigate through the stigma and challenges that come from being called mom. Others were found that using nick names such as “second mommy” “other mommy” or “This is my mom, but I have another mom” worked for their families. Not only did these women self-identify with these types of terms but they also used them when questioned about who they were in regards to the child in their care. These women expressed that their label and the terminology used to describe their relationship was mostly based on what the children wanted to call them or how others framed them such as teachers and doctors.

When I asked Diane about the language used to describe the relationship with the children in her care she explained that:

“I mean they can’t say hey go to daddy’s girlfriend. Its just kind of they could refer to me by name or accidentally say mommy. If its not uncomfortable I can say, I’m just dad’s girlfriend and I help out with the kids. Other that that sometimes I just have to let it go because there is nothing you can do and you can’t correct every person. It’s such a complicated explanation to explain it to everybody.”

As Diane explains, it is the lack of a term that creates uncomfortable feelings with others. When we do not have a label or a name for a behavior or a role, it creates confusion for us and we do not know how to act. This is exactly why Diane feels that sometimes it is just easier to let things slide and not correct outsiders. Since there is no language to describe a non-biological maternal caretaker then
there is no set of behaviors and this creates fuzzy expectations on how to act and react. If Diane is not a mother, then who is she in relation to the child in her care? This lack of language or terminology to describe the relationship that she has with the child creates a norm less space filled with uncertainty and Diane must learn to navigate this in unique ways based on the situation.

Language also creates confusion for the child. When I asked Rachel about the type of language her child used to understand their relationship she explained that:

“He was at first confused who to call, because he’s calling two people mom, so it’s confusing for a child being like, “this is my mom but I also have another mom.”

Here, the lack of language not only creates conflict for the non-biological maternal caretaker and others in society but also for the child. Children are socialized to our norms and values as a society. When they are unable to process the type of role or where someone fits into their life this can create confusion for them. In order to process this new person in their life, they must find a way to refer to them that makes sense. This means that they may come up with their own language in order characterize the type of relationship they have with the non-biological caretaker. By stating that Rachel was the mom but that the child had another mom, there is value allotted to both Rachel and the biological mom. The child has framed the relationship as one that is maternal in nature, and has placed the relationship in space that allows others to understand it. Although it created confusion at first, the child finds an ability to create language that shows the importance of the relationship that they have.
Ultimately women viewed language as something that was important to address. A few women felt that it was really about adapting and trying to find a balance between a label that expressed the strength of the bond but that everyone felt comfortable using. One woman felt that using the term mom was a reflection of the type of relationship that she had with the child in her care. She explained that if she was willing to be called mom then she was willing to accept him as her own and take the relationship seriously. Another woman felt the exact opposite. She did not feel comfortable being called mom because she was not ready and felt it was disrespectful to his “actual” mother. Although women had conflicting ideas about what type of language to use they still tried to understand their label in way that created comfort for both caretaker and child.

As Angie explained, the goal was to create a label that everyone felt comfortable using:

“At first, I didn’t answer to it because I didn’t know…I had never been a mother before so I didn’t know what to say to them. I was like we can talk about it later if you guys want. After a while it was like, we’re getting serious and you can call me whatever you want to me. If you want to call me Angie you want to call me Mom I’ll answer to both.”

Many women expressed that they experienced confusion with their lack of role expectations or their inability to navigate the boundaries of their relationships within the family. These women explained that they encountered confusion over how to behave when there were more than 2 parents involved in decision making. A few women felt that the role was confusing to them and also some of them felt it was confusing for the child.
This experience also addresses the stigma management issue most women encountered. Angie doesn’t seem to care much about the label or term created for her. More importantly she is willing and able to adapt her label to the unique situation or people she encounters. By using her fluidity in defining her relationship with a term, she is able to adhere to the different social norms of specific experiences. She also allows the children in her care the freedom to use their discretion in her label, therefore managing the stigma they may encounter as well.

Some women felt that their relationship with the child created confusion for the child. These women explained:

“Because I am sure it is confusing enough because she has a boyfriend and Alan has a girlfriend. It’s just kind of like they already have that conflict of two families and then to put it together with also being raised two different ways.”
-Rachel

“I think the kids also get confused. They’re like well; you’re not my mom. I don’t know who you are and I want to be loyal to this other person and not you.”
-Jennifer

Both of these women expressed that their unclear relationship roles may create confusion for the children in their care. While they were trying to navigate their role in their family they also understood that because they were not a biological parent this could become confusing. Since there are expectations for behaviors of parents, the children could anticipate those and behave accordingly, but with a non-biological caretaker it becomes much more ambiguous. Both women seemed to understand that the confusion existed and tried to navigate their behavior accordingly.
Some of the women also explained that they felt confused in their interactions with the children in their care. Since they did not have clear understandings of their role in the family, they were unsure about how to conduct themselves. These issues came about in times of discipline, views about raising kids, making decisions, and how to act.

In regards to discipline:

"Like I said, I’m still trying to figure out what my own style of discipline is."
-Rachel

"So its always confusing and I am not entirely sure how to act."
Lisa

In regards to views about raising the kids:

“How do I parent a child that is not mine and at the same time I am just dating the dad? We are boyfriend-girlfriend, its official we’re having a steady relationship but it’s not like I’m going to be the mom. How do I go about this?
Rachel

Making decisions:

“I think in certain aspects it does because I worry, “Okay. What will the mother think? What will…. If there’s something that, “will she get upset about this?”
-Angie

On how to act:

You can wake up one day and say Alan (her boyfriend) because you know what by the way I have two kids. Are you going to do this or not. I took it on and I have no idea what I am doing or if I’m making the right decision and Alan always goes why do you need to talk about this...because I don’t know what I am doing. I don’t know if this is right.”
-Diane

Here the woman express that they feel confusion in their role as a non-biological caretaker. This confusion can carry over into any type of decision-making
or aspects of the relationship. Due to their lack of clear norms and boundaries these women experience confusion and uncertainty about how to perform their duties and care for the child. This confusion can result in them questioning themselves and ultimately trying to seek support from their partner, in order to better informs their decision-making. As non-biological caretakers navigate their role, the confusion they encounter can create perplex situations where they are unsure of how to behave.

Non-biological caretakers also must use stigma management in order to navigate through their confusion. Angie shared that she encounters stress and confusion come when making decisions. She is uncomfortable in this position because she is afraid to upset the biological mother, who has more power and status then she. Here she is basing her decisions on minimizing the stigma she will encounter from others, in this case the biological mom. The way she decides to discipline is directly linked to her ability to properly change her behaviors to avoid conflict and stigma.

**Boundaries**

Being a non-biological maternal caretaker is an ambiguous role with many challenges with boundaries. Most of the women who were interviewed explained that they needed to learn the boundaries of their unique family unit. This meant navigating not only the boundaries within their immediate family, but also the boundaries of the biological mother and her family. Sometimes, these struggles created boundary limits where the women had to change their behavior accordingly. Non biological caretakers also had to navigate through boundary conflicts with the biological mother and others in society. As these women negotiated their role within
their families, the boundaries were always changing and the women had to adapt accordingly.

A few of the women who were interviewed verbalized that they were learning the boundaries within their unique family structures. This meant that they wanted to make sure they behaved in ways that did not cause uncomfortable tension. These boundary lines were centered on creating a relationship, showing affection and discipline.

Angie, 28 explained that when asked about how she created her relationship with the child in her care:

"I think, in the beginning, I wasn’t really sure of the discipline thing or how to talk to them and I felt like an outsider. I was like, “I don’t know what to do. I don’t want to step on your toes. I don’t want to step on her toes (Biological mom). “ I didn’t know how to behave."

Diane explains that trying to understand and learn the boundaries can be also be tedious at times:

“If she would step in and say hey I’m going to take care of this and you just be fun. You just go hang out and you just make them happy. I would love having that role but she doesn’t so I have to kind of sit in this weird spot where I only fill in when nobody’s there. Its just kind of heavy at times trying to find that middle point"

-Diane

Here we clearly see that Angie felt uncomfortable not knowing where the boundary lines were. Although she was willing to pursue a relationship with the children in her care, she was cautious about not stepping on toes or crossing boundary lines. This reflects the lack of status and power that a non-biological maternal caretaker has in her role. Since she is not biologically attached to the child, she feels unable to act in a natural manner. Instead she navigates her behavior in
order to suit the people using stigma management with the parents, who have the status to make decisions.

Diane also must adapt and learn her place in her family. She does this by learning ways to manage the stigma she encounters. She explains that not knowing where her place is and how she is supposed to behave creates a sense of “heavy” that causes her to feel frustrated and unimportant. Ultimately it is important for both to understand and learn the boundaries in her attempt to create a comfortable and safe space for both her and the children in her care. This learning process is something that happens fluidly, as they must manage their behavior based on the boundaries they learn and the stigma they encounter within each unique situation.

Women in my study also expressed that they felt limited in their boundaries. A few spoke about specific times where they had to negotiate their own beliefs and feelings, with the biological parents viewpoints. This sometimes meant that as frustrating as it was, their boundaries were sometimes ignored due to limited power. Women seemed to feel that in their own household without the influence of others their boundaries were respected, but in times of conflict their boundaries were ignored by other family members such as the biological mom. This made issues such as bedtime, naptime, rules, and punishments challenging and sometimes very difficult to enforce. When I asked about this idea of boundaries:

"They are not mine so I almost feel like I'm overstepping lines or I'm taking something from her. Because in my heart, they are mine. I would do anything. I would drop everything to take care of them. I view it as a motherly role but at the end of the day that just something in the back of my mind I have to know. When mommy is there I have to go sit over here and I have to let her do it whether I agree or not. Because at the end of the day they are not mine."

-Diane 20
Here Diane expresses that although she wants what is best for the children in her care, ultimately she can not overstep any boundary lines in order to push for that to happen. She recognizes the difference between her status and the biological mothers status. This means that no matter how much she feels that the children are hers ultimately she must adhere to the biological parents needs to avoid conflict. She expressed that sometimes she does not agree with mommy but she must ignore her own thoughts and feelings about boundaries in order to create a comfortable space for the child in her care. She must know the boundaries and abide by them. Here, her contact with the biological mother, creates a stigma and she must adapt and change her behaviors to prevent conflict in the future. It is this navigation of boundaries and ability to understand her status that, although frustrating at times, allows her to create a less challenging family dynamic for all involved.

Many women were still learning the boundaries within their unique family structures and sometimes these created conflict. Women expressed that the problem they had the most conflict with was trying to navigate their boundaries when there were two separate households in the picture. A few women explained that they would put boundaries in place in their household and that these would go down the drain once the child entered the second household. Others experienced conflict when their boundaries were different then the boundaries of the biological mother. When this happened the women felt that their boundaries were ignored and new boundaries had to be put in place. One of the women in my study expressed that her boundary conflicts were more internal and that although she felt like she wanted to mother the child in her care often, she stopped herself because
she felt that behavior was not her place. Boundary conflicts were something that most of the women encountered at some point in their relationship with the child in the care. The lack of clear role behaviors and concise boundaries created a space where these women had to constantly navigate their understanding of their limits.

When I asked one of the women in my study about how she deals with boundaries with the biological mother, she expressed great frustration and concern.

“We talked about it afterwards (a time when both were there to discipline the child) and she goes, I just need you to step down and let me be their mother. I go okay well be their mother but when you don’t do the things that are necessary to be their mother I’m going to step in. you can’t ask me not to.”

Diane, 20

“A couple of times she’s like why do I have to listen to her, not rude just curiosity. Dad will say, “Because she is an adult and telling you something you need to do and you need to listen to her.”

-Rachel, 25

Diane and Rachel both experience conflict in their ability to understand boundaries but also in their power to enforce them. Diane struggles with her belief that as a caretaker of the children she needs to behave in a way that best serves them regardless of how their mother may feel. This creates a tension between the boundaries of the biological mother and the non-biological maternal caretaker. Rachel’s inability to establish parental authority elicits questions from the child. Although both seem to feel entitled to “do what is best for the child,” Diane understands that she must pick her battles and sometimes she will need to back down. By doing this she must navigate her lack of status with her responsibility to right by the children in her care all while avoiding conflict.
**Stigma**

As a non-biological maternal caretaker, most of the women in my study had experienced some type of stigma or marginalization. Some women felt that they were stigmatized due to their own unclear role expectations, while others encountered marginalization from outside sources. Most of the stigma and discrimination that women experienced happened in two ways. The first was that the women were directly marginalized; this meant a statement or behavior was made according to or upon learning their status. The second way was much more covert. Women who experienced this indirect stigmatization were ignored or made uncomfortable, as if to be reminded of their status. Both types of stigmatization created role strains and stressful experiences for the women who encountered them.

Some women felt that they were directly stigmatized regarding their relationship with the child in their care due to their status as a non-biological maternal caretaker. This meant that others placed judgment or behaved in ways that was clearly recognizable. Women who expressed that they were stigmatized in this way also felt hurt and frustrated at how others placed little value on their relationships.

When I asked the women if they had encountered challenges in their relationships with their families they explained their stigma mostly came from a lack of understanding:

> “Although at times I kind of get reactions when they see a picture of all of us together hugging they’re like, Huh? A couple people have actually been like, “be careful because it could backfire on you.”

-Rachel
“I think its just something, it’s not common so not everybody understands it. Not everybody understands why you would take that on. People kind of look at is as you know what are you doing?”
-Diane

“I think some people are narrow-minded people that don’t understand that type of thing, have never really been around child, they feel more like, “Why would she do that? She doesn’t have kids, and she got this and she’s got that then this. Why would she just go right in to the family and blah blah blah.” They don’t understand.”
-Angie

These three women express that their relationships are seen as confusing and not normal. Since the role of a non-biological caretaker is one that is undefined by society, it can make it hard for others to understand. As a society, we assume that most women want to be mothers and that having biological children is the only way to create a parental bond with a child. As the women explain, the inability for others to clearly categorize their relationship creates stigma. Although they are able to frame the stigma as a lack of understanding alternative family structures, it is something they still experience.

Another direct stigma that woman encountered was because of their lack of conforming to marital norms. As Dana explained:

I think because people used to say, “When are you guys getting married?” or “How come you didn’t have any kids together?” We were the total opposite of what normal people do.

In this sense the stigma that Dana encounters is one not based on parental roles but more on the inability to conform to marital norms. Although Dana and her partner were together in a committed relationship it became hard for others to understand that relationship because it was not a marriage. Therefore, Dana’s status as a non-biological maternal caretaker challenged the societal hegemonic family
norms. Her lack of conformity created questions and judgment. Others did not know what kind of value to place on her relationship since it was in an unrecognizable form. In this sense, her lack of marriage and her lack of children with her partner, created a relationship that encountered stigma.

Some women felt that others stigmatized them indirectly. This meant that they felt they were not recognized as being a legitimate parent to the child in their care or they felt ignored and uncomfortable. Women who expressed they were feeling stigmatized in this way also felt that they were left out or that their relationships went unrecognized by society at large.

One woman, Diane, felt that she was stigmatized by the biological mother and also by greater society. She struggled with her role being seen as legitimate. She explained when asked about a challenging time surrounding discipline within her family that:

“I tried to express to her hey if you let them do that its just going to get worse. I’m not a mother, so she looks at me and goes you can’t really give me motherly advice.”

Here Diane is clearly being marginalized for not being a biological mother. Although she is trying to give some advice on what might work in regards to discipline for the children in her care, she is ultimately ignored because she does not have the same status. The biological mom dismisses her advice, making sure that Diane understood that she was did not have enough capital to be seen as able to pass on helpful information. Perhaps, had she been a mother herself, just chatting with another mother, her suggestions would have been seen as helpful or caring. Due to her status, she is stigmatized and any knowledge or advice she has is seen as
useless. She must manage this stigma by adapting her behaviors and understanding she may not be able to give advice.

This type of stigmatization is not just limited to the immediate family. Diane expressed she felt stigmatized by society and other people in her life.

“I have to talk to teachers, I mean sometimes it’s just the most uncomfortable thing sitting here and saying I am not their mom but my name is Diane and I am going to be in charge of this. They go well is mom or dad coming? I say no they are not going to be here.”

Here is another example of the stigmatization that comes from a lack of societal value. Diane is taking on a parental role by meeting with a teacher, yet the teacher does not know what to make of it. This interaction makes both Diane and her child’s teacher uncomfortable because there are no social norms on how to interact with a non-biological maternal caretaker. Although Diane is being responsible by trying to create a relationship with the teacher, she is stigmatized for this because she is not in a role with clear behavior norms or expectations. Since she is just the “girlfriend” to the dad, the teacher doesn’t understand and subsequently cannot place value on her presence at this meeting. In order to manage her stigma Diane must be clear about who she is and adapt what her role there will be.

This stigmatization can also create frustration and feeling of illegitimacy within society. One woman explained that:

“It’s hard, it’s very hard to look at them and know you are the one taking care of it. You are the one calling the doctor office and all of these times. Then people are saying, well your not even step-mom. You are not even... I joke about it, I always tell because the parents on the soccer team will sometimes say, oh what are you doing? Do you just help out? Are you a family friend? I go well I’m the live in nanny.”
-Diane

Another echoed this sentiment:
“It kind of makes you feel like dirt, I think especially like I’ve been in this child’s life providing for this child for many years and even if I marry him I’m still seen as just a stepparent or not even a person that can responsibility for the child.”
-Melissa

This statement is important because it frames the dichotomous thinking that society uses in reference to family structures. Norms inform us on how to act. When those norms are blurry, we become confused, anxious and uncomfortable interacting in situations where there are unclear expectations for behaviors. Although Diane is fulfilling parental duties and responsibilities she is still not even a “step-mom” therefore her role is unclear. In Melissa’s case, she explains that even the little value you gain from becoming a stepmom is not enough to describe the importance of the relationship with the child. Both women endure stigma based on their inability to be in a relationship that society values. In order to navigate others understanding of their “lack of role” they must frame her relationship with the child in a way that makes sense. Both employ skills in order to combat the indirect stigma they face.

Another woman in my study expressed a similar sentiment about being left out of big decisions. Melissa, explained about a time when she was ignored by family members:

“Yeah sometimes I feel like I’m left out if they have to talk to each other about the...They have to get each other’s permission to take him out of the county, I think it is and stuff and if they have to move they have to. Any medical situation, they have to notify each other.”
-Melissa

Here Melissa feels that she is just as important as the mother and father who are making decision but she is clearly left out of these discussions. This type of
indirect stigmatization create a space where Melissa is reminded that her status and relationship with the child has less value than that of a biological parent. The biological parents ignore her feelings and do not including her in the dialogue about medical decisions or other important family matters. This shows that she is not recognized as an influential and important member of her family. It also reinstates that she is a second-class citizen in this family and that she will be treated as such.

Lack of Power

All of the women in my study expressed experiencing a power struggle at one point in their relationship with the child. The power struggle that these women were encountered centered on their inability to have power in regards to the child in their care. This meant that the women either lacked power in institutions such as school or doctors, through conflict with the biological mother or felt that they had to take on responsibility without the power to make decisions.

A few women in my study struggled with a lack of power in social institutions and organizations. These women felt that they lacked the power to make decisions and to know how the child was doing. Most of these types of institutional power struggles had to do with court systems, teachers or doctors:

In regards to court systems:

"The only power I think we have in the relationship right now is, basically we have a scheduled time that is by the courts."

Angie

In regards to teachers:

"I feel like, we have no control over, and when he leaves, we don’t get his homework. We had no idea what he’s doing. We have to try to contact the teacher. I feel like a stalker sometimes."

Angie
In regards to doctors:

“Well I think a lot of the look to the mother first to get some answers. A lot of them I can’t fully answer. I don’t think I can do a lot of the legal aspects of the doctor, so I do need to have him there with me if I do need to take him to the hospital or sign a school for. In society’s eyes I’m pretty much nothing to the child.”

Melissa

These women all feel that in institutions they have a lack of power. All three women expressed frustration at not being able to have any power when it comes to the child’s involvement in these institutions. Since the women are not the biological mother, they are unable to have any power to make decisions on the children’s schooling, court appointed visits or doctors appointments. This lack of power creates a strain on the women as they are trying to provide for the children in their care. This can make it difficult for them in their ability to care for a sick child or grant them permission for a field trip. This lack of power is not based on their commitment or relationship with the child, but purely on their inability to establish biological or marital bonds.

Some women expressed that in situations with the biological mother they felt powerless. Even though these women were very involved with the children in their care, they often felt their viewpoints or boundaries were disregarded when the biological mother disagreed. Ultimately the struggle for power was a stressful and frustrating part of the relationship and was something they had to navigate through.

A few women explained that they felt completely powerless in situations that include the biological mother. When I asked the women about power struggles with biological mothers they explained:

In regards to the power of the biological mother to ignore issues:
“I feel like if we had an issue (with the biological mom) even if he had an issue it wouldn’t necessarily be addressed by her, I feel like it’s my way or the highway.”
Angie

In regards to the power of the biological mother by the court:

“I didn’t understand it. It was like she controlled our lives with those boys with all the threatening. “If you don’t do this then you don’t get to see the kids.” Or “If you don’t bring them home in half hour...” Then, the kids would be in the back bawling scared to go home crying.”
Dana

In regards to the power of the biological mother at a dentist appointment:

“She had never been concerned about it (the dentist appt). Then the dentist said hey we usually only have one person. She goes I’m going to stay I’m their mother you can leave. In front of the dentist I go okay there is nothing I can do about. I’m not the type to cause a public scene and make a big deal.”
-Diane

In regards to a conflict in parenting with the biological mother:

“Just because she gave birth to him doesn’t make her a mom”
-Jennifer

In all of these instances the biological mother was able to flex her power and status in regards to the child. The status that comes from being a biological mother creates a power struggle between the two women who are trying to do best by the child. Although the non-biological caretakers have invested time and support into the relationships with children in their care, they do not have the power to challenge the biological mother. This lack of power can create a stressful and unsure role for the women who are trying to understand their place in the family. Thus, power becomes a tool that can be used to undermine rules and decisions and can even change relationships. They also must be aware and willing to constantly adapt their wants and needs based on the stigma they are managing from others who have
power. This creates frustration and anger as the non-biological caretaker does not have the freedom to voice concerns or express their viewpoints.

Some women also expressed frustration in regards to not having the power to interfere with things they thought were important with the child. When I asked these women to elaborate more on this topic they explained:

“*It’s beyond frustrating, it’s like I’ve gotten better with just calming myself but hearing anything of what she’s trying to do, what she says, her manipulation tactics, it’s so clear that her... it’s not in the best interest of this child. This is about punish the ex and it drives me crazy.*”

-Courtney

“It’s hard just because I would like to but I feel that it isn’t my place early on. I just feel it would be interfering. I think... his ex wife, it would be kind of her being like, and “Well what is she doing coming in and trying to say this or that.”

-Lisa

Both of these women express hurt and frustration about not having the ability to voice their concerns. The women both feel that there is a conflict with the biological mother and that they do not have room to express their feelings. This is interesting because they both see the biological mother as the one with all the power, and that regardless of how they feel, this doesn’t change. Although the women do want what is best for the child, the biological mother power enforces her status and the women are unable to do anything about it.

Women also expressed that the lack of power they felt was conflicting. They lacked power but because they felt that they were responsible for the well-being of the child, it became very difficult for them. Some women expressed that they had to be accountable for the child’s needs, but were not allotted the power to make decisions that benefitted the child. Also some women made decisions based on their feelings about what was best and suffered consequences from the biological mother.
These power struggles created tensions, frustration and conflict while women sought to manage their stigma in ways that did not harm the children in their care and minimized conflict with others.

A few women expressed they felt responsibility to do right by the child but did not have the power to execute those responsibilities. This meant that based on the situations they encountered and the way they were treated, they would have to adapt their behaviors to avoid conflict. When asked about their responsibilities women responded with:

"Yeah it puts me in a hard spot it is definitely a lot of responsibility without the power of being able to say hey you know what I did this and its for their best interest. Just please go with it. Then it's even hard to have to make those decisions and then have to come back and say I’m sorry, I have overstepped my bounds. I won’t do it again. At the end of the day I have to apologize because in reality it is not my decision to make.”
-Diane

“There’s sometimes where you want to be like, “Look I’m going to remove you from your duties if you don’t knock it off.”
Angie

“She has the rights with having the luxury without actually having the responsibility. She can drop him off and she can go out and party and have a good time but for me I have to get a babysitter if I want to do something. Its a lot more responsibility.”
-Melissa

Here, the women express that they feel responsible for the children in their care, but ultimately they do not have the power to do the things they would like to do. These women felt their duties to the child were important and necessary, but sometimes because of the biological mother they did not have the tools or the power to perform them. This created a space of frustration and conflict where the women felt their voice and opinion were devalued. Their lack of status as a biological
mother, made it difficult for them to care for the child in a way they felt was important.

Some women made decisions because they felt it was their responsibility to the child and this created conflict with the biological mothers. One woman explained that the kids in her care were always sick and so she felt that getting them a flu shot could benefit them greatly.

“They got one, and we came home and she was so upset about it. Because she said she doesn’t believe in giving kids the flu shot that she, as a kid didn’t get a flu shot. I said okay well I’m sorry I didn’t know but they were always sick. We assumed if they are not staying healthy I should try. She said I don’t like the fact you made that decision.”
-Diane

Another woman expressed her lack of power at what the biological mother says about her to the child in her care:

“You can’t control what the other parent is going to do or tell him or put in his ear that might influence, but he’ll learn maybe later on.”
-Melissa

One woman offered to start making doctors appointments but the biological mother refused:

“I offered to her since we pay for the healthcare and we pay for their health bills and stuff, I think it’d be acceptable if we started to make their appointments and started to take care of their health and stuff. She said didn’t want to do that.”
-Angie

All of these women experienced a conflict with the biological mother regarding their decision-making. If the decision that they made was something the mother did not agree with then the mother had the ability to use her power and status to change it. These women made decisions they felt were best for the
children in their care, but ultimately their lack of power prevented them from behaving in the way they truly wanted.

**Triumphs and Rewards**

Although many of the experiences the women shared had to do with their struggles and challenges with in their role, they did share some positive insights as well. The women expressed that though the challenges it was the love and emotional bond that they had with the child that helped make the relationship as Diane stated “worth it.”

The following are experiences and feelings that the women were shared when asked about a rewarding or happy time they had with the child in their care:

“There’s been times where he doesn’t want to go to his mom’s because he wants to stay with us or I go to school and he will be like “I don’t want you to leave.” That’s just kind of breaks your heart There are multiple times when I’ve had missed phone calls and he just left me cute messages like, “I love you and I miss you and come home soon.”

-Melissa

“All I care about is I’m happy they’re taken care of. We’re independent we have a healthy relationship these people can do whatever they want…. I don’t know its just important for me…I just want to be the best mom I can be to them.”

-Angie

“We went to the wild animal park and since she’s younger she’s still learning a lot so she was learning about animals and it was just rewarding to be able to see her learning and creating this experience.”

-Lisa

“I’ll marry you just for the kids (laugh). You let me keep them and I’ll do it. I mean ever since I took them my care, they’ve become such a big part of my life. I mean even if I were to be given that alternative I can go be with somebody who is not going to make my life anymore difficult or I can be with these kids and him. You know how this semi family thing we have going on and it would always be them. You can’t take it back. Once
you’ve gotten in there you can’t take it back. There is no way to walk away. Not at all, not with kids.”
-Diane

As the women struggled with the intense challenges of finding their way as a non-biological caretaker it were the meaningful relationships they had made with the kids that kept them going. Even though they were not the biological parent of the child, they found ways to create loving and important relationships that were beneficial to them. They also justified their challenges through their loyalty and their bond, and this helped them in times of conflict. They continued to navigate their role through the unknown with the simple understanding that their relationships with the children were what mattered. This ability to reframe their experience and to focus on the emotional incentive of the relationship gave them the validation they needed to move forward in their pursuit of their own non-traditional family. Diane explained it best when she said:

“At the end of the day, no matter how frustrating or what people say. They are happy and they’re taken care of and I know that they’re better off having Alan and I around. It’s worth it”

As women navigate their role as non-biological caretakers they face challenges and struggles. These women expressed that being a non-biological caretaker created confusion and uncertainty in regards to language and boundaries. They also explained that they endured discrimination and stigma due to their status. Some women felt that they had a lack of power to make decisions or enforce their parenting style. Others felt the role or lack of role, created confusion and uncertainty within themselves and with their children. Also there were findings that showed
some women found positive ways to navigate the role and felt that although difficult at times, it was worth the challenges.

**Capital**

Women in this study used their social and capital to navigate the pressures and challenges of the role of a non-biological maternal caretaker. These women were able to access networks of support as coping strategies for the unique challenges this role entails. Some women, as suggested in the literature, used formal and informal support networks in order to negotiate their role. Positive reinforcement also showed up as a theme that helped women cope with their experiences. This reinforcement could either be through public or institutional avenues such as teachers, doctors or friends or could be on a more personal level, such as praise from a partner or from the children themselves. Another way women were able to navigate the non-biological maternal caretaker role was through their use of their own experience. This experience could be from already having a child and being a mother. It could also be an understanding of blended families that the women had from their own postmodern family interaction. All of these different aspects were important in using capital to navigate the role of a non-biological maternal caretaker within their own family and in society.

**Social Capital**

Women in this research study used networks of support in order to negotiate their role within their family and society. The women in this study used informal support networks by gaining support through friends and family as well as formal
support networks by gaining support through religious organizations and therapists. Both methods helped the women to incorporate strategies for coping with the challenges of this particular role.

Some women in my study used informal support systems to negotiate their role within their families. These women counted on the support and advice of friends, and family members. These relationships and the advice they were given allowed them the ability to frame their future behaviors. They also helped the women to feel like they were accepted and recognized as a non-biological maternal caretaker.

Some of the women in my study looked towards friends for support in their role as a non-biological maternal caretaker. This meant that they would seek them out to talk about the challenges they were having or ask them for advice. Either way, the friends seemed to be an important support system for the women.

A few women explained when I asked them if they had reached out to family or friends for support:

“They are fine. They know that he had a really bad relationship in the past so I think they’re more so happy that she (the daughter) is happy with it and he is as well so they are very supportive.”

-Lisa

“‘Yes a majority of my close girlfriends, they are really aware of it. I mean I have a lot of friends who have kids and are single moms or single dads and they’re blown away by it, blown away. I mean they back me up so I don’t feel like I am a crazy person.”

-Courtney

“I think at first, my friends were getting used to it because we had them a lot. They always like, “What weekend is our turn to hang out with you and stuff?” I’m like “We have them every Friday so... and pretty much every Saturday so we’ll have to....” Most of my friends they’re like “We’ll
These four women expressed that the support they were able to gain from the friendships in their lives helped them to understand their role and cope with any challenges. As Courtney stated her friends help her feel like she’s “not going crazy” when she is trying to navigate her place within her family. Diane expressed the same sentiment that her friends were supportive and felt that she was doing a positive thing by creating a relationship with the children in her care. By having important friendships these women maintain their ability to be emotionally involved in their relationships while coping with the unique challenges that are intertwined in these relationships.

The transition from being a single person to a non-biological caretaker also was something that needed support. In Angie’s case, her friends were willing to come to her house if she had the kids or change their plans in order to make them acceptable for children. This type of unwavering support from friends was an extremely useful tool in being able to understand and pursue a relationship within the family. By having access to informal support networks such as friendships, the women are able to feel accepted, recognized and supported in their navigation of their role.

A few women in my study expressed that their family supported them in their role as a non-biological caretaker. These women explained:
“My mom understands. She’s remarried and there are stepchildren in that relationship as well, so she understands how it works and it’s a little bit harder. It’s just something that you have to deal with. So, I’ll talk to her because she has a lot of knowledge on a lot of things.”
-Lisa

“My grandma is obsessed with them. She loves them. Everybody loves them.”
-Angie

“My sister, Eva, she’s the one that has gotten closest to her (the child in her care) I think. To the point where when we’re around I refer to her a lot as my sister and she goes “No, they are my sisters.” I’m like okay we can share. You can share my sister. And when my sister Eva is around she’ll say “Sister!” There’s a bond between them too, I think. Everyone has been very supportive.”
-Rachel

All three of these women express that their families were supportive of their roles in their families. By gaining recognition and legitimacy through family support, these women are able to feel that their relationships have value. As they navigate their role and encounter challenges, these women were able to count on their families in times of need. It also became important because ultimately these women were blending their families together. For this to happen, the women needed to know that the children in their care and their partner were accepted and loved. By accessing family support women were able to navigate their role and cope with challenges in way that fostered positive growth and understanding.

Some women also express that they felt supported by their partner’s family as well. These women expressed that having their partners family support made them feel comfortable in the process of navigating their role.

One woman explained:
“I think they are pretty supportive. I think everybody likes the fact that there’s some kind of woman role for her, you know, since her mom is very distant. I mean they talk a lot on the phone now, but, you know she lives in Florida.”

-Jennifer

It was also important for the women to feel loved and accepted by their partner’s family. Jennifer felt that her ability to be a positive woman role model helped her to cultivate a relationship with the family. Although they did not see her as a mother, they did respect and honor her relationship with the child in her care. This affirmed her relationship with the child and allowed her the ability to continue to pursue the relationship.

There were two women in my study that sought outside formal support to cope with the struggles they felt as a non-biological maternal caretaker. When asked about if she had sought out formal support Rachel explained although she was already seeing a therapist when she met her boyfriend but continued this method of support throughout her relationship:

“Therapy came along just…. I guess it was happening as the relationship with my boyfriend started... Talking to the therapist it I think therapy really helped a lot.”

-Rachel

Another woman Melissa when if she sought out any form of support, expressed that her boyfriends mother offered her formal support:

“I am really close with his mother. She’s a pastor and she’s also given us premarital counseling.”

-Melissa.

Both women express that they felt the guidance they found from seeking out a professional was helpful. By accessing therapy, the women were taking an active role in gaining support in the way they were creating relationships with the children
in their care. Melissa was in an especially unique situation because she was able to access formal support from a family member who was also a part of her religious institution. Here she is obtaining acceptance and support from three important social institutions. First she is able to gain support from her partner’s mother, which creates acceptance and value for her relationship. Second she is able to understand her role and her behaviors as suitable through a professional’s eyes. Lastly, her role is respected and appreciated through her church. For both women formal support was yet another type of capital they were able to use in order to navigate their role in their relationship with child.

Women in this study used positive reinforcement in order to understand their role within their family. Women in this study experienced positive reinforcement from institutions as well as from their partner and child. The reinforcement they received allowed them to modify their behaviors in order to benefit themselves and the child in their care.

Some of the women in my study experienced times where others gave them positive feedback on the way they were raising the children in their care. Two of these women explained in more detail about this type of reinforcement:

“Even their first week of school I took them all week. Then the week mom had them, they cried and cried and cried and didn’t want to go school. It was even something the teacher noticed there is such a difference in them depending on who they are staying with.”

She explained further:

“Things like that, when they’re happier, when someone complements them on something. When I take them somewhere and say they are so well behaved and they are so good with you and looking back and remembering they were crazy children when we first got them. Like I
“talk to them and it makes me feel like they’re good or there going to be okay now. I can kind of relax and know that as long we keep doing what we’re doing they are happy.”
-Diane

“Yes. The teacher was like “Yes it seems to be willing, both people are willing to put their differences aside and see her (the child) as a priority and focus.”
-Rachel

While these women were encountering challenging situations it is important that they are receiving positive feedback from others who have status and power. This type of capital gave women encouragement that their parenting style was acceptable and beneficial to the child in their care. By getting compliments on the children’s behavior from others or affirmation of their relationships from teachers, the women were able to move forward feeling like they are valued. Since this is also uncharted territory for a lot of the women, it made them feel good to know that the parenting style they are using with their children is benefiting them. This type of capital was important for the women because it not only acknowledged the invisible labor they were doing but it also meant they were accepted as being a true part of the child’s life.

Some women felt that they were able to navigate the challenges in their relationships with the children in their care because of the positive reinforcement they received in their home. This type of support either came from their partner or other family members. Either way, these women explained a sense of relief and happiness at getting a favorable reception from the people whose opinions they valued.

In regards to support from partner:
“I think what helped is that my boyfriend and I have developed really good communication skills. If something is not working for I feel like I’m not doing great, I feel he’s there backing me up. He’ll say stuff like “Wow, you handled that well.”

-Rachel

In regards to the grandparents giving positive reinforcement

“It made me feel good. Like I said, I’ve been working my ass off for that. It feels like it’s rewarding, it’s paying off. Not only that but I can see it in her behavior as well. She listens. I don’t know it’s a learning experience I think with her.”

-Rachel

Here Rachel explains that it is the positive feedback that she receives from the people in her family that helped her to understand her role in her family. By using the positive reinforcement she has received from her partner and others she was able to reinforce that her relationship with the child was worthwhile. Without the status or power of a biological parent, she had to show others through her actions with the child that her relationship had merit. Rachel has adapted her identity therefore proving her worth and value in her family. She has managed her stigma by being willing to change her behaviors based on the needs of the situation and with the support of her partner and others she was able to continue building a relationship with the child in her care.

Cultural Capital

The women in this study used coping skills and understanding as resources to understand their role in the family and to shape their behaviors. Women explained that already being a mother provided them with unique skills that created a familiarity and comfortably within this setting. Women also expressed that having a background or coming from a blended family allowed them to frame the situation
and their role accordingly. Women also used their background and they’re past education in order to understand their role within their family. Women used these forms of cultural capital as tools to negotiate their role.

There were four women in my study that were already mothers and were also dating a man who had children from a previous relationship. All three women expressed that it was their previous experience as a parent that allowed them to bring an understanding and an awareness into the relationship that things were not always going to run smoothly. These women also already had a discipline style they felt comfortable with as well as already having basic parental knowledge.

When I asked the women about their role in the family they responded acknowledging their capital:

“Not really. Not its been pretty- because I think I am kind of relaxed and just you, I’m not gonna get-I know being a parent, your kid, I think it would be actually harder if I didn’t have kids understand the relationship and the dynamics of the relationship.”
- Jennifer

“I think it’s different that I have kids. I think because I am clearly defined as a mom, I already have that role, I got it, I know what it means, I know what that looks like versus if he just has kids and I’m stepping into this role it would be a little different. I kind of already know how to be a mom.”
- Tracy

All of these women use their motherhood experience as a resource to navigate their role in the family. By having previous mothering experience they also have a style in terms of discipline or emotional closeness. Their experience as parents offers them a resource that others do not have. They not only understand the challenges that come with being a parent, but they can use that framework to
understand and adapt to the challenges they experience as non-biological caretakers. As these women were creating relationships with the children in their care, they were able to draw upon possible past experiences when dealing with the same issue with their own children. Due to these types of insight, this capital was extremely valuable and helpful in creating relationships within their family. One of the women expressed how important it was for her to make sure the relationship her child had with her partner was something that they both felt good about. This meant her priority was to be a mother first, and then to be a partner later. Her status as a mom solidified her parental guidelines and her values on the way she wanted her child to be raised. She explained that when she shared a time when her child expressed his love and appreciation for her partner:

“Thank you, Uncle Brandon (the uncle is a nickname), for everything. Thank you for being like a father and teaching me this or teaching me that.” I think Brandon... That melts Brandon’s heart.”

-Dana

Here Dana’s previous understanding of parental relationship influenced her relationship with her partner. She expressed that being in relationship and having a child, meant she had to consider the child’s well being over her own. When she was able to see that her partner and her son had created a real and lasting bond it made her feel good about the relationship. This type of capital of understanding a parental bond also helped her to forge a relationship with her partners children based on the same type of ideals. Since they were both parents, they both understood how to be in that role and knew how important it was to create a relationship based on trust
and mutual respect. This capital solidifies the relationship, gives it legitimacy, and allows her to maintain her parental status.

Many of the women used previous experience such as their education or past employment knowledge as cultural capital. These resources armed them with the tools they needed in order to understand parenting and family dynamics. This type of capital was important because it provided the women with a context to understand behaviors and in turn how to behave.

Angie explained she had two types of experience capital:

“I’ve been caring for children a long time. I’ve been a nanny. I go to school for human development science so I have a background in it, a long background.”

Rachel also had previous experience capital:

“I think also the level of education that I have, the classes that I was taking have helped me a lot and the books that I’ve read. If there is something I’m not really sure about, it’s to my own benefit so I’ll start looking for information, which is what has helped me too. Having an open mind I think definitely has made a huge difference.”

Both women draw on their previous experience either through their education or their employment. These women used their access to resources such as books or classes in order to forward their relationships with the children in their care. Their past experience served as a form of capital that provided them with tools that can make the negotiation of their role go smoothly. Not only did they use their educational knowledge but also Rachel explained that she seeks out new information that may be of use to her in this unclear role. This means that she is actively pursing information that may provide her with capital to better understand her challenges as a non-biological caretaker. Even though both of these women did
not have parental experience, they used the resources they had to inform their ability to navigate their role.

Some of the women in my study expressed that it was their own family or other family backgrounds that guided the way they behaved and created a relationship with the child/children in their care. These women used their family experience as a framework for understanding the relationship and the expectations of the role.

Angie explained how much her parents influenced the way she raises children:

“All the things your parents did for you, you get to do it back. All of the lessons you learned and all of the cool things that they had for you get to do it back. “

- Angie

As Angie draws upon her own cultural capital and experiences being parented she is able to translate that into a new relationship with the children in her care. By remembering behaviors and activities that she enjoyed as a child she is able to move forward and with that knowledge. By using her experience as child and her parent’s style of raising children as a resource she is able to draw upon past experiences to shape future behaviors.

Many women felt that being a part of a blended family was helpful for not only for the non-biological mother but also for the child.

On blended families making the children feel comfortable:

“It took them a bit to kind of realize there is more then mommy and daddy. It helped though because a little while after her and Alan split up she started seeing somebody else. They moved in together after a couple of months. I think they kind of were aware of the situation. By the time they met me they kind of…..Understood it.”

- Diane
On blended families making the non-biological mother feel more comfortable:

“*My mom never got remarried but dated a lot of people for a long period of time and I was very close to them and I still have contact with them. They taught me how to drive a car and got me to do things, and were definitely involved in my life. I think for me that was just the example I was given.*”

-Tracy

These women used their previous blended family experience, the biological mothers new relationship, or other family relationship as cultural capital. For Dana, as other family members relationships seemed to fall apart, she felt her relationship was a good example for the family. By using other family relationships as resource she was able to understand and work towards creating a stable relationship with her partner. Angie explained that it was her ability to use the lessons and parenting skills her family had given her as a child that helped her to navigate her role in her family. Although she was not a parent herself her past childhood experiences provided her with a form of capital that she could use in creating a relationship and parenting the children in her care.

Diane explained that it was the biological mothers new relationship that paved the way for her relationship to be viewed as acceptable and legitimate. Since the children were familiar with the mother’s relationship it became a gateway for her to create her own relationship with her partner and his children. Tracy expressed that it was the way she was raised that allowed her to frame her behaviors in her role as a non-biological maternal caretaker. Since she had created lasting and important relationships with the men whom her mother had previous dated, she used these relationships as a model for how she would create
relationships with her partners children. Overall, the women who used previous familial understanding as a resource found it to be an important form of capital that provided them with insights on how to navigate their role as non-biological caretakers.

In sum, the women in my study took on many different roles in their families. They had to modify their behaviors based on the circumstances of the experience they were in. This meant their role was also fluid and ever changing and that they were constantly managing their stigma. Due to the ambiguous nature of their role, the women in my study had to adapt to many struggles and challenges as non-biological maternal caretakers. They navigated through distinct challenges such as the lack of language, boundary issues, power struggles and confusion. Although mostly negative, the women also experienced rewarding and positive times in relationships with the children in their care.

The women shared that they utilized many types of social capital in order to understand their role in their families and manage the stigma they encountered. They shared that resources such as informal and formal support systems, positive reinforcement and previous experiences helped them to negotiate their role as a non-biological caretaker. Ultimately the women in my study took on many roles, encountered many challenges, and used their access to resources in order to cope with the struggles they experienced as non-biological maternal caretakers.

IMPLICATIONS
Presented in this research are non-biological maternal caretakers' experiences and how they negotiate their role in their family. The unique experience of the non-biological maternal caretaker provided me with information about their struggles and challenges and also how they cope. This data was important because it not only confirmed most of the previous research on similar populations but also brought new and interesting insights about these women and how they experience their role. This research is significant because it addresses a population otherwise not studied sociologically. This voice is vital to the discussion about alternative family forms and their value within our society. Future research and public policy should be aimed at understanding these experiences in an effort to end marginalization of these women.

Many of the themes that emerged from the interviews conducted affirmed the previous research on other types of non-biological mothers. This previous research consisted of the experiences of stepmothers, adoptive mothers and lesbian co-parents. These women expressed similar experiences to that of non-biological maternal caretakers including their challenges and their coping mechanisms. These similarities consisted of: role confusion, language, boundaries, discipline struggles, informal and formal support networks, and stigma.

The previous research showed that non-biological maternal caretakers experience challenges and struggles similar to the women in the previous research. Non-biological mothers experience confusion, uncertainty and distress (Erera, 1999). This is similar to the women in my study who also expressed that they feel confusion in their lack of role. These women experienced role ambiguity with no
clear norms for their role and subsequent behaviors. They also felt pushed to fill unclear behavior expectations while simultaneously trying to meet their own needs and the needs of their families (Fine, Coleman & Ganong, 1998 & Jones, 2004).

The women in my study also addressed that there was a lack of language to describe their role. These women struggled with the lack of term to identify their relationship to the child in their care to others. Non-biological mothers also encountered struggles with language. The previous research showed that a lack of language for their relationships created challenges and legal struggles (Church, 1999 & Jones 2004).

Lack of language also conveys a sense of deficiency. My research showed that the lack of a term for their relationship often made them feel unimportant. One woman even felt that the word step mom was not an accurate portrayal of the value of her relationship which echoed the research stating that the only legitimate terms for a female parent are words like “real, natural or birth.”(Jones, 2004).

Women in my study experienced struggles when it came to boundaries. This was similar of the previous research. Without clear boundaries on how to act, women had unclear role expectations (Church, 1999, Perez & Torrens, 2009, Strawn & Knox, 2007, Weaver & Coleman, 2005). These boundaries centered on areas of discipline, parental styles and conflicts with biological mothers.

Both women in my study and previous researched non-biological mothers encountered boundary conflicts and had to navigate through these issues. The previous research expressed that women felt frustration with their inability to control both the personal and interpersonal relationships with their family (Henry
& Mccue, 2009, Strawn & Knox, 2007). This responsibility without power, which the women in my study affirmed, made it hard to have a clear distinction between the responsibilities they felt they had to take on and the power to see them through (Perez & Torrens, 2009).

Boundary conflicts were also common with both populations studied especially when their parental styles differed from the biological mothers. This was similar to the previous research where women felt that their parenting style was seen as ambivalent in regards to the biological mother (Weaver & Coleman, 2005). This created a struggle between the ability to be a caregiver and not having the authority to make decisions (Jones, 2004).

There were also similarities in the findings on informal and formal support networks. Both the research I conducted and previous research found that women use both informal and formal support systems in order to cope with their struggles. Women used both support of extended friends and family members as well as reaching out to more formal support networks such as therapists (Hequembourg & Farrell, 1999, Lambert 2005). My research expressed how important it was for them to have positive reinforcement and support from their partner, which confirmed the research that stated that when their partner was supportive and gave positive feedback the non biological mothers experienced less strain and stress (Henry & Mccue, 2009, Whitting et al, 2007).

Both the women in my study and the women in the previous research experienced stigma and marginalization. Confirming the previous research, women felt their lack of biological ties created a stigma attached to their role. This
reiterated that a woman without biological ties experiences stigma and marginalization because their roles are seen as illegitimate (Ben-Ari, 2007, Doodson & Morely, 2008, Hequemberg & Farrel, 2009).

Women researched felt stigmatized because they were part of a non-married family, where they lacked few rights. This reaffirmed the research that stated there is a stigma attached to couples who cohabitate and are not married. These families lack any formal legal or social recognition and this creates stigma and strain for the non-biological maternal caretaker (Nock, 1995 Seltzer, 2000, Gordon, 1998/1999).

In the research I conducted with non-biological maternal caretakers, many significant new themes emerged. These women encountered specific challenges and struggles that were not addressed in previous studies and used new and innovative strategies in order to cope. The women in my study also had to consistently adapt to each unique situation they experienced. This type of fluidity, which Goffman termed, stigma management, reflected their ability to manage their tensions they encountered (Goffman, 1963).

The women in my study had unique struggles and challenges within their families. They also felt that most of these struggles came from their lack of power. They were constantly trying to learn their boundaries and understand their role. Unlike women who had marital ties to their spouses, non-biological maternal caretakers were unsure where they fit in their family. They also specifically had no language to describe who they were. This created tension and misunderstandings when it came to who they were in the family.
Non-biological maternal caretakers also expressed they felt frustration and anger with the power struggle they encountered with the biological mother. Although most of the women felt they were able to discipline and parent freely in their own home, their lack of power outside the home created stress and confusion.

Many women spoke about the learning process and expressed that they were constantly adapting and changing their behaviors based on the situation. This stigma management, to me, was the most significant finding. While the women experienced unique challenges and stressors that came with their role in the family, they were always looking for ways to cope with these stressors. They frequently tried to anticipate how their actions would affect others or themselves. Their behaviors were not driven by their own personal need, but more by the needs and reactions to others. They had to manage their identities based on situational norms and values that were usually wrapped up in the nuclear family.

The women had an artful and intuitive way of negotiating their role and facing the challenges within their families. They adapted their needs and behaviors in a way that accounted for the social norms of the family institution. If they were meeting with a teacher or doctor, they would explain why they were there and perhaps make a joke to manage their stigma. Others would take on different roles at different times based on the unique needs of the family. If the family norms called for discipline they would discipline, and if the family norms called for a friendship type interaction they would adapt and encompass that role. This type of identity management was the direct result of the unclear expectations for behavior they
encountered. These insights were especially important because they illustrate the unique ways non-biological mothers cope with their struggles.

Since there is currently very little research that addresses how women who are in a relationship with a man with children navigate their role in society and within their family it is extremely important to understand their voice. This research not only confirms much of the past research that has been conducted on other similar types of non-biological mothers, but it provides new insights and understandings as to the type of specific challenges they undergo and the coping mechanisms they use to adapt.

The purpose of this study was to analyze the verbal responses of women who are in a non-biological maternal role and understand how they negotiate that role. This study provided the women with the opportunity to share their story with someone without fearing judgment or reprisal for expressing their feelings. Since the women were able to tell their story, this may help other women who are also in a non-biological caretaker role understand or give them strategies to cope with their experience. For society in general, the data from these open-ended interviews provided a greater insight about how non-biological female caretakers understand their roles within their family and society.

This research was very important because these populations are growing. As a society we hold married nuclear families as the paradigm to which we compare all other family forms but with over 25% of women 19-24 cohabitating instead of marrying, these types of family formations are becoming more common (Bernstein, 1999, Seltzer, 2000). Non-married, remarried and divorced families are becoming
more widespread and they are growing. These families are also important to research because children from non-married households have been shown to experience negative affects and these effects double for children if their “step-parent” is female (Bernstein, 1999, Seltzer, 2000).

Research has also shown that compared to children with “in-tact” families, children living in a cohabiting family encounter more school problems and are less successful academically (Maroules & Willets, 2004). This made it of utmost importance to investigate how individuals within these postmodern families understand their roles. Due to the lack of current research regarding non-biological female caretakers, it was essential to include them in the narrative regarding new and emerging family structures and how they function (Bernstein, 1999, Maroules & Willets, 2004, Seltzer, 2000).

This study was able to get a broad understanding of how non-biological maternal caretakers negotiate their role. The limitations of this study were the sample size, which was due to time restrictions and lack of funding. This study may also present a limitation for researchers who are interested in studying these women longitudinally as this study was only 4 months in length. Future research should be done and focus on a larger group of women who are in this role and perhaps for a longer period of time.

In addition to the larger sample size, future research should focus on more specific groups. By breaking down the women into groups based on relationship length, child age, or whether the couple is cohabitating or not, we could get insight into the specific understanding of these women and their experience. Future
research could also address challenges and coping strategies separately to see if certain challenge illicit specific coping strategies. Future research using specific groups of women who are non-biological maternal caretakers could give us valuable data that would provide us with an even deeper understanding of how they negotiate their role.

Since there is very little research addressing these caretakers, this research can provide an opportunity to understand more about how they feel and view themselves. Researchers, advocates, policy makers, and society in general would all benefit greatly in trying to understand the phenomenon of non-biological maternal caretakers by hearing the lived experiences of these women. Society would also benefit from hearing the challenges these women may face, in order to promote public policy that may give these female caretakers more recognition by the law. The societal benefits from this study could also be that by sharing the women’s experiences, post-modern families may become less marginalized and seen as more legitimate due to their being more research available. This research could also assist in creating a dialogue with biological mothers regarding the intention of non-biological caretakers in the family. By understanding their challenges and struggles, perhaps all family members would be able to push towards more peaceful and positive interactions.

The lived experiences of the participants can help researchers and lawmakers gain a better understanding of the experience of the non-biological caretaker. This could also combat marginalization or stigma associated with this role. Many of the women I interviewed expressed excitement and relief in meeting
someone else who had also been in their shoes. These women expressed a lack of resources available when trying to cope with challenges.

By sharing this research, we can justify a need for more support groups or clubs on campus where women could share their stories and seek advice or support from others like them. This could help these women in employing better or more effective coping strategies and responses to the challenge the hegemonic family norms. Understanding their experiences can also help promote more humane and socially just service programs to help women who may experience difficulty in this role, or to provide women with legal advice if needed.

It also important to emphasize the significance of language in removing stigma from this population. The lack of a term for the non-biological caretaker creates a population that is invisible and therefore makes it difficult to mobilize and push for public policy changes. I propose creating a term that could serve as a form of capital for women who are dating men who have children from previous relationship. This term “proxy mom” could begin in creating a more comfortable interaction with others. The “proxy mom” term would be the first step in setting clear role expectations and behavioral norms. This is a critical and essential step in eliminating stigma and promoting value of this invisible population.

CONCLUSION

Non-biological maternal caretakers are an understudied group in academic sociological research. To be honest, I would not have investigated this topic further
had I not found myself in this very unique position. As non-nuclear family forms continue to grow in this country it is important to understand how the lack of clear role definitions affect their members.

Many themes emerged from this research. Some of these themes confirmed the previous research that states that women such as these encounter challenges and use coping mechanisms. But there were also other fascinating themes that appeared. The women in this study shared that they had to adapt consistently to different pressures and tensions they experienced due to their lack of clear expectations on how to act. This created a fluidity within their relationship with the child in their care, as they must manage their identities not based on their own personal needs but the needs of the situation at hand. These themes consisted of power struggles and stigma management methodologies that became new insights into understanding how non-biological maternal caretakers negotiate their role.

This research is especially significant due to the lack of current research addressing this topic specifically. As the nuclear family shifts, and the post modern family continues to grow, more and more women may encounter this type of role in the family. By providing the information obtained from this research to the greater society we can gain a better understanding of how non-biological maternal caretakers negotiate their role. We can also gain valuable insight into understanding the non-traditional family and hopefully create a dialogue where we can start to see the value in these new and emerging family roles. Because in the end...
“Family isn’t always blood. It’s the people in your life who want you in theirs: the ones who accept you for who you are. The ones who do anything to see you smile and who love you no matter what.”

-Author Unknown
REFERENCES


Appendix 1: Interview Questions
1. Age/Race/Length of relationship?
2. Age/gender of child/children in your care?
3. Can you tell me about your role in your partner’s child’s life?
4. How often is the child in your care?
5. In what ways does your status as a non-biological caretaker influence your role in that child’s life?
6. What language/terminology do you use to introduce yourself?
7. How do friends and family view your relationship with the child?
   - How does that make you feel?
8. Can you tell me about a time when you may have been unsure or confused about your role in that child’s life?
9. What are your responsibilities for the child in your care?
   - Does your status affect your responsibility to the child or make certain things harder to accomplish?
   - How?
10. Do you have power to make decisions about the child?
11. Can you tell me about a stressful or challenging time in your relationship with the child in your care?
12. Can you tell me about a stressful or challenging time with your partner regarding the care of this child?
13. How do you show your child love?
14. Are/Were there certain words or phrases you feel comfortable/uncomfortable using?
   - (I love you)
15. Do you feel that you are able to express emotion and love freely without biological ties to the child?
   - Was there a time when this wasn’t the case?
16. Can you tell me about a rewarding or happy time in your relationship with the child in your care?
17. Tell me about a time when you had to discipline that child/children?
   - How did you decide what type of discipline to use?
   - What is your method of discipline with that child?
18. Are your methods the same or different than a method you would use if child were biologically attached to you? If yes, How so?
   - Did your status as a non-biological caretaker influence your decision? If yes then how?
19. Do you feel comfortable to use your discretion when implementing rules or punishments?
20. How do others treat you, regarding your relationship with the child in your care? (Family, friends, teachers, etc)
21. Has anyone ever treated you differently after learning you were not the child’s mother or because you were a non-biological caretaker?
   - Do you feel your status affects how others view you?
22. Do you feel people see your relationship with the child as legitimate and real?
• How does this make you feel?
23. Have you reached out to family or friends for support when you encounter struggles or challenges?
24. Have you sought out more formal support such as support groups or therapists?