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**TRANSITION TO PARENTHOOD: LESBIAN COUPLES'
EXPERIENCES WITH DONOR INSEMINATION**

presented by

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TRANSITION TO PARENTHOOD: LESBIAN COUPLES' EXPERIENCES WITH
DONOR INSEMINATION

By

Jennifer M. Chabot

A DISSERTATION

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ABSTRACT

TRANSITION TO PARENTHOOD: LESBIAN COUPLES' EXPERIENCES WITH DONOR INSEMINATION

By

Jennifer M. Chabot

The purpose of this study was to examine the decisions and issues lesbian couples face as they utilize donor insemination (DI) as a means to become parents. The goals were to identify the major decisions involved with this process, as well as to describe the transition to parenthood for lesbian families. Ten lesbian couples who have at least one child conceived through DI, or were in the process of trying to conceive, *while they have been a couple*, were interviewed. Seven of the couples interviewed are parents, two were pregnant with their first child, and one couple was in the process of trying to conceive at the time of the interview.

Three theoretical foundations guided the study: human ecology theory with a focus on decision making, family development theory and feminist theory. This study was conducted utilizing qualitative methodologies. Data were collected through in-depth semi-structured interviews with each couple, and through two observations of a lesbian mothers' support group. The interview questions were guided by the research questions, the literature review, the theoretical foundations, and pilot studies.

Analysis of the data revealed two key findings: intentionality and legitimacy. The process of becoming parents for lesbian couples is highly intentional. This intentionality was illustrated by the development of a decision making model based on the experiences shared by the sample. Second, the issue of legitimacy was evident as

these families sought validation as a family unit from environmental systems including their family of origin, their work environment, the medical community, and the legal system. This study has pedagogical and clinical implications, as well as implications for gay male families.

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Dedicated with love and appreciation to my family:

my parents and siblings.

The foundation of all things to me.

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CHAPTER ONE

INTRODUCTION

Background of the Problem

History rarely affords a social scientist an opportunity to witness during her own lifetime the origins and evolution of a dramatic, and significant, cultural phenomenon in her field. For a family scholar, it is particularly rare to be able to witness the birth of an historically unprecedented variety of family life.

Stacey, In the Name of the Family, 1996, p. 109

Family scholars share in the excitement of this “historically unprecedented variety of family life” that has unfolded for lesbian families as reproductive technology has allowed for the conception of children into their family unit. It is an exciting time to be engaged in research that explores this new family form.

The last twenty years have seen a “baby boom” in the lesbian community, and the pending pregnancy of a lesbian couple raises many decisions and dilemmas (Pies, 1987). Much of the family scholarship is based on studies of lesbian women and couples in therapy, neglecting lesbian families and the intricacies of lesbian family life (Koepke, Hare, & Moran, 1992). This study explored *what* and *how* lesbian couples negotiate to utilize donor insemination (DI) as a means to become parents. This process includes concerns about conception decisions, donor considerations, family/friends influences and support, family terminology, medical issues, cost, and community support and resources.

Recent innovations in reproductive technology have opened pathways for lesbian women to access alternative methods of bringing children into their families, particularly

through the use of DI. Reproductive technology has created new possibilities for families, and family scholarship must reflect these advancements.

Lesbian and gay partnerships are seen as invisible in the same way women's voices have been silenced in family life, so any research done on their lives is critical (Baber & Allen, 1992). These partnerships have all of the elements of marriage: commitment, emotional sharing, economic resources, and in more and more cases, parenting. "Lesbian and gay families challenge the dominant theories of family structure and process. These families exist - and even thrive - in a society that stigmatizes them. They break the mold of the benchmark family by disturbing sexist and heterosexist norms" (Demo & Allen, 1996, p. 415).

Purpose of the Study

The purpose of this study was to identify and explore the decisions and issues lesbian couples face as they utilize DI as a means to become parents. The primary areas of study centered around issues of 1) conception decisions, 2) donor considerations, 3) family/friend influences and support, 4) family terminology, 5) medical issues, 6) cost, and 7) community support and resources.

This was a qualitative study that consisted of in depth interviews and observations. The subject sample was purposive and consisted of ten lesbian couples who had at least one child conceived through (DI), or were in the process of trying to conceive via DI, *while they have been a couple*. In addition, two observations occurred at monthly meetings known as the "Lesbian Mothers' Support Group." This group

comprised seven of the couples who were interviewed, in addition to other lesbian women in various stages of parenting.

This study was based on feminist family principles (see Theory section on Feminist Framework, p.16) dedicated to creating new definitions of families and celebrating forms that go beyond the ideology of family life that dominate family scholarship. This study aimed to contribute to the validation of the gay and lesbian family system by representing their lives as *lived experiences*.

Significance of the Study

Research is needed that validates the lesbian family form (Levy, 1992). Due to the reality that society does not recognize their unit as a family, lesbian families confront the challenge of invisibility (Levy, 1992). Lesbians have largely been ignored in the discussion of women's family experience, although their partnerships reflect new ways of existing in family life (Baber & Allen, 1992). Lesbian relationships in particular are marginalized in family scholarship, and more work which brings their relationships to the center of analysis is needed (Baber & Allen, 1992).

Currently, lesbian couples negotiate the path to parenting through varying means of DI. They do so in a complex medical, legal, and social system that stigmatizes and disapproves of gay and lesbian unions (Baptiste, 1987). Society does not recognize these unions legally, and perceives gay parenthood as not only unhealthy but trades on the societal fear of turning children gay if they are raised by gay parents. This study examined the nature of the lesbian parenting phenomenon and will document lesbian

women's experiences as they plan for the conception of their children in a system that supports heterosexual parenting.

Family scholarship needs to broaden the traditional ideology of motherhood, including *who* can be a mother and *how* motherhood can occur. Information that addresses lesbian motherhood and demythologizes the idea of lesbian women and gay men as parents is essential.

Lastly, more accurate accounts of gay and lesbian life are needed, and this study will contribute to those accounts. This study explored how lesbian couples validated lesbian family identity and how they located resources, both formal and informal.

Major Research Questions Posed

As lesbian couples prepare for the transition to parenthood, their paths involve unique issues. One partner cannot impregnate the other. This study intended to examine what actually occurs for lesbian couples, as well as how this process was *experienced*. A developmental stage for lesbian parents is needed that recognizes and validates this experience in the often heterosexually based family life cycle literature (Slater & Mencher, 1991). The major research questions being explored in this study included:

- 1) What does the process of transitioning to parenthood consist of for lesbian couples?
- 2) What areas of consideration exist in the decision making process for lesbians planning for parenthood?
- 3) What institutional, societal, and personal support mechanisms have influenced the decision making process?
- and 4) What institutional, societal, and personal barriers have influenced the decision making process? (See Appendix A for Interview Guide).

Conceptual Map

The conceptual map (see Figure 1.1) illustrates the plan for this study. Women who self-identify as committed lesbian couples using DI as a means to become parents, or who already are parents through DI, made up the sample. The purpose of the study was to explore the decisions and issues these couples faced as they utilized (or did utilize) DI. Seven main issues influenced their experiences: 1) conception decisions, 2) donor considerations, 3) family/friend influences and support, 4) family terminology, 5) medical issues, 6) cost, and 7) community support and resources. The two-way arrows connecting the seven issues illustrate that not only do these issues influence the couple, but the couple's experiences, opinions, and behaviors directly influence these issue areas.

These seven areas were culled from pilot study interviews conducted with lesbian couples who had experience with DI, as well as from a group observation of the Lesbian Mothers' Support Group. These seven identified issues arose consistently as themes. (The pilot studies are discussed in Chapter 3).

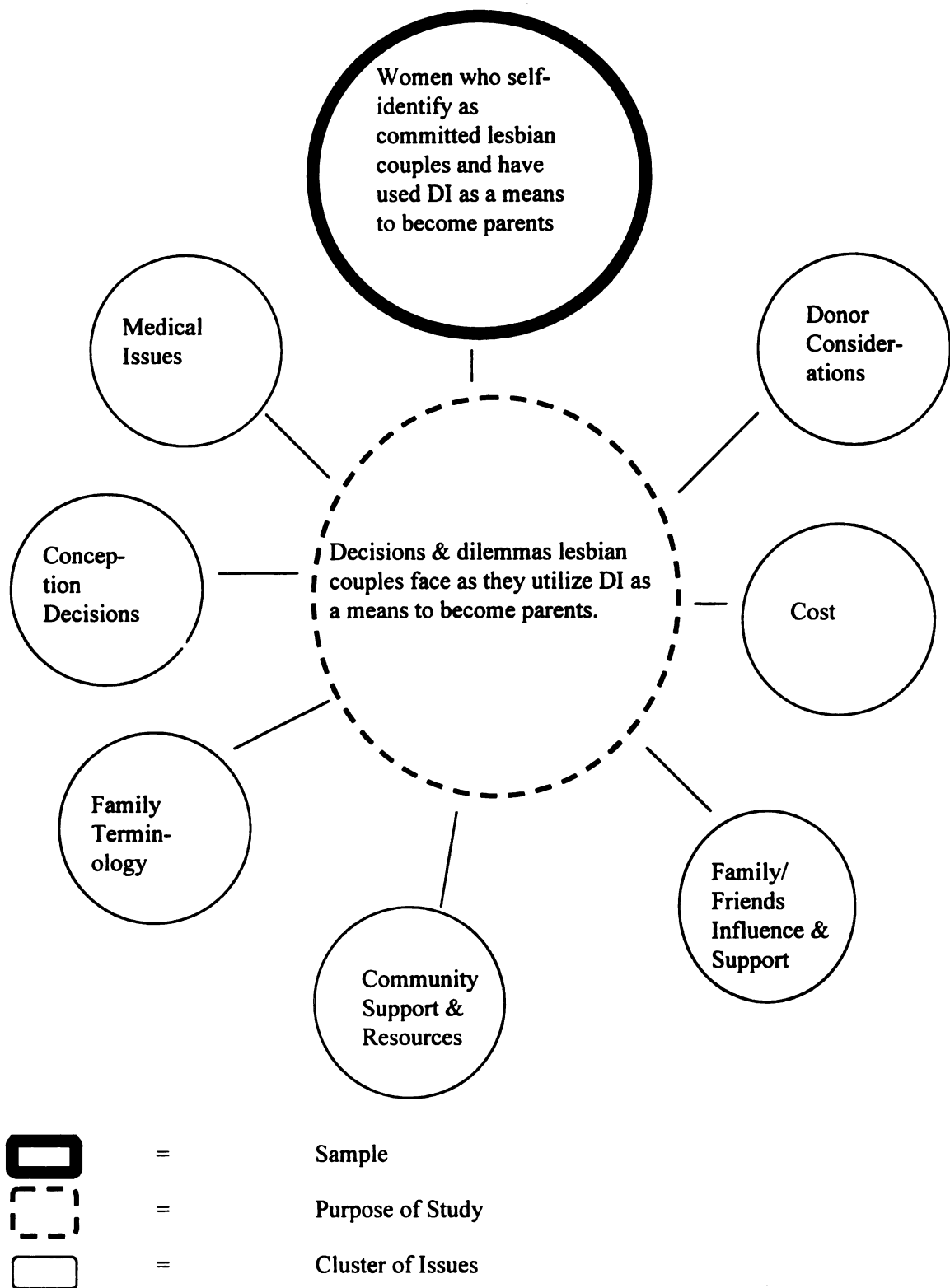


Figure 1:1: Conceptual Map

Theoretical Framework

Three theoretical frameworks guided this study: human ecology theory with a focus on decision making, feminist theory, and family development theory.

Human Ecology Theory

Human Ecology theory honors a contextual approach (DuBois, 1993). When this approach is neglected, a great deal about family life is missed because dualistic modes of thinking and analysis are relied upon (DuBois, 1993). The principles of human ecology theory permeated this study and allowed for a multi-dimensional view of the lesbian family experience. This approach honors the richness of these couples' experiences and helps go beyond the myths and stereotypes society holds about lesbian family life.

Contextualism allows for the examination of the complexity of one's social location within a broader social structure and how that structure influences the family (Bubolz & Sontag, 1993). For the lesbian couple, as for many heterosexual couples, the act of becoming parents is not a singular event, but rather a complex process, and this study explored that process. This study illustrated how these women's experiences are influenced by the context of the medical profession, their community of family and friends, social and legal systems, and most importantly, the social location of their sexual orientation *as lesbians*.

In order to understand the implications other social systems/institutions have on the family, it is critical to understand the social system/institution of families as a form of analysis within a contextual approach (Walker & Thompson, 1992). If no relationship exists between context and the institution of the family, there would be a danger of over-generalizing family research and honoring the standard of the monolithic view of the

traditional nuclear family (Walker & Thompson, 1992). Categories of individuals in and within families whose experiences in their family life are not given voice would continue to be marginalized.

Human ecology theory is appropriate when studying a broad range of problems related to families and their relationships with various environments (Bubolz & Sontag, 1993). This theory is not based on any particular family type, thus leaving room for the study of diversity in family life (Bubolz & Sontag, 1993).

Human ecology theory views humans and their near environments as integrated wholes that mutually influence each other (Bubolz & Sontag, 1993). The emphasis is on the quality of life conditions for families and individuals within these families (Goldsmith, 1996). A family ecology perspective is a holistic approach to the family (Paolucci, Hall, and Axinn, 1977). The focus is on the family as the unit of analysis and the environments that directly affect it (Paolucci, Hall, and Axinn, 1977).

Decision Making from an Ecological Perspective

In addition to there being an emphasis on the relationships between family members or particular environments, decisions and actions that occur as the family interacts with its environment also exist (Paolucci, Hall, and Axinn, 1977). Decision making, viewed in a family ecological context, is a key component in helping families to successfully adapt to their environment (Bubolz & Sontag, 1993).

One basic assumption of human ecology theory is centered on decision making. It “is the central control process in families that directs actions for attaining individual and family goals. Collectively, decisions and actions of families have an impact on society, culture, and the natural environment” (Bubolz & Sontag, 1993, p. 426). Decision

making is necessary in bridging the gap between what is and what can be (Goldsmith, 1996). It is the central activity of family organization (Paolucci, Hall, and Axinn, 1977). Decision making is defined as a process of making a choice between two or more alternatives, and it is seen as an integral part of the overall management process incorporating various inputs and culminating in outputs, and often involves negotiation or bargaining with others (Goldsmith, 1996). Decision making is an integral part of the process lesbian couples use as they negotiate DI. They are faced with decisions about conception, donor considerations, legal arrangements, and cost, among others (Pies, 1987).

Decision Making as Part of the Family Management Process

The process of family management is a process that involves the attainment, creation, coordination, and use of resources for meeting goals (Bubolz & Sontag, 1993). Decision making is a critical part of the family management process, and is a focus of this study (see Chapter 5 for further discussion). Figure 1.2 illustrates the family management as a five step process. This process is embedded in a family system's environment, with information that returns to the system in the form of feedback (Goldsmith, 1996).

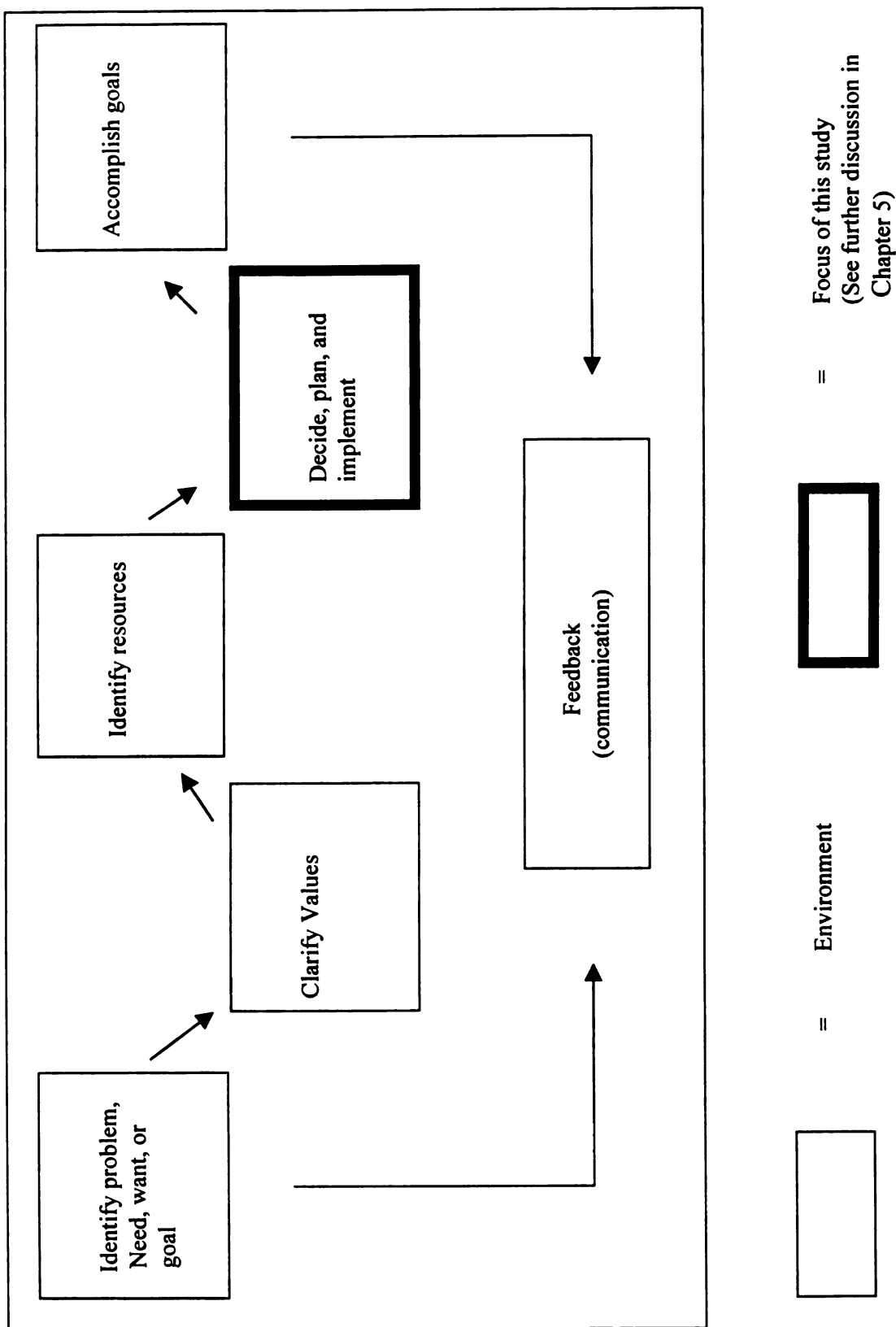


Figure 1.2: The Family Management Process (Goldsmith, 1996)

Developmental Family Theory

Family development theory traces the historical development of a family through stages over time (Winton, 1995). Researchers utilizing a family development framework often conduct interviews with family members or conduct participant observation (Winton, 1995). The goal of this theory in research is to explore what it is like to be in a family at a given stage of development (Winton, 1995). Duvall has been a major contributor to family development theory as the creator of an eight-stage process of family development (Winton, 1995; Duvall & Miller, 1985). In each stage, a family must gather its resources to help complete tasks that are specific to that given developmental stage. The life cycle allows for the study of particular problems and strengths of each phase of family experience (Duvall & Miller, 1985).

New and complex family forms have necessitated the advancement of the family life cycle. It has been adapted to other family forms such as the single parent family and stepfamilies. However, no such revisionism has occurred for lesbian/gay families (Slater & Mencher, 1991). The life cycle was based, originally, on the assumption that a heterosexual marriage with children will exist. This study will focus on the stage that looks at the process of becoming parents for lesbian couples. A question guideline (see Appendix A) has been designed to capture the decisions, issues, stories, rituals, and the couples' celebrations of the impending birth, actual birth, and celebration of their child's life.

Society's heterosexual culture recognizes the way a lifetime event can validate an individual and has thus created a system of rituals to celebrate the tasks that are themes of the life cycle. The birth of a child affirms one's heterosexual status, and society

celebrates this status through birth announcements and religious rituals (Herek, 1990).

For lesbian families, rituals are individual rather than social. According to developmental theory, when a family faces a task, a public ritual helps the family cope with a task.

Lesbian families often experience rituals privately, and are therefore excluded from the rituals that validate their family existence (Slater & Mencher, 1991).

Lesbian families, because their bond is not recognized by society, do not fit conveniently into stage theory (Slater & Mencher, 1991). Establishing a means to validate family life becomes the developmental task lesbian individuals or families face (Slater & Mencher, 1991). A new theoretical model that fits the changing structure of the family can be created. When a family does not fit with a model, these “alternative” family forms are considered to be deviant. This study examined the stage of becoming parents for lesbian couples.

Figure 1.3 is the Family Life Cycle for the first four stages as conceptualized by Duvall and Miller (Winton, 1995; Duvall & Miller, 1985). It outlines the stage-critical family developmental tasks throughout the Family Life Cycle for the first four stages.

<u>Stage of the family life cycle</u>	<u>Positions in the family</u>	<u>Stage-critical family developmental tasks</u>
1. Married couple	Wife Husband	Establishing a mutually satisfying marriage. Adjusting to pregnancy and the promise of parenthood. Fitting into the kin network.
2. Childbearing	Wife-mother Husband-father Daughter-sister Son-brother	Having, adjusting to, and encouraging the development of infants. Establishing a satisfying home for both parents and infant(s)
3. Preschool age	Wife-mother Husband-father Daughter-sister Son-brother	Adapting to the critical needs and interests of preschool children in stimulating, growth-promoting ways. Coping with energy depletion and lack of privacy as parents.
4. School age	Wife-mother Husband-father Daughter-sister Son-brother	Fitting into the community of school-age families in constructive ways. Encouraging children's educational achievement.

*Source: Duvall & Miller, 1985; Winton, 1995

Figure 1.3: Stage-Critical Family Developmental Tasks Throughout the Family Life Cycle*

Figure 1.4 illustrates the conceptualization of the Family Life Cycle with emphasis on the stage Transition to Parenthood. Lesbian couples plan for this transition differently than married heterosexual couples because the context in which their family unit (the lesbian couple) is embedded has elements unique to the social location of sexual orientation. In order to identify the stage-critical family developmental tasks, exploration of this stage for a lesbian family unit must occur. (See further discussion in Chapter 5).

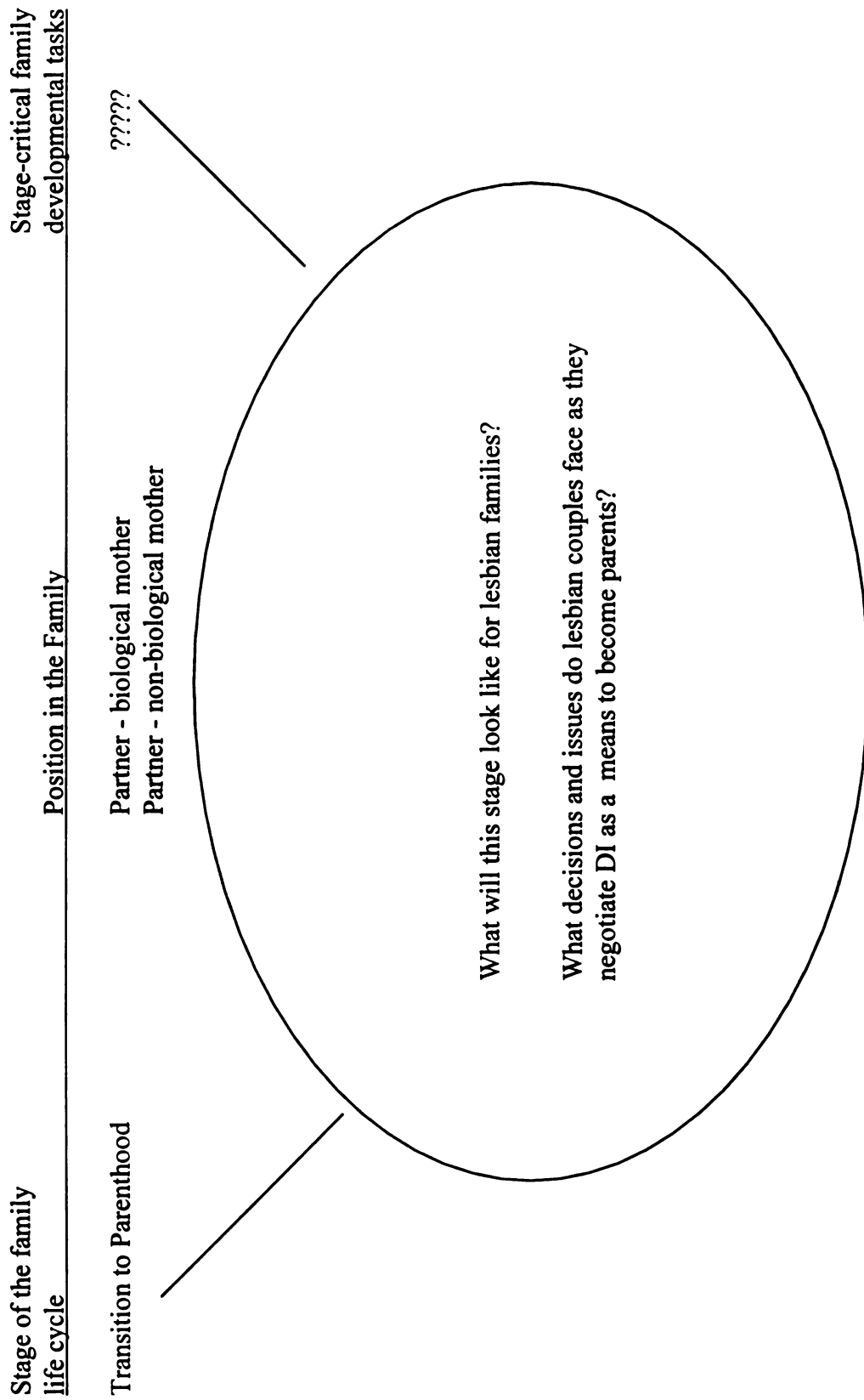


Figure 1.4: The Lesbian Family Life Cycle, Stage of Transition to Parenthood

A Feminist Framework

Feminist theory addresses the exploitation, devaluation, and oppression of marginalized groups (women, families of color, gay/lesbian families) in our society. Feminist theorists have a commitment to empower these groups and change their oppressed conditions by making their voices heard. Utilizing a feminist framework in this study helped contribute to a greater understanding of a marginalized group: lesbian families. A goal was to convey the voices of lesbian women as they experience the process of utilizing DI as a means to becoming parents. Feminist family scholarship begins with marginalized “others” at the center of analysis (Thorne & Yalom, 1992), and this project began with lesbians at the center.

Feminist family scholarship values the power of naming (DuBois, 1993). That which has no name is silenced and seen as invisible. This study *named* lesbian families and recognized them as a valid family system. It purported to research lesbian couples as a *lived experience*, a central agenda of feminist theory (DuBois, 1993). Feminist theory values the sharing of experiences that can help replace what has been distorted in the past and help better understand women’s (lesbians) everyday existence (Baber & Allen, 1992).

This study examined *in context* the process lesbians face as they plan for parenting. The lesbian family form this study explored does not exist in isolation. Along with race, class, and gender, sexual orientation is a system of oppression that needs to be investigated in family life (Allen & Farnsworth, 1993). This study is not just *for* women and other marginalized voices, but was *about* their lives (Thompson, 1992). The

importance of including more “nontraditional” family experiences is critical in family life discourse (Allen & Crosbie-Burnett, 1992).

Often, the subject in family studies is considered to be male, and the family is considered to be a white, middle class, heterosexually married male centered family (DuBois, 1993). Feminist thought challenges the ideology of the nuclear family, focusing on structures such as race, class, gender, generation, and sexuality as analysis instead of the family unit in isolation (Thorne & Yalom, 1992). These structures result in a wide variety of family experiences often lost in the glorification of the nuclear family, thereby uncovering a much more complex view of family life (Thorne & Yalom, 1992). Including nontraditional families such as multi-generational families, single parent families, gay and lesbian families, and stepfamilies into the content of family scholarship provides a richer view of family life (Allen & Crosbie-Burnett, 1992).

Definition of the Terms

1. Lesbian

Theoretical: "A woman who is emotionally, psychologically, physically committed to another woman..." (Wolf, 1979, p. 154).

Operational: Although the terms gay or homosexual are often used to describe lesbians, this is the term the community of women being studied and observed use.

2. Lesbian couple

Theoretical: Two women who mutually self-define as life long partners and have made a commitment to each other.

Operational: Only lesbian *couples* who are parents, or are in the process of becoming parents, will be interviewed for this study.

3. Partner

Theoretical: A term used to describe the marital or spousal like arrangement between two lesbians.

Operational: Although the term "lover" is often used, partner is preferred in the lesbian community being studied.

4. Biological parent

Theoretical: the woman who was (or will be) artificially inseminated and has or will give birth.

Operational: same

5. Non-biological parent

Theoretical: woman who is co-parenting the child(ren), but did not give birth.

Operational: same

6. Donor Insemination (DI)

Theoretical: process of inseminating sperm as a means to becoming pregnant.

Operational: This process includes couples who self-inseminate or inseminate with help from medical personnel. To many lesbian couples, the use of the term "alternative insemination" is also commonly used, instead of "artificial insemination". Donor insemination has more positive connotations ("artificial" can be interpreted as "not real") (Henry, 1993).

7. Known donor

Theoretical: male individual who donated the sperm, and is known to the lesbian couple.

Operational: same

8. Unknown donor

Theoretical: male individual who donated the sperm, and is anonymous to the lesbian couple. In cases of unknown donors, the lesbian couple does have access to background information on the donor, however.

Operational: same

9. Coming out

Theoretical: This term is used to describe an acknowledgment of the self as being a lesbian. This process not only involves coming out (as in "coming out of the closet") to society, but lesbian couples coming out as parents to other people in their environment, including co-workers, medical personnel, family, friends, retail workers, school officials, and Lamaze instructors.

Operational: same

10. Community

Theoretical: This term refers to the community of support for lesbians, which includes both gay male and lesbian women, gay and lesbian business owners, gay and lesbian political activist organizations, and gay and lesbian focused newsletters.

Operational: same

11. Lesbian community

Theoretical: This term refers to the community of support for lesbians, which includes other lesbian women, lesbian business owners, and lesbian support groups.

Operational: same

12. Heterosexism

Theoretical: "...an ideological system that denies, denigrates, and stigmatizes any nonheterosexual form of behavior, identity, relationship, or community" (Herek, 1990, p. 316).

Operational: same

CHAPTER TWO

REVIEW OF LITERATURE

Challenging the Ideology of “The Family”

There currently is a great deal of discussion over the “breakdown of the family.” Some authors believe that diverging from the two-parent nuclear family ideology has contributed to this breakdown (Whitehead, 1993; Orthner, 1990; Popenoe, 1990). The current family literature reflects the study of alternatives to the nuclear family, including stepfamilies, single parent female headed households, and single parent male headed households. However, there is little in the area of gay/lesbian families, including issues of parenting (Koepke, Hare, & Moran, 1992). Rarely is the gay and lesbian family identified as a real family (Hare & Richards, 1993). Houseknecht and Pankhurst (1983) state, “The expansion in alternative lifestyles is one of the factors that has resulted in a growing concern for the traditional nuclear family” (p. 190). This family form itself challenges the very idea of the traditional family (Pies, 1985; Levy, 1992; Wisendale & Heckart, 1993). Society pressures heterosexuals to raise children, while pressuring gay and lesbians *not* to raise children (Martin, 1993).

The nuclear family is believed by some family scholars to be “the fundamental and most basic unit of the family” (Popenoe, 1993, p. 527). The pro-family movement has dedicated itself to a political battle against gay and lesbian families (Houseknecht & Pankhurst, 1983). When society operates with a lens of heterosexism, there is danger of promoting “an ideological system that denies, denigrates, and stigmatizes any nonheterosexual form of behavior, identity, relationship, or community”(Herek, 1990, p. 316). It is believed that a person cannot be both gay and a parent and that parenting is

316). It is believed that a person cannot be both gay and a parent and that parenting is only reserved for heterosexuals (Baptiste, 1987). “The twin act of having and keeping children is jealously reserved for heterosexual couples” (Baptise, 1987, p. 224).

Gays and lesbians, in particular, have broadened definitions of family to include family of choice/networks and same sex partners (Weston, in Thorne & Yallom, 1992). They have challenged the assumption that procreation is linked to heterosexuality (i.e. lesbian parenting is an oxymoron). Gays and lesbians fight to procreate and raise children, which has legal dimensions and is dependent on the building of communities and strong networks of support (Weston, in Thorne & Yallom, 1992). Gay and lesbian families are “breaking such new ground with the families we create that our language does not yet have words to name all the potential parties involved” (Martin, 1993, p. 78). Throughout this century, “the definition of a family has widened little by little, despite resistance from religious leaders and a government that has been slow to recognize the change (Pollack, 1995, p. 19). The gay and lesbian civil rights movement contributed to the push to change attitudes about gays and lesbians in general, which filtered to feelings about gay and lesbian families (Pollack, 1995).

As lesbian and gay prospective parents, we do an extraordinarily thorough and responsible job of exploring our concerns and evaluating our suitability for parenthood. The children of lesbians and gay men are the most considered and planned for children on earth. There is virtually no such thing as an unwanted child among us. We go to support groups and workshops on considering parenthood. We talk to our friends and lovers and family.

Martin, The Lesbian and Gay Parenting Handbook: Creating and Raising Our Families, 1993, p. 15

Existing Literature on Lesbian Motherhood

The literature that does mention the growing lesbian family phenomenon includes little about the intricacies of lesbian families (Koepke, Hare, & Moran, 1992). The existing literature is from studies using lesbian women and couples in therapy (Koepke, Hare, & Moran, 1992), which fails to provide a holistic picture of the issues all lesbian women and their families face. Much of this lack of information is due to society's devaluation of the homosexual lifestyle; by disapproving of the lifestyle, society therefore disapproves of lesbian mothers (Koepke, Hare, & Moran, 1992). Social critic Midge Decter states, "You can call homosexual households 'families,' and you can define 'family' anyway you want to, but you can't fool Mother Nature. A family is a mommy and a daddy and their children" (Footlick, 1990, p. 18). Much of the opposition is from the conservative, religious right who think homosexuality is sick and deviant (Footlick, 1990). Because society views lesbian parenting as unnatural, these family forms are perceived not to be real. Not only does the lesbian family fail to fit with the traditional family ideology, but the lesbian lifestyle itself fails to fit with our sexuality ideology (Wisendale & Heckart, 1993; Houseknecht & Pankhurst, 1983; Levy, 1992). Being a parent is something many lesbians themselves could never have foreseen as an option (Pies, 1987).

Lesbian families are not perceived as real families because they do not fit into the ideology of the nuclear family (Brown, 1993). In the revisioning of the family, it is important to pay attention to the growing lesbian family form, families which author Kath Weston calls "families of choice" (Weston, 1991). The lesbian-mother family is considered to be "one of the most stigmatized and least studied single-parent family

forms" (Hoeffler, 1981, p. 536). "Lesbian mother" is seen as a contradiction in terms. If we disapprove of homosexuality in general, we disapprove of lesbian parents. There is, among lesbian families, "a recurring theme of wishing to be recognized as a valid, effectively functioning family" (Koepke, Hare, & Moran, 1992, p. 228).

Lesbians are raising children in increasing numbers (Flaks, Ficher, Masterpasqua, & Joseph, 1995). Accurate numbers are difficult to obtain, but it is estimated that between 1.5 and 5 million lesbian mothers reside in the United States (Flaks, et al, 1995; Pollack, 1995). Difficulty in obtaining accurate numbers occurs because lesbians and gay men fear discrimination in many domains of their lives, including loss of child custody or visitation rights, and therefore take steps to conceal their sexual orientation (Patterson, 1992).

These increasing numbers of parents are often referred to as the lesbian "baby boom" (Lewin, 1993; Patterson, 1992; Weston, 1991). Approximately 5,000 to 10,000 lesbians have become parents after coming out through adoption, AI, and foster care (Flaks, et al, 1995; Brown, 1992). Of those families, approximately ten thousand children were born after their lesbian parents "came out" as lesbians (Brown, 1992). The remaining number were born out of previous heterosexual relationships. The cohort of ages thirty to forty-five is the predominate group who are bearing, adopting, coparenting, or incorporating children into their lives (Weston, 1991). In addition, it is hard to gage the number of lesbian parents because census and other surveys do not list the options of a gay and lesbian household, and they are often hesitant to come out in surveys (Pollack, 1995).

Ideology of Motherhood

A social hierarchy is created by the glorification and mystification of motherhood in heterosexual society (DiLapi, 1989). The category of “appropriate mothers” (heterosexually married women) can be found at the top of this hierarchy, followed by “marginal mothers” (single mothers, teenage mothers, disabled mothers, and foster mothers), with lesbian mothers located at the bottom. DiLapi’s concept is a strong example of how assumptions, stereotypes, and misinformation come together to create a system that oppresses some mothers while celebrating others. Institutional homophobia denies lesbian mothers access to information on their parenting options, insemination services for openly lesbian women, and access to adoption and foster care (DiLapi, 1989).

Placing motherhood at the center of one’s identity can involve simultaneously placing other aspects of the self, such as lesbianism, at the margins” (Lewin, 1994) “Lesbian mothers are, in some sense, both lesbians and mothers, but they shape identity and re-negotiate its meanings at every turn, reinventing themselves as they make their way in a difficult world” (Lewin, 1994, p. 350).

A sector of individuals within the lesbian and gay community believe that parenting is “selling out” to the ideology of the nuclear family, i.e. getting married and having children (Stoddard, 1992; Weston, in Thorne & Yallom, 1992). The issue may be more about wanting the right to marry rather than the desirability of marriage itself (Stoddard, 1992). In Lewin’s interviews with lesbians who are mothers, she saw many barriers to becoming a mother (Lewin, 1993). Many had gone through their marriages as a means “to realize their dream of being mothers and being normal in the eyes of their

families and communities” (Lewin, in Glenn et al, 1994, p. 340), therefore buying into the traditional ideology of the family.

Lewin’s (1993) findings illustrated that lesbian mothers do have issues that are similar to heterosexual mothers, but not in a way that minimizes the centrality of their lesbianism. They do have elements of shared meanings of motherhood. In many cases, the goals of motherhood for lesbians are often not that different than those of heterosexual mothers: wanting to be good and loving parents (Lewin, 1994).

Lesbian Motherhood

The combination of lesbianism and motherhood is an example of how the social locations of gender and of sexual orientation interact, seen previously as two opposing domains (Allen & Demo, 1995). The concept of lesbian parenting is not new, as the early roots of support groups for lesbian mothers began in the 1970’s (Weston, 1991). Lesbians are parents through either previous heterosexual marriages, or by having children born or adopted into their homes. “Lesbians are no longer automatically denied access to the system of meanings we call ‘motherhood’; rather, they now have the possibility of *choosing* motherhood” (Lewin, 1993, p. 191). They, however, gain access to this “womanhood” by negotiating (Lewin, 1993). They constantly negotiate through processes that include adoption, DI, custody issues, and balancing the “line” between their lesbian identities and their motherhood.

Ellen Lewin’s (1993) *Lesbian Mothers* offers in-depth interviews and is considered to be a comprehensive contribution to the discourse on lesbian families. One of the issues Lewin addresses is voluntarily motherhood for lesbians. She asks that if

motherhood is the source of women's devalued status in society, why then, do they become mothers? This in itself is something for lesbian mothers in particular to negotiate. Lewin states, "Though I do not argue that lesbians become mothers purposefully in order to regularize their status, as a direct response to stigma, I do contend that motherhood indirectly enables women (whether lesbian or heterosexual) to claim a specific location in the gender system" (Lewin, 1993, p. 16). Lesbian mothers challenge both the ideology of the family, and the idea that the nature of homosexuality is nonprocreative (Lewin, 1993).

The "baby boom" in the lesbian community has given lesbian families more visibility, and they are continuing to increase in numbers, thereby calling for more resources and support services (Pies, 1987). According to a study done by Kath Weston (1991), two thirds of lesbian women between the ages of nineteen and sixty-three said they would like to have children if the societal conditions were more accepting and if they felt financially stable.

New technologies such as DI, the increasingly open nature of homosexuality, and new custody laws have all been factors that lead to the increase in lesbian families. Donor insemination technology is most closely linked with the lesbian baby boom (Martin, 1993). This increase has led to a great need for resources and support services for lesbians and lesbian couples desiring to be parents.

Lesbian couples deal with parenting issues similar to their heterosexual counterparts. "Regardless of sexual preference and lifestyle, gay parents experience the same problems of parenthood as do heterosexual parents" (Baptiste, 1987, p. 227).

The decision to parent can become a more political act for lesbian women in

which they are often responsible for educating others about lesbian families and lesbian parenting (Pies, 1987).

Research has shown that children thrive in a stable, supportive, and loving environment, and lesbian couples have the capacity to provide this. “Lesbian families can provide a positive context for child rearing” (Koepke, Hare, & Moran, 1992, p. 228).

General Issues Lesbian Parents Face

As with most couples, making the decision to have a child is painstaking. For lesbian couples, it is multi-layered and complex (Pies, 1987). Pies (1987) states, “Deciding to parent is a major decision for most couples, regardless of their sexual orientation” (p. 88). Planning to conceive can be stressful for a couple and cause a strain on their relationship (Pies, 1987). Becoming pregnant involves many decisions for lesbian women, including decisions about conception, donor options, and legal arrangements, and couples must be prepared to address these issues (Pies, 1987).

Methods Lesbians Choose

Selecting a method of achieving parenthood is one consideration for lesbian couples (Pies, 1987). The available methods include adoption, DI with a known donor, DI with an unknown donor, sexual intercourse with a known male partner or unknown partner, foster parenting, non-biological parenting with a partner's child, and legal guardianship (Pies, 1987).

Questions about how to achieve parenthood are often asked by lesbian women (Martin, 1993). These include: questions about legal safeguards in place; questions about how their families of origin will respond; questions about how they will handle

negative reactions; and questions regarding the amount they want to be open about their sexuality (Martin, 1993).

Donor Insemination as an Option

Once the decision to use DI is made, women must select from choices common to all DI users: self-inseminate or utilize physician assistance, known or unknown donor, fresh or frozen sperm, et. (Daniels, 1994).

The increasing availability of DI presents couples with a choice where none formerly existed, and many couples are turning to DI as their preferred option (Daniels, 1994). They prefer this option because a biological link exists, one can conceal the fact that DI was even used, there is a half genetic link, and it is seen as the closest to a "normal" pregnancy (Daniels, 1994).

Currently, there are more than 400 sperm banks in America, with 11,000 private physicians and 125 fertility clinics available (Orenstein, 1995). The Oakland, California sperm bank was the first to deal directly with consumers rather than doctors (Seligson, 1995). The cost reported for the average three to twelve attempts is \$800 to \$3,000 or more to conceive, with 20% not conceiving at all (Seligson, 1995; Martin, 1993; Gil de Lamadrid, 1991). Most women are encouraged to inseminate two times during each cycle, but not all sperm banks are willing to provide semen to unmarried women and lesbians (Gil de Lamadrid, 1991).

Experiences of Donor Insemination for Heterosexuals

Most heterosexual couples use DI due to a diagnosis of infertility (Seibel, 1996; Kaplan & Kaplan, 1992). Since the 1970's, infertility in heterosexual couples has been recognized as a life crisis (MacNab, 1996). The definition of infertility is the inability to conceive after one year of unprotected intercourse (Trantham, 1996). Emotional considerations of infertility include the mechanical timing of intercourse which can disrupt a couple's sex life, the financial drain and time consumption of the investigation and treatment, reactions from extended family and friends, feelings of failure, guilt, helplessness, and general stress (King & Meyer, 1996; Trantham, 1996; Mazor, 1992). Heterosexual couples are often surprised and shocked when they are unable to conceive (Mazor, 1992). They can often become preoccupied with the medical process involved in testing for infertility and with the follow-up of numerous attempts to conceive (Mazor, 1992). Heterosexual couples are faced with a decision as to how they will pursue alternate routes to parenthood, such as adoption, DI, foster parenting, surrogacy, and others means available (Mazor, 1992).

Donor insemination is the most widely used form of reproductive technology today (Kaplan & Kaplan, 1992). This simple procedure involves collecting semen and mechanically introducing it into the woman's reproductive tract (Seibel, 1996; Kaplan & Kaplan, 1992). Donor insemination is not a new concept. The first reported use of human DI with a husband's sperm dates back to 1790, and the use of DI with donor sperm dates back to 1884 (Kaplan & Kaplan, 1992). The modern era of DI began in 1953 when the first reported pregnancy using frozen semen occurred (Seibel, 1996).

According to the Office of Technology Assessment (OTA), more heterosexual couples use DI to build their families than use adoption of newborns (Seibel, 1996). The most commonly reported reason for the selection of this option among heterosexual couples is its link to male factor infertility (Seibel, 1996). The use of DI allows the couple the freedom to keep their sterility a secret. A second reason for this choice is for the prevention of transmission of genetic diseases to one's offspring. Finally, use of DI is linked to the growing number of single women desiring pregnancy, including lesbian couples seeking conception (Seibel, 1996).

Donor insemination is considered a safe and simple procedure, and is a relatively inexpensive procedure if pregnancy occurs during the first few tries (Kaplan & Kaplan, 1992). It has become so simple that many women do it in their own homes (Pollack, 1995). In addition, it offers a biological link that is important to many couples (Kaplan & Kaplan, 1992).

There are no accurate data as to how many heterosexual couples have utilized DI because couples inseminating at home go unreported (Hull, 1990). The OTA estimates that of those requesting DI as a means to becoming pregnant, 5.6% are not in a relationship with a male. Sixty one percent of physicians surveyed would reject an unmarried female, which prompted sperm banks to open to provide DI to any healthy woman regardless of marital status (Hull, 1990).

Lesbian Use of Donor Insemination

Although heterosexuals and lesbian women have commonalities in their utilization of DI as a means to become pregnant, paths become different when homosexuality adds to complexity of the experience (Henry, 1993).

History of DI Use Among Lesbians

Lesbian coparents using DI create a relatively new family form (Sullivan, 1996). In 1976, lesbian women began utilizing AI as a means to becoming parents (Corea, 1990). The first two cases were documented in 1976 in Vermont and Los Angeles, California (Corea, 1990). Although most aspects of early use of DI were under the control of doctors (Corea, 1990), many lesbians choosing this method today are making their own decisions about sperm donors and methods (Gil de Lamadrid, 1991). The desire to allow reproductive freedom and to de-medicalize the entire process of DI provided the impetus for creation of sperm banks (Corea, 1990). **Although some women** choose to use DI on their own, more than 4,000 physicians performed DI on lesbians today (Martin, 1993).

Donor insemination is the method most closely linked with the rising number of lesbian parents (Martin, 1993; Weston, 1991). This technique “challenges conventional understandings of biological offspring as the visible outcome of a gendered difference grounded in the symbolics of anatomy” (Weston, 1991, p. 169). Lesbians as co-parents eliminate the gendered identities of man as “father” and woman as “mother” that come together to biologically produce a child in the “natural” sense (Weston, 1991). This changes the face of reproduction as well as the face of the family. With DI, lesbian

women encounter many unique issues, including where to begin, figuring out the “red tape” of the medical process, cost, and donor concerns (Weston, 1991).

Who Will Be the Biological Mother?

Lesbian couples are in a unique position when both are fertile (Martin, 1993). A decision must be made as to who will conceive and carry the child. Often, age, finances, and job arrangements are taken into consideration, as well as reactions from families of origin (Martin, 1993). The non-biological mother can feel invisible to the pregnant partner, feeling left out of nursing and bonding of the child (Martin, 1993). Being the non-biological parent may also mean being a non-legal parent (Martin, 1993). While the biological mother is legally considered the child's mother, the non-biological mother has no legal rights. “While lesbian couples who give birth consider themselves equally their children's parents, the law regards only the biological mother as the ‘real mother’” (Brown, 1992, p. 55).

Donor Issues

Most lesbians who became pregnant in the late 1970's and early 1980's used an unknown donor who had no role in the child's life (Gil de Lamadrid, 1991). By using an unknown donor, they felt the integrity of their families was safe from interference from donors or the court system (Gil de Lamadrid, 1991). In recent years, however, the choices lesbians are making are starting to change (Gil de Lamadrid, 1991). Using an unknown donor is still believed to be the safest choice with the least risk, yet more are seeking out donor participation that ranges from the donor having full parental rights to just a basic understanding that the donor's identification will be revealed to the child when he/she is of legal age (Gil de Lamadrid, 1991). It varies from state to state as to

whether the donor is recognized as a legal father, whereby he can be granted full legal recognition of certain rights and responsibilities (Gil de Lamadrid, 1991). Some lesbian women want a positive male role model in their child's life and are open to sharing the responsibility of co-parenting their child with the donor, as well as wanting access to the medical and biological history of the child (Martin, 1993). Others do not want to take any chances of legal harm being done with a known donor (Gil de Lamadrid, 1991). There is no gray area: men are either the donor or a father (Gil de Lamadrid, 1991).

A known donor can be a friend of the lesbian couple or individual, with insemination done by self or by the partner. This option eliminates the need for any medical supervision of any kind, leaving room for serious health risks because the semen would not be screened (Gil de Lamadrid, 1991).

Another donor option for lesbian women is to go with a "go-between" who acts as the messenger between the donor and recipient (Martin, 1993; Gil de Lamadrid, 1991). Only the go-between has the donor and donee identity (Gil de Lamadrid, 1991). This has risks as well. It is possible that identities will be revealed, which creates legal risks. In addition, health risks exist since the donated semen goes unscreened.

A third donor option is the use of multiple donors, in which no one will know which donor is the biological father (Gil de Lamadrid, 1991). However, if a look-a-like link cannot be avoided, lesbian women are at risk legally. In addition, health risks are multiplied as multiple unscreened donors are utilized (Gil de Lamadrid, 1991).

The last option for donor choice is to utilize a sperm bank, which is becoming increasingly more popular for lesbian women (Gil de Lamadrid, 1991). The option to choose an unknown or known donor still exists, but health risks are minimized as the

sperm bank does medical screens (Gil de Lamadrid, 1991). Records for unknown donors agreeing to the donor identification program are kept. Lesbian couples and individuals can choose a donor identification program (known as the donor ID program), in which the donor agrees to have his identity known to the offspring at the child's request after age 18 (Seibel, 1996; Seligson, 1995). Sixty percent of the 3,000 or so vials released each year are in the donor ID program. In the year 2001, the Sperm Bank of California's first donor ID children will come of age (Seibel, 1996; Orenstein, 1995; Seligson, 1995).

When unscreened fresh semen is used, couple must assume health risks (Martin, 1993). There are advantages of using frozen sperm (Gil de Lamadrid, 1991). When using frozen sperm from a sperm bank, it is always available when needed and the same donor can be used for future siblings (Martin, 1993). Some sperm banks offer semen samples directly through the mail or through a physician, depending on state law (Seibel, 1996). Since frozen sperm can be shipped, a couple can utilize a sperm bank from anywhere in the United States (Martin, 1993). The overwhelming majority of DI cases use frozen semen (Seibel, 1996).

Most donor semen is obtained through sperm banks that can offer a brief description of the donor as well as specific information such as race, eye color, hair color, and height.

Cost

Lesbian couples often have expenses that range from \$1,000 to \$10,000 depending on the number of attempts to become pregnant (Sullivan, 1996). A month's worth of semen from a fertility clinic costs approximately \$250 to \$300 a cycle (Davis, 1996), with couples inseminating twice a cycle. When intervention is not needed, and if

pregnancy occurs quickly, DI can be a relatively simple procedure (Davis, 1996).

Couples who inseminate with the assistance of a physician will have added costs of physician visits (Sullivan, 1996). The more fertility intervention that is needed, the higher the cost for the couple (Sullivan, 1996). Whether self insemination is done, or clinic assistance, many utilize the services of sperm banks so the donor semen can be screened for any sexually transmitted diseases, including HIV (Sullivan, 1996). When these steps are bypassed, lesbian couples often assume risks that can otherwise be greatly reduced when sperm donor services are utilized (Sullivan, 1996). Typically, \$50.00 to \$70.00 shipment costs are added to the monthly fee of semen when it is sent from a sperm bank (Sullivan, 1996).

Access to sperm and fertility services are commercialized, which leads to a class bias in the practice of donor insemination (Stacey, 1996). The cost, availability and accessibility of resources for the most advanced techniques of reproductive technology, all leads to a system where lower-income couples are less likely to have access to these services (Sullivan, 1996). Without a national health care plan that is consistent, a class bias will continue to exist (Stacey, 1996).

Complexity of the Process of Donor Insemination

Of lesbians surveyed, a stated concern included the overall complexities of the situation of DI (Corea, 1990). This complexity includes: not knowing where to begin the process, insecurity felt by partner because of no legal rights, fear of a child being taken away due to their sexual orientation, issues of having to be secretive in their family of origin or work environment, and access to information (Corea, 1990). The complexity also involves lack of access to DI resources (Corea, 1990). When access to the means to

parenthood are limited or denied, lesbians must use an extraordinary degree of reflection and intentionality (Stacey, 1996).

Infertility Among Lesbians

Infertile lesbians are often an unsupported group (Martin, 1993). A lesbian's desire to conceive a child can be as impassioned as anyone else (Martin, 1993). Much decision making, effort, money, and arranging goes into a lesbian's plans to become pregnant (Martin, 1993; Pies, 1987), and disappointment is felt when pregnancy does not occur. Coping strategies for lesbians dealing with infertility include acknowledgment of feelings, utilizing support groups for infertile women, and reaching out to family and friends (Saffron, 1994).

Locations of Race, Class, and Gender

Intersections of race, class, and gender are a missing yet crucial piece in studying lesbian and gay families. It is important to recognize that there is not one unifying "lesbian family." "Research on racially and ethnically diverse families can make an essential contribution to the study of the family" (Baca Zinn, 1990, p. 69). Despite the incredible diversity of gay and lesbian family life, there is a shared need to battle with the social, legal, practical, and physical challenges that are the consequence of institutionalized hostility toward homosexuality (Stacey, 1996). From a race perspective, most of the family literature has been on white lesbian women (Joseph, 1984). No recent literature could be found on lesbians of color and their experience as parents.

Issues of class emerge as a consequence of the high cost of the insemination process and unequal insurance benefits. The practice of learning to inseminate in a physician's office, ordering sperm, and going through a federally approved sperm bank can be costly and is not covered in insurance policies (Pies, 1987). Most same sex couples do not have the luxury of claiming each other on their health insurance because there is no legal recognition of their union. Seeking donor insemination tends to be a middle to upper-class phenomenon. The reality is that lesbian family households are headed by women who have less earning power and lower socio-economic status than heterosexual families with adult males (McCandlish, 1987).

Society is fixated on gender roles that are consistent with the heterosexual nuclear family (Pies, 1987). Parenting is linked with procreation, which therefore leads to addressing parenting from a gendered perspective. The consequences of these assumptions is that often, a parent is asked, "Which one is the real mother?" or "How can a child have two mothers?" Lesbian parents use terms such as "the mother" and "the one having the baby," or using first names instead of "mother" (Pies, 1987). This illustrates the all consuming powerful name of mother itself.

Regarding the methods available for lesbians to become parents (i.e. adoption, artificial insemination), these options can be costly and difficult to obtain. Not every lesbian has equal access to resources. "Low income women and women of color are repeatedly subjected to discrimination in jobs, education, and health care services. We must recognize that choice lacks any real meaning until access to these resources is equitable for all women" (Pies, 1985, p. xv).

Summary

One limitation identified in the literature is the absence of research that examines the intricacies of lesbian family life (Koepke, Hare, & Moran, 1992). This study is a first step towards filling the gap in the literature. Perhaps more importantly, it acknowledges the place of lesbian family parenting in the overall family discourse. There is a need to move beyond just identifying the issues lesbian couples face when considering or planning for parenthood. It is necessary for family literature to address how these issues are *experienced* by lesbian couples.

The literature reviewed helped identify initial areas of consideration for lesbians utilizing DI as a means to become parents. In addition to the pilot studies conducted, the literature contributed to the creation of the question guideline used during the in-depth interviews with the ten lesbian couples in the sample.

CHAPTER THREE

RESEARCH DESIGN AND METHODS

Introduction

Chapter three contains a description of the research procedures that were used in this study. The topics addressed in this chapter include the rationale for qualitative research, a description of the pilot studies, research design, validity, and data analysis.

Methodology and Research Design

This was a triangulated qualitative study that included interviews and observations. Triangulating multiple sources of data enhances the study's generalizability (Marshall & Rossman, 1995). Ten lesbian couples who have at least one child conceived through DI, or were in the process of trying to conceive, *while they have been a couple* were interviewed. The process involved one in-depth semi-structured interview with each couple. The interviews addressed lesbian couples' lives as *lived experiences*, and questions were designed to capture the pregnancy and birth experiences, including conception decisions, donor considerations, family/friends influences and support, family terminology, medical issues, cost, and community resources. The data from the interviews were tape-recorded, transcribed, and analyzed by manual techniques.

Rational for Qualitative Research

The nature of this research problem was suitable for qualitative research. Qualitative research allows one to uncover the nature of experience with a particular

phenomena and is used to uncover and understand that which is yet unknown (Strauss & Corbin, 1990). Qualitative research methods allow one to delve into a complex process and explore little known phenomena (Marshall & Rossman, 1995). In this study, research questions were based on theoretical assumptions aiding in the investigation of the little known phenomenon of lesbian parenting. Qualitative research allowed for complexity of details that is difficult to convey with quantitative methods (Strauss & Corbin, 1990). The intricacies of the participants' stories could not surface in a quantitative study; therefore, qualitative research was the most appropriate method.

Qualitative research also allows the researcher to build in flexibility (Marshall & Rossman, 1995). Observation of the lesbian mothers' support group offered additional information, including the voicing of experiences from participants of the group. This information was used to revise the interview guide and offered new avenues to explore during the in-depth couple interviews, in the tradition of grounded theory research (Strauss & Corbin, 1990).

Qualitative methods provide the means to study family as the unit of analysis (Daly, 1992). This method also can accommodate multiple perspectives and give a richer account of families as *lived experiences* (Handel, 1989, in Daly, 1992). Using the lesbian couple as the unit of analysis made these experiences possible to explore (Jayaratne & Stewart, 1990). Utilizing qualitative research, which allowed the use of in-depth interviews as well as observation, provided an opportunity to describe the world as lesbian couples experience it.

Qualitative Research within a Feminist Framework

Feminist methods of inquiry do not ignore the emotional dimension of research (Fonow & Cook, 1991). There is room for an ethic of care, and this research was an example of passionate research with feelings and emotions, a value of a feminist framework (Hill Collins, 1991). The researcher spent time getting to know members of the lesbian community and have worked to establish credibility as a trusted heterosexual researcher. A feminist framework gives credibility to the researchers who show a concern and commitment to their research participants (Fonow & Cook, 1991).

A feminist research framework permits the lessening of the distance of power between the researcher and the research participants (Acker, Barry, & Esseveld, 1991). It does so by promoting reciprocity, which can be illustrated by sharing the research with the subjects. This also adds to the validity of the qualitative data.

Qualitative research with a feminist framework allows for utilization of the concept of “co-authorship” (Kvale, 1988, in Miles & Huberman, 1994). The researcher is not merely collecting data, but rather co-authoring with the subjects. This was accomplished by the researcher sharing the findings with three couples from the sample. During individual meetings with each of these couples, they were given excerpts of their responses and asked for feedback on the interpretation of the excerpts by the researcher.

Feminist research treats personal experience as data and makes research relevant to the real world of family life. This project aims to be relevant to the increasing number of lesbian families, as well as serving to broaden the information in family scholarship on lesbian family life. A feminist approach allows for the examination of the aspects of

women's experiences that have not yet been articulated or conceptualized (Jayaratne & Stewart, 1990).

Pilot Studies

Observations

As part of a class project, an observation was conducted of a lesbian mother's support group in the community; a group to which the researcher was invited. The 13 couples in this group were in a variety of stages of parenting: lesbian parents with newborns, toddlers, adolescents, or a combination; as well as pregnant couples, and those not knowing where to begin the process. This group observation contributed to early construction of the interview guideline used for this study. Issues that consistently were shared during the observations helped formulate the direction of the questions. Each couple took a turn sharing their story, and new couples to the group asked questions as a way to seek information.

Pilot Interviews

Separate preliminary interviews with two lesbian couples were conducted. This was done to sensitize the researcher to the issues with which these couples have dealt, and to provide practice with the original construction of the interview guide. These interviews consisted of open ended questions and assisted in furthering the construction of the interview questions for this study. One couple interviewed had two children conceived through DI, while the other couple was in the process of trying to conceive through DI.

Sampling

The sample selection was purposive, and a chain sampling was utilized, identifying lesbian couples from other couples the researcher had met (Marshall & Rossman, 1995).

Sample Description. The sample consisted of ten lesbian couples. Seven of the couples interviewed are parents, two were pregnant with their first child, and one couple was currently in the process of trying to conceive. All couples were employed in service or professional positions, either full or part time. Those in part time work were also in graduate school. The combined income range began at approximately \$45,000 to over \$70,000 annually. Ages of the children of the sample were 3 months to 8 years.

Figure 3.1 outlines the sample information.

Family #	Age	Race/Ethnicity	Years Together	Children/Age (biological parent)
#1: Midge Peggy	36 35	Caucasian Native American	5 years, 3 months	Trying via DI w/ unknown donor (Midge)
#2: Klara Mary	43 32	Caucasian Caucasian	5 years, 11 months	Girl/2 (Mary) Boy/1(Mary) Same unknown donor
#3: Kelly Judy	42 38	African American Caucasian	19 years	Boy, Girl Twins/8(Judy) Boy/1 (Kelly) Unknown donors
#4: Gloria Tracy	49 35	Caucasian Caucasian	5 years, 6 months	Boy/2 (Tracy) Trying again via DI w/same unknown donor (Tracy)
#5: Lisa Jane	41 38	Caucasian Caucasian	7 years, 10 months	Boy/6 (Lisa) Boy/3 (Jane) Same unknown donor
#6: Helen Laura	35 32	Caucasian Caucasian	3 years, 7 months	Pregnant via DI (Laura) Unknown donor
#7: Nora Jenny	34 30	Caucasian Caucasian	7 years, 8 months	Girl/3 months (Nora) Unknown donor
#8: Clarissa Susan	40 33	Caucasian Caucasian	7 years, 6 months	Pregnant via DI (Susan) Known donor
#9: Annie Kay	42 42	Caucasian Caucasian	7 years	Boy/3 (Annie) Unknown Donor
#10: Johanna Alice	38 38	Caucasian Caucasian	7 years, 10 months	Boy, Girl Twins/4 (Johanna) Pregnant via DI (Alice) Same known donor

Figure 3.1: Sample

Criteria for Participants. The criteria for participants included: self-identify as lesbians, are currently in a partnership, and are parents through DI or were in the process of trying to become pregnant through DI. They must be 18 years of age. All participants voluntarily participated in the research project.

Selection of Participants. Participants were selected from the lesbian mothers' support group or by introduction to lesbian parents via members of the group. Attendance at the first support group observation allowed the researcher to pass out the recruitment letter (see Appendix B). At that meeting, seven couples asked to be part of the study. The remaining couples were added through personal acquaintances or from other couples in the group connecting the researcher to a new couple.

Number of Participants. Ten lesbian couples participated in this study. In addition, other couples were a part of the lesbian mothers' support group observed by the researcher. Members of this group included seven of the ten couples being interviewed. All participants in the interviews filled out a demographics questionnaire (see Appendix D).

Data Collection Procedure

Instrumentation

A demographic questionnaire (see Appendix D) was used before the beginning of each in-depth interview. This questionnaire included questions regarding age of subjects, length of their relationship, occupation, ethnicity, education level, and income.

In-depth Interviews. An in-depth interview is a standardized, open ended interview that allows for the researcher to explore general topic areas (Marshall & Rossman, 1993). An in-depth, open-ended interview was conducted with each of the ten couples as the

primary data gathering tool. A semi-structured interview guide was used (see Appendix A). The use of a semi-structured interview guide provided the latitude to change questions based on group observations that were conducted (Miles & Huberman, 1994). The interviews were tape recorded and transcribed. The questions, exploratory in nature, sought to give information about a naturally occurring event (Marshall & Rossman, 1993).

All but one of the interviews took place in the participants' homes. One interview with a couple, not living in the local area, occurred at the home of another couple from this sample. All but two of the couples lived locally. The two that did not were either involved in the support group in the area, or knew a couple in the support group. The length of the interviews ranged from 70 minutes to two hours.

Group Observations. Two observations of a lesbian mothers' support group were conducted during the time of the study. Observation of the support group served multiple purposes. Data gathered during group observations allowed the latitude to change questions during interviews (Miles & Huberman, 1994). In addition, observational opportunities allow for systematic noting and recording of events and behaviors as they happen, and this process helps the researcher discover patterns of behaviors and relationships (Marshall & Rossman, 1995). It was necessary to establish rapport with the participants (Daly, 1992). At both observations, the researcher was able to meet everyone in the group, re-introduce herself to members met from the previous observation, and meet new members. She was able to get an update of where everyone was in the process of becoming parents or hear their reflections on being parents. Attendance at the first group meeting enabled the researcher to distribute the

advertisement letter and announce that she was seeking participants. At the end of the meeting, seven couples expressed interest in participating, and all seven eventually ended up being interviewed.

Attendance at the second group observations occurred toward the end of the interviews. Information shared during the support groups mirrored the experiences shared during the in-depth interviews. Data from these observations became part of the findings. In addition, they were instrumental in developing the final revision of the interview guide and helped the researcher establish herself as a credible ally to the lesbian community. Thoughts from the group observations were recorded in a journal kept by the researcher and became part of the self-reflection process of this study.

Confidentiality

The researcher was the only person able to associate responses and other data with individual participants; thus, insuring confidentiality. The participants' identities were kept confidential and reports of research findings did not associate participants with specific responses or findings. Data were not identified by participants' names or any other identifying information (i.e. demographic information). Care was taken to ensure that personal descriptive information was not unintentionally identified by someone within the lesbian community, including the use of pseudonyms for the participants' names in field notes and other written materials. Taped interviews were only heard by the researcher and the transcribing resource. All written and audio taped materials were kept in a secure place to further ensure confidentiality. Participants were requested to consent to the use of research findings and all participants were requested to sign a

consent form (see Appendix D). The transcriber also signed a confidentiality form (see Appendix E).

There are potential psychological risks involved in this research project. Some of the lesbian couples being interviewed, for example, may not be “out” as lesbians in their work site. Steps were taken to maintain the confidentiality (discussed above) of research participants. The identities of research participants were only known to the researcher and are referred to by pseudonyms in this study. At any time, a research participant could withdraw from the research project or decline to answer any questions. The consent form all participants signed outlined an explanation of the project, as well as their rights as participants. This was distributed prior to the interview and its content was verbally stated. In addition, information on the counseling services of a local family therapy clinic was available as a referral source in case a resource of this nature was necessary.

Field Notes and Journaling

Fonow and Cook (1991) discuss the tendency of feminist research to utilize reflexivity: the practice of reflecting upon one’s research, exploring the process critically and analytically. Reflexivity was practiced by recording the thoughts and feelings of the researcher after each interview. Field notes were taken after each interview and during the two group observations. After each interview and observation was completed, personal thoughts were recorded. Documentation of feelings occurred on how the interviews went, including focusing on the mechanics of the interview itself, for example length of questioning, what probing questions would be more helpful or where were questions unclear. Following the true nature of feminist epistemology, researchers think

about scholarship, and refuse to ignore its emotional dimension (Fonow & Cook, 1991). The use of a research journal aided in the researcher's reflection of her experience with the study. The affective components of the research process were given direct attention (Fonow & Cook, 1991).

Validity

A qualitative study's validity relies on the skills of the researcher (Miles & Huberman, 1993). The more experienced the researcher, the more expertise held about the subject of lesbian parenting, the more credible the researcher will be. Although as a heterosexual the researcher cannot truly write from an insider's perspective, she is a strong ally and can write from that perspective.

The use of triangulation enhances the validity of a study (Miles & Huberman, 1994). The use of multiple methods (i.e. in-depth interviews and observations) to measure the same things confirms the results to a greater degree (Miles & Huberman, 1994). In addition, the utilization of professional literature will further add validity to the study. The researcher cited from sources and discussed their relevance to the research.

Lincoln and Guba (1985) state that the strength of qualitative research is its aim to explore a problem or describe a setting or a process. This strength *is* its validity (Lincoln & Guba, 1985). In order to do this successfully, a researcher must clearly state the boundaries and perimeters of the study, the setting, the population, and the theoretical frameworks (Lincoln & Guba, 1985). Each of these components has been addressed within the first three chapters of this study.

Data Analysis

One of the major purposes of qualitative research is to generate themes, categories and patterns, and to provide meaning (Marshall & Rossman, 1993). The data included accounts of the experiences of lesbian couples through interviews and observations. Data analysis was done by hand. Key events and patterns were organized into themes in the content analysis process.

The primary method of analysis was manual analysis, also called the paper and pencil method of analysis (Strauss & Corbin, 1990). The researcher scanned the content of the interview transcripts and field notes. Following the interviews and group observations, reflection on content and process occurred. Memos and field notations were used to record the reflective analysis of the responses to the interviews and observations (Strauss & Corbin, 1990).

The data is organized and then analyzed in steps. First, each tape was listened to before submitting it to the hired transcriber, who transcribed them verbatim. Each transcript was then read through without taking notes, allowing the researcher to get a feel for the interview. The data is read thoroughly until the researcher becomes intimately familiar with the data (Marshall & Rossman, 1995). The transcripts were then read while listening to the tape, fixing errors or “cleaning up” areas where words were missing or the tape was inaudible. The process of coding was the next step of data analysis.

Coding

An open coding method is a process that involves breaking down, examining, conceptualizing, and categorizing the data as means to analyze it (Strauss & Corbin,

1990). Conceptualizing the data is the first step (Strauss & Corbin, 1990). This was done by taking a part of a sentence or a statement and giving it a name to fit the theme. Questions were asked about each theme that began to emerge, asking what it represented, and what it meant. This began with choosing a name that most logically represented the theme, an important component of discovering categories of meaning (Marshall & Rossman, 1995) This process was followed individually with each transcript.

After generating the themes, categories of meaning began to emerge (Marshall & Rossman, 1995). A matrix format was created that listed each couple in the sample, accompanied by the themes that emerged during each interview. This provided an “at a glance” picture of which couples experienced which themes. Originally, twenty coding categories were identified. After analyzing the matrix again and re-reading the transcripts, eleven of these categories emerged as being the most significant ones in the data. Collapsing seven of the original themes, which more accurately matched the data, created three new coding categories. This led to the final coding system. Figure 3.2 outlines this coding scheme.

100	The Decision to be Parents
101	Lesbian Identity & Motherhood
102	Lesbian Identity & Motherhood In Conflict
103	Motherhood Set Aside Temporarily
104	Turning Points to Parenthood
105	Parenthood Discussed Early In Relationship
106	Parenthood Not Considered Until Partnered
107	Lesbian Identity & Parenthood
200	Donor Insemination (DI)
201	Availability of DI for Lesbians
202	Controlling Who Parents
203	Legal Issues and Adoption
204	Importance of Biological Connection
205	Involvement for Non-Biological Mother
300	The Choice of Biological Mother
301	Decision is Natural
302	Previous Experience with DI
303	Complexity of the Decision
400	Information Seeking
401	Community Support Group
402	Friends As a Source of Information
500	Donor Considerations
501	Known Donor
502	Consideration of Known Donor
503	Unknown Donor
504	Fear of Losing Child
505	Donor I.D. Programs
506	Sibling Donor Programs
507	Ramifications of Selecting Unknown Donor
508	Diversity of Donor Pool
600	Terminology
601	Alternatives to “Mom”
602	Children’s Interpretation

Figure 3.2 Coding Scheme

700	Public versus Private Identities
701	Fear of Shaming Child
702	Balance Becomes Situational
703	The Educator Role
704	“Outing” Through Children
800	Legitimization as a Family Unit
801	Family of Origin
802	Work
803	Medical Community
804	Self Legitimacy of Family
900	Legal Issues
901	Legal Documentation in Place
902	Second Parent Adoption
1000	Issues for Non-Biological Mother
1100	Barriers
1101	Cost
1102	Inability to get Pregnant

Figure 3.2 Coding Scheme, con’t

CHAPTER FOUR

FINDINGS

I think the hardest thing is . . . there's no right way. There are no models. A lot of groups that we're a part of, our children are the oldest so we feel like the ground breakers. There's nobody out there forging it ahead of you that says, "This is the way maybe you can do this and this might be a better way to work."

Kelly, lesbian mom of three children

This study explored the process lesbian couples' face as they utilize donor insemination (DI) as a means to become parents. By examining the experiences of ten couples from in-depth interviews and group observations of a lesbian mother support group, I learned how this process of utilizing DI *was experienced*. Hearing these womens' stories helped me identify the major decisions involved and describe their experiences with these decisions as they negotiated DI. As the above quote from one of the participants illustrates, these women paved the way and are the "ground breakers" for lesbian families on the cusp of new movements in reproductive technology; their stories provide a model for lesbian couples considering becoming parents through DI.

The analysis is presented in two major sections. The first section consists of the internal decision making elements lesbian couples encounter as they utilize DI as a means to become parents. This section discusses seven themes that capture the important decisions mentioned consistently during the interviews. The second section examines the external issues the couples experience as they interface with aspects of their environment. It specifically focuses on how these environmental components influence the legitimization of the lesbian families in this sample.

Internal Decision Making

The seven themes that arose consistently in the sample responses were: 1) the decision to be parents, 2) DI as the method of conception, 3) the choice of the biological mother, 4) decisions about whom to consult for information, 5) donor considerations, 6) terminology, and 7) the balancing of public versus private identities.

Theme one, The Decision to be Parents, lays the foundation for the couples' reasoning and thinking behind their decision to be parents, and how that is balanced with their lesbian identities. This includes accounts from some participants whose lesbianism never stopped them from wanting to be a parent and from others who suspended the idea as they began to self-identify as lesbians. **Theme two** looks at the consideration of selecting **DI as the method** of conceiving a child, and explains why it is linked to the lesbian baby boom experienced in the past two decades. **Theme three, The Choice of the Biological Mother**, looks at the often complex process couples negotiate as they decide who will become pregnant. Although some examples illustrate an apparent ease with this decision, complexity is evident in the stories exploring factors such as age, life stage, and infertility. **Theme four** examines who this participants turned to for **information**, and identifies resources helpful to the couples. The most significant source of support came from the lesbian mothers' support group attended by seven of the ten couples. **The fifth theme, Donor Considerations**, identifies and examines the decisions and issues that exist when a couple is selecting a known donor or an unknown donor, and illustrates the important elements that the couples in this sample considered in their discussions. I asked each of the participants to describe what their children call them (or what they plan to be called for the three that do not yet have children). This made up the

sixth theme Terminology, which included discussion of how most of the couples in the sample are not tied to the “mother” label given only to the biological mother. The **seventh and final theme** is the couple’s negotiation of balancing **Public versus Private Identities**. In the discussion of this theme, participants talk about the constant negotiation of being “out” versus choosing to remain closeted or “in” and their ongoing role as educators to with whom they interact on a daily basis. Participants revealed that the safety of their family was a major factor in this negotiation.

External Issues Experienced

The second section examines the external issues the couple experience as they interface with aspects of their environment, and it consists of four themes. In discussion of the **first theme, Legitimization of Family**, I present accounts of the couples’ experiences of family validation or rejection *as a family* from their family of origin, their work environment, and the medical community with whom they interact throughout the DI process. I also look at how these families incorporate rituals and traditions for self family validation. The **second theme of Legal Issues** examines how these couples planning for children and/or with children work to close the legal gaps, including accounts of experiences and thoughts on second parent adoption. The **third theme** explores **Issues for Non-Biological Mothers**, particularly the paradox of how they are an expectant mother without *expecting biologically*. The **fourth and last theme** in this section examines the two **barriers** consistently identified during the interviews: cost and the inability to become pregnant.

INTERNAL DECISION MAKING

The Decision to be Parents

Lesbian Identity and Motherhood

Regarding the decisions and issues lesbian couples face as they utilize donor insemination (DI) as a means to become parents, I was interested in knowing the thoughts leading up to their decision to become parents. As an introduction to these women's stories, I asked the question "What events led up to your decision to be parents?" I further focused the question by asking, "When you began to self-identify as a lesbian, at anytime did you believe parenthood would not be an option?"

I was interested in knowing if these women believed that lesbianism and motherhood contradicted one another. The message of the ideology of motherhood or what is seen as appropriate motherhood (heterosexually married women) had been embedded in some of the participants' minds. However, the desire to have children, to be a mother, was strong in almost all of the individuals with whom I spoke. They were not going to let the fact that they were lesbians stop them from achieving the goal of motherhood.

Klara, the mother of two children with her partner Mary:

The first time that I knew that I wanted to be a mom I was 10 years old. It's never stopped and it's never changed. It's something that's always had to be a part of my reality.

Nora, the mother of one child with her partner Jenny:

I've always wanted to be a parent, and I always saw myself as a mother. I never really saw myself married but always as a mother. I always envisioned myself as a mother regardless of my identification.

Laura, Helen's partner and pregnant with their first child:

I think it's something that I've always thought about. I've always enjoyed children. I remember actually when I came out to my mom saying, "but I still want to have children." I think that one of my first thoughts was I'm still going to do it. Just because I wasn't going to get married and do the heterosexual thing, I was still going to have kids.

Helen added:

I knew from the time I was little that I always wanted to parent and I always wanted to be a mother, and I knew how many kids I would have and what the gender of these children was going to be and everything from the time I was small.

Annie, the mother of one child with her partner Kay, talked about how her

lesbianism was not connected to her initial thoughts about parenthood:

I think for me, it wasn't linked at all to lesbianism. It was just whether I wanted to have a child or not. Until I reached my late 20's, I didn't think about it. And I certainly didn't implicate lesbianism as a reason not to have children.

Lesbian Identity and Motherhood In Conflict

Resistance to being a parent did exist for a few of the women. The message that lesbians are not fit to be parents was heard and incorporated by a few of the women in this study. Some resistance to parenthood was tied to their concerns about the potential difficulties of a child raised by lesbian parents. Gloria, the mother of a child with her partner Tracy, articulated it best:

I didn't want kids for a long, long time. Tracy and I talked about it when we got together, and I was pretty adamant that I was too old. I thought we ought to do other things. We ought to travel and have fun. And I think I resisted that because I just thought it was going to be hard for the kid to be raised by lesbian parents. I think that's ultimately what it came down to. So after we talked and talked and talked about it, and after I decided that I'd always thought that I'd be a good mom, we did it.

Gloria continued to reflect on how the negative messages about being a lesbian influenced her initial decision not to parent:

Well, I grew up in a very different time. And it's an age, or generational thing, I suppose. But it was not OK to be gay or lesbian. Absolutely not OK. It's probably not anymore OK now, but it doesn't matter—it matters less to me. But the feedback I got about my sexuality was that I needed to be very closeted. I needed to not even talk about it, much less act on it. So I guess it never occurred to me to think about parenting. I mean it was more than I could deal with to try to maintain my own existence. I don't know if it was implied. I'm sure that nobody said to me, "You can't have children." But it was so strongly implied that it was just not OK. You know, I was just such a social deviant anyhow that I couldn't possibly parent effectively or it would have just been, you know, horrible.

Motherhood Set Aside Temporarily

As they began to self identify as lesbians, the desire to be a mother was temporarily postponed for some. Although those who stated this cognitively did not know at the time how they would become parents as lesbians, they did not completely relinquish the idea of motherhood. Lisa, the mother of two children with Jane, "set aside" her desire until she started to hear more about alternative methods of becoming a parent:

I've wanted to be a mother for as long as I can remember. And for a while there I didn't think it was possible to do when I realized I was a lesbian and then I thought, well I can't ever be a parent for a while. Until I probably reached my mid-20's and saw people actually doing that. And the alternative ways to do it.

Johanna, the mother of two children with her partner Alice, stated:

I always thought I was going to have kids. The dream kind of dwindled after I realized I was a lesbian. But when I was about 25, my business partner talked about insemination. And I decided I was going to have kids. And when I finally found the woman I was going to be with, that person was going to want kids-to have them or at least raise them with me. So I planned that I was going to have kids. You know, the dream wasn't dead anymore. There was another way.

Susan, with her partner Clarissa, is currently pregnant with their first child. She never abandoned the assumption she would some day be a parent:

I always assumed that I would be a parent. I think I sort of put that aside...I was married and everything before. I don't think I thought a lot about that for a certain time period in my life. But it's something I always had assumed . . . that I would have kids.

Tracy reflected on her identity as a lesbian, and how the "rules" of being a lesbian never seemed to fit her own feelings about her identity:

When I was into figuring out what it meant to be a lesbian early in my development—and that was early for me—when I was a teenager. That was part of the rules I learned. First of all you had to be athletic. And I wasn't. And then you had to wear certain clothes. And I didn't. And then you couldn't have kids. I thought, "OK, I won't." I mean, I can do that one, even if I couldn't do the others. I guess what I'm saying is that lesbian identity has always been problematic for me. But I did buy into that for a long time. And then I thought . . . I knew women who were lesbian who had children from marriages. And I thought, they're good mothers and I could do that, too. And I tried real hard to figure out how to do that without getting married or having a relationship with a male.

One of the participants, Judy, shared a story of her own coming out process and its link to her belief that because she was a lesbian, she would never be a parent: a connection that was logical at the time. She is now the parent, with her partner Kelly, of three children:

When I came out in the mid-70s, in high school, I assumed that meant I wouldn't be a parent. I was working in a restaurant, and we were speculating about how safe are these microwaves anyway, and I said they probably haven't had a filter replaced in years—because it was one that you could see the filter— and one of the women said, "Oh great, so we're going to get sterilized," or something, and you know, here's this heterosexual woman saying that, and she knew I was a lesbian. And I said, "Well that won't affect me. I don't care. So go ahead, sterilize me." Two years later I'm realizing, "Wow, as a lesbian you can." But once I identified as a lesbian, I thought, "I'm not going to have kids." And that was the assumption. When I came out to my parents, my mom said, "I never expected to have grandchildren and if I do that's fine. But it's not an expectation I have, so I'm not disappointed with that since you're a lesbian." And I was like,

“Well that’s good.” And I felt relieved that she wasn’t disappointed. But the assumption then was that there wouldn’t be any grandkids.

Mary, while growing up, heard the message, “you’d make a good mom” from her mother, and attached the importance of that message to her identity. Mary stated:

I remember in childhood my mom saying, “You’d make such a good mom.” And I think I always believed that. I did tell her at the time I thought I wanted to be a mom, but I didn’t think I wanted . . . a husband. But then through childhood it was something that was in my mind a lot. I liked what my mom did for people, that there was that kind of person in the world. But when I started to figure out my orientation, I just filed it away.

Turning Points to Parenthood

Once they had resolved that parenthood was in their future, I asked the participants the question, “What was the defining moment that led you to believe parenting was a possibility?” Several of the women stated that hearing about alternative methods to parenting began to make the impossible possible:

Until I probably reached my mid-20s and saw people actually doing that. And the alternative ways to do it. (Lisa)

When I was 20 years old and single and thinking that marriage wasn’t really an option, I looked into the possibility of being a single mom through alternative insemination. It was kind of a new thing. I also knew at that point in time that all the lesbians I knew that had kids had them through previous marriages. And that wasn’t really an option. (Klara)

When I met Kelly in college and we started getting involved, we started hearing about women in England and other places having children through artificial insemination. Reading about artificial insemination as an option. It’s like, “Wow, we could do this. What a concept.” I don’t know, that was the first time it struck me. And then it was something I wanted very much. (Judy)

Kay came out at an older age, at a time when information was growing about lesbians having children. Knowledge of lesbians having children was available at the time of her coming out process:

I came out at an older age, so I did know that [parenthood] was a possibility. So that [being a lesbian] wasn't ever something that seriously led me to choose not to have kids.

Parenthood Discussed Early In Relationship

Some of the couples reflected on the importance of finding a life partner that had the same goal of becoming a parent. For those who strongly believed children would be in their life, they addressed it relatively early in the relationship with their new partner; it became a serious point of discussion early on. Peggy, partnered with Midge who is trying to become pregnant with their first child, stated:

I wanted just to meet somebody that I was going to be with forever. And once I found that person . . . we both had the same dreams and hopes and I think we'll make very good parents. So I think that it just all worked out when she said she wanted kids . . . because I'd been in relationships that didn't. And that's why I'm not in those relationships, because I think deep down that's what I want—I want kids. I mean both of us feel the same we—we want to be parents. (Peggy)

Peggy's partner Midge added:

When we first met we both had talked about that we wanted to have children. So that's something that we've always consciously thought about. Then we just kind of waited financially until we were a little bit more stable and ready to go ahead and start having children.

Lisa had begun the process of DI before she partnered with Jane, so it became a point of discussion immediately into their relationship:

So I had actually tried to get pregnant before Jane and I were together. I tried twice through the _____ Clinic. I was with someone else at the time. I took a few months off from getting pregnant, but Jane knew my situation and knew what I wanted before we entered into this relationship.

I heard often from the participants that they had been in previous relationships with women who did not want children. The following quotes are examples:

I was in a long-term committed relationship prior to Mary that broke up...the biggest reason was because this person was not wanting to be a parent and I

couldn't live with the idea that children were not going to be a part of my life. So then shortly after...the second thing I ever said to Mary was, "I will have children in my life. And if that's not OK, then we need to be really clear about that up front." So we kind of had a conversation early on about making it happen one way or another. (Klara)

When Laura and I got together, that's one of the things that we discussed pretty immediately, because . . . my last partner wasn't really interested in having children. (Helen)

The last relationship I was in, she was very closeted and there was definitely no chance of children at all in that relationship. And so I think for a period of time I kind of like dropped the whole idea of having children. And then it was just really nice to get involved with somebody who wanted to have children. And I didn't ever think that just because I was a lesbian I couldn't have children. (Midge)

Parenthood Not Considered Until Partnered

Those who were apprehensive about parenting or saw it as impossible began to integrate the idea as they became partnered with someone who was determined to be a parent. Mary is someone who did think about motherhood, but relinquished the idea while in a relationship she viewed as unhealthy and into which she did not want to bring children. She reflected on her thoughts leading up to her partnership with Klara, and their eventual parenthood:

When we got involved, that was one of the things we talked about pretty quickly. And it wasn't very long into our relationship when we decided to start trying. I didn't want to think about it at all. Then in the relationship that I was in right before Klara, that person really wanted to have kids some day. And I wouldn't consider it because we were so not healthy, and I knew that. I couldn't picture bringing kids into that. So when I met Klara, it was something that I wasn't opposed to in the world, but it wasn't something that was in my reality, in my current thoughts. But pretty quickly I got in the program. So, I was just open minded but it was just something brand new to consider again. And I had to do some work to like realize that I could be a lesbian and be a mom.

Jenny also began to consider parenthood when she became partnered with Nora:

I never got excited about the prospect of having kids until I met Nora. And I can remember specifically having a conversation with her the first time we discussed ever having kids. And it was really the first time I ever thought, “God, yeah, I want to do that with her.” But prior to that I was like, “Oh my God, what a nightmare. No way I want to do that!” So I think that I had not envisioned myself as having kids. I think it was more like the physical thing of it. You know, physically having the kid, and then I met Nora and she just made it all possible.

Alice considered her personal struggles in her youth as a barrier to having children.

When she became partnered with someone who was already trying to become pregnant through DI, and that relationship felt healthy, she once again considered being a mom:

Johanna was already actually trying insemination when we got together. So it was kind of . . . you know, for me the decision was, “Do I want to do this or not?” And I knew I did because I always wanted kids. I just never really thought it was a possibility for me. Especially because my life wasn’t very stable when I was younger, let alone the fact that I was a lesbian. It was like, “How are you going to go about doing this?” But by the time Johanna and I got together, you know, my life had become much more stable, so then it was a very easy decision. She was already doing it, and I had really always wanted it.

Lesbian Identity and Parenthood

There is another level of lesbian identity that some of the women talked about in our interviews. This identification of their lesbian identity went beyond the internal; rather it was more tied to lesbians as a *whole*. Klara talked about how she homogenized lesbians and how seeing lesbians having babies changed that for her. Lesbians were no longer all the same. She stated:

It’s interesting how much as a lesbian 20 years ago, how I felt like all lesbians were the same. I really did feel that way. All lesbians did the same thing. Because children weren’t . . . that wasn’t something people did unless they had children from a previous relationship. And now it feels like there’s a layer of lesbian life in the community. None of its the same anymore. And there certainly are lesbian parents as part of the culture.

Her partner Mary added:

I would echo that as lesbians have become more visible, their parenting is a little more visible, even to lesbians. I mean, that whole invisibility thing about being a lesbian for a lot of years, we just weren't seen. I think that lesbians who wanted to have children weren't even seen inside the community. And at least now we're more visible and other lesbians that don't have kids can see us. There's more of a familiarity. I think that's going to make a huge difference for lesbians who are coming up. Because there are now lesbian role models of parenting.

Tracy and Gloria discussed how the loss or diminishment of their lesbianism occurred when they became parents. The following two quotes from them illustrate their experience with feeling marginalized in their lesbian identity:

Tracy:

Something about having a baby makes you look like you're straight. And it has further isolated us. Because I think that unless other lesbians have kids themselves, they often will overlook us. I remember when I was breast feeding Al that heterosexual friends would say things that made me realize that they saw me as a woman for the first time. There was something about . . . being pregnant...it's a flag that you're, first of all that you're sexual, and secondly that you're heterosexual on some level. But breast feeding really brought it home to me. They talked about their bodies and about my body and it was just like I was one of the girls. And that broke down the sense of barrier between me and straight women. We were just women. And I suppose in some way that also made me feel less identity as a lesbian.

Gloria:

That was an interesting experience for me, because there was a period of time when I was paying attention to other people—to other lesbians. You know, you can identify, generally, lesbians in the mall or out in the crowd. And I became invisible when I was pushing that baby carriage or the stroller. I was no longer a lesbian. I was looked right past. Yeah, so that was . . . I mean obviously the expectation that someone pushing a stroller couldn't be a lesbian was pretty strong.

Donor Insemination (DI)

Once the decision to become a parent had been made, the next consideration the participants discussed was the means by which they would become parents. The changes in reproductive technology have made it possible for women to achieve parenthood without a male partner. Donor insemination is most closely linked to lesbians having children. All ten couples in this sample chose DI as their method for bringing children into their family unit. One couple is currently in the process of DI, two couples are pregnant via DI, and the remaining seven are parents through DI. The decision to utilize this method of conception is tied to several factors.

The Availability of DI for Lesbians

Many of the participants shared stories of hearing about DI, and how this knowledge helped further their own plans to have children. The availability of DI technology, and the relative simplicity of the process once they figured it out, factored into DI becoming the choice. Jane put it this way:

I think when I first really made the connection . . . about mid-20s, maybe early 20s, that artificial insemination and lesbians could go hand in hand.

Not only was DI believed to “go hand in hand” with lesbians having babies, but for lesbians, it became known as “the old fashioned lesbian way” of having children (as referred to by Mary).

Controlling Who Parents

The majority of the women I spoke with chose DI so they could control who else was parenting their child. The fear of losing a child to a third party was too risky, so they wanted no other parent involved. The options of using an unknown donor (a more

detailed discussion of donor issues is forthcoming) eliminated any potential relationship with a third party. Donor insemination became an attractive method to use because the participants had control over the role of the donor. Would he be a father? Would he be a known donor, or an anonymous donor? The ability to have this control factored greatly into the decision to use DI. Consider Lisa's statement regarding the ease of this option:

I could just get sperm and do it and not even have to have a father involved or someone else that I don't want to live with or be a part of my child's life.

Tracy stated:

I think we decided that we were going to birth a baby rather than try adoption. And that was sort of the first step in that. And then sort of the second thing was talking about did we know somebody that we trusted; did we feel comfortable with the issues around having a known donor and those kinds of things. And the bottom line was we didn't know anybody that we thought we wanted to have be a known donor. So donor insemination was sort of the easy way to do this. And we also felt the most comfortable with it, because we wanted to be the only parents.

Kay put it this way:

I think it was because we felt that we alone were going to parent a child. Not to mean that we wouldn't have support systems throughout, but we would be the primary parents of our child. And we felt quite uncomfortable about a third party and maybe confused roles. More difficulty in administering to a small child if there were more involvement-other biological parents. So we went this route because it was clearly the way to "separate-segregate" the donating father from our lives.

Legal Issues and Adoption

Adoption was considered and discussed in almost all of the couples I spoke with. It still is an option for some if they are unable to become pregnant via DI. The concern of adding another level to the potential for their child to be ostracized was evident. Mary put it best when she said:

I remember when Klara went to the adoption classes we had . . . a lot of conversation about if we had adopted children in our family. Klara's feeling was

they would all be adopted or they would all not be adopted, but that in a family that was going to get potentially ostracized—you know would be different enough already. Because of having two moms, we wouldn't want one kid to be adopted and two to be biologically connected to one of us, because we thought that would be a whole other layer of stuff that the child would have to go through.

Kay echoed this same idea:

Because kids then have to deal with having lesbian moms and are also adopted and they're also told they'll be in another race/ethnicity, and just like kind of all of that stuff. It felt overwhelming to us. This [utilizing DI] actually felt easier. You know, for some people, it feels harder, but it felt easier to us.

Adoption also brought fears of the risk of losing a child once it was known they were lesbian parents. Jenny stated:

We . . . thought that the adoption thing, there's just too many legalities and incidents where you see babies being taken away from [lesbian parents]. I mean, there was the case, I think it was in Virginia or something, where the grandmother took it away from the daughter. Just because she was gay. And I thought . . . I mean that could happen. There it was just too many legal issues that we could lose so easily regardless of what I did for an occupation or Nora did or how much money we made or whatever.

Her partner Nora added:

The deck stacked against us walking in, so to speak.

Tracy was tormented by an early experience with adoption:

Before Gloria and I were together, when I was single, I tried to do a private adoption in California. An adolescent approached me and said, "I'm going to have a baby; are you interested in taking it?" And the short version of that story, she changed her mind when she delivered. So I was pretty traumatized by that. And I decided that I didn't want to . . . put myself in that position again. It was too hard to prepare and be ready and then not to have the baby.

Adoption was seen as a second choice for most of the couples, and a few even went through adoption preparatory courses before selecting DI as their final method. It was still seen as a viable method for parenting by some of the couples, but they wanted to try DI first. As Helen put it:

I'd always, actually, even before I identified as a lesbian, thought about wanting to adopt a child. So to me, that was always an option and it still is. But we always kind of thought we would like to start trying having biological children first. So while we gathered all the literature for adoption, I don't know that we ever went wholeheartedly into that search.

Her partner Laura commented on the additional fact that adoption was a costly process, and one that could not be simultaneously pursued while they were dealing with the cost of DI:

And adoption, too, we had thought about. We had piles and piles of adoption literature. But to do the adoption process it's a full commitment. It's a financial commitment; it's a time commitment. We were shelling out money for fertility drugs and procedures then. We just couldn't . . . to do that and then start paying \$1,500 for a home study and stuff. I mean it was just crazy. And I think both of us are sort of tied somewhat to a biological base. But certainly adoption always was and still is an option. Ecologically it makes more sense, so intellectually we always thought adoption was the better thing to do. But emotionally I think we just decided to do artificial, alternative, whatever you call it.

Importance of Biological Connection

The biological connection facilitated by DI was important to several of the participants. They wanted the experience of giving birth to a child, and challenged the assumption that because they were lesbians, they should be left out of this experience. As Annie commented:

And especially that we still kind of always wanted our own child. And I think we just had so much anxiety about all the other stuff that adoption brings with it.

Involvement of Non-biological Mother

Donor insemination also allows the involvement of the non-biological parent to participate in the process by doing the insemination at home or by assisting the medical staff if the insemination was done in the physicians office. Almost all of the participants, unless medical intervention was necessary, did self insemination at home under the

guidance of medical professionals. Stories were shared about how the non-biological mother participated in the insemination process, and how the insemination became a personal ritual for the couple. Midge and Peggy had the inseminations in a physician's office. Midge commented on how their doctor was open to Peggy's participation:

What's nice . . . is that our doctor . . . during the insemination, she actually lets Peggy do the insemination.

Helen first tried to become pregnant, and when she was not becoming pregnant, she was reassured that DI offered the opportunity to select among donor characteristics that matched hers. Helen spoke of this important aspect of DI:

Somebody that had my characteristics. That was so important to us. That if I was going to have a baby without my eggs, I at least wanted the potential that it came out looking like me. So we picked a donor with curly hair and sort of similar ancestry to mine and stuff like that. So we were fairly picky about our donor.

The Choice of Biological Mother

Many of the couples with whom I spoke talked about the ignorance of some people in their lives who often made statements such as, "Well, if one of you can't get pregnant, at least the other one can." and "At least you have two possibilities for pregnancy, unlike heterosexual couples." However, this decision for many is not taken lightly, nor is it always that simple. According to these women's experiences, the decision of who will be the biological mother is a serious one; one that entails a great deal of thought, and sometimes agony. Several factors influence this decision, some more complex than others.

Decision is Natural

The desire to be pregnant made the decision a natural process for four of the couples. The dialogue between Midge and Peggy is an example of this:

Midge:

I really want to give birth. I really want to have the whole experience.

Peggy:

And I really don't. I'll be a very good coach. She wants to do it. Seriously, I've never thought of . . . I cannot see me being out to here and being pregnant. I'm just not that type of person. So I'll be a very good coach and a very good parent because I'll be like right on her side. I mean I get excited during insemination. I'm like down at one end—wooo! I've never seen myself to be pregnant. I've always seen me having kids, but I would adopt ten before I would actually have a child.

Susan reflected on her choice to be the one to become pregnant:

Susan:

I've always wanted to be pregnant. That's definitely probably it. And also I think the biggest reason to start with was that it was always something I really wanted to do. And Clarissa never felt like it was something she really wanted to do.

Nora put it this way:

Well, I've always wanted to have kids. And Jenny probably never would have had children. So it was a pretty much cut and dried decision.

For some, although the importance of being a parent was valued and often desired, the actuality of being the biological mother was not as important. One woman I interviewed said that her desire to be the biological mother for the second pregnancy in their family came from watching her partner go through the pregnancy and birth process during the birth of their first son. Jane stated:

I never really wanted to bear children. It's never been any great desire of mine. But there's a certain bond between the mother and the child and it doesn't matter

how many mothers you have in the house. The natural mother, I think, has a stronger bond than-you know, the non-birth mother does. And I really wanted that relationship after seeing theirs. So I decided to try. And I was able to get pregnant the first try. I just wanted to feel that relationship that I saw her and Mike had. And I thought that would help me to get closer to Mike, too. And it has, a lot. You know, understanding...I'm not a natural at it. I mean, I had to be taught. It didn't come naturally to me like it seems to have for Lisa. There wasn't as deep a desire, but I thought I would be a parent, not necessarily a biological parent.

Previous Experience with DI

If one of the women in the relationship had begun exploring being a parent prior to the relationship beginning, often that person tried first. This occurred with Lisa and Jane. When their relationship began, Lisa was already attempting to conceive through DI. When she and Jane came together, Lisa continued trying. This also happened with Johanna and Alice, although Johanna had stopped for a period of time. When she and Alice began their relationship, she simply picked up where she left off with DI.

Complexity of the Decision

The complexity of the decision of who will be the biological mother also is evident in these women's stories. Factors such as age, health, infertility, life stages, openness of work environment, and family of origin reaction influenced the decision as well.

Health

Health issues were an additional factor that influenced the decision, including concerns over whether one partner could safely carry a pregnancy to term. Jenny illustrated this concern:

At one point, we discussed if I would [become pregnant], but there are too many health issues on my side. It wouldn't be safe for me, it wouldn't be safe for the

baby. We had talked about if Nora couldn't get pregnant, would I take the chance and all those kinds of things. The what-if issues.

Life Stages

Life stages also influenced the decision over who would carry the child. Factors such as whose insurance plan was better, who was able to take time off of work with little financial loss, and who was in graduate school and working only part time played a role in the decision. Kelly commented on the injustice that the decision of who becomes pregnant can sometimes be influenced by who has better insurance coverage:

Both of us have worked and had good health insurance. It's just the dental and stuff that's kind of extra that now we have covered for all three of the kids. But for couples that don't have that, that's just really . . . I think would be really hard. That might steer people to decide which one would get pregnant first or period. It shouldn't be that way.

Alice, currently pregnant for the first time, commented on her own life stage and readiness to be a parent, and how this confirmed the decision for Johanna to be the biological mother first. In addition to the fact that Johanna was already trying when she and Alice started their relationship, Alice reflected on the other factors that influenced the decision:

The bottom line is I wasn't ready. I wasn't ready as far as I was still in school and emotionally I wasn't ready to have a baby yet either. And so we didn't really talk about my having a baby at that time very seriously. It was like maybe we'd do adoption if we had to-if it looked like she wasn't able to get pregnant.

Alice further commented on their decision for her to attempt the second pregnancy in their family:

She'd [Johanna] say, "You know, you have one year [to decide] and that's it. I'm getting too old. I don't want to do this over again." And so, you know, plus my time clock was ticking-I am getting older, too. So it came down to it's like now or never. That was my decision. It wasn't *when* anymore. It was like I am or I'm

not. I had to decide one way or the other. I decided that I was. And then I got pregnant very quickly, which made it easier.

Family of Origin Issues

Family of origin issues also played a role for a few of the couples. If one of the women was not out as a lesbian to her family, it would be more difficult for her to be the one who was pregnant.

Age as a Starting Point

Age can factor into the decision of who will become pregnant. The person who was older often tried first. As Clarissa put it:

I'm also 40. She's younger and probably healthier.

Judy, although younger than Kelly, became pregnant first. After their twins began to get older, Kelly then began trying for their second pregnancy. Kelly had a difficult time becoming pregnant because of her age at her first attempt at conception. Judy shared her thoughts that in retrospect, Kelly trying first because of the four year age difference would have been easier.

I think if we knew then what we know now, we probably would have had Kelly go first. Her being four years older—I mean it was definitely . . . I mean I was 27—I was 28 really—27 when we made the decision, but 28 when I tried to get pregnant. And they were born when I was 30. And Kelly was near 38, 39—well, really 37 when you started the process, but 39 when he was born. So I think we probably would have had more luck perhaps or we just would have had it be a little different if we had.

What happens when both women are the same age, have the same employment benefits and security? One couple, Annie and Kay, fell into this category, and because of this similarity, they took time in deciding the question of who will try to become pregnant first. Consider the following dialogue between them:

Kay:

It took us a long time [to decide].

Annie:

That was more difficult than the means by which to have the child.

Kay:

It took us like probably six months to make a decision about it. That was our first sticking point—who was going to do it. And all of the sudden—I don't know how it happened—but all the sudden we were just like, "Eeee." Up in the air about it. We were driving somewhere . . . and all of the sudden, Annie goes, "I've decided I want to do it."

Annie:

And you decided it was OK.

Kay:

And I said it was OK.

Annie:

That I would go first. And so I went.

Kay:

But since we're about the same, it really wasn't an issue about age, or health status, or economic status in terms of benefits or any of that stuff. Because we really make about the same amount of money; we both have equal benefits; we're both the same age, so it really didn't matter that way.

Annie later added:

It was always my intention that we would both birth a child.

Kay also was not out as a lesbian to her family at the time, which factored somewhat into their final decision for Annie to try first, believing it would be easier for them to accept her as a parent rather than to actually birth a child.

Two couples' stories in particular reflect the complexity of this decision. Klara began looking into the possibility of being a mother as a single lesbian. She had always wanted to be a parent, had wanted to be pregnant, and is older than her partner Mary. When it was time to begin the DI process in their relationship, Klara went first. Klara's explanation of the enormity of this decision begins with her age as a starting point for trying to become pregnant first via DI:

I think we never really had a conversation about who should try because of our age difference. I was past age 35 and knew that I had a really small window left to try this. And also knew that it was highly unlikely that I would be able to get pregnant, but really felt like I had to take one more step with an infertility specialist. Kind of go that road before I gave that up. So we did that, and it kind of went as expected. It didn't work out. Mary and I made decisions together about the stopping point—like how far we were going to go with infertility treatment. And then at the end of that period of time, which is about two and a half, almost three years, that I was trying, I attended adoption classes with an agency thinking that that was an option. But also at that point in time, Mary and I started talking about maybe she would be at the point where she was ready to try, you know, right around her 30s. Thinking about was it something that . . . because she had said to me early on, "I want to be a parent but I don't know that I want to give birth." And I thought early on I want to be a parent and I *want* to give birth and really have moved, you know, 360 degrees on what is really important about that—is it giving birth? Is it being a parent? You know, what's the real issue here?

After almost three years of trying to conceive, and infertility treatment for Klara, the decision was made that Mary would try to become pregnant. Mary shared her perspective on the events that lead up to her attempting the pregnancy:

So we were together then, and kind of decided that Klara would try to get pregnant. I guess I can't quite remember exactly why the timing of that happened like it did. But I know that I was . . . you know I had some big things like it's an 18-year commitment, and am I really going to be good at this. Are we really going to be a long-term kind of couple because we really weren't together all that long when we started to try but it was so much easier for me to think about it because it was Klara getting pregnant, and I really don't know why that is. But I just kind of went along with it. I mean, I knew it was right, but I wasn't totally OK with it right then. But I just kind of trusted that I would be OK as it unfolded.

And I was really worried and really wanting this really important thing that Klara had always wanted for her entire life to come true for her. I knew that really early on that I was going to be supportive of that.

Mary continued:

So when Klara started talking about adoption classes, if she had adopted a child, then by our own standards I would have not have gotten pregnant in my lifetime. And I think at that point started to say, started to be more in tune with maybe wanting to have that. It still wasn't a calling. The whole first pregnancy I wasn't like called to be pregnant. But I started not wanting to rule that out as an option, which I think is part of what helped us decide to not do that [adoption] and to see if I could get pregnant.

Laura and Helen experienced a similar situation. Helen was older so the decision was made that she would try to become pregnant first. Again, age was the starting point for this decision, but other factors were also involved:

Helen:

I think mostly it was an age thing and also Laura is in the process of doing all her Ph.D. stuff. And so it just didn't seem like it was a good time. I could take more time off work. I have better insurance. For me . . . work and age played into that decision mostly.

However, when after three years Helen was not becoming pregnant, they decided that Laura would try. Laura commented on that decision:

Three years ago March—just about three years ago—we started trying. And we decided that Helen would go first because she's three years older than me. And they suggested that they inseminate me. So it was sort of weird. We had talked about it. Laura at one point had come home and said, "Listen, if we're going to give you fertility drugs anyway why don't we just try to inseminate you." And I had said, "Well, then that means you not getting pregnant, and I'm in the middle of my dissertation work, and I don't know that I necessarily want to get pregnant, blah, blah, blah." So we thought about it and said, "Well, we've picked out a donor from the donor catalog but we don't have it." We hadn't ordered any. So the nurse there said, "Well, let me look. You know people order sperm and we hold it here." Well, they had one vial left of our number one choice. So the next day they inseminated me, and I'm pregnant.

The participants of this study shared many thoughts on the events leading up to their decision to become parents, particularly regarding their identities as lesbians. Once that decision was made, they needed to examine the components of DI as their reproductive method of choice. The ability to control who parents their child was the major factor in selecting DI. Discussions regarding who would be the biological mother were often complex, influenced by a variety of factors that go beyond who desires the experience of pregnancy. Another important area for discussion among lesbian women utilizing DI as a means to become parents is identification of sources of information on lesbian parenting.

Information Seeking

When asked, “Who did you first turn to for information after you selected DI as your method to becoming parents, or as you decided to become parents in general,?” books, medical personnel, the internet, and friends all were cited as important sources of information. However, the most consistently mentioned source of support is a support group for lesbian mothers.

Community Support Group

Seven of the ten couples interviewed for this study are in the support group for lesbian mothers. Lisa and Jane are part of the founding mothers of this group. Together with Johanna and Alice, Judy and Kelly (who at the time were the only parents), and Annie and Kay, they came together, because, as Lisa stated, “We were getting different information from different places.” The idea was to meet on an ongoing basis to share experiences, ideas, resource and information, and to have a safe space to talk about being

parents and/or planning for parenthood as lesbians. Jane shared her thoughts on the early beginnings of the group:

Everybody was trying to get pregnant . . . and we all decided we needed to talk to each other. So that's when this group started. Before all the children came and Judy and Kelly came with their information. And we just started meeting together and just sharing information. That's how names of [sperm] banks came up.

Klara and Mary joined the group while Klara was trying to become pregnant through DI.

Klara told the story of how they became introduced to the group:

We got invited to a housewarming for a lesbian couple around the corner. And before they moved into their house they'd bought, I remember walking through the house. And they had little stickies on the doorways of each room saying what the room was going to be when they moved in. And one of the stickies said, "Baby's room." And my heart just burst! It was kind of like, there's another lesbian couple that wants to have kids, they've got a house picked out with a room for a baby, and I flew down the steps and said, "Oh my god, who's going to get pregnant? What are you thinking? How are you doing this?" And they said, "Jeez there's a lesbian mom's group that's met one time. Why don't you guys come to the January meeting?" And so we got into that group very, very early on. At this point in time, I was already five months into fertility treatment but felt really alone. I mean, I knew other people did it, but I didn't know anybody by name. So it was kind of a wonderful thing for us to stumble upon this group. And actually in the group we were seen as one of the kind of further along couples. Nobody else was doing fertility treatment. But there were other women in the same kind of place that I was at. You know, trying to figure it all out. So it was really...it felt generally very, very supportive. And it's a group we're still connected with. Women our age going through similar life stages as we are. And it's really supportive. Thank goodness.

Mary echoed the importance of this group:

Getting connected with the support group—the lesbian mom group in town here—gave us the most steady stream of information.

Tracy and Gloria were isolated geographically from resources typically available in the city. They found the support group helpful in keeping them connected to a community of other lesbian women having children. Tracy, reflecting on their geographical location, stated:

It's been a big concern for us. When we talked about it initially we were very concerned about having the kind of social support that would help us to get through the stress of the pregnancy and the birth. And then really afterwards—that was really what we were concerned about was once we had a baby how are we going to manage all by ourselves. So, the information resources I think we've been able to find just fine that has to do with who we are, you know we know how to get those resources. We don't have family around—neither one of us has family in the state. We're relatively new-comers and we live out in the middle of nowhere—a cornfield as I used to say. We live in the middle of a cornfield. The Moms Group has been helpful. Although we weren't very active before Al was born. We went to a few meetings and it was just nice to see other people there with kids—to know we would survive it, you know.

Laura reflected on the importance of the group to her and Helen:

It must have been Johanna and Alice who we first went to get us into that group. And that's been a real wealth of information. It's a tough thing to go to when you're having fertility problems, but it's also . . . I mean it's good. We call it our AA sessions, you know, just sitting around.

Currently, among the seven couples I interviewed that are part of this group, there are eleven children and two more on the way. Johanna reflected on the importance of this group for their kids, and the purpose it serves for the rest of the children:

This was going to be an all lesbian group. So that it was something for the kids. It was a support for us, talking about infertility, but it was also a support for the kids that were already around. Realizing other people had . . . other children had two moms, too.

Friends as a Source of Information

Friends who are also lesbian parents were an important source of information. This was cited as a resource by those both within and outside in the support group. Midge, who is not a member of the support group but aware of its existence, discussed the role other friends had in helping her and Peggy begin the process of becoming parents:

We had quite a few friends that are trying to conceive children right now, and there's actually kind of a network which we talked about earlier that is really

supportive of lesbian parents and trying to become pregnant as well as being a support group after you have the children, too. And so we talked to our friends first and we had known that they were trying to go through artificial insemination for probably about a year prior to us.

Nora and Jenny, also not members of the support group, talked about friends that are lesbian parents. Jenny stated:

We have a friend that she and her partner-they actually have two kids now together through artificial insemination. And we had always thought about it, but then like our friend, they did it. And I mean, they had this baby. And it was like completely this is what we want. And so initially we turned to them for information on where did they go, what sperm bank did they use, what was the process, how was it. So I think that's pretty much where we started.

Jenny's partner Nora mentioned the fact that Jenny's medical background also proved to be helpful in their use of the medical profession in particular.

Certain members within the support group also play an important role for members. For the few that were experiencing infertility treatments, seeking each other out for support was instrumental in making them feel they were not alone. An example of this peripheral support was shared by Laura. During my interview with her and Helen, they announced that Laura was pregnant. They had not yet shared this news with the lesbian mother's support group. Their first step was to seek out Klara and Mary, whose experience mirrored their own. Helen was the one who was supposed to become pregnant, as Klara initially was. Laura commented on this source of support:

But we actually want to talk to Klara and Mary, because we want to see how they sort of dealt with . . . I mean we have some issues about, it's hard. This is really role reversal. While I'm supposed to be doing my program, and this really was supposed to be Helen's pregnancy. So we want to talk to them about how they deal with that. And does it really make a difference.

Books, the internet (World Wide Web pages, e-mail list serves), newsletters available for lesbian and gay parents, and medical personnel also were mentioned as important sources of information.

Donor Considerations

A fourth important decision area involves donor considerations. This includes whether to utilize a known or an unknown sperm donor, as well as other issues.

Known Donor

Two couples I interviewed selected a known donor. Clarissa and Susan currently are pregnant with their first child. They have identified issues that have influenced them already, and share what role they conceive their donor to have. Susan discussed the reason they selected this option:

We felt like it would be really great to have an answer for that question, you know, who's my daddy. Like yeah, you've got two moms, but there's this other person. If we didn't feel like there was somebody who really filled those shoes well who was really going to be able to be involved but not too involved and be able to give up as much as they would have to give up, we wouldn't have gone through it.

Her partner Clarissa adds:

Actually, he's, of everybody . . . I mean we certainly had a lot of male friends that are interested in doing it. But he's the only one that we could really think that we could live with. He's going to be like a member of our family. He's really . . . it was him or not.

Had they not found this donor, they would have gone through a sperm bank.

Both also reflected on their own relationships with their fathers, and how important this was for their child. Clarissa stated:

For me I have such a strong relationship with my father and I know that the relationship that my child's going to have with all of us as parents, it's going to be very different, but I just had such a great bond with Dad. I felt like if I didn't . . . if I could have that . . . if there could be that person I would want to do it. I want my kid to be able to have that relationship.

The second couple who used a known donor is Johanna and Alice. Alice is currently pregnant with the same known donor that is the father of their four year old twins. Joanna was more ambivalent than Alice about going with a known donor. Joanna shared her initial reaction about:

A known donor!! He's going to come back and take the kids away, we're going to have all these problems. A known donor? And then . . . I said O.K.

Alice reflected on the fact that the man who became their donor approached them:

Well, actually, he approached us and said, "I would like to be a donor for you guys." He knew we were trying. Which was kind of interesting. So then, it was like, "Oh wow. Here's the opportunity." I wanted it because I think...and I'm not saying anything against people that have unknown donors, but I think it's really good for the kids to know their dad and have a relationship with him and be able to go, "that's my daddy." He is who he is. Somebody tangible. Somebody they know. I think that's just a tremendous advantage over having to tell your kid, "sorry, you'll never know."

Joanna added:

He said, "I don't want custody of these kids. I don't want to raise them. I don't want the responsibility." So that was a big thing, was trying to find somebody who was willing to be there and have a relationship with the kids but not step on our toes in any way.

Both couples who used a known donor incorporated precautions into the process. Susan and Clarissa had a donor agreement drawn up by lawyers, which caused some initial strain on the relationship with their donor. When second parent adoption occurs (see page 124 for more discussion on this decision on second parent adoption), the

donor is willing to sign away his legal rights as a parent. This step needs to occur before the non-biological mother can legally adopt. As Susan stated:

He's willing to sign away his rights so that we can do second parent adoption. It's not going to be co-parenting or anything like that, but we think that he'll have an active role.

Johanna and Alice had their donor sign a document that stated his role as the donor, and he also signed his rights away as the father when Johanna and Alice completed the second parent adoption process. He also came to stay with them for two weeks when the twins were a year old. He continues to have an active role in their family's life and is known as the children's father.

Consideration of Known Donor

Every couple with whom I spoke who had used an unknown donor did consider the use of a known donor. They wanted a male role model in their child's lives, and some even approached male friends. Although the risks involved led eight of them to choose an unknown donor, it was still very much a consideration. Klara explained the careful consideration of this decision for her and Mary:

There was a huge issue here. I felt strongly if I got pregnant I wanted an absolute anonymous person because in this world I tend to be a little bit more cautious, little bit more scared than Mary. If I had a baby and somebody ever tried to take it away from me, I would be just spastic. I mean I can't even imagine that. Mary has a lot more trust in people generally speaking. And so when it became the issue that she was going to be the birth mom I kind of surrendered some of my fear and I got to the place where if we picked a known donor, I could go with that based on Mary's intuition and her trust level. We talked about several different individuals and got to a point where we actually agreed on an individual we would ask to be the known donor. Even talked about what role that person would play. And the ultimate decision was that he said no. But one way or another—whether we used a known donor or not—we had determined that the person needed to relinquish parental rights immediately. Whether it was going to be known donor or going through an unknown donor. So when this person said he was not able to do that,

or did not want to participate in the arrangement with us, we immediately went to an unknown donor.

Unknown Donor

Eight of the ten couples used an unknown donor. Reasons for this decision included the fact that they could control who parented their child, and the availability of additional options such as donor ID and sibling donor programs.

Fear of Losing Child

The overwhelming reason given for selection of an unknown donor was the fact that only *they* wanted to parent their child. They feared a known donor, who after initially saying he would have no role in the child's life might change his mind. They feared the risk of losing their child to the biological father if he ever challenged the parental agreement in court. Peggy stated:

Even doing a known donor—somebody that's not related to us. We both considered that, but our biggest scare is down the road they decide that they want the child. I don't want the complications; I know Midge doesn't either.

Her partner Midge reflected on the complexity of going with a known donor:

We're not looking for an additional set of parents. And that's a big issue. And maybe that's selfish...I don't know if that's selfish or not, but I just don't want . . . I don't want to have to automatically get into a relationship with some people that I barely know. You know, I mean it's hard enough to be in a relationship with somebody you love. Let alone to be with somebody who has different opinions on how you should raise children, how you should . . . what they should know, what they shouldn't know. And if they wanted to sue for custody, I mean chances are as it stands right now they'd have a really good chance of winning. No matter what documentation's signed. We're not looking for somebody to be a father. I mean, we've got plenty of role models. If it did happen to come up . . . if there was somebody in our live that we would feel comfortable with that, I wouldn't have a problem with it, but to get involved with somebody just to have his sperm and not know anything about them, I couldn't do that.

Jane, who with her partner also used an unknown donor, further discussed the

complexity:

But the custody issues and visitation and having to deal with that, besides between ourselves we'd have to involve another person. So now you're adding a third adult's life into this. At least a third. And maybe a fourth for their partner or whoever, you know. And it just seemed more complicated than it was worth. And I really didn't want somebody telling me how I could move my children or raise my children, or bring them around, don't take them here, don't take them there. And it just seemed easier for us to be able to start our family.

Three other statements on this issue further clarify the powerful role that having some control over who parents your child plays:

We decided that...I mean we thought a lot about this, we decided not to use a known donor because...well, one, the only person that we could even think of who might be willing to donate sperm was . . . a friend of mine in _____. And since that he had actually gotten fairly seriously involved with a woman and didn't necessarily...I don't know, I mean it would have been sort of messy. And we also didn't want to get involved in legal issues. (Laura)

I think most of it, like Laura said, was a legal thing. We were just way too concerned about the prospect of going with somebody who we knew who—not so much they would change their mind, but if their parents ever, you know, if the family ever got a hold of this news what might happen? We were just way too concerned about the legal ramifications or the possibility of losing a child at some point. (Helen)

And having two adults that love them very much doesn't seem that much different to me than having a mother and father. It would be nice if they had more male influence in their lives, but it didn't seem like that important of an issue. I mean, we both grew up pretty much with one parent missing in our lives a lot of the time. So to me the important thing was to have two parents that love them and they know they're loved and it doesn't matter—both women or both men or whatever. (Lisa)

Donor I.D. Programs

Donor identification (donor ID, also known as a “yes” donor) is a program that individuals or couples can select when utilizing an unknown donor from a sperm bank. It allows the option for a child, when he or she reaches the age of 18, to contact the donor.

This is an option not offered by all sperm banks, but when it was offered, a few of the participants selected it. Klara stated the reasons for their decision to select this option:

We both felt very, very strongly—because it was an option—that we wanted to use what they call a donor identification. Meaning that at the point Emily is 18-years-old, if she wants to know the identification of the donor, she can have that information. Mary and I cannot, but she can. And so we felt really strongly that that was important. And I think that comes, at least for me and I think for Mary, too, our connections to our fathers and how important it is to know health information, genetic information, just that kind of connection in the world. So we did pick donor identification and ended up using that same person for both pregnancies.

Kay and Annie also selected this option, and Kay commented on this option's ability to offer them "the best of both worlds":

We really wanted Jeff to have the option of finding out who his biological father is. Which may be good or not, who knows? So that was important to us. But we really didn't want to, as Annie said, have somebody else. The people that we knew in our lives that might be willing to be known donors were also people who probably would have wanted to be quite involved. And it felt too intrusive. So, although they're both wonderful—they're wonderful men. It just felt like we'd like to have them involved but not have any legal involvement or rights. So, this seemed kind of like the best of both worlds for us.

For those who used donor I.D., there was concern over an older child making a decision for the younger child. Mary reflected on their decision with this thought:

If Emily's a person who wants to know, she'll make that decision for Jimmy. Jimmy won't have an opportunity, because we chose the same donor. People who choose different donors for different kids in their family protect the younger sibling...give the younger one the right to choose to know. ...Emily at age 18 could decide and Jimmy would be 17. He could say, "I don't want to know," but that would be kind of hard. She could choose not to, and he could choose to, and it would be the same thing anyway.

Reasons against choosing the donor I.D. program for some of the participants included a fear that the image of a father figure a child could carry with them could be

shattered 18 years from now, and they did not want to put their child through that.

Consider the statement of Tracy, who did not use this option:

It was not a ‘yes’ donor, like other moms we know have done. And I think that was a good decision for us. I have some concerns about ten kids contacting a guy in 20 years and finding out he’s not everything they dreamed he was. I mean the issues are going to be much the same. I don’t know, maybe I’ll change my mind about that. But for us anyway, I think it was a good decision.

Helen echoed Tracy’s thought about this decision:

As far as the donor ID . . . we were just kind of, we’re just really not interested in another whole family coming into our lives 18 years from now. Or the possibility of a child being rejected at that time.

For some of the couples, donor I.D. was not an option at the sperm bank they were utilizing.

Sibling Donor Programs

Seven of the eight couples who utilized an unknown sperm donor selected an option that allowed them the opportunity to pre-purchase sperm in advance so they could use that sperm for an additional pregnancy. Their children would be biological siblings through this program.

Ramifications of Selecting an Unknown Donor

A few of the couples shared their thoughts on future ramifications over their decision to use an unknown donor, as well as opting not to use the Donor I.D. program.

Jane explained the difficulty with their decision:

The enormity of the decision to not have a father for the boys hasn’t really . . . it wasn’t real until we had them. It was just like, “Ah no big deal,” you know? But I think about it more and more all the time about a positive male influence in their life, you know? When we first started talking about it I never wanted to have somebody else in and out of . . . we didn’t know anybody at the time either—I didn’t—that I would trust enough. You know, there are people in the group that

have known donors that it seems to be working out great. But we didn't have that relationship with someone.

Judy honors the women who made the decision to go with a known donor:

But looking back on it now and knowing a lot of lesbians who have picked men in their lives so that the kids can see their dads sometimes—it's cool, it's really neat. But it just didn't feel like that was as much of an option back then. I don't know if we were faced with it now if we would do it differently or not. But there's definitely pros and cons to going with a known donor or not.

Kay commented on the pain she sometimes feels when their son brings up the issue of his father:

I would say that it really does sometimes break my heart that Jeff talks about Daddy. He'll talk about "my daddy" . . . we've said, "Your daddy lives in [the state where the sperm bank is located]. He does have a dad, but it's not *Dad*.

Diversity of Donor Pool

Two couples raised the issue of the donor pool lacking in diverse race/ethnic selections. Reflecting on the experience of selecting their donor, Tracy, a Caucasian not committed to finding a sperm donor of color, observed the lack of diversity in the selection of donors that was available from their sperm bank catalogue:

They were all healthy, you know. What was amazing to me about the donors in the book was that they were so similar. *So* similar. And I cannot imagine being an African American woman looking for a donor because I think there was one. And I don't think there was an Asian donor in the book. So I mean I just . . . lucky for us we are who we are. I think it would be very difficult for other women. And that was interesting to me.

Kelly also talked about going through the book of donors and the lack of donors of color:

Originally I had a lot of difficulty because there are very few African American donors. I also have particular family histories of certain kind of conditions. So I was also trying to weed those out because I wanted to give the kid at least a fighting chance. So the first donor I went with was actually Italian, and I didn't get pregnant by him. And then I had looked at these banks in California and couldn't find anybody there. And also had been hearing that you might request somebody and you may not get your first, second or even third choices. And

there were . . . since like I said there were so few, I'm like, "This isn't going to work." And then we have a Moms Group and someone there told me of a place in New Jersey that had an African American donor that she was using. So I contacted them, which is how I found [an African American donor].

Her partner Judy added:

Using a Caucasian donor there's a lot more options. I mean, there probably were in terms of numbers of donors available even then, but there's also a difference even now. I mean when Kelly was trying to find an African American donor three years ago, the places were very limited. Whereas if she was looking for a Caucasian donor, there'd be tons more.

The location of resources is an important part of the transition to parenthood for lesbian couples. The community support group for lesbian mothers was the key resource cited by the women in this sample. Donor considerations are one topic discussed during the support groups. The decision to select an unknown donor was overwhelmingly the choice for participants of this study. The threat of losing a child to a third parental party was too large of a risk for eight of the ten couples interviewed.

Terminology

As a society fixated on labels and family terminology, often lesbian couples are asked, "Who is the real mom?" None of the ten couples I interviewed are tied to the model of "mom" as biological mother. However, prior to the birth of their child, discussion occurred about terminology. Careful consideration was given to *whom* would be called *what* because two mothers in one household was initially believed to be confusing. Because society makes it an issue, it became embedded as an issue in these women's minds. Alice, who is not the biological mother of her twins, put it this way:

I think a lot of people have issue with that. That you're not *really* the mother if you're not the biological mother. You're just sort of playing this role, or something. Maybe you're just the one who's also responsible, but you're not *the mom*. So a lot of people are, "Why do you go by Mommy?" Well, we just believe differently. We don't care what anybody else thinks. We both are the moms.

Alternatives To "Mom"

Alternatives to the use of the word "mom" was addressed when I asked the question, "What do your kids call you (or will, if children are not present yet)?"

Although they are committed to the *concept* that both are mothers, two of the couples had discussions regarding another term for the non-biological mother. As Tracy stated:

I really, really wanted to be Momma. This was *the* big question once we decided to have the baby. It was you know talk about focusing on the important things. We really talked about it a lot. And we have friend, a Jewish woman, who said that she called her mom Emah which is Hebrew for mother. And that's who Gloria was supposed to be. Emah.

Her partner Gloria responded:

I thought that's the way it should be. I thought that *I* should look for another name—that we should look for another name for me. We struggled with all kinds of words. We looked into different languages. We were trying to find something that I felt comfortable about that sounded kind of, a name that was maternal in some way. That people would recognize it . . . it hasn't turned out that way, of course, struggle as we did. I didn't think anybody would recognize Emah unless of course they spoke [Hebrew], which I don't. But it was a struggle.

Although both are mothers to their son, he eventually shortened Emah to "Em", and refers to his parents as "Momma" and "Em."

One couple considered using a name that was tied to the non-biological mother's race/ethnicity; thereby the alternative term will have meaning. Peggy explained this decision, and the ultimate belief that both will just be "mom":

Being that I'm part Indian, it's kind of like one of those things we're trying to figure out what the Native American name is for mom. OK, that's what we were

going to do. And actually it's only mom. So we were kind of going toward that way as far as thinking up like different, trying to come up with a Native American type name, something else. I want to be a mom, you know . . . Mom and Mommy. Maybe I'm completely wrong, but I feel "mom" and "mom." We're going to know which one it's actually talking to. Because either the voice is going to change in a way or it's going to go *Mom* and I'm going to be *Mom*, you know what I mean? And they'll make that choice. They'll do the distinction making on that. We're going to be Mom and Mom. And I just think that...the way I see it, what a great thing for somebody to go, "Mom," and you have two people going, "What?"

Jenny and Nora also used the model of coming up with a name that had special meaning to their family: Nora explained their decision on terminology of "mother":

We discussed that long and hard and we talked about all different names and, you know, is there some ethnicity that's in our background that we could use that. And there wasn't really anything that . . . and our friends in New Mexico who have the two boys now, one of them is Portuguese and she goes by Mamine, which is Portuguese for mother. And we thought it was beautiful. So we've decided Jenny is going to be Mamine. You know, it's different, but it's still . . . we didn't want Mamma Jenny, Mamma Nora, because eventually Mamma will be dropped and it'll be Jenny and Nora. And we didn't want that. Because we wanted to be this child's mothers.

The other seven couples wanted both women to be known as mom, no matter who gave birth.

Kelly and Judy have the oldest children among this sample. As the children have gotten older, they have discussed with them the option of calling Kelly "Godmother" whenever it felt awkward for Paul and Diana to call Kelly mother. Kelly reflected on the importance of this title to her African American culture:

I just role the thing about the godmother out so fast that it doesn't bother me. And Kelly hasn't gotten to that point yet. She just sees it in terms of the thing as the mom. Because we use the words. And then for me, in my culture and what we do, Godmother is a place of honor. So it's not a big deal. So saying I'm their Godmother and the fact that they consider me their mom is great! I mean it's worked really easily for me.

Children's Interpretations

Despite elaborate plans to figure out the names ahead of time, often the child determines the label. It becomes less of a “big deal” as children arrive and start figuring it out for themselves. Judy shared more about how their children eventually landed on “mom” for both, and how this is sometimes negotiated in the household:

When they were little we were like, “What are we going to have them call us?” And it was like somebody said to us, “You don’t control that.” And we were like, “Sure we will!” Well, you don’t. To us it’s, “Mom!” And we look up, and sometimes if we say, “What?,” they’ll say, “I wasn’t talking to you.”

Klara and Mary also decided they would let the kids figure the names out, although realizing they do influence the terminology that is chosen. Mary stated:

We do influence that because we say, “Go take this to your other mom.” And if we were going to make up a new word it would be the same. But where she ultimately, and he ultimately ends up is their own decision. They will come to what is right for them.

Lisa, the biological mother to Mike, the oldest son, commented on how their younger son, birthed by Jane, developed the habit of calling Lisa “mom” because he saw Mike do it. As Lisa stated:

Ben had kind of grown up with Mike calling her “Jane”, so he’s calling her Jane. Nobody’s calling her mom, so I started calling her mom. Somebody start calling her mom. We’ve kind of just left it up to them, not knowing whether we should enforce something here or not. I don’t mind if they call me Lisa. They can call me Lisa or mom. If they want something they know to call you “mom.”

To which Jane shared her on-going request of her children:

“Look, one of you is calling me ‘mom.’ I don’t care which.”

Often, children will devise their own creative ways to distinguish between the two mothers. Alice and Johanna shared a story about their daughter’s frustration with both moms responding to “mommy” when she wanted a specific one. So, she began to

call one “Green Mommy” and the other “White Mommy” based on the color car they drove. Kay and Annie’s son Jeff refers to them as “MommaKK” and “MommaAA.” Many of the couples will or have let the children decide what to call them, and believe it eventually works out.

Public Versus Private Identities

Each of the couples in this study addressed the issue of negotiating being “out” as an open lesbian parent with selecting times to not declare their lesbianism. It becomes a delicate line to balance, and can cause them to often analyze the situation before feeling it is safe to come out as a lesbian family. Issues involved in this negotiation that emerged during the interviews included a fear that they will shame their child if they hide their lesbianism, situational circumstances that need to be assessed as they occur, and the feeling that they continually need to educate those with whom they interact.

Fear of Shaming Child

The majority of the couples brought up the concern that the fear of being out will shame their children. If it is hidden, they question what that will do to their child’s own self-esteem. Consider Midge’s statement:

But my biggest concern was making sure I was with somebody who was out enough. Because I don’t think it’s right to bring children into a...if you’re not comfortable with yourself. I think that’s hard in a relationship, too. I think if you’re lying to everybody all the time, then you start lying to yourself.

Tracy echoed this concern when she commented on the importance of being open as a lesbian mother for her son’s sake:

For me it is absolutely worth it. I don’t care that much. I mean I do. My personality really cares what people think. But it’s worth it. If people think bad things of me, I always figure that if they get to know me they’ll take it back or,

you know, change their minds. But for Al's sake, it is so important for me to know that he knows that we're really OK. And I know he'll have trouble with that, but he will figure it out. We have some friends, or acquaintances, who don't want anybody to know. And they've got kids, and I think, "what are you telling those kids?" You know, I don't feel the need to tell people in the grocery store. But I also think that if Al told somebody in the grocery store he had two moms, I would spin and say, "Isn't he lucky?" I don't think that I would say, "Oh, don't say that!" He needs to be OK with that. Because I am.

Balance Becomes Situational

Each of the couples shared examples that illustrated how deciding to be openly out as a lesbian can sometimes be situational. Lisa made the decision to be honest when a potential day care provider asked her a question about Lisa's boys' resemblance to their father:

The first daycare situation we got into was a woman's house that we went over to and she started seeing them. And I think she was kind of curious, too, and didn't know how to come out and ask what was going on. And she said something about how much Mike and Ben look alike or something, and she said, "Who does their dad look like? More like Mike or Ben?" And I said, "I don't know." And she just looked at me. You could see the thoughts running through her mind from the expression on her face. And I said, "I've never met him."

Mary told a story of needing to weigh the fact that they needed emergency day care for a week against coming out as a lesbian couple to prospective temporary day care providers.

They opted against coming out:

It was just an awful experience when we were checking out day care. Our day care provider knew from the get-go. We said we wanted to make sure. But we needed temporary day care just for like a week. So you're going to go through educating this person and bringing up all this stuff just for a week. So we went to this woman's house under the guise of not being a family. And it was like Klara was Emily's mom and I was just this friend, Mary. And it was the oddest experience. I mean now we couldn't even get away with it because Emily would talk. But you know, it was just so odd. All the questions were directed to Klara.

Gloria commented on the struggle of having to come out in new situations:

It's always a struggle to come out to whomever we're dealing with as far as Al goes. I'm quite a bit older than Tracy so people want to say I'm the grandmother. Tracy's doctor's office—we have different primary care physicians, but Tracy and Al go to the same doctor. There's a woman who does the billing in her office who's absolutely intensely abrasive. I had some difficulty with her over the fact that I was Al's mother, I wasn't his grandmother. And I was going to explain that to her in great detail and she didn't want to hear it. So I think that coming out to every new situation is always a struggle.

Annie made this statement about how she gauges the risk involved for each situation:

I guess where I feel...somewhat safe in offering suggestions for change where it's just clearly something they hadn't thought of before. I'll go ahead and try to educate. In situations where I'm involved with a stranger or a one-time situation where I can't adequately gauge the risk, I'll probably choose to let pass [as a heterosexual couple].

The Educator Role

Being out as open lesbian families for all of these couples was often connected to the consideration of the question, "Do we choose this moment to educate?" Often, an open lesbian is put in the situation of always educating others. As Klara stated, "We educated a ton of people on the way." She further clarified by adding:

I think we will be educating. I think there'll be teachers in our kids' lives that we talk with, certainly continue with the medical professionals. We tend to do this in churches that we become active with. I've even thought that at a point in time where either one of our kids have a significant other and we get involved with that family. I mean, hopefully our kids will be secure enough and be comfortable in the role of educators that they'll do some of that work as well. But if not, we will.

Her partner Mary shared the example of working with an intern during the birth of their first child, and how they used a teachable moment:

I had to be induced—they had to induce labor. The male intern did a pretty OK job of it. He left and he came back and he said, "Do you have feedback for me because I'm a student." And Klara did a really great job. She just said, "Yeah," because he had referred to her as my mom, or the grandmother or someone, I don't exactly know what was said—but Klara just said, "You need to just be aware that we're partners and this is our baby and you should just not make assumptions like that." And he was like, "whoa, boy you're really right."

Klara added:

And we gave him some suggestions for how he could ask the question of the relationship without making assumptions.

Klara further explained the constant decision of whether to admit she is also the mother to Emily, or let it go in order to ensure Emily is getting the best possible care:

One of the first times I took Emily to the doctor for some issue—probably an ear thing. The doctor said, “And you’re Emily?” And I said, “Yes, this is Emily.” And he said, “And you are?” And I said, “One of Emily’s moms.” To which he said, “What do you mean, *one* of Emily’s moms?” And I said, “I’m one of Emily’s moms.” And he was such an asshole. But I decided he can just live with that and try to figure it out himself. This is not a person I want to educate—I don’t care enough here. And I left it at that and said, “Could you please check her ears.”

Mary added the following, which the majority of the couples stated in some similar way:

Its always going to be an issue of, “Are we safe?”

Tracy shared a story about bringing her son into the emergency room. She struggled with the idea of coming out as a lesbian family to the attending emergency room physician and weighed that against her son’s serious condition. She opted for her son’s safety:

It’s stressful and it’s hard to do it gracefully in front of Al. I mean, one of the things we want to do is to present ourselves in such a way that he understands that if people have a problem, it’s their problem and not our family’s problem. It’s hard to do that. I can remember, Al has asthma. And when it was first being diagnosed we were in the Emergency Room a lot. He would have an asthma attack and we’d be in the Emergency Room and he was very distressed and we were very distressed and somebody would come in and say “who’s the mother?” And that is such a loaded question, you know? Do I say I’m the mother because I’m the legal mother and the biological mother and exclude Gloria from decision making and being seen as an important picture? Do we say we’re both the mother and then have to turn away from the issue which is Al having an asthma attack in order to deal with these people and how they’re going to react? It’s just . . . that really drove home to me that this was always going to an issue and we’d better learn how to deal with it.

Stories were also shared by many of the couples who had to decide to be closeted, and the difficulty of doing that after years of being openly out as lesbians. Mary put it best when she reflected on the fact that she and Klara opted to not come out as lesbians during their first experience with Lamaze.

But to be a person who's out. I mean Klara and I both had years of our life where we qualified the pronouns and we were pros at saying things that kept it [sexual orientation] covered up. After years of being out, I was so out of practice with it [changing pronouns]. So that was really odd. And so then we this, I mean it's kind of a personal thing to be in Lamaze class with people and it's very heterosexual and all the videotapes are heterosexual and they certainly make any discussion heterosexual. So it was very odd and it was really hard for me because this wasn't a time where I wanted to deal with coming out. It was really big for us to get ready for labor. And to feel like we had to be careful not to be dishonored or hurt in any way or to be, you know, judged in any way like that was really difficult.

Susan and Clarissa do extensive overseas travel in their work, and they consciously think about where it is safe to be identified as lesbians and where it is not. This will be a future consideration for them to consider when they begin traveling with their child. As Susan stated:

That's one of the things we've thought about that's made us a little...we have to think about how we're going to have to handle something like that. We spend a lot of time in Italy. And it's just not going to fly there. Mostly we don't want to put ourselves at risk. We'll just have to figure out the best way to handle it. But that's not a place that I would be open.

Kay recalled an experience with their son's teacher that they utilized as a teachable moment:

They didn't have him make anything for Father's Day last year. So all the other kids made some kind of mug and he didn't. So we called them back and asked the teacher, "Did you have Jeff make anything for Father's Day? Because it's Father's Day this weekend." "Oh, no we didn't. We didn't know what to do." And so, Annie just said, "Well, in the past we've had...last year when it came up, the teacher asked us and we asked that he make something that we could give to _____ [a male in Jeff's life] and that's our preference."

Annie talked of the importance of doing this kind of education, and offered examples of other suggestions they have given their son's school:

I felt strongly that he should participate in all the activities that any other child does. He shouldn't be segregated because of his nontraditional family. We've made small changes or suggestions. I mean, one of the most small I can think of is that it used to rankle me when notes would go home and it would say, "Mom and Dad." And that just really bugged me.

Kay added:

They started to write "parents." Because not every child has a mom and dad.

Alice commented on the on-going issue this is going to be in their life and how it is not always going to be easy:

It's like we have to have the lengthy discussion about, "OK, do you think this couple is going to be OK to bring their kid to the birthday party where we're lesbians?" So, it's not easy.

"Outing" Through Children

Some couples are "outed" simply by being parents. Nora put it this way:

Even with the daycare person. We've interviewed daycare, and we've come to an agreement with a woman here in town, and it's not like you can pretend that we're both not this child's mothers. So there's a lot of outing that you don't really think about, but it's just kind of assumed.

Johanna was walking into a room with her children without her partner Alice, who is currently pregnant. The interaction Johanna shared perfectly illustrates the fact that children have the ability to "out" their family as a two mom family. This interaction was with someone who was familiar with Johanna, but did not know she was a lesbian:

Every once in awhile, I'll walk in, and they'll say, "My mommy has a baby in her tummy." And at one point, one woman looked at me and said, "Oh, do you?" "There mommy does, yeah." And I walked away. So I'm getting a little of that. Which I'm probably more uncomfortable than I thought I was with it. I don't totally feel comfortable saying, "They have two mommies" to everybody. You don't want them to treat the children differently.

Mary and Klara were identified as a lesbian couple by their Lamaze instructor during the preparation for their second child:

The woman who did the Lamaze just said, "This is Klara and Mary, they're having their second baby." And so she kind of outed us. It was normalized for her and us by then. And they were all, some of the people in that room were like, "you already had a baby?" So we just had it really different.

As children become verbal, it becomes harder for lesbian couples to have the option of choosing not to self-identify as a lesbian family. Mary shared a story of how their daughter "outed" them during a swimming class, and what episodes similar to this really mean for them:

We were in a locker room—we went swimming at a public pool with Emily not too long ago, and Klara and Emily had gone in first and I came in afterwards and Klara said, "There's your other mom." And apparently Emily had already called her mom. So the woman and her daughter that were in the locker room reacted. It's been a lesson to say, "Well, gosh, you know some people don't like lesbians and that's just the way it is." And I certainly can't worry about it, because you're going to spend your entire life really aware of it all the sudden because every day you get it in your face. So that's been one thing that's really . . . it's like we no longer have a choice. Because we made the decision to be open with our child. And we expect her to be an open kid. We no longer really have a choice.

Klara responded to Mary's statement by adding:

The thing that is in our control, though, is how we react. And we've gotten progressively easier at it. I mean we're starting swimming lessons with both kids next Thursday. And there's no way that this class and teacher aren't going to know that we're the moms of these two kids. I mean there's no possible way.

Jane made this statement about how much more open she and Lisa are since they have had children:

We're a lot more open than we used to be because of the kids. I mean, that kind of forces you out. Asking for them to accept the legitimacy of your relationship, it seems like you should be talking about it with others. We're more open about it. I don't know what it is...we just don't walk in and say, "Hi, we're queer." I mean, we just don't. We announce ourselves as a family.

Annie discussed her frustration with this issue of constantly having to educate others. She eloquently stated:

Frankly, parenting-just plain parenting-is fatiguing without taking on a whole lesbian parenting batch of stuff. You know, I feel I do what I can do.

Family terminology is a matter of discussion and a decision area for lesbian couples who have children or are planning for children. All couples in this sample are “mom” to their children, regardless of who was the biological mother. In the long run, if or when any confusion occurs over having two mothers, the children eventually will, and do, figure it out. The balance of deciding when to be “out” as a lesbian family and when to remain “in” is influenced by multiple factors. The safety of the child(ren) and family is the key factor identified by this sample. To protect the safety of their family, the decision is often made “spur of the moment,” and is done with great anxiety as to whether it will cause shame for their children. The participants of this study also discussed their constant roles as educators, and the expectation for many that it will be a lifelong role.

EXTERNAL ISSUES EXPERIENCED

Legitimization of Family

Throughout the process of utilizing DI as a means to become parents, lesbian couples interacted with several aspects of their environment. These include family members, employers, co-workers, friends, neighbors, medical personnel, and retailers. All of these components of the environment were either instrumental in helping them feel legitimized as a family, or became part of the system that *did not* treat them as a legitimate family unit. As participants shared their stories with me, three key components

of a lesbian couple's environment consistently emerged as playing a role in their legitimization as a family unit: family of origin, their community of work, and the medical community.

Family of Origin

In lesbian relationships, decisions to tell their families about their plans for parenthood may need to be negotiated. No matter what the level of support, family of origin *did* matter according to these women. They reported that it is not always as simple as saying, "Hey, we're having a baby." Family response ranged from positive to awkward to completely unsupportive.

Positive Family Support

The majority of the couples interviewed reported overall positive support from their family of origin. The following quotes exemplify the positive support participants experienced:

My grandma, aunts, uncles...oh, they're excited. Everybody thinks of her as . . . it's just Peg and Midge. You know, it's Peg and Midge. And that'll make it good for our child. ...I hope to have a really well-rounded child that's going to be exposed to a family that's going to love him. So how can they not be proud of themselves or proud of their moms, you know what I mean? Because both of our families are so supportive. And you have to have that. We know too many couples that one or the other family wants nothing to do with them. Oh, I can't even imagine having that. I cannot even imagine not having that support. They've been there all my life and I just can't imagine it. (Peggy)

My sisters are very supportive, her brothers are very supportive, our families are very supportive. A couple of great families. Grandpa____, Lisa's dad, is grandpa to both boys. It's very nice. I've felt very much like I belong.... (Jane)

My family has been great, but they've been great all along. They were really excited when Helen was going to start trying. They've always been really wonderful. We've actually had a fair amount of financial support from both of our parents. (Laura)

My family has always been very supportive. And I have a mother and father and sister. My dad has remarried and my mom is with a partner. And they've all been very, very supportive and have taken John as their third grandchild very equally. And my sister has been very supportive, too. (Judy)

My brothers have both been great. They have always talked about themselves as being Uncle _____ and Uncle _____. Annie's family has been terrific. (Kay)

Family support often went beyond the actual excitement over the birth of a child, an addition of a grandchild, niece, or nephew. When Klara stopped fertility treatments, thereby ending her attempts at pregnancy, she received support from her partner Mary's family. They gave Klara recognition of this painful time:

Both families, very, very, very supportive. When I got to the point where it was at the end and I felt like I couldn't continue to try, couldn't go to the next step of in vitro, I got a beautiful letter from _____, Mary's mom, offering support, same thing with her sister. So a lot of support.

Mary talked about how the level of care she felt from her partner's family moved to a different level, and how that support began to define the relationship with her partner's family in a different way:

In terms of other family reactions, I would have to say that it was the process of being pregnant and being vulnerable as a pregnant woman and sharing that with Klara's family that really gave me a lot of examples of how much these people cared about me. I mean, Klara's dad would call during that time and Klara would answer the phone, and his first question would be, "How's Mary? How's she feeling? How is she?" And even after the baby was here and I was pregnant again, it was his first question. So I really felt cared for as a daughter by that family and as a sister by her siblings. They were incredibly supportive. And there had been a miscarriage prior to Emily, and they were really supportive about that, too. It really moved me with that family, and I don't think that relationship will ever be the same again. It was really rather beautiful. And you know, lesbian couples that don't have kids, choose not to have kids, don't think they can have kids, miss that—that experience. I gave that family more grandchildren. I was part of what gave them more grandchildren. It's a really cool thing.

Mixed Reaction

Immediate support is not necessarily a “given” element for lesbian couples when they announce their plans to have children. A few of the participants said, “He just didn’t know what to say”, or “It’s just awkward for them.” Some of this reaction is the result of a genuine lack of information or knowledge about lesbian parenting on the part of the family member. For those that initially were not supportive, they eventually came around. Midge responded this way when asked if her family was supportive of her efforts to become pregnant:

Well her [partner Peggy] family was more supportive. I don’t want to say mine wasn’t supportive. I think they didn’t know what to say. I think my family is definitely more reserved, more things you don’t...it’s not that they don’t like my lifestyle, it’s not that they don’t love Peg, because they do. Like when I sat down . . . we were sitting at a table and I told them that we were trying to get pregnant. And there was no response. And I’m going “Sooo . . . so what, what are you thinking?” And again, it’s not where they don’t agree with it. I think they feel awkward in how to say it.

Peggy added:

They don’t know how to put it in words.

Alice spoke of her family of origin’s move from “shocked” to “accepting”. Although her family is accepting of Johanna and the kids, she shared that the initial reaction was loaded with questions such as, “How did this happen and when?” and “Did you do it on purpose?”

Helen’s mother, too, moved to a level of support Helen and Laura are comfortable with. Helen reflected on how her mother has “come around” and now has embraced the fact that Helen and Laura are having a child together.

I’ve been talking about doing this a long time—before Laura and I got together, too. And when I first told my mom about it, she was a bit resistant to the idea. She said, “You’d be a wonderful mom, but it’s going to be hard. Think of the child, it’s going to be an awkward situation.” She’s come around.

Excitement came easier when she believed her daughter Helen would be attempting the pregnancy. Laura commented on their concerns over how Helen's mother will treat the child now that it is Laura who is pregnant:

But we both have concerns about how she's going to treat this child. So it's going to be kind of weird when we go down to visit her with a little baby. It's sort of what is she going to say? Helen really needs to sit down and talk with her about those issues. Because obviously Helen will be really hurt if she doesn't accept it as our child, but I'll be really hurt, too. It's hard to get into this Italian Catholic family, so I'm sort of priding myself on the fact that I've done so well so far. I mean, I'd be really hurt, too, if this was sort of treated as a friend's child.

Helen stated the importance of full recognition from her mother and its extension to her mother's extended community of friends:

So it's really important to me that if we meet up with her friends—I'm not out to her friends—and I want her to just say, "This is Helen and Laura, and this is my grandchild." And leave it at that and let her friends think what they want about who had this baby. She's come a long way. She's very Catholic and very Italian so she likes that, she likes that fact [that they chose an Italian Catholic donor]. And certainly if it looks anything like me. I mean I think that we've plugged things into this equation that will help her. When it was coming out of me there was no problem, and now that it's not, we're doing what we can to help her along in this process.

Nora reflected on her initial struggle in telling her father. This is where the "unspoken," i.e. the fact that Nora is a lesbian who is partnered with a woman, can become confirmed:

As to our families, the one person I was really concerned about not being supportive was my dad. Because I've never told him about Jenny and I, because it really wasn't that important to me that I have that conversation with him. When we went to tell him, he was speechless. And he was like, "Well, how did this happen? How did this come about?" And I think he was actually quite concerned that I had been out, well, not necessarily sleeping around, but I think he was concerned that it was going to affect our relationship. That was the vibe I got from him. He seemed really concerned about that. So we told him we'd been going to a sperm bank. And he's like, "Well, I don't know what to say." But by the time we left he was like, "I'm so happy for you, and this is a wonderful thing."

Kay is another example of not confirming her lesbianism to a family member. Adding a child to the equation, in essence, can confirm one's homosexuality to a family member:

I'm not officially out to my mom. Although I think she's totally figured the whole thing out. Because after seven years, it would be kind of hard not to figure it out. But my mother's older; she's 85, 86. And my brothers both said, "Don't tell Mom. She's been through enough. Just let her . . . just don't talk about it." And that's kind of how she is anyway. Just some things you just don't talk about. But she understands. I mean, she sends Annie birthday gifts and gives her Christmas presents. She sends Jeff birthday presents and Christmas presents. And now she has just recently started in the last maybe six months or so, she will refer to Jeff as, "How's our boy? How's your little guy doing? She even said, "Tell Jeff Grandma has 'something or other' in her house."

Annie's parents are overall very supportive, yet there were initial feelings of "discomfort":

My mother always wanted a lot of grandchildren. And so she was just so excited to have another grandchild that it didn't really matter to her how. And I'd been out to my family for a long time. And so that really never seemed to bother her at all. But even still . . . and so she totally embraced him. They came up when he was born. She cried at the nursery window. But each has had issue of discomfort with that. In very different ways. My mother has been working on including Kay as "momma" in her references about us. My father was, "Well, what's Kay going to be called?" He was more logistical.

Negative Reactions

When family of origin members are not supportive, there can be a great deal of pain, as reported by a few of the participants. When partners are not asked about as wives or husbands typically are, or a grandchild is not recognized as "real", this contributes to the lesbian family not feeling validated.

Mary talked about the one negative reaction that exists in recognizing her and Klara, and their children, as a family. The overall support from both of their families has

“cushioned” this negative reaction. However, it still can hurt. Consider Mary’s reflection on this, and what she has done with that negativity:

I guess the negative family reaction would have to be my mom’s husband. But we have just been really lucky for a long time. There has been nobody in our families who was biased or prejudiced or was, you know, hateful about our lifestyle and who we were. And then my mom married this man two years ago. I was pregnant with Emily. And he’s been a person who echoes what society says about—and this is through my mom—about why would you do that to a kid. You know, to decide to become a lesbian parent you have to move through all of that and come to a place where you know in your heart that the love and the support that you’re going to give this child is bigger than any negative that could happen because he or she has two moms. And I can’t imagine how it would be . . . we know people who’s families don’t talk to them because they’re lesbian and to add a whole other layer of having another generation who isn’t accepted because of that would be really difficult.

Kelly commented on her niece’s reaction. Though her niece was positive about John’s birth, she does not give recognition to Kelly’s lesbian partnership nor her other two children with Judy. Lack of recognition can lead to an actual threat to the family:

Basically, most of my family of origin is gone. I’ve lost most of my family. My sister before she died was supportive of me having a child. My niece has been very excited about John, but not necessarily about looking at us as a family with three children. As a matter of fact, she had mentioned that if something should happen to me, she would fight for custody for John, which is very hard. Then the other parts of my family . . . they like John. I don’t know that they have a clue about how he got here. They don’t talk about it much. They don’t talk about my sexual orientation. They talk about Judy—ask about Judy and the kids, that kind of thing. But they basically kind of separate some of that out.

Tracy and Gloria have not received affirmation *as a family* from either of their families of origins, which has been painful for them. The following dialogue is an illustration of the strong feelings both have on this issue:

Tracy:

This is a real hard one for me. Family’s very important to me, although I feel like my family of origin has been a pretty horrible experience for me. I think that our families—both of our families—are not opposed to Al, but they’re opposed to us.

And I don't know how you cannot like the parents but love the family. I don't know, I don't know. What we did before Al was born is, when we got pregnant we sent a letter out to everyone saying, you know, "We're going to have a baby. And we're going to raise it together. It's our baby. If you have problems or questions we hope that you'll talk to us about that." And I have a big family—I'm the youngest of 13 children. You know there are a lot of siblings, at least on my side of the family. One sister called me and said, "Are you going to raise him to hate men?" This is sort of where they're coming from. And I don't know if they were afraid we were going to put him in a dress or what. You know, it's beyond my comprehension. I thanked my sister for having the courage to ask the question and I tried to tell her what my philosophy was. You know, where do you begin when the assumption is that you hate men, where do you begin? So anyway, so that's kind of where we come from. We don't have a lot of contact. I think it's a tragedy for Al that he can't have contact with his extended family.

Gloria explained her mother's reaction:

My family's the same—it's the same kind of feeling, I think, that we have no business as lesbians having a child. And it's going to be just a horrible, horrible experience for the child to have lesbian parents. I think that's where it comes from. The most recent incident was our union ceremony in October of last year. I haven't talked to her since before that at all. Because she just felt too sick to come, but she didn't send a card. She didn't have any kind of . . . there was no expression of concern or support at all in that process. Nor was there anything from my sister. I only have one sister. So I've kind of like . . . I'm ready to let them go over the falls without any help. And Tracy's concerned that Al needs to know his grandmother and have those kind of family ties. I don't know what I'm going to do with him. She hasn't been supportive about his birth, about our relationship. And that's been hard.

To re-establish themselves as a couple, Tracy and Gloria held a commitment ceremony and invited their families. No one from their families of origin came nor acknowledged the event with a gift or card. Tracy talked about how she and Gloria are not even recognized as a couple by her family of origin, and how these feelings do influence recognition of Al as their son:

I think that it was disappointing not to be supported when Al was born. I haven't even told anybody that we're trying to have another baby. I think that they're going to be more upset about that. It was like, "Now you've done it, do you have to keep on doing it?" So it was disappointing. It [no response to the ceremony] was so enlightening. I don't even know how to describe it. And I know that's not

directly related to having Al, but it is. *It is* about that. I don't know how we can be the kind of family I want to be when people are so disapproving of what makes us a family. Because it's not Al that makes us a family. It's Gloria and I being willing to come together and raise him that makes us a family. You know? I'm going to cry again. But then I'm ticked. It's just really . . . and I know other lesbians moms who have more family support and I'm really envious. I think it's important. We spend a lot of time making family with our friends. But it's not quite the same. We do try, but I still miss it. And I hear, I know I hear Gloria say they're all crazy, don't pay any attention to them. But, you know, it's still hard.

Work

Lesbian couples interact with other aspects of their environment that influence their sense of family validation. As their family of origin plays a role in legitimizing the lesbian couple and their children as a family unit, so do other aspects of their community. The external environment consistently mentioned by all couples in this study was work. Although the issue of these couples choosing to be out to their families as lesbians has been addressed, it also is an issue in the work site.

Positive Environment

The work place can be an environment of support and safety for a lesbian. One example of a supportive work environment involves the delivery of sperm to the work place. What could be seen as a highly personal aspect of the DI process became comfortably incorporated into the work environment. Midge, currently trying to become pregnant, has the donor sperm delivered to her work place. She and her partner Peggy are employed at the same place, in different departments. As Peggy stated, "They let us go. If we have to inseminate, I'm out of here."

Jane, who is not the biological mother of Mike, feels validated by her work site when she needs to take a day off of work if Mike is sick:

It hasn't been addressed directly, but all the Christmas cards we get are to all of us from people at work. And the kids are sick—one of them—if it's Mike I don't get any hassle about staying home with him if it's my turn to stay home with whichever child's sick.

Laura talked about her work environment as a supportive one:

Everybody who I know at school who actually know that Helen's been trying—Helen knows most of the people who I know, who I'm friends with at school. All of them have been very supportive. They were very involved in sort of asking questions about the process I think because from a sociological perspective it's really fascinating. From an emotional one it's really heart wrenching. I don't think work would have prevented me from making a decision to do this. But it's certainly nice to be able to share that with people from work. You know, if I was, if we had to run to _____ for something, I could just say, "Listen I'm . . ." I mean, they would know. I could be out about that and they'd be OK about that. It's nice not to have to hide that.

Mary referred to her partner Klara's work environment as a "community" that supported Klara's becoming a mother. The work environment was sometimes hard to negotiate for those who were not the biological mother. Mary stated:

In terms of how lucky we were to be able to do it within a community. We had baby showers at both of our places of employment. And they both honored and celebrated that. So it was nice to have people be on board to support her through the first year of having a baby. I mean, no sleep. If she was off or stressed, you would want to at least know what the heck happened to her.

Support Unclear

The majority of the participants spoke of varying levels of support. It was necessary to at times negotiate what information was shared, when to be "out" as an open lesbian in the work environment.

Klara talked about how the varying levels of being "out" as a lesbian in the work environment changed when kids started coming along. There were aspects she could no longer control if she wanted to talk about her children:

Before I felt like I had more control over information as a partnered lesbian. I could choose not to attend staff social events with my partner, or not to go at all. I could choose to talk about my life outside of work in terms of a partnership or not. And I was selective about who I shared that information with. I never denied it, but I also was selective about who knew when. And since kids have been in the picture it's like, I can't imagine saying, "I've got to take Emily, Emily's got a doctors appointment, I need to take an hour." "Well, who's Emily?" I mean, you know? I just can't even imagine how people cope with that, trying to make that a part of information they control.

Gloria, not officially out at work, reflected on her experience of coming out to her boss and co-workers. This step became an important part of giving recognition to the fact that she now had a son. However, because she was not the biological mother, she was not visibly pregnant on the work site:

I wasn't officially out at work. Coming out to my boss was one of the most difficult things I've ever done because he was so incredibly uncomfortable with it. And if it had been anybody else, I probably wouldn't have pursued it. But I knew that . . . the reason that I did that was I wanted people to know that I was going to have a baby. That Al was my son. He would be around. I wasn't going to deny him. I mean that was part of the process of giving him some pride in who he was and his family. If I was ashamed of the situation, surely he would be. He would have the same reaction. So, my boss was very nervous and weird about it, but he accepted it. At best, he is was OK with it. I then told my peers—the management team—and then I told my—the people that I supervise that I was going to have a baby. And they were probably the most supportive—the people that work for me.

A few of the participants made comments about the changing work environment, and how that influences what they share and do not share with colleagues. Judy commented on how adapting to a new work environment can be difficult:

I worked at the job I had before and everybody knew that I was a lesbian and that I was pregnant while I was there. So that wasn't a problem. When I went to [her new job], I was a little worried about how people would respond. And we were at an event where everybody came and my boss was there. And my boss met Kelly for the first time and the kids were there. And she said, "I really like Kelly." And she made some comment about us being a couple. And I thought, "Now how does she know that?" And she said something about the kids calling Kelly "Mom." So that was like they came out for us when they were like, "Mom!" You know, my boss looked and saw they were talking to

Kelly and put it together. And she was totally cool with it, and it was fine. And there are people in that department that know, and there are a lot of people that don't. And I kind of at work have chosen to be out to some and not to others, and I'm not going to deny it, but I'm not going to just outwardly come out to everybody.

Alice shared a story of being "selectively out" at work due to the constant turnover of staff at her work site:

I'm selectively out. So I'm not out to everybody I work with. I work with a lot of different people. I work on three different sites, and I work with residents that graduate every two years. So there's a whole new crop that comes every two years. Because you're constantly having to tell people. You know, when you tell somebody and get comfortable with them and they're gone. So I kind of pick and choose who I want to be out to.

Midge talked about the influence domestic partnership benefits, which were recently granted at her and Peggy's place of employment, will have on their family. This is another way that a place of employment can be seen as affirming. Peggy will now be able to utilize sick leave for their child. In addition, her workplace site is supportive of flexible time schedules that accommodate child care needs.

Several of the non-biological mothers specifically addressed the awkwardness of interactions with co-workers when questioned about their children. Jenny pointed out the awkwardness she experienced when co-workers question her parenthood. As the non-biological mother, Jenny was not visibly pregnant. She increasingly found the questions she received at work annoying, yet wanted very much to validate her daughter's existence *as her daughter*. Jenny put it this way:

Sometimes I just say, "Well, I didn't actually have her." And they'll say, "Oh, did you adopt?" "Well, no not yet." Which is, you know, the truth. They just haven't asked the right question. Especially if it's somebody who is asking the question in those kind of ways, it's somebody that I don't really care to share my life with anyway. But I would never deny Cicily, you know, like I would never say, "No, I'm not gay," or "No, she's not mine." I would never say that. That

would just be . . . I think it would be devastating to her. I'd do everything I can to protect her.

Jenny added an experience with a specific co-worker:

I just said...you know this is really getting on my nerves, and I said, "No, my partner and I had a baby. And she said, "Oh, I didn't know you were pregnant." And I said, "I wasn't. "Like I said, My *partner* and I had a baby." And she said, "You're partner?" And I said, "My *partner* and I had a baby." And she said, "ooohhhh, your partner." The first time I was just starting a rotation with a new attending who kept referring to Nora as a male. And I finally just said, "My partner is a female."

Some participants work in conservative environments, and that influenced how much they shared about their families to their co-workers. Annie described her work experience like this:

I work in a very conservative industry. And, you know, it's pretty out there just to be a lesbian in the field, much less have a co-parent with another woman and have a child. I don't know that I've ever really come out to anybody at work who wasn't already a lesbian. And there are a couple of lesbians . . . in my division that I'm aware of. But the kind of work I do requires a lot of support and cooperation from all of those. I don't risk that at all by sharing something that's private to me. I'm sure it's terribly speculated how a lesbian had a baby, and I think that they pretty much have figured out or suspect that I'm a lesbian and got pregnant. Because I wouldn't say everybody went, "Ah-ha, she's a lesbian, she probably went to a sperm bank." I don't know that they, you know, like transition there. So I'm sure it was pretty wild.

Annie further commented on how her parenting does not have to be in her office environment's "face", now that she is no longer pregnant. When the idea of how she became pregnant is no longer a visible issue, she became a parent like everyone else:

It's not in the forefront of their thinking any longer because there's a picture of Jeff on my desk. But I'm not out to here waddling around. I'm sure those several months where I did that were . . . once I was really in your face, well I was in everybody's face with that stuff. Now it's like an over and done deal. I'm just like any other parent. I talk about my child. If anything, that's brought me together a little bit more closely to other parents.

Medical Community Experiences

The medical community is another component of the lesbian couple's environment they interact with as they are preparing for parenthood. Interactions with the medical community consisted of aspects that included insemination experiences, the birth process, and doctor's office visits with their children. Experiences with these interactions have been both positive and negative.

Positive

Overall, experiences with the medical community were very positive. Regarding the inseminations done in the physicians' office, respondents reported that the staff got excited and hoped, along with the couple, for a pregnancy. All of the couples interviewed did at least one insemination under a physician's guidance so they could properly learn the technique. As Midge stated:

Everybody's been really excited. They're hoping just as much as we do that we become pregnant.

Klara gave an example of an important moment of validation that occurred in the delivery room with their doctor:

The doctor showed up at our room very, very early the next morning and came in to check on Mary and check on the baby and broke down in tears. The doctor did. And said, "This is my first lesbian delivery and I'm so honored that I got to bring this baby into the world and thank you for working with me." I mean she was very, very emotional. And of course we were, too. So that was neat that somebody totally understood the dynamics and importance of what it was for us and felt honored to be a part of that as well.

Her partner Mary added:

Because of that and because she had an influence over the people who were in the room, it really felt like a space where that wasn't an issue at the moment. We really were a family. Klara was right beside me holding my hand.

Prior to the delivery, their doctor did something that affirmed this experience for Klara and Mary as a family experience. Klara shared this:

When Dr. _____ came into the room for the delivery of Emily, she said to nursing staff that was present, “You’re all aware that Klara is the partner. Klara is Mary’s partner and they are having this baby together. I want to make that really clear.” And the nurses were like, “Yeah, heck yeah. They made it clear.”

A few expressed surprise that they were treated so positively by the medical staff.

Consider Laura’s thought:

I guess I don’t . . . maybe I had nothing else to compare it to where I’ve only had my thoughts about how people would react. And so I was pleasantly surprised that people have treated us like a real legitimate couple.

The medical staff score positive marks when they legitimize the family, and helping the non-biological mother in particular feel included. An example from Judy:

The ultrasound technician was great. She was very positive about Kelly being there. Was very inclusive. She might have just thought she was just a female friend or whatever. I don’t know what she thought, but she was very inclusive. And Kelly went to all five ultrasounds. And the doctor said [to Kelly], “You can cut the cord.”

Judy shared another example from their routine doctor visits for their children:

The assistant to the doctor said, “I just want you to know, I hope you don’t get a lot of grief from society. My father is gay, and I just think it’s wonderful. You two always come into doctors appointments together for all three of your children. And you’re just such loving parents. And I just want to let you know that I just think you’re great, and I hope you don’t get much grief from society.” So that was nice.

Negative

Negative reactions from medical personnel were experienced in some way by every couple interviewed. One particular issue brought up by the three couples that worked with infertility specialists was the issue of psychological testing. The fertility

specialist in all three cases ordered psychological testing for the couple before they could proceed with the tests. Midge shared her experience:

We questioned it. We asked her point blank, we asked her if it was because we were lesbians that she was requesting this. You know she came with a response, she wants what's best for the child, don't you? And we're like, "Yeah, of course." I mean, that's like a stupid question. And she knew it as well as we knew it. It was because we were lesbians that she wanted us to take the psychological evaluation.

It was also shared with me by the three couples that there was an awareness of only one fertility specialist in the local area that is willing to work with lesbians.

Not recognizing the non-biological mother as the mother added to negative reactions about experiences with medical personnel. When the non-biological mother was not recognized as mother, this further added to a family not feeling validated. The following three quotes are examples of the non-biological mothers being questioned about their validity as "mom" by medical personnel:

On occasion, when we don't see the regular physicians, I've been called their baby sitter and a variety of other things that I find really annoying. (Kelly)

The nurse came in and was doing this history, but Annie's out in the waiting room. So she said to me, "Are you the mother?" And I said, "Jeff has two mothers and I'm one of them." And she was kind of like . . . she did really well. She held it in. But then she said, "Are you the legal mother?" And I said, "No." And she said, "Well, is the legal mother here?" And I said, "Yes, she's out there doing other paperwork." And she said, "OK, well, as long as she's here." So it's clearly going to be an issue about whether or not I can be recognized as the mom. (Kay)

Katie had to be put in the hospital . . . so I went to the hospital with Katie, but I couldn't sign anything. And when they asked, "Are you the mom?" I had to say "No." And here's a little kid going, "Mommy!" If they need stitches, I want to be able to just take them to the ER and not have to have some permit signed by her [Johanna] which seems so ridiculous. (Alice)

A loss of control over what was written in their medical records was a concern raised by several of the couples. Laura talked about how it finally took a lesbian doctor to ask if they wanted the information that Helen and Laura were a lesbian couple written in Helen's medical record. Laura's reflection of this issue:

Although the one thing that we didn't realize is that when Helen had gone in for some. I mean all over her records—we got copies of her medical records—all over it's written "Helen's a lesbian. Helen and her partner who's a lesbian" I mean all over. And then when we went for our first OB-GYN visit, she said to us, the doctor said to us, "Do you want me to write in here that you're a lesbian?" But none of the doctors that we—none of the straight doctors that we had dealt with before had asked us that. They just had written it in. That was an important piece of information for them and they needed to write it down. Almost every other word. I mean, like you should see some of these records. "Helen's a lesbian and her lesbian partner." It's so funny. And the first thing this OB who is a lesbian said was, "Do you want this written in your records?" And I just thought that was a really . . . I hadn't really thought about it, but . . . it was sort of interesting that she would want to protect us . . . give us at least the option to protect ourselves if we needed to or wanted to.

Alice, responding to this issue when it came up during Johanna's initial pregnancy attempts, put it this way:

But you know, they wrote like "LESBIAN" right across the top of our charts so everybody in the building—even Joe Blow who's drawing your blood and has nothing to do with her [will know she is a lesbian].

Sometimes negative experiences with medical personnel are not subtle and can be extremely painful. The person drawing Johanna's blood that day did negatively react to the fact that Johanna and Alice were lesbians. The blood technician shared her opinion in a way that was very painful for Johanna and Alice:

Alice:

She (Johanna) got some little snippy remark from some person drawing her blood. "You shouldn't be pregnant."

Johanna added:

I had lost the baby and she said, “Well, that’s good, you shouldn’t have the baby.”

When their doctors work within a partnership, a few of the couples shared with me they often felt obliged to ask, “Do your partners feel comfortable working with lesbians?” In so doing, they feel protected when their doctor may not be available.

Finally, the paperwork used in doctors’ offices often added to the lack of validation for the lesbian family. This includes birth certificates on which they are forced to write “unknown” under the father signature and are not given the option of “co-parent” and forms that have written on them “Mother” and “Father.” Many of the couples shared incidents of crossing out the term “father” on charts and writing “co-mother” or “co-parent.” Even though this practice may be questioned later, it became a way for these couples to strive for approval in their medical experiences.

Other Sources of Family Validation

The following two quotes are examples of environments beyond family of origin, work, and the medical community that were shared.

Tracy commented on the important supportive role their church played:

We’ve gotten really involved with our church which has been very helpful. We’re Unitarians. So it’s like the only place around here where people like us, with the same value system, congregate. And we’ve had a lot of support from some straight couples there with kids. You know, liberal families that have been very supportive. And they’ve probably been the most helpful; in my book they’ve been the most helpful to us. It’s worth it to take him there, because I know that he won’t be hearing bad things. But we’re always on the lookout for, you know, where could he go? Where would be a supportive environment for him? Church has been wonderful. It’s just probably been the best experience in terms of really having support as a family. That’s been a good experience.

Judy shared a story about a retailer in the community and how she validated them through the taking of a family picture:

One time we went and took a picture at one of those you get a free 5" X 7" family photo if you come and take a picture. And so we went. And, I mean, here's two women: one black, one white, and three kids: two white, one black, and we . . . you know the three kids had a similar color shirt and both of us had a similar color sweater. We were getting posed and John starts fussing at one point and the woman said something to Paul and Diana about, "Oh, your little brother is fussing." And I thought that was so insightful. But she just was like this person who worked in this portrait studio thinking, you know, just kind of putting it together. And it was kind of cool.

Self Legitimacy of Family

The stories shared by these women show that they never underestimated the importance of being legitimized as a family. The following dialogue between Lisa and Jane is an example of this issue:

Jane:

It's too bad that it has to be a separate issue. You know, that it isn't just another family.

Lisa:

That we're not seen as a family is the most difficult thing.

Jane:

You have to declare it, you know. That it's not just assumed. Although I can't imagine ever having much in our lives being assumed.

Lisa:

I think growing up lesbian toughens you up anyway.

Kelly shared a scenario with her children, and with her sister, that led her to question her own status as a family. She finally realized that she *is* living an "American Family dream":

I think the hardest part was one day when we were sitting at the dinner table and the kids were—this was when Paul and Diana were very, very small—they were in tears about not having a father. That for me was really difficult. I don't know

that it challenged me about my sexual orientation, but there was a sadness about not having what is considered quote-unquote “a traditional type family,” you know, the mom, the dad, and two cars, and whatever. And I’ve also taken that up with my sister before she died. And she said, “I just wanted for one of us to be happy, you know.” And I said, “What does that mean?” And she said, “You know, the kids, the car.” And I said, “I have all of that. I have the kids, I had the house, and I had the”...and I said, “I didn’t have the picket fence”—that was the only thing. But all those other things that people consider making the American dream, we have. We just don’t have this mom, dad, and the children kind of notion. And going to Presbyterian Church on Sunday.

Whether or not support systems are in place for lesbian families, and separate from the amount of validation they receive as a family, these women have created their own rituals and family traditions that serve as personal sanctions of their family unit. I heard one story after another of these traditions and rituals. The following quotes are powerful examples of some of those shared:

They crank the radio because I always tell them I have to listen to what song’s on so I know what song’s on if it [insemination] does work. I like when I can go, “When we were inseminating, this is the song that was playing.” We have little books that we write it all in. (Peggy)

Somewhere along the line when I realized that indeed I was going to have children in my life one way or another, I found this really, really, really cute pair of itty-bitty little stockings at Target that were yellow and blue and green and pink stripes. And Mary has one and I have one. And it’s something that we just kind of always kept, a sock each and then after we would inseminate, the sperm comes in this tank in itty-bitty little vials and so we just for good luck would hold on to those two vials that month until we found out if it was a go or not. And so in my jewelry box, I’ve got my little sock with the Emily vial and the Jimmy vial. So sweet. (Klara)

We need to have baby books that include alternatives for parents. Because what we did is we bought a baby book that came in a three-ring binder and we took pages out of it and added our own pages. And in that—in his baby book—is his donor information sheet, a history of going to the clinic and all the whole decision-making process we’ve included. So, I mean, that’s one way that we have just incorporated this process into our lives as a family. (Tracy)

We took a tape recorder with us to every doctor’s visit. And we’d talk about what we were doing and how we were feeling about being pregnant and that sort of

thing on the way there and on the way, and occasionally at other times. We have his heartbeat from the doctor's visits. And since just before he was born I've started keeping a diary for him. So he'll have lots of things to look at and go back and kind of re-experience. (Gloria)

When Paul and Diana were about 3 or 4, I created a little book—one of those little photo albums, little brag books . . . and did text from a computer and photos next to it. It was kind of like **Heather Has Two Mommies**, only a little less graphic about the sperm and egg. But it was kind of there were two women had dogs and they really wanted kids and da, da, da . . . [and pictures of] us as a couple and then me being pregnant, and then us holding the babies and how much we loved them and all that stuff. So it let them know, and we wanted to have a baby and so Judy went to a doctor. And there's three ways you can have a baby. One is when you adopt, one is when you go to a doctor to get pregnant, and another is if you're married or with a man, and you have a baby that way. And we chose to go to a doctor. And so it kind of outlines very vaguely, but they can ask questions as they get older. And when they were younger, they wanted us to read it to them a lot. (Judy)

One of the things that we get to do and will continue to do on his birthday is to read him sort of a document that his birth father prepared. The physical characteristics and some of the words that he's written. And we do that every year for his birthday. (Annie)

Legal Issues

A lesbian couple is not a legally recognized couple in this state. In order to receive legal protection, the couples I interviewed have put into place a variety of legal safeguards that include provisions in wills, medical documents, and second parent adoption.

Frustration over the lack of legal recognition was felt by all of the couples interviewed. This frustration centers around issues that include lack of legal recognition as a couple and paperwork that is written in heterosexual language. Jane put her frustration this way:

There's got to be a way to deal with families like ours that doesn't offend from the first sentence.

Those with children got into the practice of crossing off "father" and writing in "second mother" or "co-parent" on documents where legal signatures from parents were needed.

Kelly shared this recent scenario:

This year was the first time I actually put me down as a second parent. They know us. We just never went through it. Now the fun part about it was we...for the after school program we crossed off the place that says "Father" and we wrote this stuff in [Kelly as second parent]. And when I went to pick up Paul and Diana for the very first time, they said, "You're not authorized on this form." And I said, "Yeah, I'm there." So they're saying, "Are you Judy?" "No." "Are you the Aunt?" "No." "You're not on this form." I said, "Yes I am." And I pointed. And she said, "You're not supposed to be there." And I said, "Oh yeah, this is where I'm supposed to be."

Her partner Judy added:

I wish they had "parent" and then "parent" instead of . . . and they list the father first and then the mother on a lot of these forms. It's weird. Like when the kids when to camp at the YMCA and the after school program. So it's like we cross off the "father" and write "mother." And then we just say "God" in front of the other mother just as an out in case the administrator is homophobic, so it's mother and godmother. But those who are in the know will know, and those who aren't will speculate or whatever.

Legal Documentation in Place

All seven couples who currently have children have some form of legal documentation that attempts in varying degrees to ensure the rights of the non-biological mother. Based on the number who did this, it is evident that protecting the rights of the non-biological mother is a priority. Most of the documentation involves medical care issues, so that the non-biological mother can provide medical care without the consent of the biological mother.

Another form of legal documentation is provided through statements made in wills. Tracy shared what she, as the biological mother, added to her will:

We do have a statement in my will that says that I want Gloria to be Al's guardian.

Tracy further added the statement that all couples addressed regarding the actual strength of the legality of these documents:

But I think that there would be some question about whether or not that would be supported in court.

Another safeguard is for couples to let their wishes be known to their families of origin. Klara, in addition to clear language in her and Mary's will, talked about other steps they took:

We did a will that talked about what our wishes were for Emily and any other children that would come into this relationship. We made it really clear to both of our immediate families what our wishes were. The thing we did different with Jimmy was to immediately give him the name that we ultimately wanted him to have, which was Jimmy [Mary's last name, then Klara's last name], so [Mary's last name] was the birth connection, [Klara's last name] was my family name to make it clear that this kid was from our families—both of our families.

Second Parent Adoption

Second parent adoption was discussed by all ten couples in this sample. Two have successfully completed it, four have future plans to pursue it, three couples are giving it serious consideration, and one has no desire to pursue the option. Currently, there is only one judge in the state that is known to grant second parent adoption for lesbian couples. In order to have this option granted, couples must have residency in the judge's county. No one is willing to attempt one in the couples' area of residency because, as Mary stated:

No one wants to take a chance with the judges that have been elected here because of their voting record, or their record on gay and lesbian issues.

Mary shared how the process of second parent adoption works:

We contacted a child placing agency in _____ and they came out and did a home study on us. Actually, we got a temporary residency in _____ county and met them [the social workers] there for the home study. They did the home study and then we got a court date. And what happens at the court date is that I as the biological mom need to . . . well, first we had to get a letter from the Sperm Bank saying that there was no dad, confirm that no “dad-person” had responsibilities. And then I as the biological mom needed to terminate my rights, then I also needed to waive my right to appeal that termination. Usually once a parent voluntarily terminates their parental rights, they have 21 days to change their minds. So I had to waive that right also. Then the judge made Emily, and later Jimmy, wards of the court and placed them with the agency. Then the agency said we were the best—the two of us were the best placement. So Emily had about 7 minutes and 2 seconds where she was a ward of the court. And then she was re-placed with Klara and I. It’s an expensive process. Emily’s was probably \$1,200. And it’s an invasive thing because you have to have someone come do a home study where if, you know, if we were a heterosexually married couple, or if we’d been a married couple of any kind, they wouldn’t need to do a home study. They would just do it in a court thing, there wouldn’t need to be big thing. If a woman gets remarried, her husband dies and she gets remarried, there’s no home study that that person has to go through. There’s no questioning about their parenting or how appropriate the care has been up to date.

The main reason given for wanting to pursue second parent adoption was to give legal rights to both parents. The following quotes are examples of the importance of having this option:

I want them to be legally mine in all senses. I want them to have the legitimacy that every other kid has for parents. And if this is what it’s going to take, then this is what I’m going to do. So that there’s nobody that can come and say, “I’m going to take your children just because you’re a lesbian.” (Jane)

It’s something that we want. I mean I do want the legal benefit of being his parent. I want him to have the benefit of being my legal child. If everything were fair, this wouldn’t be an issue. I mean, obviously I’m his parent and he should be a legal dependent with all that entails. And it’s just not happening simply because we’re a different kind of family. If something happened to Tracy, I am concerned that—she’s concerned—that her family may want to take Al. And then I would have absolutely no legal recourse whatsoever. (Gloria)

And there are some very real benefits to that. You know, you're going to retire sooner and there'll be some benefits in that way. I mean, it will protect the whole family. It also protects me. It protects me for Gloria to be his legal parent. If she decides to take off, I want her to have some responsibility for him financially. It's not going to happen, of course, but if it did, I think that when two people decide to have a child together that they should both be responsible. (Tracy)

Jenny currently has better insurance and because there is no legal recognition of her partnership with Nora and she is not the biological mother, she cannot put Cicily on her insurance plan. She stated:

Well, everything hinges on Cicily being adopted by both of us. Once that happens, then she can be on my insurance. But those are sort of road block issues. Cicily and Nora both are not getting the best insurance they could have.

All ten couples spoke of those "seconds suspended in time" that happens while the judge places the child as a ward of the court before re-placing them back with both moms as their legal parents. This time, although brief, is seen as an enormous risk and is one that is feared. Laura and Helen are considering second parent adoption, and have heard about this step in the process. Laura reflected on this:

It's a little scary, though, from what I hear. Just because...you've got those eight seconds that you give your child up. There's been no bad precedence set so far. Because that really scares me. I mean, it scares everybody. I know that is scares everybody. It's been OK, but if there's an easier way around it, then we might think about doing that.

Mary made this powerful comment:

It's a very scary thing because that's another time when all the conservative possibilities come in line where I stood up in a court of law being the only person at that point that had legal rights for her and gave them away with the promise of getting them back in just a few moments. It's a very scary thing.

Jane summarized the anger many of these couples feel about the process of second parent adoption:

Well, you don't have to adopt your own children—that pisses me off, pardon the expression. What a ridiculous thing to have to do. Somebody needs to help them with updating their paperwork for alternative families. Because it's very heterosexist. It's just extra added costs that most straight people don't have to incur just to have a family.

Her partner Lisa added:

Three quarters of it doesn't relate to us. I mean, we've been raising our kids all along so they're talking about if the child needs psychological help to adjust to this. The paperwork doesn't really have anything to do with our situation. If the judge wants to take them away from you because you're lesbians he can do that. I think it's totally ridiculous to have to do. Like I was saying about doing this home study in somebody else's home that's a third of the size of ours and not in as good a neighborhood as ours and it's just, it's something that we need to do to make our kids safe if something should happen to one of us we want them to stay [together]. So that is my only incentive to do this.

Alice, who is now the legal parent to her twins through second parent adoption, made this remark about the irony of the process:

And she's [the judge] saying to me now, "Are you willing to accept all the responsibility for these children?" "Yea, I guess so because, you know, I've been doing it for three years" (at that point). But she has to say that. It has to go on the record.

Issues for Non-Biological Mother

A few of the non-biological mothers raised separate issues that are necessary to mention. Although I addressed some of these in earlier sections, a particular issue is worth noting. Two non-biological mothers brought up the issue of the paradox of being an expectant mother that is not experiencing the birth itself. These two had the desire to be pregnant and birth a child, yet could not due to infertility issues. The other non-biological mothers were either not pregnant by choice, or spoke of their experiences as the non-biological mother *within the context* of having given birth to at least one other

child in the household. They spoke of their experiences with their partner's biological children in the context of having had biological children of their own.

Klara talked specifically about the issue of being an expecting mother who is not *biologically* expecting:

I think it is really an interesting thing, though, to be an expecting mom and be the one that's not pregnant. And by that I mean the nine months that you're going to be a mom you're getting ready to have this baby in your life, but you're not pregnant. And if you're not out at work that's something you probably don't talk about. Even if you are out at work, your belly's not growing like every other pregnant woman around you. It's very, very, very strange. It's very strange to be on the brink of being a parent as a mom and not ready to give birth.

I asked Klara to tell me more about this. She continued:

Well you have all the choices about when you tell people. I mean, if you're pregnant by the time you're four months along it doesn't matter if you're telling people or not. It becomes obvious. But if you're not the birth mom, it is more of those choices are up to you if you say anything at all. And the whole negotiation about is there going to be a maternity leave. You're not having a baby, but I couldn't have been more having a baby than if I'd had a baby. It's very odd. I don't know, I'm not coming up with the right words to explain it, but it's...I guess for me I felt like it went from average to good. It was not great, but I'm in a work environment where at least I'm out. I could talk about this as an event. I could make my wishes known to have some leave for the birth and a new child in the home. But it wasn't the way that it should be in our society. That's what I would say about it.

This paradox can be further clarified by an episode happening with an aspect of their family system. Consider Klara's example:

I can remember one other family thing that really threw me. After Emily was born we got a phone call from Mary's maternal grandparents and her grandfather—we both happened to be on the phone, but I was the one speaking, I answered the phone. And Grandpa said, "I want to talk to the real mom." And it just...it was like somebody kicked me in the chest. Kind of like, "Oh God. They don't get it yet." But Mary was the one that gave birth so at the same time I could understand how a 70-something-year-old man would go there. But it really . . . that was hard to be forgiving for me. I needed to, because I needed to get to a better place, but it was really you know, kind of my worst fear right there.

Annie and Kay also raised this paradox. Kay talked about her role in the Lamaze class during their pregnancy with Jeff. As an expectant mother, though not the one giving birth, she talked about having to sit with the dads and talk about “dad issues” during the classes. As Kay put it, she “. . . hated being stuck with the dads.”

Barriers

I asked each of the couples the question, “What barriers, if any, have you faced throughout this process?” The two barriers consistently brought up apart from those addressed in earlier sections, were cost and inability to get pregnant.

Cost

One barrier addressed by all ten couples was the cost of this process. Responses did vary depending on how long it took for a pregnancy to happen, and if fertility intervention was necessary. Donor sperm ranged from \$90 to \$175 per vial. If it was shipped in dry ice from an out of state sperm bank, costs were then as high as \$500 per monthly cycle. If a couple was choosing to do two inseminations a menstrual cycle, then their monthly costs doubled. If pregnancy happened quickly, costs were less. If infertility intervention was necessary, costs became much higher, depending on the level the couple was able to afford. Klara summarized their financial investment in the path to parenthood:

We spent, I think we figure we spent about \$17,000 during the period of time that I was trying to get pregnant over the two and half years and pretty much used up all of our savings. And that isn't why we stopped trying to get pregnant. It really made sense at the point that we stopped to go on. But it is also true that the next fertility step would have been in the \$10,000 a try--\$10,000 a month to try. And that was just out of the question. So maybe that did play a bigger influence on why we stopped. So that's a barrier.

Peggy recognized the high cost of trying to become pregnant, yet also acknowledged the worth of the expense:

It does get expensive, though, but you just kind of, I don't know. It's worth it. It's just worth it. I think it's because . . . I want kids so bad.

All of the couples in this sample are in the middle to upper class income range, and for the most part, were able to adequately pay for the cost. When savings were depleted, some were able to turn to their family of origin for financial support. Mary commented on the high cost involved and her and Klara's good fortune that they were in a financial position to cover most of the costs:

The money thing, I think there's more to say about that in that we're a family with two incomes—both masters level people. So we have a different experience than other lesbian moms have had. And even saying that after we spent the money—our savings—trying to get Klara pregnant. This is a cost of having—just the cost of getting the sperm and getting it shipped here, we're talking about \$500 a try. But we know very well that there was, unlike the stereotype that gay and lesbian people have so much money, we know that there's many women in this town who are partnered who wouldn't have the money to get the sperm like we did. So money's a huge barrier to lesbians wanting kids through alternate insemination. I mean we're lucky. And we were also very supported by our family financially. There's help at times when it's needed.

Many of the couples reflected on the fact that the cost of *raising* children is also extremely costly. Judy told this story:

Well it's funny because when I was moaning to my mother about trying to get pregnant, saying every month I go it costs blah, blah, blah. And she said, "Honey, that's nothing compared to the daycare and the food and . . . the clothes." And I thought, "Oh yeah, right." And it's true.

Her partner Kelly continued with this:

It [the process of DI] was outrageously expensive. And Judy's mother was correct. Those aren't the big costs. It's after you have the kid that the big costs incur. But again ours was . . . we were both fortunate enough that we were able to get pregnant without going through some really high tech stuff. Some of our friends' costs are incredibly high.

Inability to get Pregnant

Seven of the ten couples have experienced difficulty becoming pregnant. When I asked the question regarding barriers to Midge and Peggy, who have been trying DI for over a year without getting pregnant, Peggy responded, “It’s been good. We just can’t get pregnant.”

Three of those experiencing difficulty have either stopped trying (as is the case for two), or plan to stop after more fertility intervention. All three individuals within these partnerships had a great desire to be pregnant and birth a child. Mary talked about the pain of lesbians experiencing difficulties with infertility; pain that was brought up by the other two individuals as well:

There was quite a long painful period of time as Klara and I struggled to get pregnant and babies were being born and being born and being born. And it’s a really painful thing I think. Imagine to be the 1 in 10 women who is lesbian and the 1 in 10 women who deal with infertility, and to happen to be a lesbian who wants to be pregnant. It’s a small group of people and her experience is painful and isolating.

Klara added:

Well, everybody else was getting pregnant and having babies, and we were still childless.

A lesbian couple can experience validation or rejection as a family from their families of origin, their work environment, the medical community, and from the legal system. When aspects of their environment do not validate their family unit, lesbian couples find creative and meaningful ways to self-validate. For some of the non-biological mothers in this sample, the paradox of being an expecting mother without being pregnant further adds to their non-validation *as a parent*. Additional external

issues experienced by the lesbian couples in this sample included barriers such as cost and infertility.

SUMMARY OF FINDINGS

This chapter presented the major findings of this study. Findings revealed eleven themes, seven in the category of *internal* decision making, and the remaining four categorized as *external* issues experienced. Just as heterosexual couples, the decision to parent is not a simple one for lesbian couples. However, being deliberate is a necessity in all cases presented in this study. Getting pregnant is not an act that is taken for granted. Sexual intercourse and reproduction are not a possibility for lesbian women. The women in this sample reflected on varying experiences and thoughts that led them to their decision to parent. Almost all of the couples had a strong desire to parent, regardless of their identity as lesbians. For those that believed motherhood was impossible *because* of their lesbianism, knowledge of the increasing number of lesbian parents and partnering with someone who desired parenthood contributed to them changing their minds.

Once the decision to become parents was settled and the method of DI as a means to become parents was determined, five other decision areas were identified in the findings, including the choice of biological mother, information seeking, donor considerations, terminology, and the balancing of public versus private identities.

The findings indicated that choosing who would be biological mother was an important decision. Although for a number of the couples this was a matter of one

partner simply interested in experiencing pregnancy over the other, this can be an agonizing decision.

Findings revealed the importance of donor considerations. Although eight of the ten couples in this sample selected an unknown donor, all couples considered using a known donor. This decision is not “taken lightly.” Having positive role models, including “dad like” figures, in their children’s lives is a priority for the couples in this sample. The decision to use an unknown donor cannot be interpreted as a lack of interest in adult male role models. Every couple interviewed shared stories of positive males in their families, and spoke to the importance of this for their children.

Two other findings stand out: the balance of public versus private identities, and the legitimization of the family unit. The balancing of “out” versus “in” as lesbian families is situational, according to these findings. As children in this sample age, more interactions with public environments occur. School systems are one example. Three of the couples in this study have elementary school age children. As the child’s shifts from the family system primary environment to their school environment, negotiating the balance of private versus public identity becomes more of a challenge. The constant role of educating others about their lesbian family is also a finding that was addressed among all of the couples interviewed. For a few, this role was becoming tiresome and frustrating. For others, the educator role was accepted as an on-going part of lesbian family life.

Overall, the decision for lesbians to have children is a deliberate one. Consider the dialogue between Nora and Jenny as they shared thoughts on how they plan on telling their daughter Cicily the story behind her conception:

Jenny:

We've had a multitude of conversations. But I think we'll just tell Cicily that there are all different kinds of families, and our family just has two women. Some people don't like that too well, but we're the ones that have to be happy, and we are.

Nora:

And just how special it makes her because she has two people who just love her to bits.

Jenny:

Some day, she'll understand the planning and all the effort.

Nora:

The heartbreak that went into it.

Jenny:

It's not just like there wasn't unlimited resources. It wasn't like, "OK, let's get pregnant" and go do it. You just can't. There's just too much . . . it's very deliberate.

CHAPTER FIVE

DISCUSSION AND CONCLUSIONS

Overview

The purpose of this study was to examine the decisions and issues lesbian couples face as they utilize donor insemination (DI) as a means to become parents. The goals were to identify the major decisions involved with this process, as well as to describe the transition to the parenthood stage for lesbian families. These goals were achieved by interviewing nine lesbian couples who are parents through DI and one lesbian couple trying to become pregnant via DI. In addition, data gathered from two observations of a lesbian mother support group comprised of seven of the ten couples in the sample were used. The complexity of the participants' stories was evident. In a society that pressures heterosexuals to have children and lesbians *not* to (Martin, 1993), the couples in this sample navigated this complexity with dignity. Lesbian couples ask many questions as they plan for parenthood (Martin, 1993), and the stories these women shared provided some answers. Decisions about conception, donor options, and family terminology were apparent in these 10 couples' lives as they negotiated the path to parenthood. Past research on lesbian couples has addressed the questions asked as they consider parenthood (Martin, 1993; Pies, 1987), and the literature reviewed in this study documents the emphasis and importance of decision making. This study furthers the literature on lesbian families by examining the experiences these women have while making the decision to become parents. It goes beyond simply identifying the decisions. It *describes* how these decisions are *experienced*.

Theoretical Foundations

Three theoretical foundations guided this study: human ecology theory with a focus on decision making, family development theory and feminist theory. This study is an example of the contextualism of human ecology theory. Human ecology theory examines the complexity of social location within the broader social structure, and how that structure influences family life (Bubolz & Sontag, 1993). As lesbians, these parents and prospective parents were influenced by their environment, and this environment included their medical community, family of origin, work environment, and the legal system. Figure 5.1, discussed in Chapter One (Figure 1.1, p. 6), outlines the original seven clusters of issues identified by the literature review and pilot studies. Each of these issues eventually emerged in the data as environmental components that influenced the research participant's experiences, some more extensively than others.

Figure 5.2 is a revised Conceptual Map that more accurately reflects the findings of this study. *Donor Considerations*, *Conception Decisions* and *Family Terminology* remain in this version. They are themes that dominate this study. *Medical Issues*, *Community Support and Resources*, and *Family/ Friends Influence and Support* are collapsed into the theme of *Family Legitimacy*. Family of origin, the medical community, and the work environment emerged as major components that influenced the lesbian families' feelings of legitimacy as a family unit. A separate category was created for *Resources*, as the study's participants identified to whom they turned for information as they began their journey to parenthood. *Legal Issues* and *Barriers* are also additions to this model. *Cost*, a category in the original version, is an issue discussed as a *Barrier*.

Legal concerns and issues appeared significantly enough in the findings to create their own category. *Public versus Private Identities* is the eighth theme in the revised model. This reflects the many stories shared by the sample about the negotiation of their lesbian family identity. Further explanation of these themes occurs later in this chapter.

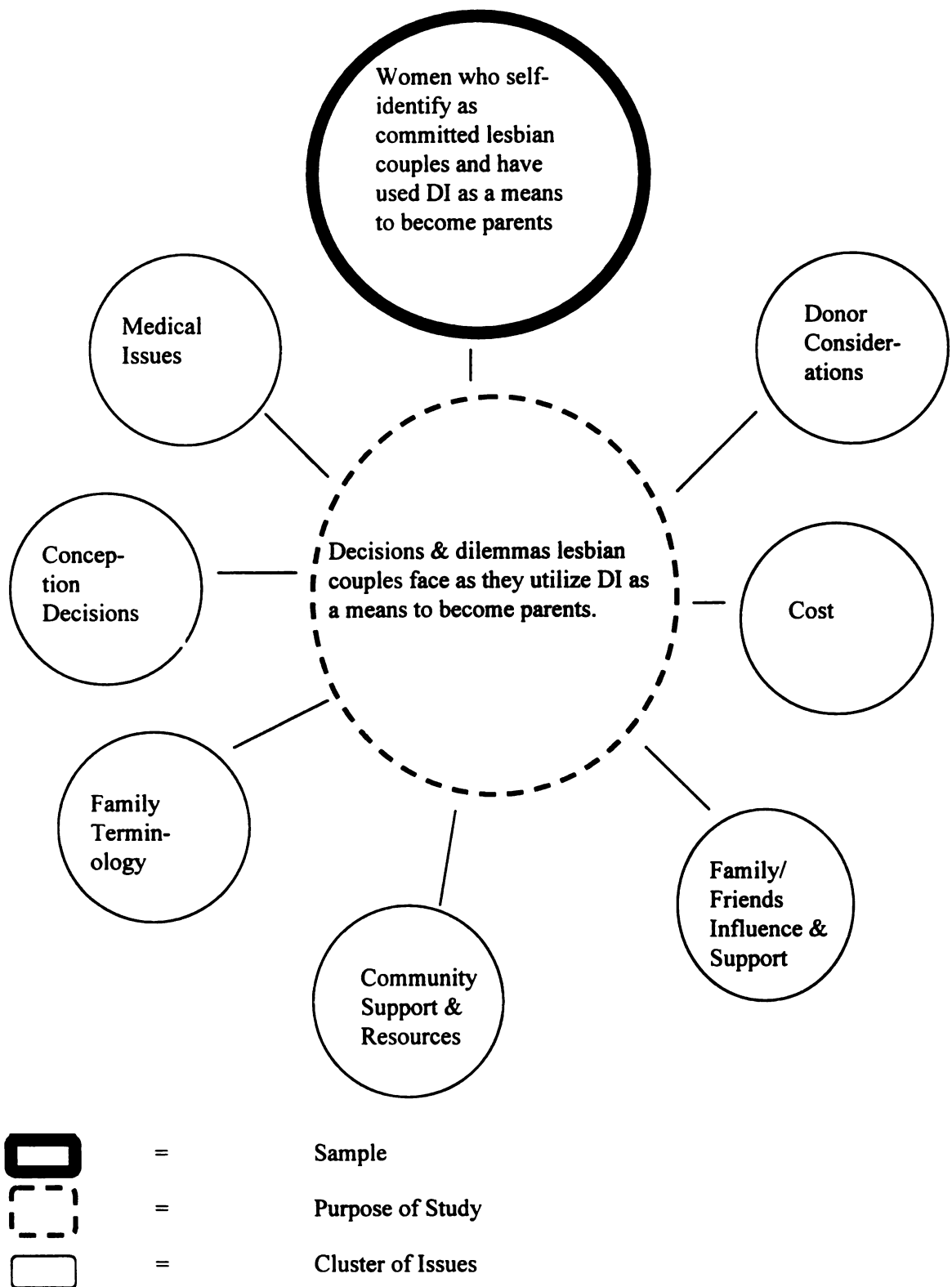


Figure 5.1: Conceptual Map

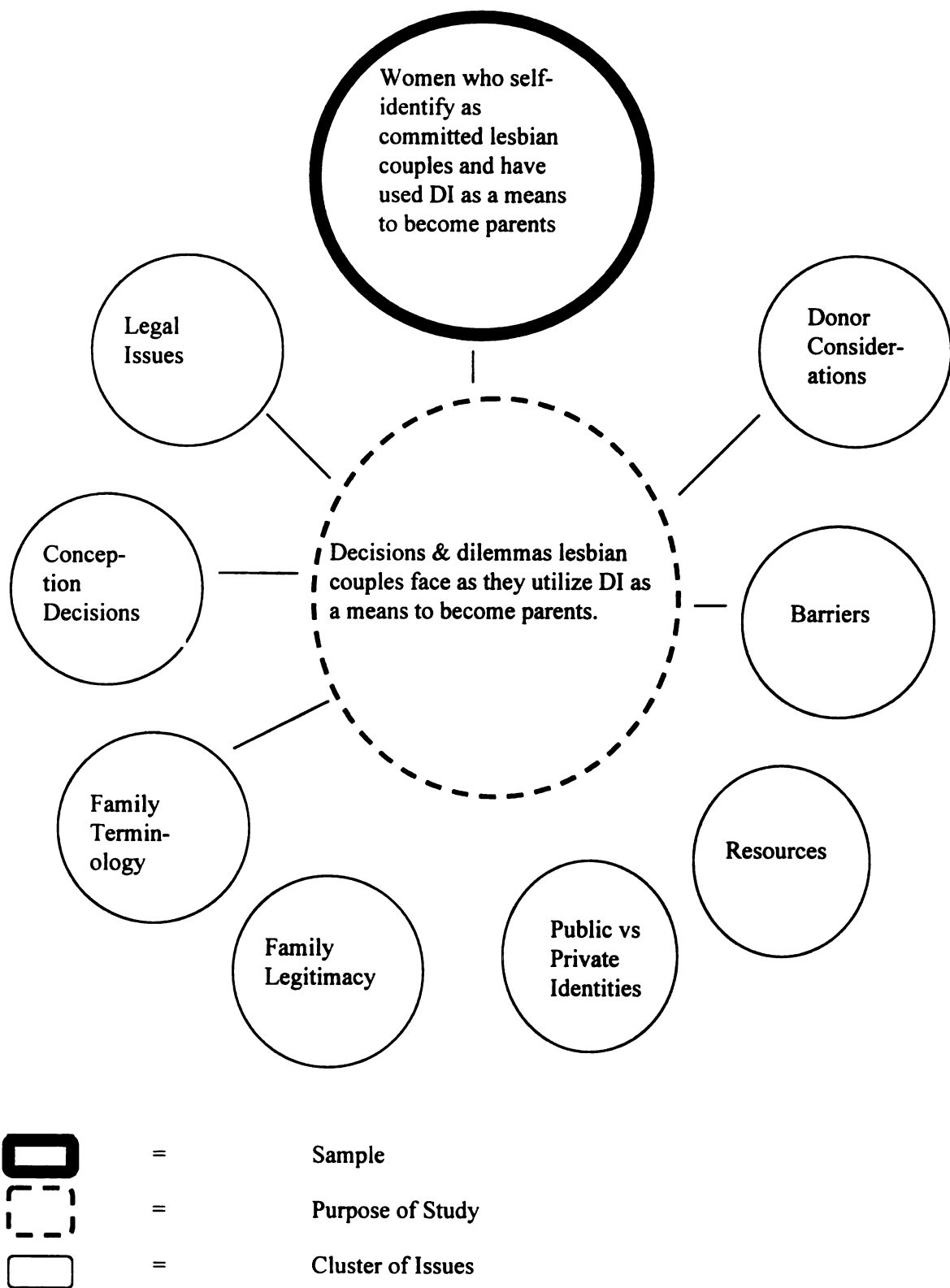


Figure 5.2: Revised Conceptual Map

Decision making as a component of human ecology theory is addressed in the literature (Bubolz & Sontag, 1993), and the identifying and implementing of decisions the couples in this sample faced permeated this study's findings. The decision making process was important in helping the couples adapt to their environment. Identification of decisions gave them a plan, moved them to action, and led them to their final goal of parenthood.

Developmental family theory has helped family scholars learn more about families as they experience developmental stages over time (Winton, 1995). The study examined the process lesbian couples experience as they made the transition to parenthood, and contributed to a deeper understanding of the resources necessary to complete each task of this developmental stage. This study answered the question, "What does this stage look like for lesbian women considering DI as a means to become parents?" Finally, feminist theory guided this study, beginning with an analysis of a marginalized "other", lesbian families, at the center (Thorne & Yallom, 1992). The central agenda of feminist theory is to research family life as a lived experience (DuBois, 1993). It is well documented in feminist literature that the continued practice of glorifying the traditional nuclear family causes other family forms to become marginalized (DuBois, 1993; Allen & Crosbie-Burnett, 1992; Thorne & Yallom, 1992). The lesbian couple was at the center of analysis in this study.

Key Findings

Thematic analysis of the data can be conceptualized into two key findings: intentionality and legitimacy. The process of becoming parents for lesbian couples is

highly intentional. Every step must have a plan and involves multiple decisions. The issue of legitimacy is also evident as these families seek validation as a family unit.

Discussion of these two key findings follows Figure 5.3. This table presents the association among the research questions, the coding categories, and the key findings.

The table lists each of the eleven themes discussed in Chapter Four. The four research questions outlined in Chapter One also are identified, and linked to the themes via coding categories. The table illustrates which theme answered which research question, and the key findings of legitimacy and intentionality are connected to the research question addressed.

Research Questions	*Coding Categories	**Key Findings
1. What does the process of transitioning to parenthood consist of for lesbian couples?	100s	1
3. What areas of consideration exist in the decision making process for lesbians planning for parenthood?	200s - 700s, 1000s	1
3. What institutional, societal, and personal support mechanisms have influenced the decision making process?	400s, 800s, 900s	1, 2
4. What institutional, societal, and personal barriers have influenced the decision making process?	800s, 900s, 1100s	1, 2

* 100s Decision to be Parents
 200s Donor Insemination (DI)
 300s The Choice of Biological Mother
 400s Information Seeking
 500s Donor Considerations
 600s Terminology
 700s Public versus Private Identities
 800s Legitimization as a Family Unit
 900s Legal Issues
 1000s Issues for Non-Biological Mother
 1100s Barriers

** 1. Intentionality
 2. Legitimacy

Figure 5.3: Research Questions Keyed to Codes and Findings

Intentionality

The issue of intentionality was evident in the process lesbian couples face as they utilize DI as a means to become parents. The concept of intentionality is noted in the literature (Stacey, 1996). Much work is necessary in order for lesbians to have children, and they do this work in a system that does not recognize their family form (Lewin, 1993, Weston, 1992). Extensive thought and planning is necessary for the preparation of parenthood (Martin, 1993). There are no unplanned pregnancies for lesbian women, and the couples in this sample negotiated every step on their journey to parenthood.

Consider the family management process (Goldsmith, 1996) introduced in Chapter One (p. 9). The five step process outlined involves 1) identifying the problem; 2) clarifying values; 3) identifying resources; 4) deciding, planning, and implementing, and 5) accomplishing goals and evaluating outcomes. This study focused on step four, the decision making component of family management. Each decision the couples faced, in essence, could be placed through the five steps of the family management process. However, focusing more globally, the main problem identified began with the desire to be parents. The problem was *how* to achieve this goal. The desire to parent, to have a biological child, and to experience pregnancy, were all issues identified by the participants and derived from their value systems. The third step, identifying resources, was instrumental in offering them support and a starting point to begin this complex process. The utilization of identifying, planning for, and implementing the decision ultimately lead the couples in this sample to the fifth step of accomplishing the goal of becoming parents. For seven of the ten couples interviewed in this study, this goal has

been reached. Two are expecting a child, and the remaining couple was trying to conceive at the time of the interview. What follows is a more detailed discussion of the fourth step of the family management process: decision making, an illustration of how intentional this process is for lesbian parents and prospective parents.

The decision making process for lesbians trying to become parents is complex (Henry, 1993), and involves a series of steps that include inputs such as time, knowledge, information, and money. When the lesbian couples in this study decided to become parents, they were faced with a number of questions, including: How will we have children? To whom can we turn for information? Where do we begin? Which one of us will be the biological mother? If we select DI as our reproductive method, what are our options? All of these couples made many decisions as they pursued their ultimate goal of parenthood.

The decision making model in Figure 5.4 illustrates the intentionality of this process for lesbian couples. It aids in describing the transition to parenthood for lesbians utilizing DI. The model outlines the seven major decision areas that were discussed in Chapter Four of this study.

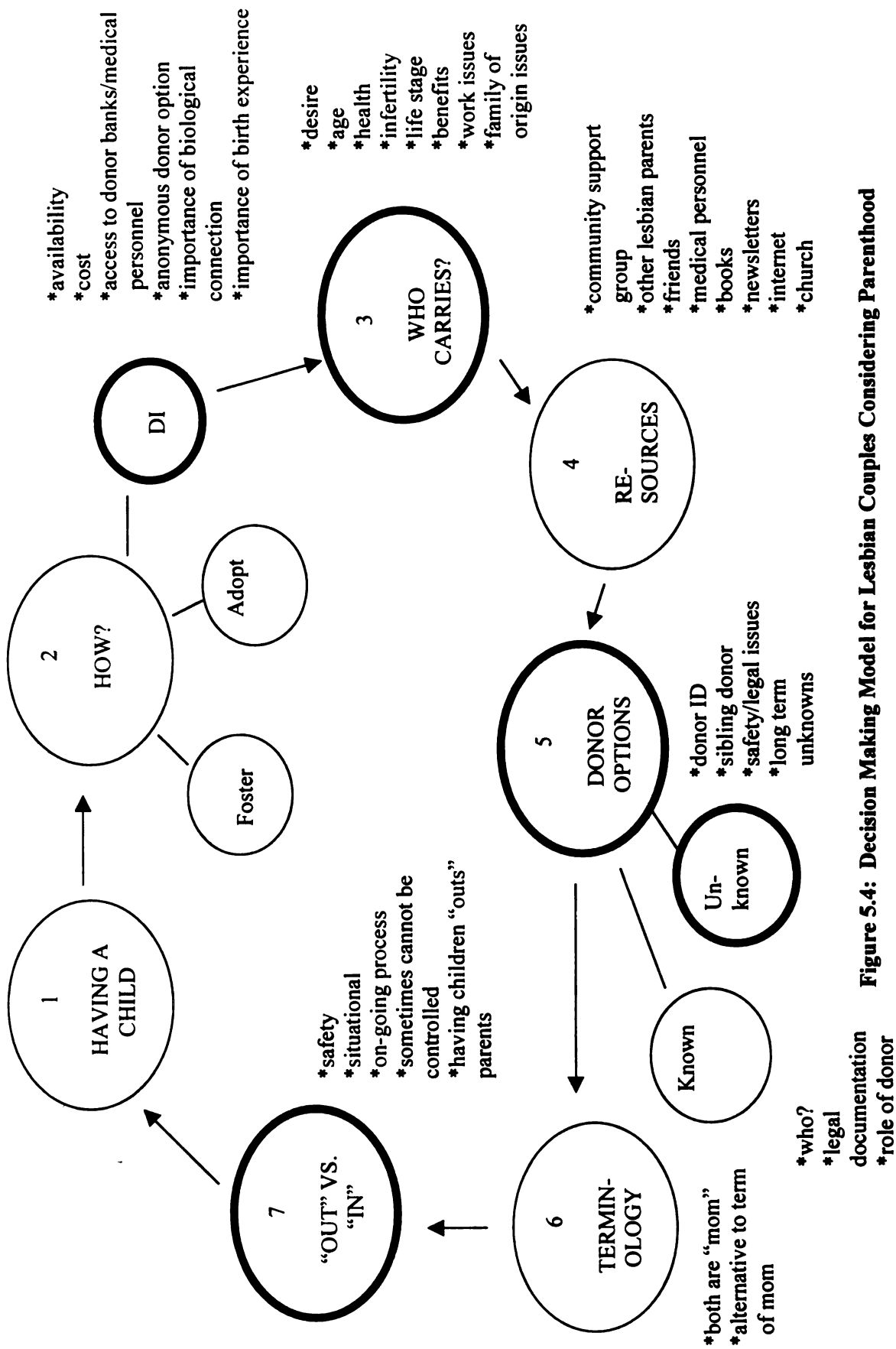


Figure 5.4: Decision Making Model for Lesbian Couples Considering Parenthood

Decision Making Model Discussion

The model (Figure 5.4) outlines seven major decision areas. Although it was not the intention of this study to identify the decisions that *lead up to* a lesbian couple wanting to be parents, this important decision is acknowledged in the model. Chapter Four includes a discussion of how lesbian identity in particular influences the participants' decision to be parents. The model outlines the remaining six decision areas, and lists factors that are important for lesbian couples to consider as they make their final decision.

The complexity of the decisions for Who Carries, Donor Options, and “Out” versus “In” are illustrated by circles in bold type. Based on the experiences shared by this sample, these three decisions were the most complicated. Donor insemination as the answer to “How” is illustrated by a circle in bold type to indicate that this is the method selected by all ten couples in this sample. It also was the criterion for sample selection for this study. Eight of the ten couples selected an unknown donor, which is indicated by a circle in bold. Arrows are used to show the direction of the participant decisions. All participants did not necessarily follow the order of decisions, but it serves as a general model for lesbians considering DI. The order of decisions was influenced by the flow of the experiences shared during the interviews, which was guided by the interview questions. This particular pattern was logical and consistent with the layout of the findings discussed in Chapter Four. The arrow connecting decision #7 back to #1 illustrates the cyclical nature of the process. Couples opting to have a second child may again go through a similar decision making cycle, although some aspects may be easier or

more difficult because of previous experience with the process. This allows for the utilization of feedback throughout the model.

The following are the seven decision areas outlined in the model:

Decision 1: Having the Child

The women in this sample arrived at the decision to have a child through a complex thought process regarding their identity as lesbians. Lewin (1993) addressed lesbian women placing motherhood at the center of their lesbian identity, and the women in this sample did struggle with this balance. Examples were shared from women who never let their lesbianism stop them from desiring parenthood, as well as from women who never saw it as a possibility *because* of their lesbianism. For a few in the sample, their desire to parent began to surface when they were partnered with someone who wanted children. Hearing about DI as a conception method was a common factor among the women in this sample that lead them to believe parenthood was a possibility, despite their lesbianism.

Decision 2: Method of Conception or “How?”

Donor insemination is most closely linked with lesbians having children (Martin, 1993; Weston, 1991), and ten couples in this sample support this fact. Couples wanting to use this method must consider the availability and cost of this method, and assess the importance of the biological connection and experience of giving birth for one or both in the family. The opportunity to select a known or unknown donor was attractive to the participants. These donor options gave them control over who parents their child. The cost of DI is an area of consideration for women in this sample. They identified a lack of viable sperm banks in the United States, so many utilized an out of state sperm bank.

Shipping costs can raise the price of monthly sperm to \$500 per insemination. It was necessary for couples in this sample to decide how long they were willing to continue inseminations if pregnancy was taking some time to occur. The longer the duration of conception attempts, the higher the cost.

Decision 3: Who Carries

This decision area is indicated in bold in the model to illustrate its complexity. Couples must discuss questions that include: Who wants to become pregnant? Who *can* become pregnant? How does age, life stage, work benefits and desire for pregnancy influence this decision? In addition, couples need to think about the potential for future thoughts if they are not yet out as lesbians to their families of origin. The choice to be a parent, including experiencing the pregnancy, may involve the decision to finally acknowledge one's lesbianism to family members. Among these participants, the decision was not always a natural one. For some, it became a matter of one partner wanting to become pregnant and the other having no interest. However, in those cases where both considered being the biological mother, it could be a decision that took time and involved lengthy discussion. Age was often a first criterion in who would first attempt pregnancy, but factors such as health, infertility, life stage, work security, and family of origin issues also influenced the decision.

Decision 4: Resources

To whom to turn for information is another decision lesbian couples make as they negotiate their path to parenthood. According to the experiences shared by the women in this sample, resources are important. In particular, the lesbian mother support group attended consistently by seven of the ten couples in this sample was cited as the most

significant resource. Anxiety about decisions was lessened when these women had a group with whom to share similar situations and receive advice and guidance. Additional sources of information included other lesbian parents, friends, medical personnel, books, newsletters and the internet.

Decision 5: Donor Options

The two options discussed among the participants were utilizing an unknown donor or a known donor. This was a central decision, hence the circle in bold shown on the model. A number of considerations were made in making this choice. If using a known donor, the couples in this sample discussed who that person would be, what role, if any, he would play in the family unit, and what legal rights and responsibilities would be documented. If using an unknown donor, consideration was given to the various options available (donor ID, sibling donor program), and to the safety and legal issues of the sperm bank or medical office being utilized. Although eight of the ten couples did choose unknown donors, these eight also had discussions about a known donor, which illustrates the fact that this is not an easy decision to make. For those eight, the fear of someone trying to take their child away was too risky, yet the benefits of having a male role model or “dad” to their children was, and remains, important to them.

Decision 6: Terminology

A decision often discussed prior to the birth is *who* will be called *what* in the household. Although in this sample all are considered mothers to their children (or will be), alternatives to “mom” can be a potential decision, as they were for two of the couples. It was important that the alternative name have some meaning to the couple, most notably linked to the non-biological mother’s cultural heritage. This decision is

discussed at length by some of the couples, yet all acknowledged that in the long run, the children eventually determine what to call each parent. As couples have increasing experience with their children, this becomes less important. However, it remains a societal issue. Some in the sample shared stories of people asking the question, “How can you have two moms in one house?”

Decision 7: “Out” versus “In”

Lesbian couples, as they interact with the various aspects of their environment, constantly negotiate their identity as lesbians as they decide when to be out and open as a lesbian family and when not to declare their lesbianism. A major factor that influenced this decision was safety, and the consideration was often situational. For example, in a hospital emergency room, explaining their child has two moms to medical personnel is not a priority when compared to their child’s physical health. The participants of this study realized that this balance would always be a part of the experience of raising children. The role of the educator was often played, and became another component in the negotiation of balancing lesbian identity. The women became educators about lesbian parents to their families of origin, to medical personnel, and to other systems of their environment. This role manifested itself when one of the participants would be called to correct an assumption. They then decided whether to educate or simply let the assumption go. Until lesbian parents are “normalized” in this society, the couples in this sample anticipate playing this role.

Legitimacy

Legitimacy is the second key finding that permeates this study. The couples interviewed negotiated for legitimacy *as a family* during interactions with components of their environment. Although questions were not asked regarding who provides validation and who does not, this theme became clear as participants discussed reactions from families of origin, their work environment, and the medical community. This finding supports Weston's work on the lesbian families' fight to procreate and raise children in a society that is based on heterosexist assumptions (Weston, 1991). These families fight for legitimacy on a daily basis, and they thrive and exist in a society that stigmatizes them (Demo & Allen, 1996). Who denies them as a valid family unit? Who validates them as a family unit? How is this legitimacy, or lack of it, existent in the dailiness of their lives? Answers to these questions arose as the participants reflected on their experiences with their environment. Despite efforts made, legal documents created to ensure their legal rights as a family could be challenged in court. Lesbian families have no way of ensuring their legal rights, which threatens the very validation they work hard to obtain and rightly gain from their families of origin, the medical community, their place of work, and from each other. It is well documented that the lesbian family fails to fit with the traditional ideology of the traditional nuclear family and is often not recognized as a valid, functioning family unit (Brown, 1993; Wisendale & Heckart, 1993; Koepke, Hare, & Moran, 1992). All of the couples looked to their families of origin, the medical community, and their work environment for validation. In addition, they looked to the legal system for legal recognition. When no validation occurred from these important aspects of their environment, they did what they could to create it.

A Developmental Stage for Lesbian Parents

Based on the findings of this study and the experiences from the ten couples in this sample, it is possible to describe the family development of lesbian couples making the transition to parenthood. Slater (1995) did not include the stage of parenthood as part of the lesbian family life cycle. She wanted her model to have widespread applicability for lesbians, and believed the inclusion of lesbian parenting in the model would further marginalize lesbians by suggesting that *all* lesbian women should and would consider parenting (Slater, 1995). The increasing numbers of lesbians raising children cannot be ignored. The findings of this study contribute to the developmental family life cycle literature and reflect the growing number of lesbian women having children through advances in reproductive technology. This research is not to be generalized to all lesbian women, nor to all lesbians who are parents or who are considering parenthood. However, it is a necessary starting point, and one that can add further legitimacy to lesbian families.

The first stage of the family life cycle as conceptualized by Duvall and Miller (1985) identifies one of the developmental tasks as “Adjusting to pregnancy and the promise of parenthood.” This task is more intentional for lesbian couples, as the findings of this study confirm. “Fitting into the kin network”, another task identified by Duvall and Miller (1985) is also a task for lesbian couples. Although the tasks are common for both heterosexual and lesbian parents, the *meaning* of the tasks are quite different for lesbian families. Fitting into the kin network involves intentional negotiation for lesbian couples with children. This was evident in the stories shared by participants in this sample. Some experienced mixed results when announcing their impending parenthood

to their families of origin. Statements like, “They didn’t know what to say,” “They were shocked,” and “It was awkward” were common examples shared.

The first four stages of Duvall and Miller’s Family Life Cycle (married couple, childbearing, preschool age children, and school age children) can be combined into one for lesbian couples. The stage could be called “Transition to Parenthood”, with co-partners and co-parents identified as positions in the family. Stage-critical family development tasks based on the findings of this study would include adjusting to pregnancy and the promise of parenthood, fitting into the kin network, and fitting into the community of school-age families in constructive ways. As a lesbian family moves out more into the “public domain” of their child’s school environment, negotiating their lesbian identity has the potential to increase. Couples in this sample identified their role as educators to their children’s school personnel. It can be a challenge to adapt to the critical needs of their children in growth-promoting ways when society believes that the lesbian family is an “unfit” family form. This deviance belief about the lesbian family is well documented in the literature (Stacey, 1996; Martin, 1993; Herek, 1990), and it is a struggle for lesbian families to consistently fight for validation as a family unit while trying to stimulate their children in growth promoting ways, a stage-critical task during the childbearing years in Duvall and Miller’s model (1985). This study attempted to answer the question posed in Chapter One (p. 15), “What will the stage of Transition to Parenthood look like for lesbian families?” Stage-critical family development tasks also would involve the decision-making element that is documented earlier in this chapter based on the findings of this study.

The blending of the first four stages from Duvall's original conception of the Family Life Cycle serves as a starting point for The Lesbian Family Life Cycle. The children in this sample ranged from infancy to early adolescents, covering a larger span of experiences. However, the sample was not large enough to create four separate stages. The developmental tasks identified from the findings of this study appeared in the first four stages of Duvall's. The Lesbian Family Life Cycle developmental tasks were not exclusive to only one stage.

Figure 5.5 illustrates The Lesbian Family Life Cycle, Stage of Transition to Parenthood.

<u>Stage of the family life cycle</u>	<u>Position in the Family</u>	<u>Stage-critical family developmental tasks</u>
Transition to Parenthood	Partner - biological mother Partner - non-biological mother	Adjusting to parenthood Making a place in the kin network Making a place in the community in constructive ways

Figure 5.5: The Lesbian Family Life Cycle, Stage of Transition to Parenthood

Methodological Issues

As a researcher, I struggled with whether to interview the participants separately or as a couple. I decided to interview them together, but recognize some of the answers to my questions could have changed. Different responses may have been more comfortably shared, specifically around the issue of the non-biological mother. The intention was not to “pit” the participants of this sample against one another. I was interested in hearing how *together* the couples experienced the planning for parenthood, and both were given opportunity to answer each question during the interview.

In order to be a responsible researcher, I consistently avoided undue risk to the participants in this study. For example, I chose not to include information on the sample figure that identified the nature of employment. There were times when identifying the specific career of one of the participants would have helped to clarify a point, or strengthen it. Protecting the anonymity of the subjects was a priority. The risk involved and the steps necessary to protect the participants’ anonymity illustrates the extent of oppression of this group. This also was evident in my personal struggle with how much to include regarding the second parent adoption procedure. It was a critical issue for all ten couples and important to be addressed. However, information was omitted for fear of putting the procedure in jeopardy.

This study is qualitative, and this type of research is not value free (Miles & Huberman, 1994). Having a high personal interest in the research topic can cause bias (Marshall & Rossman, 1995). As a researcher, I have a personal commitment to validating the lesbian family form, and I recognize that this can cause bias. The benefits

of using a qualitative research methodology far outweighed the risks. The gap in the literature on the experiences of the intricacies of lesbian family life has been well documented, as has the “call” for more research that addresses how lesbians experience family life (Lewin, 1993; Koepke, Hare, & Moran, 1992; Weston, 1991). Qualitative research, which allows for the use of in-depth interviewing and observational techniques, was the best way to capture these experiences. The interviews allowed for exploration of the issues these couples faced as they planned for parenthood and helped gain insight about this very important stage in lesbian couples’ lives. The flexibility of qualitative research was needed throughout the interviewing phase of this study. Although I was consistent with the use of the interview guideline, I had the flexibility of asking follow-up questions when clarification was needed and asking additional questions to obtain further information.

I struggled with my social location as a heterosexual, non-parent. In qualitative research, the fact that researchers are members of the community being studied can add to the validity of their study (Acker, Barry, & Esseveld, 1995). This creates more sensitivity to problems and issues that may otherwise be invisible. I am not a member of the lesbian community, nor have I experienced the process of planning for and becoming a parent. Although this may have represented a limitation, research on lesbian families should be on the agenda of heterosexual family scholars, not just on those of lesbians in the field. Allies as teachers, researchers, and practitioners are necessary in order to advance the study of gay and lesbian families.

The use of in-depth interviewing in research involves personal interaction and cooperation from the research subjects who may be unwilling or uncomfortable sharing

all that the researcher aims to explore (Marshall & Rossman, 1995). There also is the risk of not properly comprehending experiences shared by the subjects. I minimized this by sharing with some of the participants copies of their responses. They were able to read over their statements as well as my narrative interpretations of these statements. As a validity check, I asked them if I was “on target” or asked for clarification when unsure as to what they meant by a particular point.

Limitations

The sample of lesbian couples in this study is not representative of all lesbian couples. The aim was not to homogenize lesbian parents, but rather to speak to general issues and decisions they face. Donor insemination as the method of conception was a criteria for participation, and I recognize there are other means by which lesbians become parents. Also, the sample size of ten is small. I do not claim that the experiences of these women are commonly shared by *all* lesbians utilizing DI as a means to become parents. The goal was to identify general themes that consistently were addressed by the sample. There is a risk of generalizing the experiences of lesbian couples as parents, but as with all families, no single lesbian family system exists. Despite the limitations, the use of triangulation of methods did enhance this study’s generalizability (Marshall & Rossman, 1993). The themes that were addressed during the in-depth interviews emerged during the two group observations.

Because using DI can be extremely costly, there are class limitations to this study. Due to the restrictions of insurance policies, many couples paid for fertility services out

of pocket. This research sample consisted of predominantly middle to upper-middle class, dual income women who have the financial means to access DI. If part time work was involved, it was only temporary due to graduate school interruption of full time work. This study cannot address the issues for lower socio-economic lesbian couples who are interested in becoming parents through reproductive technology.

The couples in this sample identified the importance of having resources for both information and support. Often, they did not know where to begin and relied on a network of resources within their wide frame of reference. The population studied live in a large, mid-west city located near a major university. This study cannot address the experiences of lesbians who live in more rural, isolated communities.

This sample consisted of one African American individual partnered with a Caucasian, and one Native American partnered with a Caucasian. This was not a sample with a diverse race/ethnicity representation, and I therefore cannot speak to issues of lesbians of color. It is difficult to report on the issue of race/ethnicity when few were represented in this sample.

Recommendations for Future Research

This study has raised many issues for future research. Generally, more research addressing both race/ethnicity and class bias is needed. Also, each theme discussed in Chapter Four could be a separate research study, with more detail and information needed to capture the “heart” of these decisions. Selected themes emerged as specifically “speaking to” new research areas.

Infertility literature is based primarily on the experiences of heterosexual couples, and lesbian women who experience infertility are an unsupported group (Martin, 1993). Although there are common issues infertile lesbians share with infertile heterosexual women, there are separate issues affecting lesbians that have research potential. Because lesbianism and motherhood are seen as a contradiction, the question of infertility for lesbians is believed to be non-existent. The experiences of lesbians diagnosed with infertility is a further area of research, with a comparative sample of heterosexual infertile women. The potential to document the similarities as well as the differences between infertile lesbian and heterosexual women may broaden the existing infertility literature.

The paradox of being an expectant mother while not expecting biologically can be further studied, starting with literature examining adoptive mothers as a whole. However, adding the layer of lesbianism to the equation calls for more research. A study comparing non-biological mothers by choice and by default needs to be done. Interviews with a sample of non-biological mothers has the potential to further this research. An additional component of this would be to explore what happens when the individual who *did not* expect to be the biological mother finds herself in that role. This role reversal could be an interesting study.

The ways in which couples negotiate their lesbianism warrants further study. The responsibility for educating others about lesbian parenting is evident (Pies, 1987) and is consistently an issue addressed in the findings of this study. It would be interesting to ecologically examine the influence of each aspect of a lesbian family's environment, and whether interaction with their environment is negotiated as "out" lesbians, or with their lesbianism hidden.

Slater and Melcer (1991) challenge scholars to continue adding to the lesbian life-cycle framework looking at all aspects of lesbian family life. More work is needed addressing additional stages of the life cycle, including lesbian families in mid-life and during the aging years. A longitudinal study that follows the couples in this sample in five year increments is possible and has the potential to answer the question, “What does the children’s adolescent stage look like for lesbian parents?” The majority of the couples in this sample have infants and toddlers, and one has children in the adolescent stage. Many of the questions asked could be answered differently as both parents and children mature and experience further stages of development.

The use of DI for heterosexual couples can be experienced in similar ways as lesbian couples, yet lesbians arrive at this choice for different reasons (Henry, 1993). The women in this sample shared the emotional considerations, as well as the logical reasons for this choice. Infertile lesbians struggle with similar issues of guilt, shame, loss of “motherhood” ambition, and stress that heterosexual women face, but there are also issues unique to lesbian women as an infertile population. A comparative analysis, with sexual orientation represented, could have implications for a more diverse representation in the current literature on DI, and on the use of reproductive technology.

Lesbian mothering roles could be examined. It would be interesting to examine which (if either) co-parent follows traditional mothering roles and why. Is the biological mother any less nurturing than the non-biological mother, and what factors influence this possibility? How do relationships with their mothers influence lesbian mothers’ experiences, and how the decision making process is negotiated?

A more detailed look at donor issues could be addressed as future research. For example, many of the participants in this study selected the donor sibling. It would be interesting to explore why this option is an important one. Furthermore, additional research could focus on lesbian couples' experiences with DI (or other means of bringing children into their home) when children from previous unions are involved. Information on blended lesbian families could diversify the stepfamily literature.

Issues of class and race/ethnicity need further examination in the scholarship on lesbian family life. What do lower socio-economic families do to cover the costs of DI or to gain access to legal assistance in obtaining children through adoption? Speaking to the issue of race/ethnicity, lesbians of color experiences need to be heard. They carry the additional layers of oppression as lesbians and as women of color, and it would be interesting and important to hear their experiences.

Finally, research is needed on gay male couples' experiences with parenthood to further integrate lesbian and gay families into family literature. Which components of the decision making model apply to gay couples considering parenthood? What are specific developmental tasks they would face in the family life cycle as they plan for parenthood? There is great potential and need for research that identifies and describes the experiences of gay male parents and prospective parents.

Pedagogical and Clinical Implications

This study has the potential to further knowledge of lesbian families, especially in courses that deal with parenting issues or decision making models. When discussing issues of the transition to parenthood, the lesbian family can be incorporated into the

curriculum, thereby adding to its validity as a family system. Because it describes what this stage consists of for lesbian families, information is now available that identifies how planning for parenthood is experienced for lesbian couples. Decisions involved are multiple and complex, and there is potential for this study to contribute to the diversity and inclusiveness of decision making curriculum.

Overall, courses addressing general family topics such as (but not limited to) families with children, infertility, the role of motherhood, family management, and reproductive issues can include discussions of lesbian families and their experiences. Feminist pedagogy calls for teaching within a framework that liberates students from the belief that family related courses look at the *prescription* about how a family should be functioning to the *description* of how many types of families function in society (Allen & Crosbie-Burnett, 1992). This study can contribute to an inclusive family curriculum, where diverse family forms are discussed beyond a separate chapter on “Alternative Families.”

This study can assist professionals working with lesbian couples who are planning for parenthood. Recognition that those seeking support and guidance on the stresses of parenting or those grieving the inability to conceive are not only heterosexual couples is important. Implications for medical personnel also exist. Throughout the transition to parenthood process, lesbian couples interact with a variety of medical personnel: infertility specialists, reproductive technology specialists, labor and delivery staff, pediatricians, and blood technicians. Knowledge of the kinds of services needed for those patients who are not heterosexual is necessary.

Components of the decision making model could be applicable to other family forms. Gay male parents, heterosexual couples and single women utilizing DI as a reproductive method could find some of the decisions outlined applicable to their experiences.

Summary

Consider the scenario of a heterosexual couple walking down the street, holding hands, and pushing a baby stroller. Often, no further explanation is needed, and they are not challenged on their parenthood. Consider two women holding hands, pushing a baby stroller, or a scene where one is visibly pregnant. Further explanation is needed. When a lesbian couple decides to have a child together, they often are questioned in ways heterosexual couples are not. For lesbians, planning for parenthood and adjusting to pregnancy are intentional in ways that heterosexual couples do not experience.

Lesbian couples planning parenthood have many decisions to negotiate in order to begin, as well as implement, their journey. The intention of this study was to identify main issues and describe the transition to parenthood stage for lesbian couples utilizing DI as a means to parenthood. This study documents the key findings of intentionality and legitimacy for this sample of lesbian parents and prospective parents. The findings can be helpful for lesbian couples considering parenthood. The women in this sample are groundbreakers, and can provide models for younger lesbians who may incorporate the idea of motherhood earlier in their development. They now have access to information that the women in this sample did not.

The invisibility and silence of lesbian women has been evident in the family literature (Baber & Allen, 1992). This study captures the intricacies of lesbian family life, and the hope is that it instigates further research interest on this family form, thereby increasing the visibility.

Personal Reflections

The origination of this study followed the traditions of grounded theory: *observing* the experiences of a lesbian couple trying to bring children into their lives, and noticing how their experiences differed from those of heterosexual couples. I watched as one of the partners tried to become pregnant via DI in a work environment in which she was not completely “out” as a lesbian. The experience appeared to be different from a heterosexually married pregnant woman in the same work environment. I wanted to know more about those differences and hear more about lesbian couples’ experiences with the DI process.

I have a learned a great deal from this research project. As a qualitative researcher committed to feminist principles, I learned more about the tools necessary in order to follow these principles. I was able to identify the strengths and challenges of my own research skills as they were put to practice during this dissertation. I feel I got closer to what Lam discussed in **Feeling Foreign in Feminism** (1994) when she said, “Finally, she trains herself to hear, rather than talk, the lives of these women...” (p. 889).

Most importantly, I learned more about the dailiness of lesbian families, and how they experience a part of human development they are often denied *having experienced* because of their social location as lesbians. When their stories are left out of the family

discourse, the impression is that they do not matter. Including lesbian families in teaching, research, and practice is an important component of my scholarly journey.

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APPENDICES

APPENDIX A

INTERVIEW GUIDE

1. How long have you and your partner been together?
2. What is the current makeup of your household, i.e. how many children (if children), age of children (distinguish between children born through DI & from other means, i.e. adoption, previous relationships)
3. What events led up to your decision to be parents?
4. You chose donor insemination (DI) as a means to become pregnant. Tell me why you chose this option?
5. When you decided to consider DI, where did you first turn to for information and support?
6. Tell me how you decided who would become pregnant (first, if that is the case)?
7. Can you share with me any feelings about this decision?
8. Did you use a known or unknown donor?
9. How did you arrive at this decision?
10. What role, if any, will the donor/biological father play in your family?
11. What has been your experience with the medical community?
12. What resources (i.e. support groups, other lesbian parents, medical personnel, etc.) available to you in the community have been helpful?
13. What resources have not been available and have made this process more difficult?
14. What has been your family of origin's reaction to one (or both) of you giving birth?
15. What has been your friends reaction to one (or both) of you giving birth?
16. What has been the community's reaction to one (or both) of you giving birth? i.e. your work environment, school system.
17. What barriers, if any, have you faced throughout this process?
18. What have been some challenges of being lesbian co-parents?
19. Are you going to be an "out" lesbian (or are you) as a parent?
20. What have been the costs involved?
21. How have you handled the cost of this process?
22. What steps have you taken, if any, to ensure legal rights for the non-biological mother?
23. What are your feelings and/or experiences about 2nd parent adoption?
24. How have you handled the cost of the 2nd parent adoption?
25. What terminology (mom? first names?) are you using in your family (including grandparents)? i.e. what are each of you called by your children (if you currently have children)?
26. What has been your thought process and/or experience regarding how you will handle telling your children about their birth?

APPENDIX A, Con't

27. Is there anything you would like to add regarding your experiences that I haven't covered in my questions? (i.e. any surprises you hadn't planned on?)
28. Have you had any aspects of being a parent come up that have changed or challenged your identity as a lesbian?
29. Do you have any questions of me?

APPENDIX B

Dear Members of The Mom's Group,

My name is Jenny Chabot, and I am a doctoral student in Family & Child Ecology at Michigan State University.

The purpose of this letter is to recruit for my dissertation research project on lesbian parenting. I am looking specifically at the process lesbian couples experience as they utilize alternative insemination (AI) as a means to become parents. I aim to identify and explore the issues and dilemmas lesbian couples face as they utilize AI as a means to become parents. The primary areas of study will center around issues of 1) conception decisions, 2) cost, 3) donor decisions, 4) family/friend influences and support, 5) family terminology, 6) medical issues, and 7) community support and resources. This study will examine the nature of the lesbian parenting phenomenon and will document lesbian women's experiences as they plan for the conception of their children in a system that supports heterosexual parenting.

I am looking for couples who are already parents through AI, or are in the process of trying via the AI method, who are willing to share their experiences through an interview and/or group observation of this support group. Your anonymity will be protected throughout the interviews and group observations. All interviews will take place in a mutually agreed upon location. I will pay for any child care costs during the interview time (approximately 1 ½ hours).

My goal as a family scholar is to contribute to the growing literature on gay and lesbian family life. I am committed to sharing accurate stories of lesbian family life, and my hope is that my dissertation will portray your stories and shed much needed light on the stage of becoming parents.

If you are interested in participating and/or learning more about my project, please contact me at (517)332-1176. I would be happy to share with you my research plan.

Thank you, and I look forward to hearing from you.

Sincerely,

Jennifer M. Chabot ("Jenny")

APPENDIX C

DEMOGRAPHIC INFORMATION: __Family# __ Partner#

Please check () the appropriate response or fill in the answer.

A1. What is your Date of Birth?

____Month ____Year

A2. What is your occupation?

A3. Number of years together as a couple?

____Years & ____Months

A4. What is your ethnicity?

1. __African American
2. __Native American
3. __Asian
4. __Caucasian
5. __Hispanic/Latino
6. __Other (Please describe)

A5. What is your religious affiliation?

1. __None
2. _____ (Name of Religion)

A6. What is the highest level of education you have completed?

1. __Did not finish High School
2. __High School degree
3. __Some college
4. __Undergraduate degree
5. __Graduate degree

APPENDIX C, Con't

A7. What is the approximate annual income in your household?

1. ___ 0-\$9,999
2. ___ \$10,000-\$14,999
3. ___ \$15,000-\$19,999
4. ___ \$20,000-\$29,999
5. ___ \$30,000-\$39,999
6. ___ \$40,000-\$49,999
7. ___ \$50,000-\$59,999
8. ___ \$60,000-\$69,999
9. ___ \$70,000 & higher

APPENDIX D

INFORMED CONSENT

The purpose of this study is to identify and explore the issues and dilemmas lesbian couples face as they utilize alternative insemination as a means to become parents. This qualitative study will include an in-depth interview with you and your partner, as well as observations at the lesbian mom's support group. The primary areas of study will center around issues of 1) conception decisions, 2) cost, 3) donor decisions, 4) family/friend influences and support, 5) family terminology, 6) medical issues, and 7) community support and resources. This study will examine the nature of the lesbian parenting phenomenon and will document lesbian women's experiences as they plan for the conception of their children in a system that supports heterosexual parenting.

Your signature on this form indicates that you have agreed to participate in this study. Please read this form carefully. It outlines your rights as a participant in this doctoral dissertation research project.

As a participant in this research study, I _____ agree to the following terms:

- I will be voluntarily participating in a doctoral dissertation research project that will explore the experiences of lesbian parents who conceived children through artificial insemination.
- I can withdraw participation from this research project at any time. I can also refuse to answer a question, or refuse to participate in a group observational experience.
- I can ask questions of the interviewer at any time during the research process.
- My identity will be confidential. Pseudonyms will be used in all written papers, both published and unpublished, in order to protect anonymity.
- I know that all interviews will be taped. All tapes will be destroyed or erased after the dissertation is complete. The researcher will retain the transcripts of the audio tapes.
- I consent to the publication of this study and accept that my information will be anonymous in order to prevent any identification.

Signature of Participant _____ Date _____

Signature of Researcher _____ Date _____

APPENDIX E

CONFIDENTIALITY AGREEMENT

I promise to hold the information on the tapes provided to me by Michigan State University in complete confidence, to safeguard the materials while in my possession, and to return the tapes and furnish the transcriptions to Michigan State University without retaining any copies of them.

Name of Transcribing Source

Signature