

LIVING OUTSIDE THE BOX:
LESBIAN COUPLES WITH CHILDREN CONCEIVED
THROUGH THE USE OF ANONYMOUS DONOR INSEMINATION

by

KAREN CATHARINE KRANZ

B.A., Simon Fraser University, 1995
M.A., The University of British Columbia, 1999

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Abstract

Societal pressures have led to social and legal policy changes that have resulted in fertility clinics increasingly permitting lesbians access to their services. Therefore, lesbian women are able to conceive their children and create their families in ways that historically were not available to them. While some research has been conducted examining the needs, experiences, and issues faced by lesbian-led families in general, there is a dearth of research that exclusively explores lesbian couples who conceived their children through the use of anonymous donor insemination. The qualitative method that guided this research was interpretive interactionism. Interviews were conducted with 10 couples who self-identified as lesbian, chose to have their children while in their lesbian relationships, and conceived their children through the use of anonymous donor insemination. Analysis of the transcripts revealed that four themes shaped, constructed, represented, and gave meaning to these unique family configurations. These four themes are (a) conception options of two women, (b) two women parenting, (c) anonymous donors/not fathers, and (d) families with lesbian mothers. These themes are elaborated in terms of their implications for lesbian-led families, clinical practice, and future research.

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CHAPTER ONE

"On 11 October 1987 over 200,000 people from around the country marched on Washington, D.C., for lesbian and gay rights. One button worn by many lesbians read 'Love is What Makes a Family'" (Riley, 1988).

Family: a word, concept, idea, image, feeling, belief, ideal? What is a family? Statistics Canada states that in 1996 there were 7,837,865 families in Canada: 85% of these families were defined as "husband-wife families" and 15% were defined as "lone-parent families" (Statistics Canada, 1996). Thus, Statistics Canada appears to define two types of families, heterosexual couple families and single-parent families. Part one of the British Columbia Family Relations Act contains a section labeled "Definitions" (Queen's Printer, 2000). Interestingly, the definition of family is not provided.

Although we may struggle to define it, to each of us the word family is imbued with meaning. In Western culture, we have come to idealize a particular definition of family, the "heterosexual conjugal unit based on marriage and co-residence" (Silva & Smart, 1999, p. 1). As Dalton and Bielby (2000) state, this "monolithic notion of the traditional nuclear family is difficult to dispel because it seems to be natural and biological, the most timeless and unchanging of all social institutions" (p. 36). Although the traditional nuclear family is no longer the norm, the values and ideals of this form of family remain (Mandel & Duffy, 2000). As such, alternative family configurations (e.g., lesbian families, gay families, foster families, extended family configurations) have traditionally been perceived as deficient and lacking (Silva & Smart) and/or rendered invisible and stigmatized (Dunne, 2000). As a consequence, and despite considerable resistance from some religious and political leaders (Pollack, 1995) who fear that family diversity is indicative of moral decline (Silva & Smart), the definition of family needs to become more inclusive.

Families cannot be expected to remain unchanged in the face of wider social trends (Silva & Smart, 1999). The landscape of the traditional two-parent family is shifting to include a "wide variety of alternative family forms including the lesbian-parented household" (O'Connell, 1992, p. 281). The growing numbers of lesbian (and gay) parents represent a "sociocultural innovation that is unique to the current historical era" (Patterson, 1995a, p. 263). In fact, referring to the burgeoning number of lesbians choosing to parent since the early 1980s, the term Canadian "lesbian baby-boom" has been coined (Arnup, 1998). In the Vancouver Sun (May 8, 1999), Karen X. Tulchinsky underscored this increasing trend for lesbian women to embrace motherhood:

...in the '70s lesbians were too busy organizing music festivals, leading Gay Pride Parades, counselling at women's shelters, playing softball, operating coffee houses and fighting for equal rights. But in the early to mid '80s, many women realized that "lesbian mothers" was not an oxymoron, and the lesbian baby boom began. Gay women all over North America traded their picket signs for picket fences, motorcycles for strollers, flannel shirts for nursing bras, and leather jackets for leather teething rings. (p. E23)

Several forces are associated with the increase in the number of lesbians choosing to parent. The 1973 decision by the American Psychiatric Association to remove homosexuality from its list of mental disorders (Kirpatrick, 1990; Stein, 1988) has served to help legitimize homosexual relationships. Gay political activism for social and legal rights has increased the visibility, and to a degree, acceptance of homosexuality (Stein). The reorganization of gender-roles and gender relations within families resulting from the feminist movement (Alldred, 1998; Thorne, 1992) has made visible and helped legitimize a wider range of family forms (Lempert & DeVault, 2000). The extension of educational and employment opportunities for women has

“enabled increasing numbers of Western women to construct independent identities and lifestyles beyond traditional marriage, motherhood, and indeed, heterosexuality” (Dunne cited in Dunne, 2000, p. 11). Increased access to the use of anonymous donor sperm has given lesbian couples the opportunity to create their own unique families outside the traditional heterosexual context and without the active involvement of male partners (Dunne; Haines & Weiner, 2000; Riley, 1988). Finally, changes in social and legal policies have made lesbian families more acceptable in the eyes of the law, thus making parenting a more viable option for lesbian women. For example, the British Columbia Adoption Act was modified in November 1996 to allow non-biological mothers to adopt their lesbian partners’ children (Antoniuk, 1999). All of these changes have led lesbian women to “reconsider old assumptions that their ‘deviant’ life-styles must leave them childless” (Martin, 1989, p. 249) and to recognize that homosexuality does not preclude motherhood (Dunne; Lewin, 1994).

Demographics of Lesbian-Led Families

It is difficult to know how many lesbian mothers there are in Canada. Exact numbers are impossible to determine because many women, due to fear of discrimination and prejudice, choose not to let others know they are lesbians. Methodological problems also exist with studies reporting discrepant population numbers (Lahey, 2000). Further compounding the problem is the fact that until the 2001 census, official record-keeping agencies such as Statistics Canada did not include sexual orientation in their data. The Statistics Canada omission not only precluded the accuracy with which homosexual populations could be known in Canada, it also served to render homosexual families invisible and unworthy of noting (Arnup, 1998; Levy, 1996).

As it is not known how many lesbians there are in Canada, and because experts testifying in Canadian courts on cases involving sexual discrimination often use data from the United

States (Lahey, 2000), I have estimated the number of lesbian mothers in Canada using US percentages. In the United States, it is estimated that 10 to 20% of women are lesbians and 20 to 30% of lesbians are mothers (Pollack, 1992). In Canada, there are 12,299,400 women over the age of 20 years (Statistics Canada, 2004). Using the US percentages, it is estimated that there are between 1,229,940 (10%) and 2,459,880 (20%) lesbians, and thus between 245,988 (20% of 1,229,940) and 737,964 (30% of 2,459,880) lesbian mothers in Canada.

Early Research on Lesbian-Led Families

The majority of lesbians, particularly prior to 1980, became mothers through former heterosexual relationships (Arnup, 1997; Kaufman & Dundas, 1995; Patterson, 1996). As such, most of the research that occurred in the 1970s and 1980s focused on lesbian mothers who came out as lesbians after having conceived their children in heterosexual relationships (Alexander, 1997). The majority of this research compared the psychological adjustment and parenting skills of lesbian mothers to heterosexual mothers and compared the social, psychological, and sexual development of children raised by lesbian moms to the development of children raised by heterosexual moms (Gartrell et al., 1996).

Contrary to popular opinion, numerous studies (e.g., Kweskin & Cook, 1982; Miller, Jacobson, & Bigner, 1982; Mucklow & Phelan, 1979) supported the mental health, maternal attitudes, and psychological adjustment of lesbian women. Additionally, lesbian parents do not appear to differ from heterosexual parents in terms of their competence as parents (e.g., Bos, van Balen, & van den Boom, 2004). Likewise, there is evidence that children raised by lesbians are no more likely than children raised by heterosexual mothers to experience social, psychological, cognitive, and/or sexual developmental difficulties (Golombok, Spencer, & Rutter, 1983; Golombok et al. 2003; Golombok & Tasker, 1996; Green, Mandel, Hotvedt, Gray, & Smith,

1986; Hoeffler, 1981; Huggins, 1989; Javid, 1993; Kirpatrick, Smith, & Roy, 1981; Tasker & Golombok, 1995). The main conclusion drawn from the above studies is that lesbian mothers and their children are similar to heterosexual mothers and their children.

At first glance, this conclusion appears positive and it has “promoted a gradual liberalizing trend in judicial and policy decisions” (Stacey & Biblarz, 2001, p. 160) related to child custody and adoption petitions by lesbians. However, as Pollack (1992) states these studies “make us [lesbians] more invisible, and it obscures the radical alternative lesbian lives can model” (p. 219). Additionally, it also holds heterosexual motherhood as the standard against which all other mothers are compared. Thus, “a lesbian mother must portray herself as being as close to the All-American norm as possible - the spitting image of her heterosexual counterpart - and preferably asexual” (Polikoff, 1992, p.229). Finally, studies that seek to discover the degree to which lesbian mothers and their children are comparable to heterosexual mothers and their children speaks to the heteronormative assumptions about family that abound in North American culture and serves to reinforce the “social and institutional support that privileges heterosexual families” (Clarke, 2002, p. 212).

Today there are more options available for lesbians who wish to raise children. Lesbians can choose to use the services of a fertility clinic and be inseminated with known or unknown donor sperm, they can self-inseminate with donor sperm, they can adopt, or they can engage in heterosexual intercourse exclusively for the purpose of procreation (Boyd, 1998; Falk, 1994; Hare, 1994; Pies, 1988; Shore, 1996). In the Vancouver Sun (May 8, 1999), Karen X. Tulchinsky highlights the dilemma lesbians face when choosing how to access the sperm necessary to create their families:

My partner and I have decided to have a child. We've been together for four years, we own our own home complete with picket fence and yard. We're in a loving, committed, long-term relationship and we adore kids. We're healthy, we're mature, and we have the support of friends and family members. But there's one slight problem. We don't have any sperm. Since we're lesbians, we don't usually worry too much about sperm, or our lack of it, but now we're alarmingly interested in it, concerned with obtaining it and full of wonder at the impact it will have on our lives. (p. E23)

Some lesbians choose self-insemination or heterosexual sex as ways to circumnavigate restrictive laws and to avoid involving the medical profession in the creation of their families (Golombok & Tasker, 1994). More recently, however, many lesbians have turned to fertility clinics and the use of anonymous donor sperm to create their families. The advantages of using anonymous donor sperm from fertility clinics include maintaining the integrity of lesbian families by avoiding the involvement of biological fathers (Gil de Lamadrid, 1991; Kenny & Tash, 1992; Sullivan, 1996), avoiding potential custody challenges from biological fathers (Boyd, 1998; Haimes & Weiner, 2000; Pies, 1988), and ensuring the sperm is screened and tested (e.g., HIV testing) (Haimes & Weiner; Saffron, 1994).

Services provided by fertility clinics have not always been available to lesbians. Lesbians have been denied these services because their applications did not fit the medical definition of infertility (Englert, 1994; Haimes & Weiner, 2000). That is, lesbians were requesting services that had nothing to do with being infertile (Brewaeys, Olbrechts, Devroey, & Van Steirteghem, 1989). Services have also been denied because lesbian families were deemed threatening to the dominant notion of what constitutes a legitimate family (Haimes & Weiner). As Evans (1990) states, lesbian women choosing to conceive through the use of anonymous

donor insemination “implies a kind of self sufficiency which is threatening to the patriarchal order of society” (p. 45). Additionally, lesbians have been refused insemination services by fertility clinics on the grounds that they are single (Arnup, 1997; Jacob, 1999). To inseminate single women would challenge the pervasive societal belief that it is every child’s right to have a mother and a father (Englert). Over the last 15 years, however, fertility clinics have begun relaxing the restrictions they place on lesbians’ access to services as lesbian-led families are becoming more common and legally sanctioned (Nelson, 1996; Pies, 1987).

Given the recency of access to clinic services, it should not be surprising that we know very little about the needs and experiences of lesbian women who elect to use anonymous donor insemination to conceive their children. There is as yet a paucity of research that focuses exclusively on lesbian couples who create their families through the use of anonymous donor insemination. A few studies have been conducted that compared lesbian and heterosexual families, both with children conceived with donor sperm. These studies examined parenting and child development (Chan, Brooks, Raboy & Patterson, 1998; Chan, Raboy, & Patterson, 1998; Flaks, Ficher, Masterpasqua, & Joseph, 1995; Golombok, 1999; Golombok, Tasker, & Murray, 1997), parental attitudes towards donors (Brewaeys, Ponjaert-Kristoffersen, Van Steirteghem, & Devroey, 1993; Jacob, Klock, & Maier, 1999), father versus non-biological mother involvement with children (Brewaeys, Ponjaert, Van Hall, & Golombok, 1997; Tasker & Golombok, 1998), children’s relationships with extended family and contact with adults outside the immediate family (Fulcher, Chan, Raboy, & Patterson, 2002), quality of parent-child relationships (Vanfraussen, Ponjaert-Kristoffersen, & Brewaeys, 2003), and considerations contributing to decisions to undertake donor insemination and donor selection considerations (Leiblum, Palmer, & Spector, 1995). As in earlier studies, conclusions drawn from comparing lesbian parents and

their children with heterosexual parents and their children indicated that lesbian-led families with children conceived using donor sperm are comparable to heterosexual families.

Interestingly, where differences were noted, lesbian co-parents were found to share childcare responsibilities more equally (Chan et al., 1998); lesbian birth mothers interacted more with their children than heterosexual mothers (Golombok et al., 1997); co-mothers played a more active role than fathers in childcare and children's activities (Brewaeys et al., 1997; Tasker & Golombok, 1998; Vanfraussen et al., 2003); lesbian couples exhibited more parenting awareness skills (Flaks et al., 1995); lesbians were more likely than heterosexual parents to be open about using a donor and more likely to want the donor to be registered so that their offspring could have access to their genetic, health, and social histories (Brewaeys et al., 1993; Jacob et al., 1999); and lesbians were more likely than heterosexuals to think and talk about their children's donors (Brewaeys et al., 1993). However, by making the comparison between lesbian-led and heterosexual families, this research again establishes heterosexual parents and their children as the standard by which lesbian-led families are judged and compared. As discussed earlier, this research is biased in that it privileges the heteronormative definition of family. Further, as differences do indeed exist, it is important to research the experiences of lesbian-led families with children conceived through the use of anonymous donor sperm, because the literature on heterosexual couples does not adequately describe the experiences of these lesbian-led families.

Studies that have exclusively investigated lesbian-led families have combined results from families who conceived their children in former heterosexual relationships, conceived with either known or anonymous donor insemination, and/or adopted their children (Bialeschki & Pearce, 1997; Dalton & Bielby, 2000; Dundas & Kaufman, 2000; Dunne, 2000; Gartrell et al., 1996; Gartrell et al., 1999; Gartrell et al., 2000; Haines & Weiner, 2000; Hare, 1994;

Hequembourg & Farrell, 1999; Mitchell, 1998; 1996; Nelson, 1996; Patterson, 1997, 1995a, 1995b, 1994, Patterson, Hurt, & Mason, 1998; Stevens, Perry, Burston, Golombok, & Golding, 2003; Sullivan, 1996). Although these studies help illuminate the experiences of lesbian-led families in general, none has attempted to focus exclusively on the lived experiences of lesbian couples with children conceived through the use of anonymous donor insemination. This was the focus of this study.

Purpose of this Research

Societal pressures have led to social and legal policy changes that have resulted in the need for a more inclusive definition of the North American family. With these changes, fertility clinics are increasingly permitting lesbians access to their services. As such, lesbian women are able to conceive their children and create their families in ways that historically were not available to them. The “resulting families constitute experiments in living that have no precedence” (Donavon, 2000, p. 160). Although many of the issues that confront heterosexual parents also confront lesbian parents (e.g., raising healthy children, effect of children on careers) (Pies, 1990; Rohrbaugh, 1989), lesbian-led families are also confronted with issues pertaining to their membership in a stigmatized minority group as heterosexism and homophobia are pervasive throughout North America (Patterson, 1995c, 1996). Lesbians also face challenges pertaining to constructing their families and raising their children without the presence or availability of biological fathers in a social world that is based on the premise that fatherhood is essential and pivotal to the healthy development of children. Further, these families are also unique as they are composed of two mothers, one biologically linked and one with no genetic connection to the children, in a social milieu that privileges biological ties over relational ties, and that has no socially acceptable role for non-biological mothers in two mother families.

Although some research has been conducted that examines the needs, experiences, and issues faced by lesbian-led families in general, there is a dearth of research that exclusively explores lesbian couples who conceived their children through the use of anonymous donor insemination. In fact, there are currently only two research articles (i.e., Brewaeys, Devroey, Helmerhorst, Van Hall, & Ponjaert, 1995; Wilson, 2000) that have investigated lesbian mothers with children conceived through the use of anonymous donor sperm. Therefore, the purpose of this study was to explore the following question: **How do lesbian couples, with children conceived through the use of anonymous donor insemination, live as and experience family?** As this topic is complex and is something about which little is known, it lends itself to a qualitative method as a means of exploring and discovering, in depth and in detail, lesbian mothers' experiences as they view them from within their own phenomenological worlds (Henwood, 1993). The qualitative method that guided this research was interpretive interactionism (Denzin, 1989a, 2001). As an interpretive interactionist researcher, through interviews, I sought to "clarify how interpretations and understandings are formulated, implemented, and given meaning" (p. 11) in lived situations.

As lesbian-led families with children conceived through the use of anonymous donor sperm "create new familial patterns and new living arrangements which push the boundaries of present family forms into new areas of potential" (Romans, 1992, p. 100), the purpose of this research was to understand the unique experiences of these families. The primary goal of this research was to provide mental health professionals who work with lesbian couples and their children conceived through the use of anonymous donor sperm with information that may help them when counselling with these families. By understanding how these families negotiate family life in a largely homophobic and heterosexist social environment, the needs of these

families were examined and sources of support were identified. This research will also help mental health professionals become aware of the needs and issues specific to lesbians who are considering the use, and living with the consequences of, creating their families using anonymous donor sperm.

Although there is no one lesbian reality, due to differences in ethnicity, religious backgrounds, age, class, geographic locations, and the internal experience of being lesbian, Brown (1989) has suggested that there are three commonalties between lesbians (and gays) that form a lesbian and gay reality and that warrant research on lesbian experiences. The three commonalties are biculturalism (i.e., simultaneously participating in heterosexual and lesbian experiences which may create different ways of knowing and understanding oneself and the world), marginality (i.e., experiences of being an "outsider" which may permit challenges to conventional wisdom), and normative creativity (i.e., being different may enhance opportunities to create new ways of living). Moreover Brown suggested that by studying lesbian (and gay) experiences, new ideas may be discovered and well-established psychological concepts may be reevaluated.

CHAPTER TWO

Literature Review

Research on lesbian mothers has only developed over the past 30 years. Prior to 1970, lesbian mothers were not included in the research on homosexuality, in the research on mothering, nor in the research in Women's Studies in general (Pollack, 1992). Initial research on lesbian mothers and their children focussed on mothers who came out as lesbians subsequent to having their children within heterosexual relationships. Over the past 15 years, researchers have begun to explore the experiences of lesbians who chose to parent subsequent to identifying as lesbian.

The purpose of this research was to investigate how lesbian couples, who chose to conceive children through the use of anonymous donor insemination, lived as and experienced family. To fully understand the current state of knowledge related to this topic, it was necessary to describe the North American social context in which lesbian-led families reside and identify the issues that research on lesbian-led families in general has brought to the fore. This literature review addresses each of these topics.

Contextualizing Lesbian Motherhood

Although lesbian parenthood is becoming more accessible and legally supported, controversy still reigns within mainstream society over the acceptability of this form of family. Implicit and explicit arguments against lesbian parenting are made on the basis that lesbianism and motherhood are antithetical to each other, that children of lesbians (and gays) will be molested, that healthy child development requires the presence and availability of biological fathers, that lesbian-led families pose a threat to traditional nuclear families, and that lesbians are selfish to bring children into families that are stigmatized by society. Although research has

refuted most of these claims, these biases still endure as indicated by the arguments made against lesbians and gay men reported in mainstream media. Each of these biases and whether there is research evidence to support or refute these contentions is discussed below.

Prevalent mainstream attitudes towards lesbian mothers reflect the belief that lesbianism and motherhood are antithetical to each other (Ainslie & Feltey, 1991; Gabb, 1999; Gottman, 1990; Green, 1987; Hequembourg & Farrell, 1999; Kirpatrick, 1996; Lewin, 1994; Lewin & Lyons, 1982; Morningstar, 1999; Muzio, 1991; Nelson, 1996; Patterson, 1994; Pollack, 1992; Shore, 1996; Thorne, 1992). In fact, the mere presence of lesbian mothers challenges North American society's traditional notions of motherhood (Arnup, 1997). Prevalent societal values deem married heterosexual women as the most appropriate parents (DiLapi, 1989). In contrast, "the 'deviant,' 'unwed' and negligent' lesbian is not close enough to the dominant centre of 'good mother' to be able to assume the right to mother unquestioningly" (Fumia, 1999, p. 92). Thus, as Polikoff (1987) observes "To most of the world, a mother is by definition heterosexual" (p. 54). "Motherhood, then, while theoretically available to all women, seemingly reinscribes a cultural dilemma; lesbian or mother, but not both" (Monson, 1999, p. 122). Lesbian-led families also challenge traditional ideas about motherhood due to the presence of non-biological mothers. Nelson (1999) discusses the "culture of motherhood with its own entrance requirements [and] discourse" (p. 41). She notes that biological mothers make the transition into the "culture of motherhood" when their pregnancies become apparent and other mothers start recognizing them as mothers. In contrast, social or non-biological mothers do not have a similar "claim to the status of 'mother'" (Nelson, p. 42).

One reason lesbianism and motherhood appear to be antithetical to each other is that for many people the word lesbian conjures up images of sex (Pies, 1990; Pollack, 1992) and

specifically non-reproductive sexual practices that occur outside of marriage and that are seen as deviant and immoral (Sullivan 1996). Motherhood, on the other hand, conjures up stereotypic images of women who unconditionally love their children, who are selfless, and whose primary identity is as mothers (Rich, 1980). This image is perpetuated by media portrayals of mothers as sexually uninteresting and sexually undesirable (Daniluk, 1998). Hence the stereotypic image of the sex-craved lesbian does not match the Virgin Mary image of mothers.

Of note, it is not only within mainstream heterosexual society that lesbianism and motherhood are deemed incompatible. Within certain lesbian circles in Austria, Belgium, France, Germany, and Italy lesbian mothers are perceived as traitors for having contact with men and for focusing on their own families and not on the lesbian community (Griffin, 1998). Dunne (2000) suggested that negative attitudes from some lesbians may be due to their belief that voluntary childlessness is an act of resistance against women's oppressive roles in traditional families. However, these arguments against lesbian parenting by some members of certain lesbian communities ignore the fact that lesbians are now able to conceive and raise children without the presence or availability of male figures. Thus, lesbian parenting can in fact be an act of resistance against women's oppressive roles in traditional families. As many people in mainstream society and in lesbian communities are resistant to lesbian parenting, lesbian mothers are placed in a unique and challenging position. Stiglitz (1990) articulately addressed the undefined space in which lesbian mothers reside: "Lesbian mothers walk a fine line between the heterosexual and lesbian worlds, not quite fitting in with their childless, politically or socially focussed lesbian sisters, and still not quite comfortable with, or accepted by, heterosexuals" (p. 107).

Several scholars have discussed the common assumption about homosexuals that they will molest their children (Achtenberg, 1990; Falk, 1994; Hargaden & Llewellyn, 1996;

Kirpatrick, 1990; O'Brian & Goldberg, 2000; Pollack, 1992; Rivera, 1987; Turner, Scadden, & Harris, 1990). This belief is alluded to in an article that recently appeared in the Edmonton Journal (July 16, 1997) that presented an argument against allowing gays and lesbians to be foster parents. The article reported the following:

Though Edmonton's foster parents association has said there is a shortage of people willing to be foster parents, Oberg [Alberta's Family and Social Services Minister] said that isn't enough reason to place them in the care of gays and lesbians. "You could carry that argument one step further and if someone who was a convicted child molester comes forward, are you going to take them just on the basis that we don't have enough foster families? (Arnold, 1997 p. A1)

The association between homosexuals and child molesters made by Alberta's Family and Social Services Minister implies that gays and lesbians are not fit to be foster parents because they may be child molesters. However, what Oberg clearly ignores is the statistic that 85% of all molestation is perpetrated by men who are heterosexually oriented (Rivera, 1987). The assumption that homosexuals will molest children is not based on evidence.

There is also a pervasive, uncontested belief that children need biological fathers.

Reinforcing this belief, the Vancouver Sun (October 26, 2000) reported that Margaret Somerville, a founding director of McGill University's Centre for Medicine, Ethics, and Law stated:

...it is not in the best interest of a child to use reproductive technologies to create babies for same-sex couples.... Not because the people are gay, [but] because I think you need a mother and a father. I think you need a role model of each sex." (Kirkey, p. A8)

The implicit assumption of Margaret Somerville's argument is that a child requires a father in order for healthy development to occur and that only a biological father can be a male role model. Also, because she neglects to mention the quality of the father-child relationship, the implication is that a biological father is key and that the nature of the father-child relationship is unimportant. The origins of this argument can be traced to Western theories of psychological development that traditionally emphasize mothers' and fathers' roles in healthy child development (Brewaeys & van Hall, 1997; Patterson, 1997). For example, psychoanalytic theory proposes that healthy psychological development depends on the successful resolution of the oedipal conflict, which requires both a mother and a father. Likewise, social learning theorists suggest that lesbian-led families may be non-conventional in their reinforcement of gender-role behaviors, which in turn may negatively impact children's sexual identities and gender development. Cognitive developmental theorists, on the other hand, place less emphasis on the importance of male and female parenting. Although these theorists believe that children integrate information from their wider social environments and actively construct for themselves what it means to be male and female, they have not challenged the heteronormative positions of the aforementioned theories (Golombok & Tasker, 1994). In terms of research, Golombok, Tasker, and Murray (1997) conducted interviews and administered a battery of standardized tests to children between the ages of 3 and 9 years in 30 lesbian-led and 42 heterosexual families. These researchers found that children, raised in fatherless families since their first year of life, were no more likely to develop emotional or behavioral problems than children residing with their fathers. Additionally, Patterson (1994) used a standard interview to assess the sex role identity of children who had been born to, or adopted by 37 lesbian-led families. In this study, these children's sexual identity was rated as "normal" when compared to standardized norms.

Some theorists contend that mainstream resistance to lesbian-led families is based on the threat these families pose to patriarchal institutions (Pollack, 1992). This resistance to lesbian-led (and gay) families is evident in the reactions of the public to legal rights being extended to homosexuals. For example, in response to the Supreme Court of Canada's ruling on same-sex couples, the *Toronto Sun* (May 24, 1999) reported the following:

The court's ruling in *M v. H* redefined common-law spouse to include a same-sex partner... "The ruling is an assault on democracy." The ruling, we are told, overrules the wishes of citizens and politicians who have constantly voted against changing the definition of spouse to include same-sex partners. What right do eight of nine judges (there was one dissenting opinion) have to change laws passed by dozens of legislators on behalf of thousands of constituents? (Ward, p. 15)

Similarly, lobby organizations such as the Coalition of Concerned Canadians "views any move towards the recognition of gay and lesbian-led families as a diminution of traditional [families]" (Duffy, 1996, p. A10). Lesbian-led families threaten patriarchal culture by creating family structures with two women and without men. Traditional nuclear families have historically been divided by gender with women bearing the majority of the burden of household and childcare responsibilities and men having the responsibility of being the major income earners (Sullivan, 1996). Lesbian-led families challenge this heterosexual norm, as couples may choose to divide household, childcare, and paid labor on the basis of factors other than gender. Lesbian-led families also threaten patriarchal culture because their existence removes parenting from the monopoly of heterosexuals and seeks to legitimize non-biological motherhood in addition to biological motherhood (Dunne, 2000).

Another assumption held by many members of society is that children of lesbians will be traumatized or stigmatized by society (Falk, 1994; Mooney-Somers & Golombok, 2000; Rivera, 1987). Lesbians have been called selfish for wanting children, knowing that they may be stigmatized for having lesbian parents (Allred, 1996; Clarke, 2001). In fact, North American courts have often ruled that children should be removed from their lesbian-led homes based on the assumption that these children will be socially condemned. For example, the Montreal Gazette (April 22, 1995) reported the following Richmond, Virginia judge's statement: "We have previously said that living daily under conditions stemming from active lesbianism practiced in the home may impose a burden upon a child by reason of the 'social condemnation' attached to such an arrangement" (Associated Press, p. A21).

This argument against children residing in lesbian-led families does not appear to be based on evidence that lesbian mothers demonstrate deficient parenting abilities, or on the problematic nature of their parent-child relationships. Rather, stigma is a societal by-product that is not contingent on the quality of lesbian-led families (Falk, 1994). As Tulchinsky illustrates in her editorial in the Vancouver Sun (May 8, 1999), lesbian parents do grapple with the issue that their children may experience discrimination due to their unique family constellations.

My partner and I are not naïve. We are prepared for the worst (and the best). We cannot know what our child will experience in a world that often shuns gay families, or in schools that refuse to recognize gay parents. But we do know what the child will experience in our home. Our child will know other lesbian and gay families. We will teach our son or daughter to respect others, to be proud and rejoice in diversity. We will honor our child's feelings and respect her struggles. Whatever the challenges, there will be no shortage of love, laughter and leather teething rings. (p. E5)

Indeed much of North American society is homophobic and as such, children of lesbians will likely experience teasing. However, much of North American society is also racist, and children of minorities are often teased and harassed. No one suggests that people of color, or any other group that experiences systematic oppression, should not have children (Epstein, 1996). Blaming lesbian-led families for the stigmatization they experience essentially results in blaming the victim and shifts the focus off the perpetrators of the discrimination (Allred, 1996).

These negative assumptions about lesbian parenting reflect the homophobic, heterosexist (DiLapi, 1989), and heteronormative assumptions that pervade North American culture. Thus, lesbian-led families reside within a social climate that is not particularly supportive of their efforts and parenting abilities. Although a number of studies refute the concerns expressed by mainstream society, fears about lesbian-led families prevail. To varying degrees based on the geographic areas and distinct communities within which they reside, lesbian couples live and experience family within a context that does not accept or support their right to be parents.

Research on Lesbian-Led Families

As with all families, there is considerable diversity among lesbian-led families (e.g., means of conception; single and/or couple parenting; biological relationships and/or adoption; household structure; income levels; education levels; race/ethnicity/cultural differences) (Arnup, 1998; Patterson, 1995, 1996). Despite this diversity, however, the majority of the published research on lesbian-led families has involved a relatively homogeneous sample of participants. These participants are usually white, well-educated, employed, middle to upper class women who reside in urban centers (Patterson, 1996). As such, the research participants discussed in this review match this demographic profile and any interpretation of these findings must be placed within these limited parameters.

As noted previously, most of the research on lesbian-led families that has been conducted over the past 15 years does not specifically address lesbian-led families with children conceived through the use of anonymous donor insemination. Rather this body of research primarily investigated lesbian-led families with children conceived in former heterosexual relationships; lesbian-led families as compared to heterosexual families; or lesbian-led families with children who have been adopted, conceived through known donor conception, and/or conceived through the use of anonymous donor insemination. Research that investigated lesbian-led families with children conceived in former heterosexual relationships, or research that combined experiences from lesbian-led families with children conceived in former heterosexual relationships is not been reviewed here because these families are strikingly different (i.e., mothers revealed their lesbianism post conception of children in heterosexual relationships, families experienced divorce, children have fathers) from the families in the current study. Research that explored lesbian-led families compared with heterosexual families has also not been reviewed here due to aforementioned reasons (e.g., heteronormative bias of families). However, the research that examined lesbian-led families with children that have lived since birth in these families and have been brought into the family either through adoption, conception with known donors, and/or conception with anonymous donors is reviewed because it helps elucidate the experiences of lesbian-led families in general. Finally, the two studies that investigated lesbian-led families with children conceived through the use of anonymous donor insemination are reviewed.

The Bay Area Families Study is reported in several articles by Patterson (1994, 1995, 1997, 1998) and Patterson et al. (1998) and explored the dynamics of lesbian-led families in order to contribute to the understanding of the needs and development of children raised from birth in lesbian-led families. Patterson called these families "Families of the Lesbian Baby

Boom" which referred to the trend of lesbians' having children – a trend that began on the United States West Coast in the mid 1970s (Weston, 1991). Patterson's study included 37 families, all with at least one child between 4 and 9 years of age. Twenty-six of these families were headed by lesbian couples. In this study, 17 children (46%) were conceived through the use of anonymous donor sperm, 10 (27%) were conceived with known donor sperm, 4 (11%) were conceived through sexual intercourse, 3 (8%) were adopted, and 3 (8%) families chose not to disclose information about the conception of their children. One meeting was held with each family, at which time a semi-structured interview was conducted and a battery of standardized assessment instruments administered. The purpose of this meeting was to assess the children's social competence, behavioral problems, self-concepts, sexual identities (including gender identity, sexual orientation, and sex-role behavior), involvement with extended family members and other adults, and parents' division of labor, maternal self-esteem, and maternal adjustment.

Results of the Bay Area Families Study indicated that the majority of these children had at least annual contact with grandparents and many had monthly contact. Children that were in regular contact with their grandparents were described as having fewer behavior problems than children who were not in regular contact. In this study, children were more likely to be in contact with their biological mothers' family than with their non-biological mothers' family (Patterson, 1997, 1998, Patterson et al., 1998). In terms of the distribution of childcare, biological mothers were more responsible for childcare than non-biological mothers. Of note, children were found to be better adjusted and parents were more satisfied when childcare was evenly divided between mothers (Patterson, 1995, 1997, 1998). Children in this study were more likely to have the last name of the biological mother, which perhaps suggested the privileging of biological connections between mothers and children. When compared to standardized norms, social

competence, behavior problems, self-concepts, and sexual identities of these children were rated as normal. However, children of lesbian mothers reported greater stress reactions and a greater overall sense of well being than did children of heterosexual mothers (Patterson, 1994, 1997). Because these children reported more positive and negative emotions, Patterson speculated that this might be because children of lesbians are more open to expressing their emotions in general. Finally, lesbian mothers were comparable to standardized norms with regard to maternal self-esteem and maternal adjustment (Patterson, 1997).

The Bay Area Families Study by Patterson (1994, 1995, 1997, 1998) and Patterson et al. (1998) inform us about some of the issues lesbian-led families in general consider and encounter. These issues pertain to the degree to which extended family members acknowledge and recognize the lesbian couples and their children, and to the negotiation of parenting roles. A criticism of the Bay Area Family Study is that these researchers used assessment instruments with norms obtained from "heterogeneous normal samples" (Patterson, 1994, p. 161), which I assume means that the norms were obtained from children living in heterosexual families. As discussed in Chapter One, making comparisons between heterosexual families and lesbian-led families implies that heterosexual families are the ideal which lesbian-led families should attempt to emulate, and serves to reinforce heteronormative ideals about family. Further, investigating children's sexual identity (i.e., gender identity, sex role behavior) based on heteronormative ideas about appropriate gender identity and sex role behavior is again biased.

A major limitation of this study is that the lesbians became parents in a number of ways (i.e., through adoption, known and unknown donor insemination, or heterosexual sex). As such, this study does not shine any light on the unique issues faced by lesbian-led families with children conceived through the use of anonymous donor insemination. Likewise, the National

Lesbian Family Study by Gartrell et al. (1996), Gartrell et al. (1999), and Gartrell et al. (2000), discussed below, does not focus exclusively on families with children conceived through the use of anonymous donor insemination. However, in reporting their study, Gartrell and colleagues do isolate some of the experiences unique to families with children conceived through the use of anonymous donor insemination. Further, Gartrell and colleague's study also adds to the Bay Area Families Study by alerting us to additional issues faced by lesbian-led families in general.

The National Lesbian Family Study by Gartrell et al. (1996), Gartrell et al. (1999), and Gartrell et al. (2000) is an ongoing longitudinal study of 84 lesbian-led families living either in Boston, San Francisco, or Washington, D.C. Seventy of these families include a co-mother, a birth mother, and a child conceived by either known or unknown donor sperm (families were evenly divided between known and unknown). The remaining 14 families are headed by single mothers. Semi-structured interviews were conducted separately with birthmothers and co-mothers. The interviews reported in their first published article (Gartrell et al., 1996) took place between 1986 and 1992, when the birth mothers were pregnant or being inseminated. The interviews reported in the second published article took place when the children were 2 years old (Gartrell et al., 1999), and the third interviews took place when the children were 5 years old (Gartrell et al., 2000). Subsequent interviews are scheduled to take place when the children are 10 years old. If permission is granted, the children will be interviewed at regular intervals after their 10th birthdays.

Issues addressed when the mothers were either pregnant or being inseminated (Gartrell et al., 1996) pertained to the couples' anticipated relationship with their children, level of support they expected from extended family members, and stigmatization concerns. These participants indicated that they were not concerned about their children bonding with their biological mothers

more than with their non-biological mothers. The majority (78%) of these women expected at least one relative to recognize their child; however, 15% believed that none of their relatives would acknowledge their child. With regard to stigmatization concerns, 52% of these lesbians intended to be completely open about their lesbianism; 91% intended to speak honestly with their children about the insemination; and all of these mothers planned to educate their children about prejudices they might encounter as children of lesbians. Sixty-three percent of these women believed that children need good male role models. Additionally, the reasons given for wanting to conceive with an anonymous donor were to avoid having an additional parent involved and to avoid potential custody challenges.

Concerns investigated when the children were 2-years-old included parenting responsibilities, family structure, relationships, and discrimination (Gartrell et al., 1999). Results indicated that 75% of couples shared parenting responsibilities equally and had similar child rearing philosophies. This result contrasts with Patterson (1995) who found that the biological mothers in her study were more involved in childcare than non-biological mothers. It appears that in the Patterson study, non-biological mothers reported spending more time in paid employment, whereas the couples in the Gartrell et al. study reported balancing the allocation of paid and domestic labor equally. In terms of family structure, 88% of children called one mother "Mommy" and the other mother "Mamma," whereas the majority of children carried their biological mothers' last names. Similar to the participants in the research by Patterson (1997, 1999) and Patterson et al. (1998), these women reported that birth mothers' families were closer to their children than non-birth mothers' families. These findings appear to highlight the societal belief that biological ties are more important and more recognized than relational ties. Having contact with loving men was important to 88% of these mothers, up from 63% at the time of the

previous interview. To deal with issues of discrimination, 87% of mothers planned to expose their children to diverse ethnicities and 54% increased their political involvement to help combat homophobia and heterosexism. Finally, non-birth mothers who adopted their children felt that legal recognition increased their sense of legitimacy as mothers.

Interviews that occurred when the children were 5-years-old explored parenting experiences, relationships, support systems, and concerns with discrimination (Gartrell et al., 2000). Results of this stage in the study indicate that 68% of these mothers felt their children were equally bonded to both mothers and the majority of couples shared parenting equally. All of the mothers planned to be honest with their children about their conceptions and 50% of non-birth mothers adopted their children, "thereby enhancing their 'official' parenting roles" (p. 545). In terms of the involvement of extended family members, 63% of grandparents were "out" as grandparents of a child in a lesbian family, up from 23% at the time of the previous interview. Finally, 18% of these children had experienced some form of discrimination from peers or teachers. To prepare their children for dealing with discrimination, these mothers educated their children about the many types of families and taught them to appreciate diversity. Further, these mothers ensured that their children were in environments where people were aware of their unique family situations and supportive of them (e.g., schools, childcare centres).

As in the Bay Area Families Study (Patterson, 1994, 1995, 1997, 1998; Patterson et al., 1998), the National Lesbian Family Study (Gartrell et al., 1996; Gartrell et al., 1999; Gartrell et al., 2000) identified issues pertaining to the negotiation of parenting roles and the degree to which extended family members acknowledged and recognized these mothers and their children. Additionally, Gartrell et al., 1996; Gartrell et al., 1999; Gartrell et al., 2000 studies identified ways mothers were planning to manage issues of discrimination (e.g., educating children about

diversity), explored their reasons for wanting to conceive their children with anonymous donors (e.g., eliminating custody/access issues with donors), and intentions regarding talking to their children about their conceptions. Further, after the birth of their children, some mothers in this study regretted using anonymous donor sperm because of the “lost opportunity for their children to know their donor fathers” (Gartrell et al., 1999, p. 368), and most wanted their children to have male role models in their lives.

Few studies have delved into the role of donors in lesbian-led families with children conceived through the use of donor insemination. However, Haines and Weiner (2000), in a qualitative British study interviewed 10 lesbians who became mothers through known and anonymous donor insemination. Single lesbians headed 8 of these families, whereas 2 mothers were partnered. Five families had chosen to conceive with anonymous donor sperm. Two of these families chose to use the services of licensed clinics, whereas 3 families used self-insemination networks (i.e., insemination services that operate outside the professional structures of fertility clinics). Considerations voiced by these women when choosing known or unknown donor sperm included: having difficulty finding a known donor who would agree not to be involved with the children; concerns about the donors’ extended family members wanting involvement with their children; feeling their legal positions were precarious if the donor wanted access/custody at some future date; and concerns about asking known donors to get medically tested. The majority of this study focussed on how families with known sperm donors negotiate the donors’ roles. However, as in the studies by Brewaeys et al. (1995) and Gartrell et al. (1999) some of these women who chose to use anonymous donor sperm felt some concern about the lack of medical knowledge they had about the donors, and some acknowledged that their children might be upset when they are older due to the lack of donor information. The results of

this study by Haimes and Weiner (2000) also highlighted one of the main benefits that participants perceived in using anonymous donor sperm. That is, the women in this study who conceived their children through the use of anonymous donor sperm felt that this allowed them to retain control over the donors' involvement in their families. Further, the mothers in this study discussed (a) choosing the same donor for all their children so that their children would look alike, (b) struggling with finding the language to talk about donors without referring to them as fathers, (c) being committed to telling their children about their conceptions and lesbianism in an open and honest manner, and (d) needing to teach their children how to talk about their families.

McCandlish (1987) conducted structured interviews with 5 lesbian couples with children conceived through the use of either known or anonymous donor insemination. The interviews focussed on relational patterns from a family development perspective. Results indicate that in all families both mothers were considered parents, but only the biological mother was called "mother" whereas the non-biological parent was referred to by her first name. All of the children had their biological mothers' last names, only one family described themselves as lesbian to their children, and all families intended to be honest with their children about their conceptions.

Touroni and Coyle (2002) interviewed 9 British lesbian couples who conceived their children with known donors (66.7%) or with anonymous donors (33.3%) about decision-making in planned lesbian-led families. Results relevant to the current study include: (a) the couples felt they were pioneers as there are few role models for lesbians' parenting, (b) parents expressed concern about their children experiencing homophobic or heterosexist discrimination, and (c) couples who chose a known donor did so because they wanted their children to have the "possibility of knowing their biological father or at least knowing who he was" (p. 200). Couples who chose to conceive with an anonymous donor did so because they (a) wanted to avoid

custody/access issues with biological fathers, (b) did not want the presence of biological fathers to undermine non-birth parents' roles, and (c) wanted to maintain control as a couple regarding child rearing. Of note, these researchers found that the women in their study believed that biological bonds between birth mothers and their children were "inevitably stronger and more fundamental than the social bond between the non-biological parent and the child" (p. 203). Given this finding, it is not surprising that non-biological parents were not called a "mother" type name; rather, the title of "mother" was reserved for biological mothers.

Sullivan (1996) conducted in-depth interviews with 34 lesbian-led families with children conceived through known and unknown donor insemination in order to explore the ways lesbian parents divide household, childcare, and employment responsibilities. She found that the lesbian parents in her study selected their donors based on health, physical characteristics, or whether they thought he seemed nice. These participants were also clear that their donors were not fathers. In 29 of the 34 families, mothers shared parenting and domestic work and when one mother took on more of the parenting and household responsibilities she was not more likely to be the birth mother.

Only two published studies, Wilson (2000) and Brewaeys et al. (1995), exclusively examined family life for lesbian couples with children conceived through the use of anonymous donor insemination. Wilson explored the parenting roles of lesbian co-mothers. She conducted open-ended, telephone interviews with nine co-mothers whose partners conceived their children through donor insemination. Data were analyzed with a grounded theory method. Findings indicated that co-mothers felt legitimate as mothers when they received legal recognition; recognized that their children will likely experience discrimination as children of lesbians and, as such, were committed to being out and open with their children and in their lives; created equal

parenting relationships based on shared values with their partners; found that making the decision which woman in the couple would be the birth mother was relatively easy; and felt that extended family acceptance of their mothering roles helped build their confidence as mothers.

Brewaeys et al. (1995) also exclusively investigated lesbian-led families with children conceived through the use of anonymous donor insemination. They asked lesbian couples who entered the donor insemination programme at the Centre of Reproductive Medicine at the University Hospital in Brussels, Belgium between 1986 and 1991, to take part in a longitudinal study of lesbian-led families. Survey data were collected at the start of the inseminations and between the children's first and second years. Fifty lesbian couples were interviewed twice using a questionnaire developed by the researchers. Results indicated that subsequent to the birth of their babies, 56% ($n=100$) of these mothers said they wished the donors were registered (i.e., a central registry would contain a directory of non-identifying information that would be made available to children when they reach adulthood), while only 10% would have chosen to do so at the time of insemination. The reason given for this shift was that at the time of insemination these mothers wanted to avoid interference from third parties. However, at the time of the second interview they said they were more focussed on the needs of their children. These mothers felt their children might want information regarding their biological histories. Of note, for 12 of the 50 couples, birth mothers were in favor of donor identity registration, while non-biological mothers were not, suggesting perhaps that the donor was a bigger threat to non-biological mothers than biological mothers. As in Gartrell et al.'s (1999) study, the participants in this study shifted their views concerning the role of the anonymous donor in their children's lives. That is, subsequent to their children's birth, some of these mothers wished they had more information to share with their children about the donor. All of the participants in this study planned to tell their

children how they were conceived, wanted to be clear with their children that donors were not fathers, and chose the same donor for all of their children. In terms of the negotiation of parenting roles, most couples shared parenting and employment and planned to tell their children about their lesbianism.

As indicated by this literature review, a limited amount of research addresses the experiences of lesbian-led families. Common topics in these studies pertain to the division of labour (Brewaeys et al., 1995; Gartrell et al., 1996; Gartrell et al., 1999; Gartrell et al., 2000; Patterson 1995, 1997, 1998; Sullivan, 1996; Wilson, 2000), extended family involvement (Gartrell et al., 1996; Gartrell et al., 1999; Gartrell et al., 2000; Patterson, 1997, 1998; Patterson et al., 1998; Wilson), male role models (Gartrell et al., 1996; Gartrell et al., 1999; Gartrell et al., 2000), discrimination (Gartrell et al., 1996; Gartrell et al., 1999; Gartrell et al., 2000; Haines & Weiner, 2000; Touroni & Coyle, 2002; Wilson), mothering roles for non-birth and birth mothers (Brewaeys et al., 1995; Gartrell et al., 1999; Gartrell et al., 2000; McCandlish, 1987; Patterson, 1998; Touroni & Coyle; Wilson); openness regarding lesbianism (Brewaeys et al., 1995; Gartrell et al., 1996; Haines & Weiner; Wilson), legal rights of non-biological mothers (Gartrell et al., 1999; Gartrell et al., 2000; Wilson).

A limited amount of research has also identified some of the issues faced by lesbian-led families with children conceived through the use of donor insemination. These issues included decision-making regarding known or anonymous donors (Haines & Weiner, 2000; Touroni & Coyle, 2002), donor selection (Haines & Weiner; Sullivan, 1996), role of donors (Brewaeys et al., 1995; Haines & Weiner), and talking to children about their conceptions (Brewaeys et al., 1995; Haines & Weiner; Gartrell et al., 1996; McCandlish, 1987). The studies that investigate anonymous donor conceptions indicated that lesbian-led families choose to use anonymous

donor sperm in order to maintain the integrity of their lesbian families by avoiding the presence, and possible custody challenges, of donors (Brewaeys et al., 1995; Gartrell et al., 1996; Haimes & Weiner, 2000; Tourni & Coyle, 2002). Published studies also noted that subsequent to the birth of their children, some lesbian mothers regretted using anonymous donor sperm, regretted the lack of information they have about the donor, or worried about how their children will feel about being conceived by anonymous donor sperm (Brewaeys et al., 1993; Brewaeys et al., 1995; Gartrell et al., 1999; Haimes & Weiner, 2000). These mothers felt that their children may want more information than they had about their donors at some point in their lives. Finally, research indicated that some lesbian mothers wanted to include male role models in their children's lives (Gartrell et al., 1999; Gartrell et al., 2000), thus suggesting that although they chose to use anonymous donor sperm, they believed a male figure is necessary in their family constellation. Perhaps as male role models have no social or legal claims on their children, these mothers could validate their belief that male role models are important to their children's development without compromising the integrity of their lesbian-led families.

Lesbian couples encounter a social environment that for the most part does not acknowledge nor accept their unconventional family constellations. Not only is Western society, in general, opposed to lesbians raising children, there is a pervasive belief that healthy child development requires the presence and availability of fathers. Thus, lesbian-led families with children conceived through the use of anonymous donor insemination fly in the face of social convention and push the boundaries of what defines the Western family. Lesbian-led families with children conceived through the use of anonymous donor insemination are unprecedented in many ways. Their family constellation includes a biological mother and a non-biological mother, an unknown donor, and limited biological, social, cultural, and historical information about their

children's donors. These families reside in an environmental context that is homophobic and heterosexist, that privileges biological relationships between parents and their children, that does not legitimize co-mothers, and that expects people to know and reveal their genealogical histories. Thus, it is not clear how these unique families live as and experience family.

No study published to date has sought to explore lesbian families with children conceived through the use of anonymous donor sperm in terms of how lesbian couples experience, live as, and give meaning to family given the current historical, social, and political worlds in which they live. For this study, an interpretive interactionist approach (Denzin, 1989a; 2001) employing semi-structured interviews served to elucidate the meaning and experiences of family for lesbian couples who conceived their children through the use of anonymous donor insemination.

CHAPTER THREE

Methodology

The goal of this research was to explore and understand the meanings and experiences of family for lesbian couples with children conceived through the use of anonymous donor insemination. In particular, I was interested in how lesbian couples and their children live as and experience family in a social environment that is homophobic and heterosexist, that views fatherhood as a critical role, and that privileges biological motherhood. As relatively little research has been published in this area, a qualitative method in which the emphasis is on “discovery, description and meaning” (Osborne, 1990, p. 168) served to elucidate the meaning of this lived experience.

For this topic, I chose a qualitative method, interpretive interactionism, developed by Denzin (1989a, 2001). Interpretive interactionism attempts to make the world of lived experience accessible to the reader. Lived experience is the “world of actual experience” (Denzin, 1989a, p. 142), that is, the experiences in the lives of individuals and the meanings these experiences hold for them. In addition, the interpretive interactionist connects personal lived experiences to the “larger, historical, institutional, and cultural arenas” (Denzin, 1989a, p. 17) that surround a person’s life, as well as and to the individual’s personal biography. Thus, interpretive interactionism “fits itself to the relation between the individual and society, to the nexus of biography and society” (Denzin, 1989a, p. 139).

I chose interpretive interactionism because the assumptions on which this approach rests are consistent with the assumptions that reflect my ontological and epistemological beliefs. My theory of ontology is that a world exists outside people's perceptions of it. However, the world is not static. It is a living, changing, dynamic entity that can only be known within its particular

social, historical, and cultural era. The manner in which a person understands the world depends on her/his personal biography (i.e., one's life experiences, personal history). Like the world, a person is a developing phenomenon that can only be known within his/her particular biography. People create meanings and understandings of themselves and their worlds through their interactions with others, and these interactions are affected by their social, historical, and cultural worlds. My theory of what constitutes reality is meanings. Meanings are emergent and negotiated; that is, each individual's reality is emergent and negotiated.

In terms of epistemology, I am a social constructionist because I believe that to understand people, it is necessary to understand their personal biographies and their social, historical, and cultural situations. People are continually developing, and development occurs through interactions with others. This permits change -- beliefs, ideas, values, opinions, and behaviors shift as a product of interactions.

As a social constructionist, the assumptions that provide the context for my research are that (a) the social, historical, and cultural world in which the research takes place needs to be understood; (b) the personal world or personal biographies of research participants must be explored; (c) meanings constitute reality; (d) the meanings people ascribe to their experiences are created through interactions with others; (e) subjective meanings constitute knowledge; and (f) people have agency and change is possible.

Interpretive interactionism is founded on the assumptions of symbolic interactionism. The key underpinnings of symbolic interactionism include the beliefs that: (a) the world is actively created as we act in and towards it; (b) human behavior cannot be fully grasped without understanding both the individual and the social processes in which the individual resides; (c) meanings are variable and emergent and are created through interactions using language (i.e.,

symbols with shared meanings); (d) individuals act towards objects in accordance with the meanings they hold; and (e) individuals are influenced by cultural and social processes (Blumer, 1969).

Emerging from symbolic interactionism, the key concepts of interpretive interactionism include: interpretation, hermeneutic circle, first-order concepts, interaction, interactional texts, interpretive biographical method, meaning, ideographic research, universal singulars, conceptual categories, knowledge, critical-interpretive method, naturalistic generalizations, sophisticated rigor, and power (Denzin, 1989a; 2001). I briefly outline each of these concepts as they applied to my study.

“In social life there is only interpretation” (Denzin, 1989a, p. 11). In day-to-day life people are continually interpreting and evaluating their own and others’ behavior, and acting on these interpretations and evaluations. Moreover, “all interpretations are unfinished and inconclusive” (p. 8). As such, interpretation is an ever-emerging process. What makes sense today, may not tomorrow, as tomorrow comes with new interactions and vantage points. The role of the interactionist researcher is to create the conditions for understanding, that is, to contextualize and describe in rich detail people’s experiences such that the reader understands the meanings of these experiences, as much as possible, from the viewpoint of the participants. In my study, I interviewed the participants and through our interactions, I learned about their experiences, the meanings their experiences held for them, and how they understood those experiences given their biographical, historical, cultural, and social contexts. Further, as a researcher who does not believe in value free research, my personal biography and understandings of the historical, cultural, and social contexts influenced my interactions with the participants and with the interactional texts (i.e., the transcripts). The researcher can never step

outside the hermeneutic circle. As such, the final interpretations of the participants' experiences reflect an interface between the participants' narratives and my interpretations of those narratives. I have written my interpretations using "first-order, primary, lived concepts of everyday life" (Denzin, 1989a, p. 25). Thus, I have written my interpretations using the language participants used when describing their experiences. This is in contrast to second-order concepts used by social scientists (e.g., using a term like "fusion" to describe a mutually supportive relationship).

Interaction is mutual action that is always emergent (Denzin, 1989a, 2001). An event or experience is created in the moment of interaction. It emerges through the mingling of the situation and the people in the situation, yet it is more than just the situational factors and the people. The sum of the situation and the individuals is greater than their parts and is unique at every moment. The interactional text is created whenever an individual is located in a social situation (Denzin, 1989). In this research, the interactional texts were the narratives that emerged through the interactions between the research participants and myself. Additionally, all observations made during interactions were part of the interactional texts.

As an interpretive interactionist researcher, I engaged the interpretive biographical method which emphasizes self, biography, history, and experience (Denzin, 1989a). The type of interpretive biographical method I used was the self-story. Self-stories are narratives that are created and interpreted as they are being told. Self-stories simultaneously deal with the past, present, and future (Denzin). These narratives described events that occurred in the past, the meanings these events held in the past, their meanings in the present, and their anticipated future meanings.

The meaning of an experience or event is established through a triadic, interactional process. That is, meaning “speaks to the signification, purpose, and consequences of a set of experiences for an individual” (Denzin, 1989a, p. 104). The interpretive research process involves bringing an event into a person’s field of experience, such that it can be interpreted. “These interpretations are reflected against the person’s ongoing self-definitions” (p. 62) as they are understood in the moment of the interaction between the researcher and the participants. To locate the meaning of an experience, I asked questions to uncover how a person “emotionally and biographically fits an experience into their emerging, unfolding definitions of self” (p. 62). The participants’ narratives illuminated the meanings they held; that is, meanings were anchored in the personal stories participants shared about themselves (Denzin).

As an interpretive interactionist, I believe that each person is unique, that is, idiosyncratic. As such, each individual shapes his/her interactions based on his/her distinct biography. Each person is also viewed as a “single instance of more universal and social experiences and social processes” (Denzin, 1989a, p. 19). Thus, the concept of “universal singulars” means that the interactionist attempts to uncover the interrelationship between private, idiosyncratic experiences (singulars) and public issues (universal).

Interpretive interactionists do not seek to make generalizations. Rather, conceptual categories that participants used when they interacted with one another and created meaningful experiences were uncovered. Conceptual categories are the themes that emerged through the process of analyzing the interactional texts. For the current study, these themes were the meaningful descriptions and interpretations of family for lesbian couples with children conceived through the use of anonymous donor insemination. As an interactionist, I recognize that knowledge is “socially and politically constructed” (Denzin, 1989a, p. 30). As such, the

knowledge I created is not viewed as objectively valid; rather, it reveals the experiences of the interacting individuals in the study.

In reading the interactional texts, I advocate the use of what Denzin (1989a; 2001) terms the "critical-interpretive method." The critical-interpretive method involves understanding a particular group of participants within a given historical moment. That is, in the interpretations of the participants' actions, I sought to contextualize these actions in terms of their historical, cultural, and biographical conditions. By contextualizing the participants' actions in this way, I hoped to understand the factors that moved the participants to act in particular ways. It also meant looking ahead to the future in terms of understanding the consequences of these actions.

Because the interpretive interactionist approach is "founded on the study, expression, and interpretation of subjective human experience" (Denzin, 1989a, p. 24), universally generalizable "truths" are not sought. Thus, I strove to create naturalistic generalizations, that is, "to create a text that permits a willing reader to share vicariously in the experiences that have been captured" (p. 83). I also endeavored to make her/his interpretive materials and methods as public as possible and by doing so is committed to sophisticated rigor.

I acknowledge and understand power in terms of the power I hold as a researcher entering the field and the power I have to make interpretations. I also recognize the power structures that exist in society (i.e., the hierarchical ordering of society) (Denzin, 1989a; 2001). I recognize my position of power and the power structures inherent in society, thus this methodology fits well with my feminist beliefs. To minimize the power imbalance between the participants and myself, I de-mystified the research process by making details known to the participants (Allen & Baber, 1992) and shared aspects of myself with the participants (e.g., why this research topic was important to me). Although the focus of the interviews was on the

participants, I shared my personal experiences as they related to the stories being told by the participants. The purpose of disclosing information about myself was to facilitate a give-and-take relationship with participants such that our interactions were mutually rewarding.

Preconceptions

“Value-free interpretive research is impossible” (Denzin, 1989a, p. 23). As every aspect of a researcher’s chosen study is permeated with his/her preconceptions, it is necessary to state these assumptions explicitly prior to making interpretations of the lives being investigated. Further, by acknowledging my personal interest in the topic, I agree with feminist researchers who refute the assumption that research can be decontextualized, or separated, from the researcher (Gergen, 1988). The purpose of clarifying these meanings and values was to ensure that their effect on subsequent interpretations was reflected upon and did not overpower the interpretations of the participants.

My preconceptions concerning this research originated from two sources. First, I held preconceptions based on my personal reasons for choosing this topic. Second, preconceptions emerged through the process of critically analyzing the published literature on this subject. I examined my preconceptions from both of these sources.

I was drawn to this research for several reasons. As a lesbian in a doctoral program, I felt a responsibility to use this privileged position to address issues and concerns that reside outside mainstream consciousness. Thus, I chose to engage in research that advances knowledge about lesbians. I chose this topic because although I am not a mother, I wanted to examine the question of whether I wanted to become a lesbian mother. As such, this research demanded that I reflect on my own feelings about lesbian motherhood both from a social and personal viewpoint. I was aware that some of my beliefs concerning lesbian parenting shifted as I researched this topic.

When I initially started this research, I questioned whether I wanted to bring a child (an innocent being) into a homophobic and heterosexist world with parents who are lesbians (stigmatized by society). I now believe this question was a product of my internalized homophobia and heterosexism, and my own heteronormative beliefs about family. I do not believe the prejudices of society should influence a person's choice to have, or not have, children.

I believe Western society is homophobic and heterosexist and that these prejudices are expressed in numerous subtle and explicit ways. Although I believe that lesbian couples face many of the same issues heterosexual couples face, lesbian-led families confront challenges that are based on their membership in a marginalized group subjected to prejudice. I believe lesbian couples and their children are impacted by these biases.

When considering what I expected to discover by doing this research, I hoped to find lesbian couples who were experiencing family in novel ways. The families I worked with chose to conceive their children in an unique way (i.e., anonymous donor insemination). I hoped to meet families who were continuing to resist the pull of society to conform to traditional notions of family, and as such, were creating new experiences and meanings of family. Additionally, I hoped to uncover the ways in which lesbian-led families coped with living within a homophobic and heterosexist culture, as having children tends to force lesbians into mainstream society (e.g., schools, children's peers and their families).

In sum, based on my personal views, I entered this research with the preconceptions that lesbian experiences are worthy of study, that lesbians should not be deterred from having children based on their lesbianism, and that lesbian-led families are affected by overt and covert expressions of homophobia and heterosexism.

In terms of the literature review, I have noted that there is a dearth of literature that focuses on lesbian couples who choose to conceive their children through the use of anonymous donor insemination. The majority of the studies that have been conducted combine results from lesbian-led families with adopted children, children conceived by anonymous donor insemination, children conceived by known donors, and children conceived through heterosexual sex for the explicit purpose of conception (e.g., Gartrell et al., 1996; Gartrell et al., 1999; Gartrell et al., 2000; Haimes & Weiner, 2000). By combining data from these different types of lesbian-led families, it appears that lesbian-led families are relatively homogeneous. In addition, some researchers have used standardized assessment instruments (e.g., Patterson, 1994, 1995, 1997, 1998) that instruments were standardized using heterosexual families. Using heterosexual families as the norm for lesbian-led families implies that heterosexual families are the ideal which lesbian-led families should strive to match. Thus, the preconceptions implicit in the literature review are that lesbian-led families with children conceived through the use of anonymous donor insemination are not considered a unique family constellation with issues and experiences that are particular to them, and that standardized measurement instruments are valid ways to assess lesbian-led families. However, lesbian couples with children conceived through the use of anonymous donor insemination merit investigation and understanding on their own terms, that is, as unique family constellations relative to the larger population of lesbian-led families. Further, these lesbian couples should not be judged on how well they resemble heterosexual families or norms obtained from heteronormative ideas of appropriate behavior.

By making my preconceptions explicit (Van Manen, 1994), I attempted to suspend them (i.e., set them aside) as much as possible so that the interpretations I made were not overshadowed by my preconceptions to the detriment of the participants' interpretations (Denzin,

1989a; 2001). I did this by remaining aware of my preconceptions throughout the process of this research, by conducting validation interviews with participants to ensure my findings represent their experiences rather than my preconceptions, and by exploring alternative explanations and interpretations of participants' experiences versus looking for confirmation of my preconceptions.

Participants

Participants were selected for this study through a method known as “purposeful sampling” (Patton, 1990). Patton defines purposeful sampling as a means of selecting research participants on the basis that they fit the purpose of the study. Further, the type of purposeful sampling that was employed is referred to as “convenience sampling” and involved selecting participants who were available and easy to study (Patton).

Participants were required to meet the following criteria. They were self-identified lesbians; conceived their children while in a lesbian relationship; continued to be in the lesbian couple relationship; conceived their children through the use of anonymous donor insemination; had a desire to understand, share, and explore their experiences and the meanings their experiences held for them (Gall, Borg, & Gall, 1996); and were able to articulate their experiences (Colaizzi, 1978). My aim was to collect “multiple narratives, drawn from the self-stories of many individuals located in different points in the process being interpreted” (Denzin, 1989a, p. 39). By having multiple stories, I was able to compare and contrast the stories of all of the couples. “Multiple stories allow convergences in experience to be identified” (Denzin, 1989a, p. 55). I wanted to interview couples with children of various ages, and thus, did not place a restriction on the age of the children. However, perhaps due in part to the fact that the local fertility clinic had only been operating since 1995, the oldest children were only 6 years at the

time of the first interview. I had also hoped to interview couples who were diverse in terms of socioeconomic, educational, racial, and ethnic group memberships. However, a relatively homogeneous group of participants volunteered for the study (i.e., primarily Caucasian women of Western European descent, highly educated, affluent).

This research focussed on lesbian couples with children and not, for example, on single lesbian women or parenting units comprised of 3 or more adults. By choosing "couples" as the focus of this research, my purpose was not to privilege the traditional notion of two-parent families and undermine other parental configurations, but rather to examine the two-parent lesbian family unit as one of many viable family forms.

Determining the number of participating families involved a trade-off between breadth and depth (Patton, 1990). With fixed resources and time, and with the emphasis being on depth of experiences, a small number of research participants were involved in this study. Ten couples participated.

Because the lesbian parenting community is relatively small, in order to ensure the anonymity of the couples, I have described the demographic characteristics of the participants as a group.

Group demographic profile – First interview. At the time of the first interview, the 20 women in this study ranged in age from 31 to 42 years and they had been in their relationships for between 6 and 19 years. They had 16 children conceived through the use of donor insemination. The children ranged in age from 1 1/2 years to 6 years. Five couples had 1 child, 4 couples had 2 children and 1 couple had 3 children.

Nineteen of the women were of Western European descent and one woman was of Asian descent. All but one of the donors selected by these women were Caucasian. One family chose an Asian donor.

In three of the couples, both women were employed full-time. In five couples, one mother worked part-time whereas the other mother worked full-time. In one family, both mothers worked part-time and in another family, one mother parented full-time and the other mother was employed full-time. In seven couples, one mother was the birth mother. In the other three couples, both mothers wanted to be birth mothers. At the time of the first interview, two mothers were pregnant and the third was in the insemination process.

According to Statistics Canada (2001), in the Canadian population 15% of adults have bachelor degrees or higher. Thus, the women in this study were highly educated (i.e., 5 had professional degrees or doctorates, 5 had masters degrees, 4 had Bachelor degrees, two had certificates, and the education level of two women was unknown). In terms of employment these women held a variety of professional occupations in fields including business administration and finance, health care, law enforcement, education, and creative arts.

Group demographic profile – Validation interview. Between the first and the validation interviews an additional 5 children were born to these 10 couples. In two families, the mother who was biologically related to their first child gave birth to their second child. In two families, the second child was biologically related to the second mother. In the other family, due to fertility challenges with the second mother, the first mother gestated the biological child of her partner.

Seven of the original 10 couples participated in the validation interviews. These 14 women ranged in age from 33 to 45 years and they had been in their relationships for between 8

and 21 years. In four of these families, the split between parenting and employment remained similar to the division at the time of the first interview. In the other three families one mother shifted from part-time employment to full-time parenting, another mother shifted from full-time employment to 2/3 time employment, and in the third family, one mother reduced her employment from full-time to part-time. Statistics Canada (2002) indicates that two parent families with children have an average Household Income (HHI) of \$83,000. In the current study, (HHI) levels were average to high (i.e., 2 couples' HHI was within the range of \$60,000-\$90,000, 5 couples' HHI was over \$90,000).

Procedures

Recruitment. Research participants were recruited through word-of-mouth, advertisements (please see Appendix A) posted in a number of locations that lesbian mothers were likely to frequent (e.g., Little Sister's Book and Art Emporium; notice board at Queer Family meeting place), and in local publications and list-serves that were likely to be read by lesbians (e.g., Xtra West Magazine; Queer Family Potluck list-serve). Additionally, participants were recruited through Genesis Fertility Centre in Vancouver. Couples were asked to telephone or e-mail me if they were interested in participating in this research.

During the initial telephone contact with participants, I described the nature of the study, discussed issues of confidentiality, clarified the means by which they conceived their children, determined whether the parents remained coupled, explained their time commitment, offered to answer any questions about the study, and set up an interview time. The first 10 couples who met the criteria specified were accepted for the study.

Interview. I conducted the interviews with the couples in their homes. Denzin (1989a) has argued that interpretive interactionists must "thoroughly immerse themselves in the

phenomenon they wish to interpret and understand” (p. 26). By being in their homes, I had the opportunity to witness interactions between the children and their mothers and between the mothers. As my interest was in capturing the meanings and experiences of family for lesbian couples, and as these meanings were created through interactions between the mothers, I interviewed the mothers as a couple.

The objective of each interview was thick description. Thick description meant capturing the meanings, experiences, and interpretations that unfolded during the interactions between the participants and myself. Thick description is biographical (i.e., includes the personal histories of participants), historical (i.e., captures the social contexts of participants’ lives), situational (i.e., locates participants within situations), and relational/interactional (i.e., describes relationships in terms of feelings and actions). As such, thick description gives the context of experiences, states the meanings and intentions that organize experiences, and traces the evolution and development of experiences. Thick description “presents detail, context, emotion, and the web of social relationships that joins persons to one another” (Denzin, 1989a, p. 83). In contrast, thin description reports facts, without intentions or the circumstances that surround an action. The interviews in this study were rich, dense, and detailed.

To maximize consistency between interviews, the following procedures were conducted with participants at the outset of each interview. Because the material that was addressed in the present study was of a personal nature, it was important for the participants to feel safe and comfortable. Thus it was crucial that I established “empathic rapport” with each couple (Osborne, 1990). Rapport was established by initially engaging in casual conversation. When the couple and I became comfortable with each other, I addressed issues of confidentiality. I reminded them that the interviews were being audio taped. In addition, I assured them that I was

not interested in making moral judgements about their experiences. Rather, I reassured them that I was interested in understanding their experiences. I asked the participants to read and sign two copies of an ethical consent form (please see Appendix B) with one copy retained by me and one copy by the participants. Couples were reminded that their involvement was voluntary and that they were free to withdraw from the study at any time. After the participants had an opportunity to ask any questions, I read a statement reiterating the purpose of the study and orienting them to the interview (please see Appendix C). When the couples were ready, they began by describing their experiences as lesbian mothers with a child (or children) conceived through the use of anonymous donor insemination.

As the researcher, I assisted the couples in describing their experiences and in making interpretations of these experiences. The interviews were semi-structured and comprised of open-ended questions. I used a general list of questions which I tried to have answered (please see Appendix D). The phrasing of the questions and the order in which they were asked were modified to fit with each participant's narrative. To help the participants in the narration of their stories, I used advanced empathy, paraphrasing, reflection, and attended to the participants' verbal and non-verbal responses. I asked clarifying and open-ended probing questions that deepened the mothers' exploration of significant issues that were raised during the interviews.

Interviews lasted between 1 hour and 2 hours 40 minutes. At the end of the interviews, I reminded participants that I would be conducting validation interviews with them subsequent to my analysis of the interactional texts.

Analysis of the Interactional Texts

The outcome of interpretive interactionist research is thick interpretation that is presented as conceptual categories, or themes. These themes describe how "social experience, or a

sequence of social interactions, [is] organized, perceived, and constructed by interacting individuals" (Denzin, 1989a, p. 24).

Throughout the interpretive process, the interpretive interactionist thinks "reflectively, historically, comparatively, and biographically" (Denzin, 1989a, p. 49). There are five phases in this interpretive process: deconstruction, capture, bracketing, construction, and contextualization. "Deconstruction" involves the critical analysis of the existing literature. This was the focus of Chapter Two. "Capture" refers to securing the interactional texts, that is, conducting the interviews. "Bracketing" involves dissecting the interactional texts in order to uncover, define, and analyze the elements and essential structures of the topic being studied. This phase of the research process involved displaying the text as a unit. That is, the tapes were transcribed and resulted in approximately 700 pages of single-spaced text. I then subdivided the text into key experiential units (i.e., key phrases and statements that pertained directly to the topic being explored). To do this, I read and reread the interactional texts and identified the salient issues and events that arose through my interactions with the participants. For the present study, I looked for descriptions of events and experiences that pertained to these mothers' understandings of their family lives. Specifically, I sought out descriptions of interactions that occurred between family members and between the families and their social worlds. I included the participants' interpretations of these experiential units, as well as conducted an interpretive analysis in order to uncover the meanings of these units. I examined the ways in which the participants used language. I did not assume to understand their language, but rather explored with them what their choice of words and terminology meant to them. By doing so, I could understand the ways in which individual participants made meaning of their experiences. I looked for the meanings of the experiential units and inspected these meanings to reveal the essential, recurring features of

this topic, as indicated by the participants. At this point, I wrote a tentative statement, or definition of the topic in terms of the essential, recurring features.

In the construction phase of the interpretive interactionism research process, I “re-create lived experiences in terms of its constituent, analytic elements” (Denzin, 1989a, p. 59). This means I connected the meanings of the experiential units to other units within the story. To do this I listed all of the meanings of the experiential units and ordered them as they occurred within the process. I then examined the relationships between the experiential units in the narratives under study. At this point, I organized the experiential units into conceptual categories, that is, the four themes.

In the fifth phase of the research process, contextualization, the goal was to locate the topic under study in the personal biographies and the social environments of the people being studied (Denzin, 1989a, 2001). This phase involved describing, in full detail, the essential features of the experiences of family as identified in the previous stages of bracketing and construction. I examined the contrasts that existed between participants and looked to explain these differences in light of the participants’ personal biographies and social environments. I then compared and synthesized the main themes of the stories so that their differences may be brought together in a reformulated statement of the experiences and meanings of family for lesbian couples who have children conceived through the use of anonymous donor insemination.

The final product of this research was written in a form Denzin (1989a, 2001) refers to as an interpretive-narrative. The interpretive-narrative was written so that the interpretations of the participants were merged with my interpretations. To do this I included quotes from their narratives to elucidate the interpretations I made. Thus, the final product was multi-voiced and dialogical. I did not question the events that the participants described in order to determine their

factual accuracy. Rather, I treated all events as if they may, or may not have happened. In this manner, I viewed the narratives as symbolic expressions of the lived experiences of lesbian couples with children conceived through the use of anonymous donor insemination.

Although I have written the phases of the interpretive process (i.e., bracketing, construction, and contextualization) as if they occurred in a linear fashion, this was not the case. Rather, I was continually revising and testing emergent interpretations throughout the research process (Denzin, 1989b). As such, the interpretive process involved recycling through the three phases several times in order to ensure that my interpretations were consistent with the interactional texts that emerged through my interactions with the participants.

The final product of the interpretive process was a detailed description and interpretation of the meanings of family for these 10 lesbian couples. Interpretations that are developed about a participant's life must be understood by the participant, I mailed each couple a copy of my findings with an explanatory letter (please see Appendix E). Two couples expressed concern with the findings because I had referred to them within the body of the text by their first initials. I reassured them that in the final document, pseudonyms would be utilized. However, to further assuage their concerns I reissued the findings with pseudonyms and collected the initial copies.

Three couples were not available for a validation interview. One couple chose to leave the study because they were in the midst of separating, another couple did not respond to numerous telephone messages, and the third couple read and validated the findings; however, they were not available for a face-to-face meeting due to time constraints. Interviews were set up with the other seven couples. During the tape-recorded validation interviews, we discussed any changes in their family structures (e.g., additional children) and processes (e.g., shifts in employment, children entering school). I asked each couple whether my descriptions and

interpretations resonated with their experiences. The couples responded by saying they did see their own experiences represented and many also noted the variations in experiences between couples that exist within the four themes. As such, I reviewed my findings to ensure the variations between couples were sufficiently articulated. The validation interviews were between 1 hour and 1.5 hours.

To ensure the results of this study are credible, as an interpretive interactionist researcher, I employed a number of processes. First, at the outset of engaging in this research, I identified and articulated my preconceptions to prevent, as much as possible, these preconceptions from overshadowing the voices of the participants. Further, I reflected on these preconceptions throughout the research process. Second, I documented my process of analyzing and interpreting the interactional texts. Although it is not expected that a subsequent researcher working with the same interactional texts would arrive at the same conclusions, by documenting my process, another researcher could follow my path in terms my process. Third, I conducted validation interviews with the participants to ensure that my conclusions represented their experiences. Fourth, throughout the research process, I maintained my commitment to the major tenets of interpretive interactionist philosophy and method. For example, I described in rich detail (i.e., thick description) the participants' experiences, I focussed my interpretations on social interactions, I examined the social contexts in which these families lived, I wrote the narratives using the language of the participants, and I revealed the conceptual categories (i.e., themes) that these participants used in the process of their interactions.

Limitations of this Study

This study was not designed to obtain a representative sample. Rather the goal was to develop an in-depth understanding of the experiences of a small number of participants. As such,

all of the conclusions drawn are specific to that group. However, as an interpretive interactionist researcher I hope I have created naturalistic generalizations, that is, a text that allows readers to share vicariously in the experiences of the participants.

In this study, the children were not interviewed. Therefore, how the children of the mothers in this study experienced having two mothers and having anonymous donors rather than genetic or social fathers was not included in this research. Thus, a more complete picture of family life for these participants would include the voices and experiences of their children.

This was a cross-sectional study and not a longitudinal study. Information was gleaned in an initial interview and then validated in a subsequent interview. Therefore, how the process of family life continued to unfold over time for these families was not captured in this study.

The couples who participated in this research were self-selected. That is, when they heard about this study, if they were interested in participating they contacted me by telephone or e-mail. As noted by other researchers who investigate lesbian-led families (e.g., Gartrell et al., 1996; Patterson, et al., 1998) a relatively homogeneous group volunteer. Participants were self-reflective, well-educated, thoughtful, mainly of Western Europe descent, and relatively affluent. Therefore, how well the experiences of these couples will resonate with couples from other cultures, and couples with less education and financial prosperity, and without the pursuant choices and resources, is unknown. However, it may also be the case that lesbian couples in relatively privileged socioeconomic positions are the ones creating families through the use of anonymous donor insemination, especially given the costs of utilizing the services of a fertility clinic, the expense of taking time from paid employment, and of child rearing in general.

As noted by other researchers (e.g., Gartrell et al., 1996; Tasker & Golombok, 1998) couples who volunteer for research may have been motivated by the desire to demonstrate that

lesbians are able to raise healthy, happy children. Therefore, social desirability may be a limitation of this study as these couples may have wanted to present themselves in a favorable light and this may have influenced the findings. However, as the interviewer, I found that participants were open and willing to discuss their challenges as well as their successes.

All of the couples in this study had children 6 years of age and under at the time of the first interview. Couples with older children would likely experience different issues reflecting their stage of development.

Only one method of obtaining information, the interview, was used in this study. Multiple methods of investigation would help substantiate the conclusions drawn and perhaps expand the breadth and depth of these findings.

The couples who participated in this study live in or near a large Canadian city in which gay and lesbian marriages became legal between the first (2001) and second interviews (2004), in which second parent adoptions are legal, and in which gay and lesbian communities are noteworthy. Although homophobia, heterosexism, and violence against gays and lesbians prevail, gay and lesbian legal and social rights are developing. Couples residing in other geographic locations (e.g., in rural communities, other countries) may live in very different social and legal contexts. Thus, the experiences of the participants in this study may not resonate with the experiences of lesbian couples living in less progressive areas.

CHAPTER FOUR

Findings

This chapter contains the four themes that emerged through the interviews and readings of the transcripts. The meanings of each theme are described and supported by quotes from the couples.

Common Themes

In Western culture it is expected that children will be parented by the individuals who conceived them, that is, their biological mothers and fathers. In lesbian-led families, with children conceived through the use of anonymous donor insemination, children are parented by their biological mothers and their non-biological mothers. Thus, their gestational, genetic, and relational family backgrounds include a biological mother, a non-biological mother, and an anonymous donor. As such, these are unique family structures. Interviews with 10 lesbian couples with children conceived through the use of anonymous donor insemination revealed four interrelated themes that influenced how their families were shaped, constructed, represented, and given meaning. These themes include:

- Conception Options of Two Women
- Two Women Parenting
- Anonymous Donors/Not Fathers
- Families with Lesbian Mothers

Each of these themes is comprised of interactions between the mothers, between the mothers and their children, between the families and their extended family members, and between the families and society. The four themes described a process that begins with the first theme (i.e., conception options of two women). The three remaining themes described the on-

going process of living family life as lesbian couples with children conceived through the use of anonymous donor insemination. These three themes are evolving as they will shift and change as the children experience each development phase, as social and legal policies concerning homosexuality and reproductive technology progress or regress, and as the families continue to interact in their social worlds. I contextualized the four themes using quotes from the women, which I edited to facilitate reader understanding. Every effort was made to ensure that the integrity of the women's narratives was maintained. Although each couple experienced the four themes, variations among couples existed within each theme. Pseudonyms were used to protect the identity of the participants.

Conception Options of Two Women

Once these couples decided they wanted to parent together, the process of deciding how to bring children into their lives was exciting, challenging, and at times exhausting. It involved years of personal reflection and gathering information. Each couple went through their own process of considering a variety of ways of becoming parents including: adoption and fostering, conception with known donors, conception with willing-to-be-known donors, and conception with anonymous donors.

Adoption or Fostering

For the couples who contemplated adoption and/or fostering, obstacles presented themselves that caused these mothers to abandon this idea. Deterrents to proceeding with adoption or fostering, such as expense (i.e., overseas adoption), wait-lists, and discrimination against lesbian couples were barriers cited by these mothers. For example, to proceed along the path of adoption or fostering often brought these couples to a place of needing to lie about being a lesbian couple. As Hilary described:

We looked at adoption and it didn't look like there were a lot of avenues open to us at that time. Then a friend of ours - her sister had adopted from China. We looked at that possibility too. But you had to lie. We would have had to lie. We would have had to be single and we didn't want to start - I mean we wanted to start [our family] definitely as a couple.

This couple was adamant that they did not want to enter into parenting lying about being a lesbian couple and, as such, determined that adoption and/or fostering were not viable options.

Conception with Known Donors

Conceiving their own children became an exciting possibility when one or both of the women wanted to experience pregnancy. For couples who worked or had experience in the area of child custody and access, conception through the use of anonymous donor sperm was the preferred option. For other couples, the process of deciding how to conceive their children often began with considering conceiving their children with known donors who were friends or were extended family members of the non-birth mother. For the couples who considered known donors, they did so because they felt strongly that they wanted their children to know their genetic heritages. As Julie described:

When we finally came to the point when we were ready - we had always thought we would use a known donor because at the time we felt really committed to the idea of the child being able to know the donor, have some kind of a relationship. We were always very clear that we didn't want to co-parent with somebody else or anything like that but we thought that we wanted the child to have an opportunity to know the donor. [To have] that sense of where do I come from? What's my history? What we wanted for her was if she wanted to meet him, if she wanted to clap eyes on the guy - see him, talk to him, even

if it's for an hour - to have that eye-to-eye, so you're the guy. We wanted her to have that outside possibility that it might happen. We wanted - if the [child] had to [meet the donor] that the possibility would be there.

Although this couple wanted to conceive their children with a known donor, they felt strongly that they did not want to parent with a third person. The couples in this study were not opposed to families with more than two parents. Rather, they were making conscious choices to create two-parent families. They did not want to parent with a third person largely because they did not have a man in their lives with whom they wanted to parent they believed that parenting would be difficult enough with two people who loved each other, and did not want to create a situation in which the non-biological mother would be viewed as a lesser parent when compared to the biological mother and father. Therefore, the couples that wanted to conceive their children with known donors decided that they would seek known donors who were willing to relinquish their parental rights.

Conception with friends as donors. Couples looking for known donors approached a number of male friends and asked whether they would be willing to help them conceive their children, have the children know their paternity, and release all of their parental rights. Sarah described the process of asking male friends:

We approached a number of people about donating with the idea that they would have no parenting role and that at a stage down the road, everyone would know what the genetics were. Or it was that the children would know all along but that [the donor] wouldn't have a real [parenting] role. We'd be really clear that their role was as a donor as opposed to anything else. And actually the people we approached were the people we loved and respected the most in our lives. They were of the opinion that that's not good enough in

the sense that they would not be happy to just give [their genetic material] away and not have a role [in the child's life]. They wanted to have a role. And then we thought to ourselves, well that's why we liked those guys. Yeah, because they can't just walk away.

In situations where known donors were willing to relinquish their parental rights, a number of concerns emerged as couples worked through the details between themselves and the known donors. Insurmountable barriers to conceiving children with known donors pertained to concerns related to the donor's future needs; their children potentially having multiple families and multiple extended families; and the potentially precarious position of non-birth mothers in the family constellation.

The couples who considered conceiving children with known donors questioned whether their potential donors could really make fully informed choices about their future needs with regard to children that may be conceived as a consequence of their donation. As such, these mothers questioned whether the donors would be able to stand by their agreements and not challenge the mothers for access and/or custody at a later date. Pat described her concerns as follows:

I could see down the road many, many, many complications. Now [the donors are] saying they would be comfortable with assisting in this process but what happens in 5 years time or what happens when the baby is born and all of a sudden the donor comes to visit the baby and is mesmerized by the baby.

With this realization, these mothers contemplated the possibility that, in the future, their donors might challenge them for access and/or custody. These couples did not trust the legal system to protect their family structure when challenged by paternal rights, especially when their rights as lesbian mothers were not fully accepted and/or recognized by society or the courts.

Another barrier to these couples choosing to conceive their children with known donors involved their extended family members. These mothers considered how their families would react if they were also friends with the known donors. As Pat, who is both a birth and a non-birth mother, said when describing a potential interaction between her partner's extended family and her non-birth daughter:

If we had gone with the known donor and particularly this person because this man was also friends with Sally's sisters and her family. I had this image of being at Sally's mother's place at Christmas time and all the sisters around and being the non-biological parent to this child, and having the sisters all say, "Oh yes, she's got [donor's] eyes, she's got [donor's] hair and oh she sounds like [donor]." And suddenly it's like where am I in this picture? I'm getting up in the middle of the night. I'm paying for all of this. I just felt I couldn't. I just felt I deserved better than that if I was going to give my life to raising a child. I felt that I deserved a lot more than being the third person.

Couples exploring conception with known donors also contemplated how their children would be impacted if they knew their donors and even if their donors agreed not to be involved as parents, how the relationships might play out in the future. Sally described imagining a scenario with her future adolescent daughter as follows:

What if [our daughter] when she's 14 years old, she says, "Fuck you mothers, you're both bitches. I'm going to live with [known donor]. I want to live with my dad." And this couple, if we had used them, they would have said, "Oh yeah, whatever, if she wants to come here for awhile." The fact that she could have theoretically another family that she could go and live with - which I mean I suppose on the one hand well, that's sort of a positive but that's not the way we would be going into it. They [donor and his partner]

have very different approaches to things - different values. Then suddenly you have four people involved, not even just three, a fourth person, his partner. And then children too because they already had a child, were probably planning a second, and then all of a sudden you've got a biological link between our child. Even practically, they've actually moved to Ottawa but people move around all over the place. And he's actually American so theoretically who knows what could have happened down the line.

Thus, children conceived through the use of known donor insemination could potentially have another family complete with siblings and even grandparents. Having a second biologically related family in their children's lives was not the family structure these mothers were trying to create.

Conception with family members as donors. Another avenue the couples who were considering conceiving children through the use of known donor insemination explored involved asking male family members (e.g., non-birth mothers' brothers, cousins) to be their donors. By involving biologically related family members of non-birth mothers, these couples were trying to create families in which children would be biologically related to both mothers. A number of male family members did agree to be known donors and agreed to relinquish their parental roles. However, complications arose as discussions continued. For example, Carol described how her partner's brother who had agreed to the conditions, viewed himself as having some input into decision making with regard to the future child:

When we were talking about Vicki's brother being our donor and we were talking about names and he'd veto this name or that name and I'm thinking, oh my God, now I've got to appease him with the name. Yeah, he would say, "Of course, you guys can always do what you want. In the end it will be your choice but I would just like you to listen to my

input.” Some red lights would go off and then he’d say something about schooling. He had all these issues about it. His wife was just recently pregnant and I seem to remember him saying something like, “Oh, yeah, both my kids are going to be born within a couple of months.” Oh, oh, another red flag. I mean so for him I don’t think he could detach himself from being biologically related.

Another potential complication that arose with the prospect of conceiving children with male family members concerned the ways in which extended family members may have perceived the roles of the birth mother, male donor, and non-birth mother. As Vicki described:

We’d already had a donor insemination agreement drawn up by a lawyer and everything. But we’re glad that that fell through. It really would have been a pain with my family. I think my family would have always seen my brother as being the father and I would have been the aunt in some weird way and I don’t think I would have ever been truly accepted as the parent. Yeah, my family would have always seen me as a third party or outsider.

Additionally, these couples spoke about concerns relating to how extended family members might have perceived their roles with the children. For example, as Nancy explained:

We tried with Sarah’s cousin and we thought wouldn’t it be great to find a man in Sarah’s family and then the babies could be related to Sarah’s side of the family. We subsequently are quite happy that it didn’t take. And in the end I was kind of glad because it would have just kind of created some weird dynamics within the family because [cousin’s] parents would have probably felt like grandparents and Sarah’s parents would have felt like grandparents.

As illustrated, conceiving children through the use of known donor insemination with either friends or family members was complicated by potential future challenges related to

access and/or custody of their children and expectations of multiple families and extended family members. With these potential future risks, the mothers who considered conception with known donors questioned whether they would be able to contain the boundaries of their immediate family to themselves and their children and doubted whether the legal system would be able to protect the integrity of their unique family configurations.

Conception with Willing-to-be-Known Donors

The primary reason couples gave for wanting to conceive with known donor sperm was so that their children would have the potential to meet their donor and/or ask him for more information about himself. As such, an option for the couples who wanted their children to have this potential was to conceive their children with "willing-to-be-known donors." That is, they wanted to conceive their children with donors who agreed to have their identity known by the children when their offspring reached the age of 18 years. Couples who investigated this option and chose not to conceive with willing-to-be-known donors faced two primary obstacles that prevented them from following through. At the time these couples wanted to conceive their children, willing-to-be-known donors were not available in Vancouver. Thus, couples were required to purchase sperm from an American fertility clinic, ship it to Canada, and find a doctor willing to store the sperm and do the inseminations. This process ended up being a costly, lengthy, and problematic experience. Julie described what occurred to her and her partner when they tried to ship sperm from the United States into Canada:

We decided that we wanted to get a willing-to-be-known donor. The only option for us to get a willing-to-be-known donor was using an U.S. clinic and arranging for importation. So we did actually link up with a clinic and went through their intake, selected a donor, pre-ordered and tried to have it shipped. We didn't realize that about a week before we

bought all of our sperm, \$3000.00 U.S. worth, Health Canada shut the border to U.S. sperm. We had a non-refundable, under any circumstances, bucket of sperm. We actually hung onto that stuff for about 6 months – the clinic continued to store it. And it was all the money that we had set aside to have a baby. Thank God we got a refund but then we were back at square one because we had gone into this venture with the absolute agreement that we not use an unknown donor because at the time we felt so passionate about it.

Another stopping block for couples wanting to conceive their children with willing-to-be-known donors was the fear that their children would anticipate meeting this man at 18 years of age and would be hurt by either not being able to find him, discovering he had died, or being rejected by him in some manner. Julie described the concerns she had:

More and more people we spoke to did say this is a set up. A set up in the sense that if the children ask about their father and we say, "Well, when you're 18." So you know, all their life they've built up this idea. Well, what if since he donated he's never told anyone. He goes on to have a wife and family, presuming that he's straight and suddenly this kid is knocking on his door or what if he finds Jesus and decides that it was wrong – that [the child] is the spawn of the devil, whatever, right? What if he dies or what if he's just not findable?

As described, the mothers in this study considered their options to become parents (e.g., adoption, friends as known donors, family members as known donors, willing-to-be-known donors) in terms of the present day realities and future potential consequences. They attempted to consider these options through the eyes of their future children, the donors, themselves as birth and non-birth mothers, and their extended family members. Given these considerations, other

than one couple who conceived using sperm from a willing-to-be-known donor, these mothers eventually came to believe that the best way to create viable and healthy two-mother families was through the use of anonymous donor insemination.

Conception through the use of Anonymous Donor Insemination

Mothers who perceived their own relationships with their fathers as significant and/ or thought it might be important for their future children to know their biological father found it challenging to consciously choose not to have fathers in their children's lives. Sarah described this struggle in the following words:

One of the hardest things from my perspective was that we're both really fairly close to our fathers so to consciously decide to take [fathers] out of the equation was really hard for both of us and our concern for the potential child. Neither one of us did that lightly. People think that we did and I always find that hard because we agonized over that decision. They think that because you're a lesbian that you hate men and that we just didn't think about it. That it was just like oh well, we'd just go ahead and have babies. But we agonized over it a lot and it's funny to me that people don't understand and don't get that because that was a gigantic emotional and intellectual decision for us. It wasn't just, oh whatever. I mean it was a big thing and it was, for me, at one point almost a road block.

Given the challenge these mothers faced when making the decision to use anonymous donor sperm, it was paramount for these couples that their children understand that they considered their needs with every decision they made. Julie and Eve described how they wanted their child to know that they had considered other options before conceiving through the use of anonymous donor insemination:

We wanted to feel that we had at least tried. At least we could say to the child, we did the best we could. This is what we hoped to be able to give you [known donor] as opposed to there is no option, end of story. I think for both of us if we had been adopted, we might have felt a great drive and we felt greatly pained with the idea that what if we have to say to the kid, you will never meet him, you will never know him, that's not possible and just cut it off. That would be super painful on the child and so would be enormously painful for us. So it wasn't about wanting the child to have a relationship [with the donor]. I mean we just liked the idea of her being able to find out who he is and see him and to meet him occasionally, have dinner with him or whatever she or he might want to do. But, you know, in communicating with her, it's vitally important to me that she understands that we did this very cautiously and very considerately. We worked on this for years.

Considering conceiving children through the use of anonymous donor insemination resulted in these couples' reflecting on what it means to raise children without fathers. Caroline described the type of questions she and her partner discussed:

But we got to ask all of the hard philosophical questions, all of them really. What makes a father? What do you need to create a good person? We got to ask and talk with so many people. Mostly we've been looking at adoption stuff and reading about that because that's the closest equivalent. We have gotten to work through it all and to talk about all of it and basically, fundamentally what does it take to raise a good person? And we think we can do it just the two of us.

Couples grappling with conceiving their children through the use of anonymous donor insemination talked to numerous people and/or read adoption literature as there was not a body

of research examining children conceived through the use of anonymous donor insemination.

Sarah described the turning point for her and her partner:

We just kind of arrived eventually at the idea that it's going to be that individual, the child. It will either be really important to them or not important to them and we can't know for sure.

Once their children were born, the struggle these moms experienced in making the decision to conceive through the use of anonymous donor insemination dissipated. They felt that their children were completely theirs and rarely thought about the donor. As Barb stated:

It's hard not to think that we made them together. We made every decision together. We went to every appointment together. We drove in for the blood tests together. They just couldn't be more mine or Lucy's.

Additionally, as Vicki described, with the arrival of their children, extended family members also seemed to forget that there was an anonymous donor involved:

Once both children were conceived we went forward from there. There was never an issue any more of the biology of the children. That's long forgotten. I think if you even asked our parents, they'd really have to stop and think about it. Oh yeah, there is a third party, a father out there somewhere but it's so removed now and it's nice because we are just the parents. And I really don't think it would have been that way if we'd had a known donor.

After their difficult struggles to make the best decisions for themselves and their children, these mothers were glad that they chose anonymous donor insemination to conceive their children. Vicki described the advantages of this decision in the following way:

The benefits - total peace of mind, we're co-parents, nobody is ever going to try and take our child away from us because they can't. We are the legal parents of this person and that is great. I think that is really good. We are protected under the law.

Two Women Parenting

Families with two women parenting experience unique benefits and challenges. The couples in this study made decisions and negotiated roles based on the presence of having a birth and a non-birth mother. They consciously chose when to conceive their children and as such were committed to their parenting roles. Additionally, these mothers experienced the freedom as well as the uncertainty of living family outside socially prescribed gender roles.

Experiences of Being a Family with a Birth and a Non-Birth Mother

Setting aside unforeseen concerns such as fertility challenges and/or risks related to problematic genetic predispositions, it is possible for both women in lesbian couples to conceive and carry children. Given this potential, these couples were able to choose whether they wanted one partner to conceive all their children or both partners to conceive. When making choices regarding birth and non-birth mothers, these couples considered how biological connections might influence, or not influence, their roles as mothers, and how family life would unfold with one mother biologically related to the children and one mother not biologically connected.

Families with one birth mother. The couples who chose one woman to be the birth mother of all their children did so because the non-birth mother did not have a strong desire to experience pregnancy and child birth, the non-birth mother felt she would love the children irrespective of her genetic relationship to them, and/or the couple wanted their extended family members to treat all their children equally. Barb described how she, a non-birth mother, felt about their decision for her partner to birth their children:

Lucy does it [pregnancy] really well. She carries it well. She loves doing it and as soon as she's given birth, she wants to have another. Yeah, like so why? To me, well three things probably come up. One is I don't feel the need to give birth as a womanly thing. [Two] I don't feel the need to get a different or better connection with one of the children so that they're mine - more mine than another. And [three] she is really good at it and she produces amazing children and so there would be no reason for me to do it.

The couples who chose to have one birth mother also spoke about not wanting their extended families to prioritize relationships with the children that were biologically related to them. They expressed concern about whether their children would be treated equally by extended family members if both women were birth mothers. Vicki, a non-birth mother, described this decision as follows:

Once we had [our first child], I was pretty sure that I didn't want our children having two separate biological mothers, more so from the idea of our families. I really think that that would have been a headache. I think if Carol had given birth to [our oldest child] and I gave birth to [our second child], then [our second child] would have been in our family and [our oldest child] would have been in their family and I didn't want to separate them that way. I think the grandparents would have gravitated more towards their biological grandchild.

Practical considerations further influenced these couples' choices regarding which woman would be the birth mother. As Vicki described:

They have the same biological mother and they have the same biological father. I've adopted both of them and to them, there's no difference. And also it was a practical decision as well because it just made so much more sense. Carol had paid maternity leave

benefits and medical benefits. For me to have taken 6 months off my practice, when it wasn't such a strong compelling need for me - it just made so much more sense for Carol to do it.

Although these types of financial matters were considered, they were not the deciding factor. As Carol stated, "Had Vicki felt strongly about wanting to give birth then she would have had the second one."

Challenges of families with one birth mother. As North American society is inundated by the belief that children have only one mother, these couples were frequently confronted by questions about who was the "real" mother. Consequently, it was not uncommon for non-birth mothers sometimes to feel invisible as mothers. Julie, a non-birth mother, described her experience of being asked if she or her partner were their daughter's birth mother. She felt people were asking:

So who is the real mother? That kind of stuff, it just makes me livid. So we hedge it as much as we can. It depends on who's asking. We have had occasions when we've said we don't feel that's really important. We're both [our child's] mothers. Mostly if people are being kind of offensive about it, that's how we feel. I mean if people are just genuinely sort of intrigued with our process then we tell them.

At times, non-birth mothers felt they were not seen as mothers by their extended families. Caroline, a birth mother, described how her partner's family's actions did not indicate that they saw her partner as a new mother.

We had a hard time. Andrea's sister planned her wedding for the day I was due to give birth. [The wedding was] in [another country]. So there was no way we could go. And she wouldn't change it and then [our child] came early and Andrea's mother was just

pushing and pushing, “Why don’t you fly out to [country] and come to the wedding?” without any concept of this being her baby. We were very angry.

Non-birth mothers also reported feeling invisible as mothers when their babies were newly born. Lou, a non-birthmother, described her frustration over this invisibility as follows:

Initially people identified with Hilary and not with me. And all the questions and all the interest was around Hilary. How are you feeling? And oh, are the kids sleeping? Are you getting sleep? And oh, the baby’s got your eyes. And how’s the feeding going? And how’s the mum doing today? And people would ask me without Hilary there, “Oh, how’s the new mum doing?” Not meaning me, asking about Hilary.

These types of comments challenge non-birth mother’s legitimacy and entitlement as mothers. As such, when confronted with these questions, non-birth mothers felt frustrated, hurt, and left out as mothers.

Coping with challenges of families with one birth mother. As our society does not acknowledge families with two mothers and privileges biological connections, non-birth mothers needed to find creative ways for society to accept them as mothers. To mitigate non-birth mothers’ feelings of being invisible, these mothers used a variety of strategies including giving the birth and the non-birth mothers names that reflect their equal mothering roles, choosing donors that were in some way similar to the non-birth mothers, giving their children the last name of the non-birth mothers, not always correcting people who assumed the non-birth mothers were the birth mother, making themselves visible with their children, creating ways to bond with their newborn children, and/or adopting their children.

All of the couples in this study chose names for themselves that reflected the fact that they were both mothers with mothering roles. For example, some children called one mother

“mamma” and the other mother “mummy.” Each of the mothers in these couples had different relationships with their children because they are different people with different ways of relating to their children. However, they both wanted mother-related titles to reinforce the fact that they were both mothers regardless of who gave birth.

When selecting a donor, these couples often began the process of wanting to choose a donor that resembled the non-biological mother. They considered donors with physical features, cultural backgrounds, and personalities similar to the non-genetic partner. The reason they wanted to choose a donor similar to the non-birth mother was to foster the bond between the child and the non-birth mother. By sharing similar features, these couples hoped to increase the likelihood of creating a sense of belonging and connection between the children and their non-birth mothers in the eyes of society. However, it was also not unusual for couples to abandon this desire if they could not find a donor whom they liked and who was similar to the non-biological mother. As Vicki, a non-birth mother, described:

I always knew that I wanted to be a parent and I think I had assumed for awhile that I was going to be the biological mother, before probably I was in a relationship with Carol. But Carol probably had a stronger need to be the one to carry the child. And it didn't really matter that much to me. I knew that I was going to love this child the same way, no matter what. At first I think I was holding onto a little bit more of the biology and that's when my brother was involved. I guess it was sort of a progression for me. I mean I started off letting go of the idea of being the biological mother and then the next step, okay, well I'm not going to carry the child but I'm going to have my genetics involved and then I said, okay, well that's not so important to me any more. There are too many headaches with that. I'll let that go and then it was, okay, now, we're going to choose a

donor who looks like me. And we couldn't really find anyone that really fit the match much so we let that go and before you know it we're at the end of the road picking [a donor] that had nothing to do with me.

For this couple, it was more important to choose a donor they thought was a nice, good person as indicated by their essays, than a donor who resembled the non-birth mother. Similarly, as one mother who experienced many inseminations before conceiving commented, "When it really came down to donor choice it didn't matter. When you first start out you have all these ideas about what's important and in the end what's important is getting pregnant."

For couples that wanted to help facilitate non-birth mothers' visibility as mothers in the eyes of extended family members and society, they gave their children the last name of the non-birth mother. As Sarah and Nancy described, they felt it helped build a connection between Sarah, the non-birth mother, and their children. As Nancy stated:

[Our children] both have Sarah's last name, which was deliberate. We did that because we wanted Sarah's family to make that connection. It's an artificial connection but it's a connection and it gives you legitimacy in society because it gives the non-birth mother an instant legitimacy. It muddies the water for people, which we like and it gives Sarah a connection to them too.

Non-birth mothers enjoyed letting people assume they were the biological mothers because in those moments their roles as mothers were not questioned or challenged. For example, Julie, a non-birth mother, described how she felt when people assumed she was her daughter's biological mother.

To have other people sort of automatically assume I am her mother and that I carried her is really, it's kind of a trip actually. People will say, "What a happy baby! Look, she's got

your smile, she's just beautiful." And I say, "Thank you." It happens all the time because people assume that that's your relationship. Sometimes I correct people but mostly I just say thank you. If you're in a grocery store, who cares? If you're at a party and there's more investment or something, that's different.

By allowing these assumptions to pass uncorrected, these mothers were subverting the cultural dictate that prioritizes biological relationship between children and mothers.

To increase their visibility as mothers, non-birth mothers also purposefully positioned themselves with their children in front of other people. For example, Andrea, a non-birth mother, talked about how she would "carry their [child] into the room just to make sure that everybody knew [she] was the mum too."

Roles for non-birth mothers and birth mothers were significantly different when the children were newborns. Caroline, a birth mother, described her and her partner's experiences during the first year of their child's life:

When he was a year old I felt it was very divided between us as far as I was at home, I was nursing. I was just right in the biological mother role and Andrea was [training] so she was away one night in four and just working insane hours. So it felt very separate then. But now I think we've actually achieved what we hoped to in terms of there is no difference in his mind between us. We're both his mums and there's no difference, I think, in the way other people perceive us too, so that's great.

To bridge the differences in the roles of birth and non-birth mothers when their babies were newborns, these couples worked to create ways for non-birth mothers to connect with their children. For example, some non-birth mothers took on the role as bather. Other non-birth

mothers took adoption leaves from their employment. Julie, a non-birth mother, described how she felt this helped bond her to their daughter and also to her partner.

I think it has been really good - me being home with [our daughter] as the non-bio parent because it's given her that time to identify with me as a primary caregiver. And I think this time has been really important in terms of our family coming together and really being very equal. Through the whole pregnancy, I came to understand what some men might experience. That feeling of not being connected with the process that's happening in Eve's body. So for me to be home with [our daughter] and for [our daughter] to be associating me with all of those primary care things I think has been really, really helpful. Not that I didn't feel like I was her parent. That was never an issue but for her identification with me - and society because society doesn't really acknowledge my relationship with her.

Not surprisingly, these couples talked about how the differences between them as biological and non-biological mothers dissipated between themselves, between themselves and their children, and between themselves and other people as the children got older. As Jane articulated, "[Our Son] is not so brand new any more. Nobody is asking who gave birth any more."

An important recognition for the non-birth mothers in this study was legal recognition. Non-birth mothers who adopted their children did so to assuage fears and feelings of vulnerability and to strengthen the bonds of their family. Some of the fears these non-biological mothers experienced, especially when the children were first born, pertained to the birth mother's family of origin. For example, Andrea described her sense of vulnerability prior to formally adopting their son:

We made all our parents sign papers so that they wouldn't try and get [our son] and that I would raise [our son] if anything happened to Caroline. I mean of course, it had no real legal force except that it would show intention and things like that. But there was that kind of fragility that we don't have any more.

The recognition that came with the adoption helped non-birth mothers feel more secure in their roles as mothers. It also helped strengthen their identity as a family in the eyes of society. Caroline described the importance of legal recognition of her family in the following way:

I think the world, at least the world we live in sees us clearly as a family and [especially] since we came to BC Andrea has been able to adopt him and so legally we're seen as a family. That was a big reason we left [city] because Andrea had no more rights there than our neighbor to [our child] no matter what papers we drew up. So the legal recognition was really important. Having legal recognition really shapes how we see ourselves –that we are recognized as a family under the law.

With the law recognizing them as families, these mothers experienced a sense of increased confidence and security in being lesbian couples raising children.

In addition to adoption, marriage, which became legal between the first and second interviews in this study, was another method for non-birth mothers to achieve the legal recognition of being full-fledged mothers. For Sarah and Nancy it was a less expensive way (e.g., \$100.00 marriage fee versus a \$3000.00 adoption fee) to have their children legally bonded with their non-birth mother.

As time passed, both birth and non-birth mothers continued to grow into their roles as equal, yet different, mothers. That is, concerns pertaining to people categorizing them into birth and non-birth mothers dissipated. For example, at the time of the second interview, Caroline

stated, “ When we had our first child, we had so many more worries about whether we would both be seen as the “real” mom or whatever. Now we don’t have that. We have gotten over that.”

Families with two birth mothers. Couples in which both mothers chose to be birth mothers did so because they both wanted to conceive and carry children, share with each other the experience of carrying children, and/or avoid people slotting them into the categories of biological mother and non-biological mother. Being able to experience carrying a child and experience being a mother without being the birth mother was one of the reasons both women chose to be birth mothers. As Cindy described:

I wanted to have one because I wanted to have the experience but I wanted Elsie to have the second one because I wanted to be able to enjoy a little baby without having to go through the pregnancy. Just to have done it once but get two kids out of it.

These mothers were also thrilled to be able to share the experience of pregnancy with their partners. With both women having the experience, both were able to fully appreciate each other’s experience. Sally described this experience in the following words:

It’s just pretty ideal. I can’t imagine how many heterosexual women say, “Oh, you know, I’m so envious.” You’re so lucky that your partner can appreciate what you’re going through. Your partner can share the experience.

These mothers also thought that by both being birth mothers, they would be able to avoid people trying to categorize them as the birth and the non-birth mother. Caroline described this experience as follows:

Our hope was always that we would each get pregnant and then people wouldn’t try to fit us into biological mother and the other mother. We are not the bio and the non-bio mum. We’re two mums.

It was the case for some couples in which both wanted to conceive and carry children that they were not able to follow through with this plan. Plans changed for couples who were faced with fertility issues, inheritable diseases, and children with health problems. Hilary described the decision she and her partner faced when one of their children had a congenital health problem:

The plan was always - because I'm older than Lou - was for me to conceive first and then Lou after me. Then when we had twins and when [our daughter] had the heart condition we decided that we didn't want any more. We spent a lot of time at Children's Hospital and you see so many problems that we just weren't strong enough to go through it again.

For another couple, one of the mothers was not able to conceive. Andrea described her and her partner's subsequent decision making:

There were a bunch of embryos at the fertility clinic just waiting and I had tried a few times and they just never took. So we decided that Andrea's womb was tried and tested and did good things. So she would try with those embryos and it worked right away. And there's [second child]!

This couple was thrilled that they were able to manage one mother's fertility challenges by having a child that was biologically related to one mother and gestated by the other mother. They felt the experience bonded them closer as a couple. As Caroline, the birth mother, explained:

It is just so neat [being the gestational mother of her partner's child] because it was so hard watching Andrea going through [infertility challenges] and deciding that's enough trying and never understanding why and all that. And just to be able to [carry partner's baby] was just wonderful for both of us. It really was. It was a bonding; I mean how

many people get to do that! And I like seeing Andrea in [child] but she is absolutely mine too!

As described, this couple had options available to them to cope with one mother's infertility. It was an option that connected both mothers to their baby in an unique (i.e., gestational and biological) manner.

Challenges of families with two birth mothers. A concern that families with two birth mothers contemplated concerned extended family's involvement with the children, given that one of the children was biologically related to one side of their extended family members, whereas the other was not and vice versa. Pat, pregnant with their second child, addressed her concern as follows:

My biggest fear is that if creating our family as we've done, it's working perfectly for us. [But] it's testing it again in a sense that grandma on Sally's side is very involved with [our first child] and very fond of her but this baby I'm carrying is genetically [our first child's] brother or sister so if grandma on Sally's side doesn't accept and include the baby born with me to the same degree as their siblings, how is that going to make my baby feel? Especially when my parents live in [continent] and unfortunately [our children] are going to see them far less than they would see Sally's mother.

The couple who expressed the above concern was not available for the follow-up interview. However, another mother in this study who was also a birth and a non-birth mother stated that she thought her family might gravitate towards her biological child a little bit more than to her non-birth child. However, this couple also noted that it is difficult to separate whether their children were treated slightly differently due to genetic relationships or due to their children's different personalities, gender, and ages.

Commitment to Parenting

Couples comprised of two women cannot get pregnant by happenstance. A great deal of planning and preparation went into these couples' decisions to become parents. These couples entered into motherhood when their relationships were financially and emotionally secure and when they were both fully committed to parenting. These mothers spoke about having put a "lot of thought into deciding if we are going to have a child," having the "same commitment to the caring role," their children having "two mums that are basically totally devoted to [their children]," and "wanting to share parenting." Their commitment to parenting was evident in their subsequent decision-making process regarding time spent in employment and time spent parenting.

The priority for these parents in making decisions regarding paid work and parenting was to minimize their children's time in childcare and maximize their children's time with one or both of their parents. In families in which both mothers worked outside the home, they offset each other's schedules. For example, if one mom worked Monday through Thursday, the other mother worked Tuesday through Saturday. Lou described this type of arrangement as follows:

Our day starts really early. I'm up at 5 and Hilary is up shortly thereafter and I'm out the door by 6. I work four 10 hour days - 6:30 to 4:30 Monday to Thursday and Hilary works Tuesday to Friday 7:45 to 5:45. Mondays I'm home with [the children] all day and Friday Hilary is home with them so they're just in daycare Tuesday, Wednesday, and Thursday. Hilary takes them to daycare in the morning and I pick them up from daycare and bring them home.

In family situations in which one partner spent more time involved in paid employment while the other partner spent more time parenting, the choices were made based on preferences

(i.e., which mother preferred to spend more time parenting than in paid employment), finances (i.e., which mother's salary best met the needs of the family), and/or work flexibility (i.e., which mother's work situation permitted part time hours). For example, Nancy elucidated how she chose to be employed full-time and her partner chose to parent full-time:

I work outside the home and Sarah is home with the boys full-time. I was the baby hotel for all the boys and I had been at home on maternity leave. [Our older child] was 2 1/2 and [our younger child] was just 6 months old and it was time for me to go back to work. I just really love the work that I do. I really enjoy it and I get a real charge out of it. Sarah was just totally hating her job and it just was awful and we had lined up childcare but we weren't really happy with it. I knew I wanted to go back to work and Sarah knew she wanted to stay home so she just quit.

Even though they lived on just one salary, for them the financial challenges of living on one income were counterbalanced by their children spending more time with their parents than they would have if they had been in childcare. Interestingly, the choice about who parented full-time and who was employed full-time was not contingent on who gave birth to the children. Thus, biological connection did not presuppose time spent or investment in parenting.

Freedom to Live Family Outside Socially Prescribed Gender Roles

These mothers described how happy they were to be parenting with another woman. They characterized their relationships as having "shared responsibility" and "full equality in partnering and parenting." Couples discussed how they created and negotiated family roles and responsibilities based on personal preferences, as well as the challenges of living family without gender roles as guides.

These couples talked about enjoying the freedom to negotiate family responsibilities based on preferences, needs of the family, and available time. Barb described this process of negotiation as follows:

If there are jobs to do, laundry or whatever, we'll get to it when we can and it's not specific like it's hers to do the dinner. It is a lot more fun when you can blow up the [gender] model and then just figure out who likes doing what or who hates it the least amount or who drew the worn card.

Assuming family responsibilities based on negotiation worked for these couples because underlying the negotiations was a commitment to sharing fully the responsibilities of family life. Both partners engaged in family life with similar values, ideals, and desires in terms of how they wanted their lives with their children to unfold (e.g., time spent in family activities versus individual activities). Caroline gave an example of how she and her partner shared the same values regarding their child's needs:

I couldn't be doing this with a man. There's no way. I just feel so lucky to be with Andrea and to be able to negotiate these things and I think we have it better. I mean we certainly have our roles in the world but it's just different. We just do everything, when it comes to [our child], just completely together. It's just equal. So many of the straight mums I know are put in the position of having to choose between their husband or their child's needs and I don't feel that I've ever been in that position because she's a mother too. We haven't gotten into that dynamic where one parent is the expert. I feel like we are lucky because we have some external discrimination to face but at home we've got it down. We don't have that fight to fight. I think it would be harder to be a straight mum.

Alternatively, as gender roles and family life are so inexorably intertwined in Western culture, experiencing parenthood without the goalposts of gender roles also proved challenging. For example, Carol described the process of adjusting to being two moms with a newborn:

I think sometimes men and women have it a little bit easier because men, they kind of back off with the baby situation because usually they're not as comfortable with babies and they go, oh well, she knows best because she's a woman and they kind of stay out of it a little bit. But when you have two women who are trying to make all these decisions - like how often to feed and she's crying, what do you think we should be doing and every little thing is an issue and I found it quite strained like we did fight a lot about what they're eating and when you give them medicine and all these silly little things that are monumental at that time. It took a bit to figure it out and by the time the second one came, it was old hat. It wasn't a big deal. I think a lot of heterosexual couples, even progressive heterosexual couples, really fall into those predetermined roles because they were just so brainwashed. Whereas because we don't fall into that category, we have to create our own roles. But I think for the most part it's better because then you do find more equality in parenting and you find maybe you do things that you're better at and the other person does things she's better at.

As described, with two women parenting, there was no one parent that was deemed the expert for particular tasks or in particular areas, which can be challenging, as well as rewarding, as each partner created her own mothering role within the family. Given that unequal division of labour after becoming parents is the number one complaint of couples, it seems being two moms can be a real bonus, especially later in the transitions to parenthood when biology is not as important (i.e., who is breast feeding versus who is not).

Anonymous Donors/Not Fathers

By the time these parents began the insemination process they had already concluded that they could raise psychologically, socially, and physically healthy and happy children without the presence and availability of fathers. At the time of the first interview, the oldest children in this study were 6 years old. Depending on their ages and stage of development, many children were aware of the existence of fathers in some families and some asked questions about their genetic fathers. However, none of the children indicated to their mothers that they were uncomfortable or unhappy because they did not have fathers in their lives. They were just curious about their genetic fathers. At the time of the second interview, the oldest children were 7 years old. Again none of the children had expressed feeling any distress about not having a father and for the most part rarely asked about fathers and/or donors.

The decision to parent without fathers was not a one-time decision that required no further consideration. Rather, couples in this study described an ongoing process of reflection regarding their children's needs for father figures. For example, Pat described how when her partner was carrying their first child, she believed the child was a boy and she had had no concerns about whether they, as two women, could provide a male child with everything he would need. However, when she was pregnant with their second child, she again questioned what a male child might need that only a father could provide. As she did at the time when she and her partner decided to conceive their children through the use of anonymous donor insemination, she concluded that between the two of them, they would be able to provide a male child with what he would need to develop into a healthy, happy, well adjusted man.

Mothers in the study lamented the fact that they did not know what their children would want or need in the future in terms of information about, or contact with, their genetic fathers.

That is, these mothers considered that perhaps their children would be distressed in later stages of their development (e.g., adolescence) because they would not have fathers in their lives and because their mothers knowingly chose to enter into parenting without fathers. Sarah described her concern related to not knowing her children's future needs:

The boys are going to grow up and potentially have a need for a relationship [with donor] and we have no way to control how they are going to feel about it. It may matter and it may not matter and nothing that we do or say is going to make any difference in terms of how they define that relationship.

To maximize their children's abilities to cope with not knowing their genetic fathers and to mitigate any potential challenges their children may experience, these mothers chose donors with profiles that they anticipated their children will one day feel good about reading. They were open and honest with their children about their conceptions, their donors, and the absence of fathers in their lives in an age-appropriate manner. Additionally, as dictated by the needs of their children, these mothers worked towards involving positive male role models in their children's lives.

Donor Choice

When choosing their donors, these mothers considered their children's future needs in a variety of ways. The mothers considered a number of issues including: choosing donors with profiles that contained lots of information, donors that shared something about themselves in their essays that the mothers thought their children would appreciate reading, donors that acknowledged that children might be conceived through their donation, and/or donors that resembled in appearance their biological mothers. Additionally, these mothers chose the same donor for all of their children.

The mothers who felt it was important for their children to have as much information about the donor as possible, considered donor profiles that contained more information (e.g., baby pictures, adult pictures) rather than less information. For example, Julie described how she and her partner chose their donor:

We got a really good deal with the guy we went with because we actually have his picture - when he was a child and as an adult. So [our daughter] is going to know what he looks like. And she'll have the file. When we chose the donor, we were very conscious of the fact that [our daughter] is only going to have little bits [of information] and so we were very conscious of the essays that the donors wrote. We really wanted somebody that made some acknowledgement that there would be children. It was really important to us that she somehow feels acknowledged. We definitely wanted information that we would be comfortable with the child having, so again we paid attention to the essays. Definitely somebody who had communicated something of themselves.

The mothers who felt that their children should make decisions about sharing information about the donors (e.g., pictures, essays) did not reveal these details to others. These mothers felt that the information about the donor should be kept as something special for their children. Additionally, by not sharing details about their donor, they were trying to avoid other people's focusing on the donor. They wanted their family to be viewed as complete with two mothers and their children. However, they tried to balance these needs with the desire to share their process and experiences with others in order to make the experience of conceiving children through the use of anonymous donor insemination less foreign, and perhaps more acceptable and understandable to others. Sally and Pat described their struggle for balance on this issue:

[People are] always asking, what does the donor look like and da, da, da, and we've actually chosen to not provide anybody information except very general. We sort of say this spiel, "We've chosen to not really share any personal information about the donor. We do know a fair amount. We've chosen not to because we think that this is really all that the [children] have and it's up to them how much they want to share." I mean people ask quite innocently and they're just interested and we do tend to be very open about the whole process. We've always been really happy to share our experiences because we think that the more people know and understand - and I'm thinking here more - heterosexual people, then there's a better chance for people to be accepting of the situation and in the future - it might be easier for the children. Also, it shouldn't really be that important to all these external people. I can see why it's really important to the child or will be, but to all these external people, this is her family. What you see is her family.

Children conceived by anonymous donor insemination have limited information about their donors. To mitigate their children's curiosity about their donors, these mothers wanted to minimize the mystery surrounding their donors. One of the strategies to minimize the mystery was to select a donor that resembled the birth mother. As Anna described:

It was really important to me [to choose a donor who looks like me]. You hear these stories about kids that have been adopted and they want to look in the eyes of someone who looks like them. We wanted the children to look like me instead of someone we don't know.

As described by this mother, she wanted to foster their children's sense of connection and belonging by selecting a donor who resembled her and her extended family. Another couple

talked about demystifying their donor for their children by selecting a donor who did not already have children. As Julie described:

We didn't want - it's so funny but we didn't want a donor who had children already. He could have kids later but in our mind we didn't want [daughter] to start wondering about siblings. [One donor] looked good but he had a couple of kids and we thought, would daughter wonder about siblings? Would that be another added unknown for her? - More ghosts? So we went with the single guy without children.

These mothers chose the same donors for all of their children because they wanted their children to have the same genetic background for medical reasons. They also used the same donor in order to foster a sense of belonging and connection among their children through physically looking alike and sharing the experience of coming from the same genetic pool. For families in which both women were birth mothers, using the same donor was the biological connection between the children. Sally and Pat described how they felt about having the same donor for their children:

Because then they are biologically linked. We felt that was providing the children with a real gift. They will grow up by having a sibling who's in the same situation. They'll grow up together and have support to journey through life. I think it was sticking with the same. Keeping it family. We're gonna keep it one family. I mean rather than adding a fourth person [i.e., another donor].

Honesty and Openness Regarding Conceptions, Donors, and Fathers

These mothers felt strongly that they needed to be open and honest with their children about their unique family situation. These mothers talked openly to their children about their conceptions and their donors, they addressed with their children questions about having two

mothers rather than one mom and a father, and they gathered resources to share with their children about people conceived through the use of anonymous donors and living in diverse families.

These mothers talked to their children in an age-appropriate manner about their conceptions. To monitor age-appropriateness, mothers talked about listening to their children in order to respond to the children's needs and questions as opposed to imposing information on them before they were interested or ready to listen. Further, these mothers used language and concepts their children could understand, given their stage of development. For example, Anna and Dixie have developed birth stories for their children. In Anna's words:

[Our oldest daughter's] birth story – which we've told her, is how momma and I wanted to have a baby and so we went to see a doctor. We didn't have a fertilizer. We didn't have a dad - we put the two together. So we went to the doctor and the doctor said, "Well, I have lots of dads. I know lots of dads." So we picked a dad that was just right for you and he fertilized mum's eggs. He lives far away and his job was a gift to give his fertilizer to us and now you have two mums to bring you up. And then it goes onto when she was actually born which is the part that's the best for her and she'll tell you that if you ask her, when she came out and looked around and said, "Hey, who turned on the light?"

As this mother described, she wanted their children to know that they were created with the help of a donor and wanted this information to be integrated into their children's ongoing understandings of their family. Further, Anna described how she worked on being open and matter-of-fact with their two children about their donor:

We've always talked in terms of the donor. We just call him donor just because it's easier or your father or your fertilizer. That's how he's treated. And I'll say things like, you have his hair and I think you must have his hands. So that [our daughter] can say - I hope that she will say, "I've known him for as long as I can remember." I don't want it to be one day this major shock. It just is going to be her life.

The mothers, who wanted the donor to be woven into ongoing family life, discussed developing a Donor Appreciation Day. Julie described how this idea might take form in their family:

One of the things we've talked a lot about is having a Donor Appreciation Day where we acknowledge that this man existed - somewhere we hope still, and that he helped us to have [our daughter]. It would be some acknowledgement for her that there is this man and that he was very special in our lives and that we owe him a great debt. Not only just thanking him but also telling her how very special she is to us and how her coming to be with us was a very, very big occasion in our lives. And we'll again take the lead partly from her. If its not a big thing to her, we don't want to make it a big thing so that she is totally burning to meet him when it might not have been [the case otherwise]. We'll take the lead from her and what she'd like and it could change over the years.

As Julie described, along with wanting to acknowledge the donor, these mothers did not want to accentuate their children's desire to know or meet their donor. They talked about wanting to acknowledge the donor and his role in creating their children without exacerbating their children's needs to know more about him. Therefore, some mothers felt it was important to wait for their children to ask about their donors before they gave them any information.

These mothers also wanted to distinguish for their children the difference between donors (i.e., genetic fathers) and daddies (i.e., social fathers). In doing so, they wanted to emphasize for their children that being a family with two mothers was wonderful, and that they were not a family without a father; not a family that was deficient. For example, Caroline explained how she talked to her son about his “donor daddy.”

We’ve had these talks about where’s my daddy? And now he says, “I don’t have a daddy. I have a donor daddy.” We’ve been glad to be able to say your daddy is a [health professional] like mama and he’s an [artist] like [me]. He sounds like a nice man but he’s not a real daddy for you. You have two mummies. He’s the one who got you started. So [our son] knows all about that and it was awkward at first to say it. What we’re able to give him is the truth of how he came and how he got started and that he’s the best thing that happened to us but we can’t give him a “normal family” in quotes. We’ll give him a lot of other things but he won’t have that and so we’ve had to say, “No you don’t have a daddy. You have two mums.” I think that’s one thing that we just need to say again and again is that our families are not made up of this absence. We have so many good things that we can give him.

As illustrated, to impress upon their children that their families were complete, they emphasized for their children how much they were wanted and how much they, as two mothers, can give them in terms of love, support, and care. It is also important to note that in the second interviews, some mothers mentioned that the ways in which they talked about their donors changed depending on their children’s stage of development and understandings. For example, the family in the previous quote shifted from referring to their donor as “donor daddy” to

“donor” whereas another couple was referring to their donor as “the man that helped make you” and they intend eventually to refer to the donor as the “sperm donor.”

These mothers considered that the expectations of society might create or intensify any desires their children may experience regarding knowing or meeting their fathers. Thus, these mothers taught their children about diverse families. As Lou described:

We've been very clear from the start. As soon as they could understand - that they don't have a father. That families are different. That families come in all different shapes and sizes and sometimes there's two mums, sometimes there's two dads, sometimes there's only one mum.

As a way to prepare for questions from their children about different family structures and anonymous donor insemination, these parents were constantly gathering information they thought their children might want at some point. For example, Julie and Eve described:

That's one thing we are doing for [our daughter]. We are gathering information about different things that maybe we will discuss with her. We have the research we did and we also taped something on television recently about a man who was conceived through donor insemination way back. We taped that because we thought when she's a teenager, if it's appropriate, we will talk about it. So we are trying to collect stuff for her so that she has a sense of understanding she's not the only one. Also, we want to consider the possibility that she may be one of those kids that doesn't need a lot of facts. We're preparing if she wants it.

Positive Male Role Models

These women spoke about their desire to have heterosexual and gay, positive male role models involved in their children's lives. Male family members (e.g., uncles, grandfathers), male

friends, and/or male teachers and coaches were typically the men with whom these children spent time. These mothers wanted to expose their children to men that were “good, kind, loving, intelligent, good citizens,” and that represented the “positive role of men in the world.” Further, they believed it was important for their children to learn how to interact with men as “men make up almost half of the population” and because “a percentage of the rules are made up by men.” The mothers commented on the need for their children not to identify only with the images of men on television or in movies. Thus, they felt strongly that they needed to ensure that the men in their children’s lives displayed characteristics they believed were positive.

These mothers believed that both their male and female children benefited from having positive male role models in their lives. However, the mothers with sons questioned whether their sons might need to bond with someone that physically resembles them. As Nancy articulated:

Girls can look into their mother’s faces and see themselves reflected and I worry that the boys look at us and just think that we’re just some kind of freaks (laughter). I mean they don’t get that we’re different. Not yet anyway. I mean I think it’s coming, but they don’t get it right now.

These mothers also noted that if their daughters indicated they wanted to be around men they would attend to this need and try to meet it just as they would for a boy. Thus, these mothers considered the potential importance of positive male role models in the lives and development of both their girls and their boys.

In addition to having a relationship with someone of the same sex and gender, parents who gave birth to sons were again confronted with the question of what their male children might need to learn or experience that they can only learn from, or experience with, men. These

mothers grappled with articulating and understanding what only men could provide their male children. For example, Caroline reflected:

There are so many assumptions both about biology and about role models or nurturing or what men provide that you have to constantly be asking yourself, well where does this fear come from? What does a dad offer? What does an ideal dad offer because there are a lot of far less than ideal dads out there? And is it something that we can't provide him and is it something that he needs to be a good person? Does he need to know how to throw a football around? Well, it will make his life harder if he doesn't probably for a short time in PE class, which can be rough on kids. I don't want to minimize that but does he need that? I don't think so. And I mean I think it would be harder too if we were lesbians who just didn't like men and had nothing to do with them, for whatever reasons, legitimate or not. I don't think we ever make him feel like being a boy is a bad thing just because we choose not to share our lives with men. On the one hand, I think there's nothing that we can't give him to teach him how to be a good human being in the world. And on the other hand, there's part of me that wonders well, is there something that he can get from a man to teach him how to be a good man that he can't get from us? I don't know, I really don't. I mean obviously I don't think so a hundred percent or we wouldn't have embarked on this whole journey. I think there may be some things that he will have to find out for himself. But I think that he'll have the tools that he'll need to navigate his way in the world.

As Caroline described, she wanted to value her son as a male and she struggled with being able to articulate what, if anything, her child needed that he could only get from a man. This struggle reflected these women's desire to ensure that their children were not going to miss something

essential to their healthy development. Along with wanting to acknowledge that their children may need men in their lives, these mothers wanted to reinforce their belief that their families were complete without fathers. That is, these mothers wanted to impress upon their children that their family was not in any way less than families with fathers. For example, Eve relayed a conversation she had with her son's childcare provider:

At daycare they do gifts for Mother's Day and Father's Day and our daycare provider said, "What do you want to do about Father's Day?" Actually we brought it up. She said, "Is there a man you would like [daughter] to make something for?" We said, "No. We don't feel that's appropriate. We don't need a substitute. She has two parents." So [daughter] made something for Parent's Day. We really thought, no we didn't want to introduce this lack. This idea that our family lacks [a father].

Given that these mothers did not perceive their family as being deficient without men, they did consider what they wanted their children to experience with men. For example, Nancy reflected on wanting their boys to see men being nurturing, good parents. In Nancy's words:

I think both our boys need to see men in their lives who raise children so that they grow up to be men who love children and care for them whether or not they choose to have their own children. I worry that the boys don't have a dad to be loving and nurturing - to teach them how to do that. Whenever we talk about dads in the house, I always say, "Well, you know, children, when you grow up if you want you could be a daddy and these are the kinds of things that daddies do." I mean we have storybooks and things with daddies in them and they look around in the school system, they see parents, people with daddies on TV, all kinds of things. They certainly know daddies exist. And I just hope that that's enough to model for them so that they get that they [can] do that some day.

An important point expressed by these mothers was that they wanted to be responsive to the specific needs of each of their children regarding whether they wanted to have men in their lives as opposed to involving men in their children's lives irrespective of their child's wishes. As Sarah described:

We've started to build a network now that [our son] is in school. [Our son] is very male identified and he has just kind of made it so that we've done more of that because he gravitates towards men. So he's doing it for himself really. He's building those relationships with people - as long as we sort of bring them [men] around.

Families with Lesbian Mothers

The expectation that children have knowledge of, and are raised by one mother and one father is embedded within the fabric of North American society. Thus, these couples often found themselves in positions in which they needed to educate people in their lives about being a lesbian-led family with children conceived through the use of anonymous donor insemination. Further, as their particular family form is unique they often felt they were forging through "uncharted" territory. As Sally described:

It's so nice to live such an interesting life - that's uncharted, but how interesting! It's like going on a trip to a new place that you haven't been to before. And you get to find out - to discover all sorts of neat things that weren't on the tour itinerary. You get to go off on a different [path] - to take that wilderness tour rather than the guided one. It's pretty exciting. It's really interesting. We could do things however we want to. We really could.

Along with the freedom of travelling an uncharted path comes social disapproval. These mothers anticipate experiencing challenges in their social worlds pertaining to being families with lesbian mothers and/or families with children conceived through the use of anonymous donor

insemination. For example, these mothers felt pressure to be better parents than their heterosexual counterparts, expressed concern that their children were likely to experience discrimination as they grow up, and/or grappled with the lack of adequate language to describe their unique families.

Couples who believed their parenting skills and children's behaviors were being judged because they were a family with lesbian mothers felt pressure to be exemplary parents with model children. For example, Vicki talked about her fears of her mother's comparing her children to her brother's and finding fault with her children because they were a lesbian-led family:

If our children say weren't as well behaved as my brother's children then my mother would think well, it's because they don't have a father in their life to give them discipline.

I guess I feel like we're somewhat under the scope and that we have to do that much better of a job. If your children aren't turning out perfect or misbehaving, then it's well, it must be because their parents are gay or because they don't have a father in their life.

You're always afraid of that. It's sort of a "lesbian purse" that we carry and I've talked to other lesbian parents about this - a feeling that you do have to be a better parent - just so that you're not judged that way or that your children aren't judged and thank God that our children are better behaved than my brother's. It's great.

This mom's comment on having a "lesbian purse" was a reference to carrying "baggage" (i.e., society's prejudices about lesbian parents) around with them simply because they were lesbians raising children. Another example of biases against lesbians' parenting was experienced by Flo and Jane. This couple observed that extended family members expressed concern about the manner in which their son urinated. As Flo's partner Jane described:

[Son] chooses to pee either standing or sitting. It's up to him. He sees us sitting. Most of the time he sits, which I appreciate. But he's getting some talking to by the relatives. He's been told that men don't sit. If [our son] pees sitting down it's because we are lesbians and he doesn't have a strong male role model.

As described, these mothers felt their son's behavior was being negatively judged because they were women living without men. This example also speaks to society's rigid standards for appropriate male behavior.

These mothers were aware that their children would likely experience some forms of discrimination due to being children of lesbians. For example, they expressed concern about other parents being discriminatory towards their children. As Jane described:

My major concern is having [our son] prejudiced against because of what other adults think of us. For example, and I am making this up, the lady across the street says, "You can't play with my son because your parents are lesbians." That scares me more than anything because how do you explain to a kid that his best friend isn't allowed to play with him because of who I am. That scares me.

However, these mothers also believed that society was becoming more accepting of lesbians, and non-heterosexuals in general. For example, Nancy described an experience that occurred with their oldest son (who was conceived during a former heterosexual relationship):

Ten years ago, [our oldest son's] principal said to us that some of the issues that [our son] was having had to do with [our son's] unique home situation. And then she said to me, looking right at me with Sarah sitting there, "Well, since you are [your son's] real mum, you should understand that he's da, da, da," and we were just completely aghast. I thought, right, we're done with you, so [our son] switched schools. I would be completely

shocked out of my mind if we encountered that kind of thing now. I really think things have changed quite a lot. I feel things have changed not just in us, I think in the environment.

Because families with lesbian mothers are less common than heterosexual families, these couples felt they often struggled with finding the language to describe their family roles and family structures. Nancy commented about people's confusion when she tried to position herself within her family:

I usually call Sarah my wife because it's just easier but then I can see sometimes people squirm a bit when I say "wife." And I've said, "I'm [our son's] other mum." And sometimes people think I'm the step mum like I'm married to the husband or something.

Caroline reiterated the struggle to find language to describe her family:

I'm aware a lot about language and that there's not a language for us and I often feel like we're creating it as we go along. We do not have words that feel comfortable or easy to use yet about our family. We are trying things on for size and biological and non-biological mother are all very cumbersome and unimportant in a way. Just not having a way to speak easily of who we are.

To manage being a unique family in a social milieu that prioritizes heterosexual couples raising children, these mothers educated and built supportive relationships with extended family members, in their neighborhoods, and in their schools.

Educating Extended Family Members

Couples who felt their extended family members did not support their decision to conceive children as lesbians worked to help them understand prejudice and discrimination

against non-heterosexuals. Vicki described helping her mother come to a place of acceptance with her decision to become a parent:

I was quite nervous about telling my mother that this is what we were doing. I was definitely prepared for a negative reaction from her and that is certainly what I got off the bat. All of the issues and concerns that my mother had were nothing that we already hadn't had concerns about ourselves. She said things like, "Do you really think that it's fair to bring a child into a relationship where this child is going to be discriminated against?" My argument with her was, "If we were heterosexual blacks living in a white community would you tell us that we were being unfair to bring a child into that knowing the child is going to be discriminated against?" I said, "The discrimination is the problem not us wanting to have a child so we really can't be blamed or carry the burden for how other people are going to treat us. That's their problem. They're the ones who are wrong." She said, "What's going to happen when your children get into school and people are going to give them a hard time?" And that will probably happen at some point and I said, "I think that if our children have loving friends and family in their life - that have loved and supported them and their family dynamics and their family structure, then when they do come across somebody who is going to be discriminative against them, then they will have the confidence to not care about that or not put too much weight on that because they have gay friends, straight friends, and straight family. Relatives that all love and accept them so if they have enough people in their life, they can draw strength from them." And I said, "You could be a part of the problem or part of the solution. You can be on the other side reacting against us or you can be inside with us and help give love and support to our children so that when they do come across that, they're not going to

take it to heart. That they're going to say, "Well, I don't care about what little Joe snotty nose shmuck said at school. My grandparents love me." I think that was probably the big turning point for her because she was able to really accept that and say, "You're right and we can do this together."

Not only did many extended family members arrive at a place of love and acceptance towards these families, these mothers felt that most extended family members forgot that these were "different" families. That is, these two mother families became just another family in the larger extended family network.

Educating Friends and Neighbors

The mothers in this study sought to impress upon their friends, neighbors, and communities that biological connections were not what makes a family and that everybody's family is different in their own way. One common comment heard by these mothers was that children should not be raised in families that experience discrimination. Barb described how she responded to people when they took this stand:

I say to people that say, "How fair is it to your children" [to raise them in a family in which they may experience discrimination because they have lesbian mothers]? When people ask those things we try and flip it and talk about why our choices were loving choices and how much energy we spent on our choice. [The children] are going to be loved, respected, and supported. I say, "Our decision to have children was well thought out. We realized going into this that our children will likely experience intolerance. But that wasn't a reason not to have them. We do an awful lot of work in our communities to be as active and out as we can. We do as much education as we can."

For these mothers it was important to recognize that their children probably would experience some challenges being children with lesbian mothers. However, they also were committed to educating their social worlds in order to help create a world that will develop into an understanding and accepting environment for their children. Hence, these mothers were committed to being advocates for their children.

These mothers also educated people about how to talk about their families. For example, they wanted to ensure that their children's realities were reflected in the ways in which their teachers spoke to them. As Barb described:

I took her to her swimming lessons. It wasn't her regular teacher and the teacher kept calling me mummy and I said, "I'm mum, [our daughter] has a mummy as well and she's very clear on the difference." Some people say, "Well why do you have to make a big thing of it?" It's not making a big thing. It's that [our daughter] needs to hear that I hear the same thing she's heard. The teacher said, "What did you mean?" And I said, "I mean she has a mum and she has a mummy. I'm mum and she knows the difference in the words so if you're talking to me I'm mum."

Educating their Children

With the awareness that their children will likely be confronted with questions and prejudices about their family structure, these mothers chose to educate their children in order to prepare them. They educated their children through talking about their families in matter-of-fact ways, informing them about differences between people and between families, and teaching them to be thoughtful, compassionate people.

These mothers were committed to being out as lesbian-led families and families without fathers. They modeled for their children how to talk about their family whenever they were

confronted by questions from others. It was not uncommon for these mothers to be asked, for example, if the children looked like their father. These mothers responded to those types of questions by saying their children did not have fathers, they have two mothers. These mothers addressed these questions in a direct, clear way, as they wanted their children to learn how to answer these questions themselves. Sally described how she and her partner talk about their family with others:

Children learn very quickly at this age. They're listening and learning and seeing how we interact and they learn very quickly. If we answer in a really matter-of-fact way about being two moms they learn to speak in the same matter-of-fact way.

These mothers talked about their children inadvertently self-disclosing that their mothers were lesbians and how they subsequently responded in a direct manner. For example, Lou described how her daughter frequently stated in public places, "Those are my two mums over there. I don't have a dad. Those are my two mums." Lou responded in those situations by "waving at these people that I don't know." As such, these mothers described not being in control of when they self-disclosed their lesbianism. Furthermore, they noted that they felt much more "out" as lesbians when they became mothers than they were before becoming mothers. For example, these mothers felt the need to come out in situations in which they would never find themselves if they were not mothers. As one mother stated, "You may think you're out to everyone before you have kids. But when you have kids you're not out until you are out to the soccer coach."

With the commitment to being out as lesbian headed families came the challenge of finding the balance between not letting heteronormative assumptions about their family go

uncorrected while also not disclosing all the details of how their families were created. Caroline described her struggle with finding this balance and teaching this balance to her son:

We get to model and practice being comfortable with our family all the time for [our son] and sometimes it gets tiring. We don't have to explain everything. I mean we don't tell our whole life story to the grocery clerk, but we do tell the truth, at least a portion of it. We don't let people go away with the wrong assumption of our family. It's been challenging for me. I mean we want to tell the truth about who we are but how much do you tell? So that's something we're still sort of working on - how far do you go to tell people because once you open your mouth, then you have the entire story which is nobody's business really of how he was conceived and how we made our choices. We want to teach [our son] to tell the truth and be proud of his family but he doesn't have to tell people everything and he can just tell them, "Well that's personal."

Another way in which these mothers educated their children and prepared them for other people's reactions was by teaching them that there are many types of families. As Anna described, she and her partner were:

Teaching our children that you can have all kinds of families. I have said to her, "Most families seem to have a mum and a dad, for awhile anyway." Teaching her that family shifts and changes. I have those chats with her.

In addition to teaching their children about acceptance and diversity, these mothers wanted to teach their children how to be "good" people. As Dixie described:

We spend a lot of time talking to [our children] about how to be good people in the world – being good to other people, valuing other people and about not considering yourself ahead of other people. Consider yourself but consider other people too. I think that gives

[our children] the tools with which to then look at other people's behavior and question their behavior. I think it would be an error to say, "We're lesbians and you have to be careful." We don't need to feel like victims and isolate ourselves from other people on the basis of our difference. There are all kinds of difference. So we try and focus on the strengths and the positives [of our family] and also on [the children's] responsibility in the world to consider differences. And I think they will be good human beings and expect others to be good to them.

Similarly, teaching their children to expect to be treated well was another way of helping their children to cope with society's prejudices against lesbian mothers. For example, Caroline described the attitude they encouraged with their children when they go out into society:

We present ourselves as a family right off. We expect no problems and we make sure people know we are a family and if there are problems then we will definitely deal with them. We haven't had any [problems] yet. I feel like we don't give people the option to have a problem. If somebody did, then we'd do something. But it is just like this is who we are and that's it.

Mothers who thought it was important to educate their children about issues of social justice and gay and lesbian rights either attended or participated in the annual Pride Parade with their children. Caroline articulated why it was important for her family to be involved in the parade:

We were in the Pride March this year for the first time. [Our son] is just at the age where he can start thinking about it. I said, "We are marching and celebrating because some people used to not like our families or two women who loved each other or two men who loved each other. We have those rights so we celebrate them. And he said, "I'm not going

to talk to anybody who doesn't like us." I think he gets it. We're breaking it down for him. And it also hasn't really come up in the schoolyard or any place. It probably will at some point. We're just slowly preparing him.

None of the parents in this study reported that their children had experienced any apparent negative comments about their families. Therefore, these mothers had not yet educated their children about how to cope with this kind of prejudice directly. However, in anticipation of needing to talk to their children about this issue, these mothers spoke about being supportive of their children, talking to them, listening to them, working situations out with them, and preparing them for what they might hear.

Building a Supportive Social Network

Along with education, these mothers were committed to building a supportive social environment that fostered their children's sense of belonging and that positively reinforced their family structure. The importance of support from extended family members, from neighbors, from school/childcare centre staff, and/or through connecting to other queer families were all key components in building a solid foundation for their children.

As mentioned earlier, extended family support of these mothers and their children contributed to these families having the strength to stand up to challenges from outside the family. Sarah, a non-birth mother, described how extended family support positively impacted her family:

Our extended families have, well it took them quite awhile to get there, it wasn't overnight, but they now are at a point where they treat our family like any other family. My parents treat my kids the same way that they treat their blood. In both families there's legitimacy and respect. We're just another family. So that further gives us a sense of

normalcy. We're at the point now where there are very few people who can come into our lives and say that there's something odd here. We're lucky to be at that point right now.

To further create an environment of support and safety for their families, these mothers lived in communities and neighborhoods where they felt accepted and felt a sense of belonging. They chose communities in which diversity was accepted and valued. Nancy described the neighborhood her family lives within in the following way:

In our little cocoon of Vancouver, we feel pretty normal. We live in the city for a reason. In this neighborhood there are a lot of children and they're all contemporaries of our boys and they all play together in the back all summer long and all winter long too. So I think that has created a lot of normalcy for us. Having this environment and being accepted in this environment and being a part of this environment just like any other family.

These mothers wanted to stay in the same neighborhoods so that their children will develop friendship networks that will be accepting of their family structure. Sally described the following benefits of staying in the same neighborhood over time.

We're also hoping to be in a school where they have a lot of friends. Even living here, they'll have already dealt with all the issues. They'll grow up for however long we're here and they'll go to school together because there's a whole group of children that will know us and they'll go to school together and hopefully that will create some buffering. Some support for the children.

These mothers felt the need to actively advocate on behalf of their children in schools (and childcare centres); however, the degree to which these mothers advocated varied between couples. They visited schools (and childcare centers) prior to their children's attending in order to

ensure their family structure would be welcomed and some mothers explicitly asked how their family structure would be included in the curriculum. Barb described what she wanted from the schools her children would attend:

I said to the teacher, "Our daughter comes from a family with two mums? How might her family be reflected in the curriculum?" She said, "I don't know." I said, "Oh, so you never could imagine yourself thinking about the diversity in the classroom and reflecting that diversity in the way you teach?" "Oh yeah, well certainly there are differences." And I said, "I appreciate that, but this is a different kind of different and I think that it's profoundly different and therefore it needs some more proactive approaches." And [the teacher] really couldn't say how she would work with [our daughter] coming from a two mom family.

This mother felt that her child's school environment needed to be not just accepting of her daughter's unique family structure but also inclusive of this family structure in the ways in which the class was taught. By having her daughter's family structure reflected in the every day functioning of the class, her daughter's different family structure would be normalized and understood as one of many different family forms. Further, this mother wanted to ensure that her daughter would not have to face any sort of discriminatory actions without teacher support and as such, she wanted to ensure that the teacher would be proactive in addressing any prejudices.

Because their families were different from the majority of families, these mothers believed it was important to consciously create connections with other queer families. Caroline described her desire to connect to other families with non-traditional structures in the following way:

[Our son] is certainly aware he has two mums and that not everybody does although he has enough people around him who have the same family situation. We've made a conscious effort to provide him with that so he doesn't feel alone.

By knowing and being friends with other children in similar and diverse family circumstances, these mothers hoped to increase their children's sense of belonging and comfort with their different family structure.

CHAPTER FIVE

Discussion

The purpose of this study was to investigate the following research question: How do lesbian couples with children conceived through the use of anonymous donor insemination live as and experience family? An interpretive interactionist approach (Denzin, 1989, 2001) was used in order to create thick, rich description and interpretation of the phenomenon in question.

Four themes emerged from this research which elucidated how 10 lesbian couples experienced and lived their lives as lesbian mothers with children conceived through the use of anonymous donor insemination. This chapter includes a comparison of these findings with the results from previous studies in the available literature and a discussion of the implications of this study for counselling psychology and future research.

Comparison with the Literature

The lesbian-led families in this study were unique in three ways: they had two mothers, they had anonymous donors and not fathers, and they were headed by a lesbian couple. There is a paucity of research that investigates this particular family form. Research that investigates lesbian-led families with children conceived in former heterosexual relationships, or research that combines experiences from lesbian-led families with children conceived in former heterosexual relationships has not been reviewed here because these families are strikingly different from the families in the current study (i.e., mothers revealed their lesbianism post conception of children in heterosexual relationships, families experienced divorce, children have fathers). Thus, findings of this study have been compared with the available literature on lesbian-led families with children conceived through the use of anonymous donor insemination as well

as lesbian-led families with children who have lived since birth with lesbian mothers (e.g., children who have been adopted, conceived with known donors).

For the women in this study, the process of deciding how to bring children into their lives was exciting and challenging. Once these couples decided they wanted to conceive their own children rather than adopting children, the options were to inseminate with known donors, willing-to-be-known donors, or anonymous donors. As willing-to-be-known donors were not readily available where they lived at the time they conceived their children, with the exception of one couple, these families chose to conceive their children through the use of anonymous donor insemination. Brewaeys et al. (1995), in their longitudinal study of 50 lesbian couples, found that the mothers in their study chose to conceive their children with anonymous donor sperm and subsequently, when the children were between the ages of 1 and 2 years, wished they had conceived with willing-to-be known donors. These researchers concluded that this change in preference resulted from the mothers' shifting their emphasis from protecting the couple relationship (i.e., conception with an anonymous donor) to considering the needs of their children (i.e., conception with a willing-to-be-known donor). In contrast, in the current study, when deciding how to conceive their children, from the beginning these mothers made their choices with the children's interests in mind. In making the choice to conceive with an anonymous donor these mothers grappled with, sometimes for years, their beliefs about how their children may experience having been created with the assistance of anonymous donors, thereby not having fathers, and consequently questioned the role of fathers in families and child development. Brewaeys et al. also found that some non-birth mothers in their study, as opposed to birth mothers, were less likely to have wanted willing-to-be known donors and they concluded that this may be the case because the non-biological mothers in their study lacked any form of

legal recognition as mothers and as parents. In contrast, non-birth mothers in the current study were legally able to adopt their children and/or secured their legal position with their children through marriage. As such, these mothers appeared to feel less threatened when considering conception with willing-to-be-known donors. It is important to note that changes in adoption laws reflect society's developing acceptance of lesbian-led families, which in turn positively shaped these mothers' parenting experiences, and it is also unique to this current cohort of lesbian mothers.

Before proceeding with anonymous donors, several mothers in the current study had hoped to conceive with known donors who were friends or family members but apparent irreconcilable complications (e.g., role of known donors in children's lives, role of known donor's extended family members in children's lives) caused the couples to reject this option. Similar to results from the aforementioned study by Brewaeys et al. (1995) and the study by Touroni and Coyle (2002), who examined decision-making in planned lesbian parenting, the mothers in this study who wanted known donors felt it was important for their children to have the potential to meet their donors. As such, many of them indicated that they would have chosen to conceive their children with a willing-to-be-known donor if that option had been available. However, consistent with the findings of Touroni and Coyle (2002), Haines and Weiner (2000), who examined the role of donors in children's lives, and Dalton and Bielby (2000), who investigated the ways sex, gender, and sexual orientation intersect in lesbian-headed two parent families, the mothers in the current study chose to conceive their children with anonymous donors in order to avoid the potential of known donors challenging them for custody and access, the involvement of a third parent, and the potential of undermining non-birth mothers' parenting roles.

The mothers in the current study chose either one mother to conceive all of their children, both mothers to conceive their children, and in one case, due to fertility challenges, one mother to gestate the biological child of her partner. In making the decisions about who would be the birth mother, these couples considered how family life might unfold with one mother biologically related to the children and one mother not biologically related. For the families that chose to have one birth mother for all of their children, except when infertility or genetic problems were barriers to conception, deciding which mother was to be the birth mother was relatively straightforward. That is, one mother wanted to conceive and experience pregnancy whereas the other mother did not. This finding is consistent with Wilson (2000), who interviewed nine non-biological mothers, and also found the negotiation between couples of who would be the birth mother relatively easy.

The seven families with one birth mother faced challenges initially in terms of developing a mother role for the non-birth mother in the eyes of extended family, friends, and society. At times, non-birth mothers described feeling invisible as mothers. These couples helped facilitate non-birth mothers' roles by giving both mothers maternal names (e.g., *momma*, *mummy*). Consistent with Wilson's (2000) study on non-biological mothers, in the present study, all of the non-birth mothers had "mother" type names as both the non-birth and birth mothers were considered equal, if not in society, certainly in the eyes of the lesbian couples. The couples in the current study felt strongly that they were both their children's mothers and that being a non-biological parent did not diminish their mothering roles with their children by any means. Interestingly, Touroni and Coyle (2002), in their study of nine lesbian couples, found that the couples in their study felt that the bond between biological mothers and their children was stronger and more fundamental than the bond between non-birth mothers and their children. As

such, these authors found that the mothers in their study did not use the term "mother" or any derivative of "mother" when referring to the non-birth parent. Similarly, Brewaeys et al. (1995) found that 60% of the 50 couples in their study believed children could have only one mother and McCandlish (1988) found in her study of five lesbian couples, that non-biological mothers were referred to by their first names. Perhaps the difference between the current study and the aforementioned studies by Brewaeys et al., Tourni and Coyle, and McCandlish reflect society's growing understanding and acceptance that "family" does not necessarily imply the existence of only one mother and that biological linkages are not more significant than non-biological relationships.

Another way the couples in the present study sought to secure non-birth mothers' roles was through seeking a donor with similar features to non-birth mothers (e.g., appearance, cultural background). Some couples also gave their children the last names of the non-birth mother as a means of connecting the children with the non-birth mother. In contrast, Patterson (1998) found that more children in her study of 37 families (26 couples) carried the last name of the birth mother. In the current study, the mothers explicitly wanted to reinforce their belief that biology did not equal family, especially since they had chosen to conceive their children through the use of an anonymous donor. In the Patterson study, more mothers conceived their children through the use of known donor insemination. Thus, perhaps for the majority of mothers in the Patterson study, biological linkages were deemed more salient than they were for the mothers in the present study, and hence children were given the last names of the birth mothers.

In the present study, non-birth mothers did not always correct people when they assumed that they were the birth mothers. Non-birth mothers also purposefully positioned themselves with their children when others were present (e.g., carrying the baby) and took an equally active role

in parenting the children (e.g., took parental leave). This result is similar to Dalton and Bielby (2000) who, in their study of lesbian co-parents, found that both mothers in each couple took on primary parenting roles, suggesting that each mother saw herself as equally responsible for parenting the children.

An important way in which non-birth mothers in this study felt full-fledged as mothers was through legal recognition. Non-birth mothers either adopted their children or obtained legal rights to their children through marriage. Consistent with the conclusions by Wilson (2000) who interviewed nine co-parents, non-biological mothers who gained legal recognition of their parenting status felt more empowered, secure, and validated in their roles as mothers, thereby underscoring the importance of legal and social policy support of these families.

Families in the current study in which both mothers chose to be birth mothers, did so because both wanted to experience pregnancy and childbirth, they wanted to share with each other the experience of biological mothering, and/or they hoped to eliminate the birth mother/non-birth mother distinction within their families. Additionally, these couples questioned whether extended family members would preference the children biologically related to them. One mother felt there was a slight preference for one of their children who was biologically related to her extended family members. However, both members of this couple also noted that it was difficult to determine whether the extended family members attended more to this child because of biological connection, or because of differences between their children (e.g., personality, age, gender).

As in the studies by Brewaeys et al. (1995), Dunne (2000), who investigated the experiences of 37 co-mothers, Gartrell et al. (2000), Gartrell et al. (1999), who conducted the National Lesbian Family Study, Mitchell (1996), Wilson (2000) and Patterson (1998, 1997,

1995), who developed the Bay Area Family Study, the mothers in the present study most frequently shared parenting and employment responsibilities. Families in which one partner spent more time involved in paid employment while the other partner spent more time parenting, the choices were made based on preferences (i.e., which mother preferred to spend more time parenting than in paid employment), finances (i.e., which mother's salary best met the needs of the family), and/or work flexibility (i.e., which mother's work situation permitted part-time hours). Consistent with Sullivan (1996), who interviewed 34 lesbian couples, for the mothers in the current study, biological connection did not presuppose time spent or investment in parenting. In contrast, however, Brewaeys et al. (1995) and Patterson (1995, 1997, 1998) found that if differences between mothers existed in terms of time spent parenting versus time spent in paid employment, it was biological mothers who were more likely to be the one who spent more time parenting. This difference between Brewaeys et al., and Patterson (1995; 1997; 1998) and the present study may be due to the different way information was gleaned in each study. In the study by Brewaeys et al., the participants were asked about the allocation of parental roles between the biological mother and her partner. In Patterson's the Bay Area Family Study, to assess parents' division of labor, mothers filled out an adaptation of the Who Does What? questionnaire. Perhaps neither of those two methods of inquiry was sensitive enough to assess *how* parenting decisions were made between the mothers. In the present study, participants were asked *how* mothers made decisions regarding the division of labour within their families. This question led to the conclusion that many factors aside from biological connections influenced these mothers' decisions regarding the division of time spent engaged in employment and parenting.

The families in this study were "thrilled" to be parenting with another woman because they were able to negotiate family roles and responsibilities based on personal preferences, the needs of the family, and time available, as opposed to gender. Bialeschki and Peace (1997) also found, in their study of nine lesbian-led families, that their participants negotiated household and childcare responsibilities based on a number of factors including personal interests and time. Assuming family responsibilities based on negotiation worked for the couples in the present study because underlying the negotiations was a commitment to sharing fully the responsibilities of family life. Both partners engaged in family life with similar values, ideals, and desires in terms of how they wanted their lives with their children to unfold (e.g., time spent in family activities versus individual activities). Alternatively, as gender roles and family life are so inexorably intertwined in Western culture, experiencing parenthood without the goalposts of gender roles opened up possibilities for shared decision making based on factors other than the roles characteristically ascribed by gender. On the other hand, negotiating roles and responsibilities without gender as the basis for these decisions also proved challenging at times (e.g., when their first child was a newborn).

In terms of the "daddy" issue, the mothers in this study reported that their children asked about daddies. However, consistent with the study by Stevens et al. (2003), which investigated how lesbian mothers dealt with their 5 to 9 year old children's growing realizations about the unusual nature of their family, none of the mothers in this study believed their children were uncomfortable or negatively affected in any way because they did not have fathers. These mothers did, however, reflect on the fact that they did not know how their children would feel about not having fathers in later stages of their development. To mitigate any potential challenges their children might have in the future these mothers chose anonymous donors who

provided a substantial amount of information about themselves and donors with information they thought their children would appreciate reading.

Consistent with the findings of Gartrell et al.'s (2000) longitudinal study and Mitchell (1998), who investigated lesbian mothers' concerns, values, and hopes regarding their children's sex education, the mothers in this study were committed to being open and honest with their children about their conceptions and donors in an age-appropriate manner. To help their children cope with the fact of having been conceived through the genetic contribution of an unknown person, thereby resulting in their not having or knowing their genetic "fathers," the mothers in this study sought to incorporate many diverse people (e.g., extended family members, elders, people from various cultures) in their lives. In addition, the mothers in the present study wanted their children to have men in their lives who were nurturing, kind, and loving. Often times these men were extended family members, friends, and/or fathers of their children's peers. Patterson et al. (1998) and Patterson (1997) also noted that the lesbian-led families in their study were in regular contact with grandparents, other extended family members, and other adults.

The mothers in this study were proactive in addressing their children's questions about their conceptions and donors in various ways. Thus, some mothers actively made comments about their donor (e.g., you have his hair), whereas other mothers read books to their children about anonymous donor conceptions and waited for their children to ask for details about their donors before they revealed this information. Further, to prepare themselves to explain to their children their unique conceptions, the couples in this study gathered resources (e.g., books, videos). They also planned ways to acknowledge their donor in their families (e.g., Donor Appreciation Day), while also emphasizing for their children that their donors were not daddies. The labels these mothers used to refer to the donors reflected the fact that they were not typical

daddies. Thus, for example, mothers referred to donors as “the man who helped make you,” “sperm donor,” “donor daddy,” or just “donor.” These mothers reflected on the need to adjust the labels they used as their children develop. To demystify donors some mothers selected a donor that resembled the birth mothers so their children would see themselves reflected in the faces of their birth mother’s family. Mothers also chose the same donor for all of their children so that their children would be able to share the experience of having the same donor. The mothers in the current study emphasized the diversity of families for their children and wanted to encourage their children to see their unique family structure as complete, that is, not as lacking because they did not have a father.

Consistent with Brewaeys et al.’s (1995) longitudinal study of 50 lesbian couples, the mothers in this study were committed to being out as lesbians with their children. However, most mothers in the study by Brewaeys et al. were not out in their social worlds (e.g., with work colleagues). In the current study and as found by Wilson (2000) in her study of lesbian co-mothers, mothers were committed to being out as lesbians both with their children and throughout their social environments. This difference may be due to changes in social acceptance of homosexuality that has happened between the dates of the two studies (i.e., Brewaeys et al., 1995 and the current study 2004) and/or differences in acceptance between the two cities in which the research took place (i.e., Brussels and Vancouver).

The mothers in the current study modeled for, and directly taught, their children how to talk to people about their unique families. Similar to the 12 mothers in the study by Haimes and Weiner (2000), the mothers in this study wanted to teach their children how to deal with social situations in which they might be asked about their fathers and about having two mothers. They wanted to help their children decide how much information to disclose in any given situation.

These mothers were aware that their children likely will experience challenges due to having lesbian mothers. To help their children deal with these issues, the mothers educated people in their children's social worlds. For example, these mothers were proactive with schools, gathered support from family members and neighborhoods, and some were activists in their communities. They also taught their children that there are many types of families and that families with two mothers are one of the many types. They taught their children how to respect other people and to be treated with respect. Further, many mothers in the current study taught their children about gay and lesbian rights and built community with other queer families. Like the participants in the National Lesbian Family Study by Gartrell et al. (1999), the mothers in the current study wanted to ensure their children were exposed to multiple forms of diversity (e.g., people with various socioeconomic statuses and cultures) as ways for their children to learn to deal with and combat discrimination. These mothers spoke about how acceptance, inclusion, and recognition of their unique family forms by extended family members, neighborhoods, schools, laws, and society in general helped build their confidence as mothers, and their sense of acceptance as unique families. In her study of nine lesbian co-mothers, Wilson (2000) also noted that extended family support helped strengthen her participants' concepts of themselves as mothers. Thus, the importance of acceptance from extended families appears to support the success of lesbian-led families.

Implications for Counselling Psychologists

The findings of this study imply a number of potential counselling needs of lesbian couples contemplating conceiving children through the use of anonymous donor insemination. Additionally, lesbian couples with children conceived through the use of anonymous donor insemination may wish to and/or benefit from addressing some of the counselling issues

highlighted in this study. However, it should be noted again that these counselling implications are limited to the couples in this study and, as such, may or may not apply to other lesbian-led families.

Given there is a paucity of research investigating the lives and experiences of lesbian couples with children conceived through the use of anonymous donor insemination, this research provides information for counsellors and therapists about the process of choosing to conceive children through the use of anonymous donor insemination, as well as living family life with two women parenting, with anonymous donors and not fathers, and with lesbian mothers.

As noted by many others (e.g., Crawford, 1987; Pies, 1990; Speziale & Gopalakrishna, 2004), counsellors working with lesbian couples either in the process of considering conceiving children through the use of anonymous donor insemination or who are living family life with children conceived through the use of anonymous donor insemination, need to examine their own attitudes and beliefs around lesbianism, lesbians' parenting, third party reproductive technology, and parenting explicitly without the presence or availability of fathers. By doing so, it is hoped that counsellors who hold discriminatory biases with regard to any of the above issues will choose not to work with this client population. Counsellors who do choose to work with this population need to be aware of the ways in which they might implicitly reinforce heterosexist family values (e.g., comparing lesbian-led family experiences with traditional family dynamics and structures); be informed about the issues these couples face (e.g., systemic homophobia, invisibility of non-birth mother roles); and ensure they are able to provide appropriate support, encouragement, empowerment, information, resources, and assistance in working with these couples.

When deciding that they wanted to conceive their own children, the couples in this study reported going through an exciting, challenging, and at times exhausting process of self-reflection and information gathering. These couples were challenged by other people's (e.g., extended family members) and their own questions about whether it is selfish to bring children into a family that is stigmatized by society. They questioned whether fathers are required in order to raise psychologically, spiritually, and emotionally well-adjusted and happy children. As Pies (1988) noted in her book on lesbian parenting, counsellors can help couples examine the assumptions that underlie these issues, confront their fears about what their children might experience, consider what they have to offer children and why they want to raise children, and plan strategies to help clients educate others about these issues (e.g., prejudice is the problem, not lesbians' wanting to raise children). Further, as the mothers in the current study felt they were travelling on an "uncharted journey" in terms of reflecting on conceiving their children using a method that precluded the availability or involvement of biological fathers, counsellors can refer their clients to resources [e.g., books (Clunis and Green's *The Lesbian Parenting Book: A Guide to Creating Families and Raising Children*), research articles] to understand how others have navigated these waters.

Many of the couples in this study wanted to conceive their children with known donors. However, they were clear that they did not want a third parent in their lives nor the potential challenge to their parental rights at some point in the future. Consequently they looked for someone (e.g., friends, family member or non-birth mothers) who would relinquish their parental rights and have their paternity known to the child(ren) at some point in the future. A number of obstacles prevented these couples from proceeding with a known donor including: custody and access fears, potential for known donor's extended family interference, and/or potential

diminishment of the non-biological mother's role. Counsellors can help couples examine the advantages and disadvantages of known or anonymous donor conception (Pies, 1990), as well as examining the implicit assumptions that underlie the desire for known donors (e.g., the importance of biological connections, especially given the presence of non-birth mothers in these families). To help lesbian couples make fully informed choices, they can refer their clients to legal counsel in order to understand the implications of donor agreements and how well they are recognized in the courts in the face of paternity challenges.

When making the decision to conceive their children through the use of anonymous donor insemination, couples in this study examined their beliefs and values about families and the role of men in families and in child development. Further, they considered how their children might experience living their lives having limited information about their donors and knowing they can never meet their donors. Counsellors can help couples investigate each of these issues and help them develop ways to manage the challenges of conceiving their children with anonymous donors. For example, counsellors can help clients examine how donor selection might mitigate their children's desire to know their donors (e.g., selecting donors with lots of information, choosing the same donor for all of their children). Counsellors can help women prioritize the criteria by which they make their donor selection.

When deciding which mother would be the birth mother, the couples in this study reported making this decision with relative ease (i.e., one mother clearly wanted to experience pregnancy whereas the other mother did not). However, for couples in which each partner wanted to birth a child, if complications prevented one of them from being a birth mother, the other partner was able to birth all of their children. Thus, as two women, these couples had unique options available to them. Counsellors can help lesbian couples examine all of the options

they have for conceiving and gestating their children. Counsellors can work with lesbian couples so that they can explore their beliefs about what it means to be in families with birth and non-biological mothers. Counsellors can refer their clients to Golombok's (2000) book, *Parenting: What Really Counts?* in order to explore further the issues of biological and non-biological relationships between parents and their children.

In Western culture, the idea of family is inexorably linked to biology and to the composition of one mother and one father (Dalton & Bielby, 2000). As such, our society does not recognize non-birth mothers, especially when birth mothers are present in the family. Not surprisingly, in the current study non-birth mothers often felt invisible as mothers. They were asked questions such as, "Who is the "real" mother?" To manage non-birth mothers' experiences of lacking legitimacy as mothers, the couples in this study employed a number of strategies from choosing a donor that resembled the non-birth mother to giving the children the non-birth mothers' last name to having the non-biological mother legally adopt their child. Counsellors can help lesbian couples become aware of, and prepare to deal with, instances when non-birth mothers might feel less legitimate as mothers than birth mothers. Counsellors can also assist couples by referring them for legal counsel so that they can become informed about the issues salient to lesbian couples who choose to conceive children together (e.g., second parent adoptions, marriage, death of birth mother). Vercollone, Moss, and Moss (1997) in their book *Helping the Stork: The Choices and Challenges of Donor Insemination* also recommended that lesbian couples seek legal counsel as a way to protect their families and protect the non-birth mother's mothering role.

The mothers in this study were committed to being out as lesbians with their children and within their social environments. Clunis and Green (1995) in their book *The Lesbian Parenting*

Book: A Guide to Creating Families and Raising Children recommended that lesbian mothers come out to their children early in their children's lives. These authors also noted that when children are around, lesbian mothers lose control of when they disclose their lesbianism. As such, they claim it is extremely important for mothers to be comfortable and open about their lesbianism. The mothers in the current study experienced this loss of control and used those moments to model for their children their own comfort with their lesbian-led families. Similarly, mothers in the current study consciously educated the people they associate with (e.g., extended family members, neighbors), were activists for their children in schools (e.g., meeting with teachers to insure their children would be welcome, asking to have their family structure reflected in the curriculum), and modeled for and taught their children how to talk about their unique families. Counsellors can help couples examine the ways in which they can support their children in their neighborhoods, communities, and schools and direct clients toward resources [e.g., books (*Heather has Two Mommies*), lesbian mothers' list-serves]. Counsellors can also help lesbian mothers consider what support and information their children will need at each stage of their children's development.

The mothers in this study were committed to being open and honest with their children about their conceptions, donors (i.e., genetic fathers), and "daddies" (i.e., social fathers). They taught their children, in an age-appropriate manner, how they were conceived (e.g., mamma and mommy went to a doctor), that a donor was involved (e.g., a man who helped create you), and that "daddies" have parenting roles (e.g., you have two mothers to raise you). The couples in this study noted that the terms and concepts they used to talk to their children changed as their children developed. For example, one couple in this study talked to their child about his "donor daddy" when he was a toddler because "daddy" was a familiar concept and "donor daddy"

became a way to understand his unique situation. As he matured they deleted "daddy" because they no longer wanted or needed to explain his donor using the concept of "daddy." Vercollone et al. (1997) suggested mothers prepare themselves to answer "daddy questions." Therefore, counsellors can help lesbian couples role-play ways to talk to their children, educate mothers about child development and the necessity of using age-appropriate language and concepts, and refer them to appropriate resources. Further, as couples in this study differed in the manner in which they discussed the donor (e.g., some mothers mentioned the donor regularly whereas others preferred to wait for the children to ask for information) counsellors can help clients weigh the pros and cons of the ways in which they want to incorporate this information into their children's lives and the timing and age-appropriateness of the disclosure of this information. Counsellors can also refer their clients to an article by Blumenthal (1990) entitled, *Scrambled Eggs and Seed Daddies: Conversations with My Son* which relays how the author talked to her son about being conceived through the use of donor insemination.

The mothers in the present study were aware that their children might at some point in their lives be conflicted about not having social fathers. Thus, these mothers employed a variety of strategies to help their children (e.g., choosing donors whose profiles they believed their children would appreciate reading). Counsellors can help couples explore all the potential pros and cons related to donor choice in terms of child and family needs.

In the present study, some couples felt their children's behaviors (e.g., their children's misbehaving, their boys' exhibiting feminine behaviors) were being judged by others on the bases that they are two women parenting without men. Counsellors can help prepare mothers for this type of discrimination; explore with them their views on appropriate masculine and feminine behaviors; examine the ways in which they might, consciously or unconsciously, be reinforcing

stereotypic gendered behaviors with their children; and assist them with planning ways to respond to others who hold judgements about their children's behaviors on the grounds that they are lesbian mothers.

The mothers in this study reported that support from extended family members and straight and queer communities helped them feel confident and validated as parents and, as such, better able to deal with challenges pertaining to homophobia and heterosexism. As noted by Speziale and Gopalakrishna (2004), counsellors can work with couples to develop this support through helping mothers prepare to educate people around them (e.g., extended family members), choosing to reside in neighborhoods that value diversity, and building friendship networks both for themselves and their children with other lesbian-led and queer families. Further, counsellors can help couples and their children with strategies to combat homophobic and heterosexist reactions and discrimination.

The mothers in the current study wanted to impress upon their children the belief that their family is not lacking in any way because fathers were not present and available. Further, these mothers did not want their children's social worlds to perpetuate the belief that their family was "less than" in any way. To minimize the risk of their children incorporating this message, these mothers employed a variety of strategies [e.g., changing Father's Day into Parent's Day, teaching children there are many types of families, emphasizing what they have (i.e., two moms), not what is absent (e.g., social fathers)]. Thus, counsellors can help lesbian couples reflect on the ways in which they might unconsciously be imparting this message to their children and ways in which they can model for, and teach their children to, experience their family as complete.

As noted by Clunis and Green (1995), terminology commonly used to describe families does not always fit for lesbian-led families. The mothers in this study talked about not having the

language to describe their families adequately and easily. For example, “non-birth” and “non-biological” mother were found to be cumbersome and minimizing ways to identify co-mothers and their roles. Counsellors can assist clients in finding the language that feels comfortable to them and that appropriately reflects their roles within their families. Also counsellors can refer clients to Lev's (2004) *The Complete Lesbian & Gay Parenting Guide*, which provides information about language usage with children at varying stages of development.

Implications for Future Research

As the experiences of the children were not included in this research, future research that incorporates the children's viewpoints would help provide information about children's changing developmental needs and experiences.

The research design for this study was cross-sectional and not longitudinal. As their children develop and as they encounter new experiences and new stages of development, these mothers will alter the ways in which they educate (e.g., the language used, depth of analysis) their children about having lesbian mothers, having been conceived through the use of anonymous donor insemination, discrimination, diversity, etc. Therefore, a longitudinal research design would be able to capture these changes and would elucidate the experiences of these lesbian-led families over time.

Studies that utilize multiple methods to obtain information (e.g., participant observations, interviews with children, parents, teachers) would help validate and support the findings gleaned from a single source, in this case the in-depth research interview. Future research investigating the experiences of these families from multiple viewpoints might help further identify the challenges and joys these families face and experience.

One couple reported that they were in the process of separating at the time of the second interview. As such, they did not want to continue participating in this research. Because separation and divorce of lesbian couples with children conceived through the use of anonymous donor insemination is a relatively new phenomenon, research that examines how these couples navigate custody and access issues would provide some framework for other lesbian couples experiencing divorce.

Because variations exist between couples within each of the four themes: conception options of two women (e.g., anonymous donors or known donors), two women parenting (e.g., one or two birth mothers) anonymous donors/not fathers (e.g., donor selection based on resembling the birth or the non-birth mother), and families with lesbian mothers (e.g., ways of teaching their children to deal with discrimination), future researchers could explore each of these themes in more detail in order to flesh out more fully the variations between and among couples.

There were only two families in which both mothers were birth mothers. Only one of these families was available for a second interview and, as such, little is known about these families in terms of negotiating mothering roles with two birth mothers, the experiences of siblings who are biologically related to different mothers, and how extended family members respond to children when one is biologically related to them and one is not. Future research that investigates these unique family dynamics will further help flesh out the diversity within lesbian-led families.

In the present study, not every mother was biologically related to every child. As such, the families were not built solely on biological kinship. In fact, these mothers worked hard to ensure that biological relationships did not supercede social relationships. However, many of

these mothers expressed concern about their children never being able to meet their donors. Thus, it appeared that these mothers were, to varying degrees, conflicted about the role of biological connections in creating and living family, or in terms of their children's psychosocial development. Future research that examines the meaning of biological relationships in lesbian-led families would help elucidate how biological and social relationships coexist in these families.

Lesbian parents are not a homogeneous group. Therefore, research that investigates lesbian parenting from multiple and diverse perspectives (e.g., culture, ethnicity, education, income) will build understanding of lesbian-led families.

Conclusions

Research has been conducted examining the needs, experiences, and issues faced by lesbian-led families in general, however there is a dearth of research that exclusively explores lesbian couples who conceive their children through the use of anonymous donor insemination. The current study sought to elucidate the experiences of this unique family configuration.

As heterosexism and homophobia are pervasive in Western culture, lesbian-led families are confronted with issues pertaining to their membership in a stigmatized minority group. The couples in this research experienced this discrimination when, for example, they encountered people who questioned their right to bring children into a family unit that is stigmatized by society, felt their children's behaviors were being judged because their parents were lesbians, and struggled with finding language that easily described their families. To manage issues pertaining to stigmatization, these parents educated their extended family members and gleaned support from their acceptance, chose to live in neighborhoods that supported diversity, were advocates for their children in schools and childcare centres, were committed to being out as families with

two moms, built community with other queer families, and taught their children how to speak matter-of-factly about their families while also teaching them they can choose how open they want to be depending on the occasion.

Lesbian mothers also face challenges pertaining to constructing their families and raising their children without the presence or availability of biological fathers in a social world that is based on the premise that fatherhood is essential and pivotal to the healthy development of children. Many of the couples in this study struggled with deciding whether to conceive their children through the use of known or anonymous donor insemination. Making this decision caused them to reflect on the role of men in families and in child development, what children may need to learn from men that they cannot learn from women, and what is necessary to raise children so that they become healthy, happy, "good" people. Although these decisions sometimes took years of research and inner reflection, with the arrival of their children, these mothers felt it was hard to believe that there was another person (e.g., the donor) involved and that they did not "make them together."

Throughout their decision-making processes, these mothers considered how their children might experience growing up without social fathers. In consideration to their children, these mothers chose donors who, for example, provided substantive information about themselves and acknowledged that children might result from their donation. They chose the same donor for all of their children, and to minimize the mystery of the donor, chose donors that did not already have children so that their children would not wonder about siblings. The mothers were open and honest with their children about their conceptions, taught their children the differences between donors and daddies, exposed their children to positive male role models, and taught their children

that their families were complete and whole as they were, that is, with two mothers and their children.

Lesbian couples who choose to conceive their children through the use of anonymous donor insemination are also unique as they are composed of two mothers, one biologically linked and one with no genetic connection to the children, in a social milieu that privileges biological ties over relational ties, and that has no socially acceptable role for non-biological mothers. For many of the mothers in this study, the choice of who would be the birth mother was relatively straightforward, that is, one mother wanted to experience pregnancy and child birth whereas the other mother did not. In some families both mothers chose to be birth mothers. In some of these families extenuating circumstances prevented both mothers from conceiving (e.g., plans changing due to first child's illness, fertility challenges). For the couples who chose one mother to be the birth mother, challenges pertaining to non-birth mothers' feeling invisible as mothers (e.g., being asked who is the "real" mother) were described. To manage non-birth mothers' experiences of feeling less legitimate as mothers, these couples either chose both mothers to have "mother" type names, gave the children the non-birth mothers' last names, and/or chose a donor that resembled the non-birth mother.

Lesbian couples with children conceived through the use of anonymous donor insemination face many of the same challenges as other family forms (e.g., managing parenting with careers). However, these lesbian couples are unique in terms of their family configurations, the types of decisions they were (and are) required to make, in the experiences they have, and in the ways they live family life.

Epstein (1994), a lesbian mother who interviewed three other co-parenting lesbian couples, found in the stories of her participants a "reminder of the courage it takes to lead one's

life in contradiction to the dominant society, and an inspiration in their thoughtfulness, self-awareness and insistence on being who they are” (p. 72). In my interviews with these 10 couples, I was also struck by their courage and strength to live their lives on their terms and in the face of social opposition. These couples were stepping outside of heteronormative beliefs about family when they chose, as two women, to parent children and to conceive them through the use of anonymous donor insemination. These mothers also resisted heteronormative values by, for example, choosing “mother” type names for both women; dividing parenting and employment on considerations other than biological relationships; and emphasizing for themselves, their children, and their social networks that their families were not in any way lacking. However, it was also interesting to note how heteronormative beliefs crept into these mothers' consciousness through, for example, initial desires to conceive their children with known donors and through their wish for male role models. Even though these women were stepping out of the dominant discourse on family, through social interactions they were at times drawn back into the pervasive heteronormative family discourse. As such, they continually had to act courageously and stand up for their unique family configurations

Many of the lesbian couples who participated in this research said they were glad that this topic was being investigated. They felt that it was important for society to be aware of and understand the challenges they face raising their children in a heterosexist and homophobic culture as well as the thoughtfulness they bring to their decision-making with regards to conceiving and raising their children. Through awareness and understanding, I, as the researcher, hope that social and legal policies pertaining to supporting and creating positive environments in which these families will thrive and continue to be developed.

If we live in a society that support its families - *all* its families, then we would have a society in which children would see their family realities reflected back to them in positive ways through school experiences, media, extended families, and communities. The members of society would be aware of, recognize, and appreciate diverse family structures, ethnicities, and sexualities. Schools, neighborhoods, and communities would be cognizant of systemic homophobia and heterosexism; aware of the subtle and not so subtle ways these prejudices are inflicted; and proactive in their elimination. Laws would reflect the unique needs of lesbian-led families with children conceived through the use of anonymous donor insemination which in turn would validate, provide legitimacy for, and build confidence in these children and their mothers. Is it an utopian society I have just described? Perhaps, but not impossible.

REFERENCES

- Achtenberg, R. (1990). *Preserving and protecting the families of lesbians and gay men* (2nd. ed). San Francisco: National Center for Lesbian Rights.
- Ainslie, J., & Feltey, K. M. (1991). Definitions and dynamics of motherhood and family in lesbian communities. *Marriage & Family Review*, (17), 63-85.
- Alexander, C. J. (1997). Gay and lesbian parenting: A unique opportunity for sexual minority research. *Journal of Gay & Lesbian Social Services*, 7(1), 87-91.
- Allred, P. (1998). Making a mockery of family life? Lesbian mothers in the British media. *Journal of Lesbian Studies*, 2, 9-21.
- Allred, P. (1996). 'Fit to parent'? Developmental psychology and 'non-traditional' families. In E. Burman (Ed.), *Challenging women psychology's exclusions, feminist possibilities* (pp. 141-159). Buckingham: Open University Press.
- Allen, K. R., & Baber, K. M. (1992). Ethical and epistemological tensions in applying a postmodern perspective to feminist research. *Psychology of Women Quarterly*, 16, 1-15.
- Antoniuk, T. (1999). Policy alternatives for a diverse community: Lesbians and family law. *Journal of Gay and Lesbian Social Services*, 10(1), 47-60.
- Arnold, T. (1997, July 16). Protect foster kids from gay discrimination—Oberg. *Edmonton Journal*, pp. A1. Retrieved August 24, 2000 from the World Wide Web:
[http://halfway.library.ubc.ca/cgiubc/webspirscnews.cgi?sp.usernumber.p=839672&url=yes&sp.nextform=show1rec.htm&sp.dbid.p=B77A%2CB77B%2CB77C&sp.url.p=I\(B77A\)J\(0000068618\)&sp.record.source.p=_HOTLINK](http://halfway.library.ubc.ca/cgiubc/webspirscnews.cgi?sp.usernumber.p=839672&url=yes&sp.nextform=show1rec.htm&sp.dbid.p=B77A%2CB77B%2CB77C&sp.url.p=I(B77A)J(0000068618)&sp.record.source.p=_HOTLINK)

- Arnup, K. (1998). "Does the word LESBIAN mean anything to you?" Lesbians raising daughters. In S. Abbey, & A. O'Reilly (Eds.), *Redefining motherhood: Changing identities and patterns* (pp. 59-68). Toronto: Second Story Press.
- Arnup, K. (1997). In the family way: Lesbian mothers in Canada. In M. Luxton (Ed.), *Feminism and families: Critical policies and changing practices* (pp. 80-97). Halifax: Fernwood Publishing.
- Associated Press (1995, April 22). Court denies custody to lesbian mother; Sex practices could bring son 'social condemnation,' judges say. *The Montreal Gazette*, pp. A21. Retrieved August 21, 2000 from the World Wide Web:
[http://halfway.library.ubc.ca/cgiubc/webspircnews.cgi?sp.usernumber.p=839672&url=yes&sp.nextform=show1rec.htm&sp.dbid.p=C45A%2CC45B%2CC45C&sp.url.p=I\(C45B\)J\(0000111826\)&sp.record.source.p=_HOTLINK](http://halfway.library.ubc.ca/cgiubc/webspircnews.cgi?sp.usernumber.p=839672&url=yes&sp.nextform=show1rec.htm&sp.dbid.p=C45A%2CC45B%2CC45C&sp.url.p=I(C45B)J(0000111826)&sp.record.source.p=_HOTLINK)
- Bialeschki, M. D., & Pearce, K. D. (1997). "I don't want a lifestyle-I want a life." The effect of role negotiations on the leisure of lesbian mothers. *Journal of Leisure Research*, 29(1), 113-131.
- Blumenthal, A. (1990). Scrambled eggs and seed daddies: Conversations with my son. *Empathy*, 2(2), 45-48.
- Blumer, H. G. (1969). *Symbolic interactionism: Perspectives and method*. Englewood Cliffs: Prentice-Hall.
- Bos, H. M. W., van Balen, F., & van den Boom, D. C. (2004). Experience of parenthood, couple relationship, social support, and child-rearing goals in planned lesbian mother families. *Journal of Child Psychology and Psychiatry*, 45(4), 755-764.

- Boyd, P. (1998). Solutions to infertility: Even the simplest medical answers raises troubling ethical questions for Catholics. *Counseling and Values*, 33, 234-238.
- Brewaeys, A., Devroey, P., Helmerhorst, F. M., Van Hall, E. V., & Ponjaert, I. (1995). Lesbian mothers who conceived after donor insemination: A follow-up study. *Human Reproduction*, 10(10), 2731-2735.
- Brewaeys, A., Olbrechts, H., Devroey, P., & Van Steirteghem, A. C. (1989). Counselling and selection of homosexual couples in fertility treatment. *Human Reproduction*, 4(7), 850-853.
- Brewaeys, A., Ponjaert-Kristofferson, I., Van Steirteghem, A. C., & Devroey, P. (1993). Children from anonymous donors: An inquiry into homosexual and heterosexual parents' attitudes. *Journal of Obstetric Gynecology*, 14(Suppl), 23-35.
- Brewaeys, A., Ponjaert, I., Van Hall, E. V., & Golombok, S. (1997). Donor insemination: Child development and family functioning in lesbian mother families. *Human Reproduction*, 12(6), 1349-1359.
- Brewaeys, A., & Van Hall, E. V. (1997). Lesbian motherhood: The impact on child development and family functioning. *Journal of Obstetric Gynecology*, 18(1), 1-16.
- Brown, L. S. (1989). New voices, new visions: Towards a lesbian/gay paradigm for psychology. *Psychology of Women Quarterly*, 13, 445-458.
- Chan, R. W., Brooks, R. C., Raboy, B., & Patterson, C. J. (1998). Division of labor among lesbian and heterosexual parents: Associations with children's adjustment. *Journal of Family Psychology*, 12(3), 402-419.

- Chan, R. W., Raboy, B., & Patterson, C. J. (1998). Psychosocial adjustment among children conceived via donor insemination by lesbian and heterosexual mothers. *Child Development, 69*(2), 443-457.
- Clarke, V. (2002). Sameness and difference in research on lesbian parenting. *Journal of Community & Applied Social Psychology, 12*, 210-222.
- Clarke, V. (2001). What about the children? Arguments against lesbian and gay parenting. *Women's Studies International Forum, 24*(5), 555-570.
- Clunis, D. M., & Green, G. D. (1995). *The lesbian parenting book: A guide to creating families and raising children*. Seattle: Seal Press.
- Colaizzi, P. F. (1978). Psychological research as the phenomenologist views it. In R. S. Valle, & M. King (Eds.). *Existential-phenomenological alternatives for psychology* (pp. 48-71). New York: Oxford Press.
- Crawford, S. (1987). Lesbian Families: Psychological stress and the family-building process. In Boston Lesbian Psychologies Collective (Ed.). *Lesbian Psychologies: Explorations and Challenges* (pp.195-214). Urbana: University of Illinois Press.
- Dalton, S. E., & Bielby, D. D. (2000). "That's our kind of constellation" Lesbian mothers negotiate institutionalized understandings of gender within the family. *Gender & Society, 14*(1), 36-61.
- Daniluk, J. C. (1998). *Women's sexuality across the life span: Challenging myths, creating meanings*. New York: Guilford.
- Denzin, N. K. (2001). *Interpretive interactionism Vol. 16. Applied social research methods series*. (2nd ed.). Newbury Park: Sage.

- Denzin, N. K. (1989a). *Interpretive interactionism Vol. 16. Applied social research methods series*. Newbury Park: Sage.
- Denzin, N. K. (1989b). *The research act: A theoretical introduction to sociological methods* (3rd ed.). Englewood Cliffs: New Jersey.
- DiLapi, E. M. (1989). Lesbian mothers and the motherhood hierarchy. *Journal of Homosexuality*, 18(1-2), 101-121.
- Donovan, C. (2000). Who needs a father? Negotiating biological fatherhood in British lesbian families using self-insemination. *Sexualities*, 3(2), 149-164.
- Duffy, A. (1996, May 11) Adoption the ultimate gay rights battle. *The Hamilton Spectator*, pp. A10. Retrieved May 14, 2001 from the World Wide Web:
[http://halfway.library.ubc.ca/cgiubc/webspircnews.cgi?sp.usernumber.p=839672&url=yes&sp.nextform=show1rec.htm&sp.dbid.p=C4A3&sp.url.p=I\(C4A3\)J\(0000106875\)&sp.record.source.p=_HOTLINK](http://halfway.library.ubc.ca/cgiubc/webspircnews.cgi?sp.usernumber.p=839672&url=yes&sp.nextform=show1rec.htm&sp.dbid.p=C4A3&sp.url.p=I(C4A3)J(0000106875)&sp.record.source.p=_HOTLINK)
- Dundas, S., & Kaufman, M. (2000). The Toronto lesbian family study. *Journal of Homosexuality*, 40(2), 65-79.
- Dunne, G. A. (2000). Opting into motherhood: Lesbians blurring the boundaries and transforming the meaning of parenthood and kinship. *Gender & Society*, 14(1), 36-61.
- Englert, Y. (1994). Artificial insemination of single women and lesbian women with donor insemination. *Human Reproduction*, 9(11), 1969-1977.
- Evans, B. K. (1990). Mothering as a lesbian issue. *Journal of Feminist Family Therapy*, 2(1), 43-52.

- Epstein, R. (1994). Lesbian parenting: Cracking the shell of the nuclear family. In M. Oikawa, D. Falconer, & A. Decter (Eds.). *Resist: Essays against a homophobic culture* (pp.71-93). Toronto: Women's Press.
- Epstein, R. (1996). Lesbian Families. In M. Lynn (Ed.), *Voices: Essays on Canadian families* (pp. 8-130). Toronto: Nelson Canada.
- Falk, P. J. (1994). The gap between psychosocial assumptions and empirical research in lesbian-mother child custody cases. In A. E. Gottfried, & A. W. Gottfried (Eds.), *Redefining families: Implications for children's development* (pp. 131-156). New York: Plenum Press.
- Flaks, D. K., Ficher, I., Masterpasqua, F., & Joseph, G., (1995). Lesbians choosing motherhood: A comparative study of lesbian and heterosexual parents and their children. *Developmental Psychology*, 31(1), 105-114.
- Fulcher, M., Chan, R. W., Raboy, B., & Patterson, C. J. (2002). Contact with grandparents among children conceived via donor insemination by lesbian and heterosexual mothers. *Parenting: Science and Practice*, 2(1), 61-76.
- Fumia, D. (1999). Marginalized motherhood and the mother-lesbian subject. *Journal of the Association for Research on Mothering*, 1(1), 86-95.
- Gabb, J. (1999). Imag(in)ing the queer lesbian family. *Journal of the Association for Research on Mothering*, 1(2), 9-20.
- Gall, M. D., Borg, W. R., & Gall, J. P. (1996). *Educational research: An introduction* (6th ed.). New York: Longman.

- Gartrell, N., Banks, A., Hamilton, J., Reed, N., Hamilton, J., Rodas, C., & Deck, A. (2000). The National Lesbian Family Study: 3. Interviews with mothers of five-year-olds. *American Journal of Orthopsychiatry*, 70(4), 542-549.
- Gartrell, N., Banks, A., Hamilton, J., Reed, N., Bishop, H., & Rodas, C. (1999). The National Lesbian Family study: 2. Interviews with mothers of toddlers. *American Journal of Orthopsychiatry*, 69(3), 362-369.
- Gartrell, N., Hamilton, J., Banks, A., Mosbacher, D., Reed, N., Sparks, C. H., & Bishop, H. (1996). The National Lesbian Family study: 1. Interviews with prospective mothers. *American Journal of Orthopsychiatry*, 66(2), 272-281.
- Gergen, M. M. (1988). Building a feminist methodology. *Contemporary Social Psychology*, 13(2), 47-53.
- Gil de Lamadrid, M. (1991). *Lesbians choosing motherhood: Legal implications of donor insemination and co-parenting*. San Francisco: National Center for Lesbian Rights.
- Golombok, S. (2000). *Parenting: What really counts?* London: Routledge.
- Golombok, S. (1999). New family Forms: Children raised in solo mother families, lesbian mother families, and in families created by assisted reproduction. In L. Balter & C. S. Tamis-LeMonda (Eds.), *Child Psychology: A handbook of contemporary issues* (pp. 429-446). Philadelphia: Psychology Press.
- Golombok, S., Perry, B., Burston, A., Murray, C., Mooney-Somers, J., Stevens, M., & Golding, J. (2003). Children with lesbian parents: A community study. *Developmental Psychology*, 39(1), 20-33.

- Golombok, S., Spencer, A., & Rutter, M. (1983). Children in lesbian and single-parent households: Psychosexual and psychiatric appraisal. *Journal of Child Psychology & Psychiatry and Allied Disciplines*, 24(4), 551-572.
- Golombok, S., Tasker, F., & Murray, C. (1997). Children raised in fatherless families from infancy: Family relationships and the socioemotional development of children of lesbian and single heterosexual mothers. *Journal of Child Psychology and Psychiatry*, 38(7), 783-791.
- Golombok, S., & Tasker, F. (1996). Do parents influence the sexual orientation of their children? Findings from a longitudinal study of lesbian families. *Developmental Psychology*, 32(1), 3-11.
- Golombok, S., & Tasker, F. (1994). Children in lesbian and gay families: Theories and evidence. *Annual Review of Sex Research*, 5, 73-100.
- Gottman, J. S. (1990). Children of gay and lesbian parents. *Marriage and Family Review*, 14, 177-196.
- Green, G. D. (1987). Lesbian mothers: mental health considerations. In F. W. Bozett (Ed.), *Gay and lesbian parents* (pp. 188-198). New York: Praeger.
- Green, R., Mandel, J. B., Hotvedt, M. E., Gray, J., & Smith, L. (1986). Lesbian mothers and their children: A comparison with solo parent heterosexual mothers and their children. *Archives of Sexual Behavior*, 15(2), 167-184.
- Griffin, K. (1998). Getting kids and keeping them: Lesbian motherhood in Europe. *Journal of Lesbian Studies*, 2, 23-34.
- Haimes, E., & Weiner, K. (2000). 'Everybody's got a dad...' Issues for lesbian families in the management of donor insemination. *Sociology of Health and Illness*, 22(4), 477-499.

- Hare, J. (1994). Concerns and issues faced by families headed by a lesbian couple. *Families in Society: The Journal of Contemporary Human Services*, (1), 27-35.
- Hargaden, H., & Llewellyn, S. (1996). Lesbian and gay parenting issues. In D. Davis. & C. Neal (Eds.), *Pink Therapy: A guide for counsellors and therapists working with lesbian, gay and bisexual clients* (pp. 116-130). Buckingham: Open University Press.
- Henwood, K. L. (1993). Women and later life: The discursive construction of identities within family relationships. Special issue: Discourses, institutions, and the elderly. *Journal of Aging Studies*, 7(3), 303-319.
- Hequembourg, A. L. & Farrell, M. P. (1999). Lesbian motherhood: Negotiating marginal-mainstream identities. *Gender & Society*, 13(4), 540-557.
- Hoeffer, B. (1981). Children's acquisition of sex-role behavior in lesbian-mother families. *American Journal of Orthopsychiatry*, 51(3), 536-544.
- Huggins, S. L. (1989). A comparative study of self-esteem of adolescent children of divorced lesbian mothers and divorced heterosexual mothers. In F. W. Bozett (Ed.), *Homosexuality and the family* (123-135). New York: Harrington Park.
- Jacob, M. C. (1999). Lesbian couples and single women. In L. H. Burns & S. N. Covington (Eds.), *Infertility counseling: A comprehensive handbook for clinicians* (pp. 267-281). London: Parthenon Publishing.
- Jacob, M. C., Klock, S. C., & Maier, D. (1999). Lesbian couples as therapeutic donor insemination recipients: Do they differ from other patients? *Journal of Obstetric Gynecology*, 20, 203-215.
- Javaid, G. A. (1993). The children of homosexual and heterosexual single mothers. *Child Psychiatry and Human Development*, 23(4), 235-248.

- Kaufman, M., & Dundas, S. (1995). Directions for research about lesbian families. In K. Arnup (Ed.), *Lesbian parenting: Living with pride & prejudice* (pp.166-176). Charlottetown, PEI: gynergy.
- Kenney, J. W., & Tash, D. T. (1992). Lesbian childbearing couples' dilemmas and decisions. *Health Care for Women International*, 13, 209-219.
- Kirkey, S. (2000, October 26). Creating babies for same-sex couple opposed. *The Vancouver Sun*, p. A8.
- Kirpatrick, M. J. (1990). Homosexuality and parenting. In J. Spurlock, & C. B. Robinowitz (Eds.), *Women's progress: Promises and problems* (pp. 205-222). New York: Plenum Press.
- Kirpatrick, M. (1996). Lesbians as parents. In R. P. Cabaj & T. S. Stein (Eds.), *Textbook of homosexuality and mental health*. (pp. 353-370). Washington DC: American Psychiatric Press.
- Kirpatrick, M., Smith, C., & Roy, R. (1981). Lesbian mothers and their children: A comparative survey. *American Journal of Orthopsychiatry*, 51(3), 545-551.
- Kweskin, S. L., & Cook, A. S. (1982). Heterosexual and homosexual mothers' self-described sex-role behavior and ideal sex-role behavior in children. *Sex Roles*, 8(9), 967-975.
- Lahey, K. A. (2000). *Are we 'persons' yet?: Law and sexuality in Canada*. Toronto: University of Toronto.
- Leiblum, S. R., Palmer, M. G., & Spector, I. P. (1995). Non-traditional mothers: single heterosexual/lesbian women and lesbian couples electing motherhood via donor insemination. *Journal of Psychosomatic Obstetrics and Gynecology*, 16, 11-20.

- Lempert, N. B., & DeVault, M. (2000). Guest editors' introduction: Special issue on emergent and reconfigured forms of family life. *Gender & Society, 14*(1), 6-10.
- Lev, A. I. (2004). *The complete lesbian & gay parenting guide*. New York: Berkley Books.
- Levy, E. F. (1996). Reproductive issues for lesbians. *Journal of Gay and Lesbian Studies, 5*(1), 49-58.
- Lewin, E. (1994). Negotiating lesbian motherhood: The dialectics of resistance and accommodation. In E. N. Glenn, G. Chang, & L. R. Forcey (Eds.), *Mothering: Ideology, experience, and agency* (pp. 333-353). New York: Routledge.
- Lewin, E., & Lyons, T. A. (1982). Everything in its place: The coexistence of lesbianism and motherhood. In W. Paul., J. D. Weinrich., J. C. Gonsiorek., & M. E. Hotvedt (Eds.), *Homosexuality: Social, psychological, and biological issues* (pp. 249-273). Beverly Hills: Sage.
- Mandell, N., & Duffy, A. (2000). Introduction. In N. Mandell & A. Duffy (Eds.), *Canadian Families: Diversity, conflicts, and change* (2nd ed.). (pp. 1-13). Toronto: Harcourt Brace.
- Martin, A. (1989). Lesbian parenting: A personal odyssey. In J. Offerman-Zuckerberg (Ed.). *Gender in transition: A new frontier* (pp. 249-262). New York: Plenum Medical Book.
- McCandlish, B. M. (1987). Against all odds: Lesbian mother family dynamics. In F. W. Bozett (Ed.). *Gay and lesbian parents* (pp.23-36). New York: Praeger.
- Miller, J. A., Jacobson, R. B., & Bigner, J. J. (1982). The child's home environment for lesbian versus heterosexual mothers: A neglected area of research. *Journal of Homosexuality, 7*(1), 49-56.

- Mitchell, V. (1996). Contributions of the planned lesbian family to the deconstruction of gendered parenting. In J. Laid & R. Green (Eds.), *Lesbians and gays in couples and families: A handbook for therapists* (pp. 343-357). San Francisco: Jossey-Bass.
- Mitchell, V. (1998). The birds, the bees...and the sperm banks: How lesbian mothers talk with their children about sex and reproduction. *American Journal of Orthopsychiatry*, 51(3), 400-409.
- Monson, C. (1999). "If I can do without a husband": Lesbian maternity and H. D.'s Asphodel. *Journal of the Association for Research on Mothering*, 1(2), 122-130.
- Mooney-Somers, J., & Golombok, S. (2000). Leading comment: Children of lesbian mothers: From the 1970s to the new millennium. *Sexual and Relationship Therapy*, 15(2), 121-126.
- Morningstar, B. (1999). Lesbian parents: Understanding developmental pathways. In J. Laird (Ed.), *Lesbians and Lesbian Families: Reflections on theory and practice* (pp. 213-241). New York: Columbia University Press.
- Mucklow, B. M., & Phelan, G. K. (1979). Lesbian and traditional mothers' responses to adult response to child behavior and self-concept. *Psychological Reports*, 44(3), 880-882.
- Muzio, C. (1991). Lesbian co-parenting: On being/being with the invisible (m)other. *Smith College Social Work*, 62, 215-229.
- Nelson, F. (1999). Lesbian families: Achieving motherhood. *Journal of Gay and Lesbian Social Services*, 10(1), 27-46.
- Nelson, F. (1996). *Lesbian motherhood: An exploration of Canadian lesbian families*. Toronto: University of Toronto.

- O'Brian, C., & Goldberg, A. (2000). Lesbians and gay men inside and outside families. In N. Mandell & A. Duffy (Eds.), *Canadian families: Diversity, conflict, and change* (2nd ed.). (pp. 115-145). Toronto: Harcourt Brace.
- O'Connell, A. (1992). Voices from the heart: The developmental impact of a mother's lesbianism on her adolescent children. *Smith College Studies in Social Work*, 63(3), 281-299.
- Osborne, J. W. (1990). Some similarities and differences among phenomenological and other methods of psychological qualitative research. *Canadian Psychology/Psychologie Canadienne*, 35(2), 167-189.
- Patterson, C. J. (1998). The family lives of children born to lesbian mothers. In C. J. Patterson, A. R. D'Augelli (Eds.), *Lesbian, gay, and bisexual identities in families: Psychological perspectives* (pp. 154-176). New York: Oxford University Press.
- Patterson, C. J. (1997). Children of lesbian and gay parents. *Advances in Clinical Child Psychology*, 19, 235-282.
- Patterson, C. J. (1996). Lesbian and gay parents and their children. In R. C. Savin-Williams & K. M. Cohen (Eds.), *The lives of lesbian, gays, & bisexuals: Children to adults* (pp. 274-304). Orlando: Harcourt Brace College.
- Patterson, C. J. (1995a). Lesbian mothers, gay fathers, and their children. In A. R. D'Augelli & C. J. Patterson (Eds.), *Lesbian, gay, and bisexual identities over the lifespan* (pp. 262-292). New York: Oxford University Press.
- Patterson, C. J. (1995b). Families of the lesbian baby boom: Parents' division of labor and children's adjustment. *Developmental Psychology*, 31(1), 115-123.

- Patterson, C. J. (1995c). Lesbian and gay parenthood. In M. H. Bornstein (Ed.), *Handbook of parenting Vol. 3. Status and social conditions of parenting* (pp.255-274). New Jersey: Lawrence Erlbaum Associates.
- Patterson, C. J. (1994). Children of the lesbian baby boom: Behavioral adjustment, self concepts, and sex role identity. In B. Greene and G. M. Herek (Eds.), *Contemporary perspectives on lesbian and gay psychology: Theory, research, and clinical applications Vol. 1.* (pp. 156-175). Thousand Oaks: Sage.
- Patterson, C. J., Hurt, S., & Mason, C. D. (1998). Families of the lesbian baby boom: Children's contact with grandparents and other adults. *American Journal of Orthopsychiatry*, 68(3), 390-399.
- Patton, M. Q. (1990). *Qualitative evaluation and research methods* (2nd ed.). Newbury Park: Sage.
- Pies, C. A. (1990). Lesbians and the choice to parent. In F. W. Bozett, & M. B. Sussman (Eds.), *Homosexuality and family relations* (pp. 137-154). New York: Harrington Park Press.
- Pies, C. (1988). *Considering parenthood*. San Francisco: Spinsters Ink.
- Pies, C. (1987). Considering parenthood: Psychosocial issues for gay men and lesbians choosing alternative fertilization. In F. W. Bozett (Ed.), *Gay and lesbian parents* (pp.165-173). New York: Praegar.
- Polikoff, N. D. (1992). Lesbian mothers, lesbian families: Legal obstacles, legal challenges. In D. J. Maggiore (Ed.), *Lesbians and child custody: A casebook* (pp. 229-237). New York: Garland Publishing.

- Polikoff, N. (1987). Lesbians choosing children: The personal is political. In S. Pollack, & J. Vaughn (Eds.), *Politics of the heart: A lesbian parenting anthology* (pp.48-54). Ithaca: Firebrand Books.
- Pollack, J. S. (1995). *Lesbian & gay families: Redefining parenting in America*. New York: Franklin Watts.
- Pollack, S. (1992). Lesbian mothers: A lesbian-feminist perspective on research. In D. J. Maggiore (Ed.), *Lesbians and child custody: A casebook* (pp. 219-228). New York: Garland Publishing.
- Queen's Printer (2000). *Family Relations Act*. Retrieved June 22, 2000 from the World Wide Web: http://www.qp.gov.bc.ca/bcstats/96128_01.htm
- Rich, A. (1980). *Of woman born: Motherhood as experience and institution*. New York: W. W. Norton.
- Riley, C. (1988). American kinship: A lesbian account. *Feminist Issues*, 8, 75-94.
- Rivera, R. R. (1987). Legal issues in gay and lesbian parenting. In F. W. Bozett (Ed.), *Gay and lesbian parents* (pp. 199-230). New York: Praegar.
- Rohrbaugh, J. B. (1989). Choosing children: Psychological issues in lesbian parenting. *Women & Therapy*, 8, 51-63.
- Romans, P. (1992). Daring to pretend? Motherhood and lesbianism. In K. Plummer (Ed.), *Modern homosexualities: Fragments of lesbian and gay experiences* (pp. 98-107). New York: Routledge.
- Saffron, L. (1994). *Challenging conceptions: Pregnancy and parenting: Beyond the traditional family*. New York: Cassell.

- Shore, E. A. (1996). What kind of lesbian is a mother? *Journal of Feminist Family Therapy*, 8(3), 45-62.
- Silva, E. B., & Smart, C. (1999). The 'new' practices and politics of family life. In E. B. Silva & C. Smart (Eds.), *The new family?* (pp. 1-12). London: Sage.
- Speziale, B., & Gopalakrishna, V. (2004). Social support and function of nuclear families headed by lesbian couples. *Affilia*, 19(2), 174-184.
- Stacey, J., & Biblarz, T. J. (2001). (How) does the sexual orientation of parents matter? *American Sociological Association*, 66(2), 159-183.
- Statistics Canada (1996). *Census families in private households by family structure, 1991 and 1996 censuses*. Retrieved August 31, 2000 from the World Wide Web: <http://www.statcan.ca/english/Pgdb/People/Families/famil51c.htm>
- Statistics Canada (2001). *Population 15 years and over by highest degree, certificate or diploma, by provinces and territories (2001 Census)*. Retrieved November 7, 2004 from the World Wide Web: <http://wwwstatscan.ca/english/Pgdb/educ41a.htm>
- Statistics Canada (2002). *Average total income by economic family types*. Retrieved November 6, 2004 from the World Wide Web: <http://www.statcan.ca/english/Pgdb/famil05a.htm>
- Statistics Canada (2004). *Population by sex and age group*. Retrieved October 27, 2004 from the World Wide Web: <http://statcan.ca/english/Pgdb/People/demo10a.htm>
- Stein, T. S. (1988). Homosexuality and new family forms: Issues in psychotherapy. *Psychiatric Annals*, 18(1), 12-20.
- Stevens, M., Perry, B., Burston, A., Golombok, S., & Golding, J. (2003). Openness in lesbian-mother families regarding mother's sexual orientation and child's conception by donor insemination. *Journal of Reproductive and Infant Psychology*, 21(4), 347-362.

- Stiglitz, E. (1990). Caught between two worlds: The impact of a child on a lesbian couple's relationship. *Women & Therapy, 10*(1/2), 99-116.
- Sullivan, M. (1996). Rozzie and Harriet? Gender and family patterns of lesbian coparents. *Gender & Society, 10*(6), 747-767.
- Tasker, F., & Golombok, S. (1998). The role of co-mothers in planned lesbian-led families. *Journal of Lesbian Studies, 2*(4), 49-68.
- Tasker, F., & Golombok, S. (1995). Adults raised as children in lesbian families. *American Journal of Orthopsychiatry, 65*(2), 203-215.
- Thorne, B. (1992). Feminism and the family: Two decades of feminist thought. In B. Thorne (Ed.), *Rethinking the family: Some feminist questions* (pp. 3-26). Boston: Northeastern University Press.
- Touroni, E., & Coyle, A. (2002). Decision-making in planned lesbian parenting: An interpretive phenomenological analysis. *Journal of Community & Applied Social Psychology, 12*, 194-209.
- Tulchinsky, K. X. (1999, May 8) Two moms, better than one? Staking claim to Mother's Day: Once we decided which one of us would bear the child, our little family adventure was underway. *Vancouver Sun* pp. E5. Retrieved August 21, 2000 from the World Wide Web: [http://halfway.library.ubc.ca/cgiubc/webspircsnews.cgi?sp.usernumber.p=839672&url=yes&sp.nextform=show1rec.htm&sp.dbid.p=C69A%2CC69B%2CC69C%2CC69D&sp.url.p=I\(C69A\)J\(0000135454\)&sp.record.source.p=_HOTLINK](http://halfway.library.ubc.ca/cgiubc/webspircsnews.cgi?sp.usernumber.p=839672&url=yes&sp.nextform=show1rec.htm&sp.dbid.p=C69A%2CC69B%2CC69C%2CC69D&sp.url.p=I(C69A)J(0000135454)&sp.record.source.p=_HOTLINK)
- Turner, P. H., Scadden, L., & Harris, M. B. (1990). Parenting in gay and lesbian families. *Journal of Gay & Lesbian Psychotherapy, 1*(3), 55-66).

- Van Manen, M. (1994). *Researching lived experience: Human science for an action sensitive pedagogy*. London, Canada: Althouse.
- Vanfraussen, K., Ponjaert-Kristoffersen, I., & Brewaeys, A. (2003). Family functioning in lesbian families created by donor insemination. *American Journal of Orthopsychiatry*, 73(1), 78-90.
- Vercollone, C. F., Moss, H., & Moss, R. (1997). *Helping the stork: The choices and challenges of donor insemination*. New York: Macmillan.
- Ward, M. M. (1999, May). Redefining the family. *Toronto Sun*, pp. 15 Retrieved May 14, 2001 from the World Wide Web:
[http://halfway.library.ubc.ca/cgiubc/webspircnews.cgi?sp.usernumber.p=839672&url=yes&sp.nextform=show1rec.htm&sp.dbid.p=C69C&sp.url.p=I\(C69C\)J\(0000108553\)&sp.record.source.p=_HOTLINK](http://halfway.library.ubc.ca/cgiubc/webspircnews.cgi?sp.usernumber.p=839672&url=yes&sp.nextform=show1rec.htm&sp.dbid.p=C69C&sp.url.p=I(C69C)J(0000108553)&sp.record.source.p=_HOTLINK)
- Weston, K. (1991). *Families we choose: lesbians, gays, kinship*. New York: Columbia University Press.
- Wilson, C. M. (2000). The creation of motherhood: Exploring the experiences of lesbian co-mothers. *Journal of Feminist Family Therapy*, 12(1), 21-44.

APPENDIX C

Orienting Statement

The researcher will read the following statement to all participants at the beginning of the first interview.

I am interested in learning about your experience of family. This research is designed to explore how lesbian couples, with children conceived through the use of anonymous donor insemination, live and experience family, as there is very little research available on this topic. The main question I am asking you is: **Tell me everything you think I should know about being a lesbian couple, with children conceived through the use of anonymous donor insemination?**

During the interview I may ask you for more information or clarification about something you have said in order to ensure that I understand your experience. It is important that you understand that you are in no way obligated to answer or discuss anything with which you are not comfortable.

I am interested in understanding your experience of family. This could involve a wide range of feelings and behaviors and there is no "correct" answer.

Do you have any questions before we begin?

APPENDIX D

Interview Questions

General Research Question

How do Lesbian Couples, with Children Conceived through the use of
Anonymous Donor Insemination, Live and Experience Family?

The lens I need to keep in mind when interviewing:

explore personal biographies
explore participants' understandings of their social worlds
focus on understanding "how" "what" occurs
explore meanings/experiences of families with emphasis on how "lesbian"
and "anonymous" make their families different.

Questions to develop narratives about family from these family's perspectives:

1. Tell me everything you think I should know about being a lesbian couple with children conceived through the use of anonymous donor insemination.
2. Tell me a story about how you two came to be a lesbian couple with children conceived through the use of anonymous donor insemination.
3. Take me through a typical day.
4. From what you have told me, how do you understand your family as different than traditional heterosexual families due to (1) being a lesbian couple, two moms and (2) having children conceived through the use of anonymous donor insemination?
5. What current challenges and benefits do you experience as a lesbian couple with children conceived through the use of anonymous donor insemination?
6. What future challenges and benefits do you anticipate experiencing as a lesbian couple with children conceived through the use of anonymous donor insemination?
7. Are there particular decisions you wish you had made differently (or would make differently if you had a chance to do so). What are they and why?
8. Are there decisions that you are really glad you made in the way you made them? What are they and why?

Probes:

1. How did it happen that...?
2. How did you feel about...?
3. Please tell me more about...?
4. You mentioned_____. Could you please say more about that?
5. What do you mean by_____?
6. Is there anything more you would like to add about that?