

“It wasn’t ‘let’s get pregnant and go do it’:” Decision Making in Lesbian Couples Planning Motherhood via Donor Insemination

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The process that lesbian couples experienced in using donor insemination (DI) to become parents was examined in this study through interviews of 10 lesbians. Using a decision-making framework embedded in feminist theory, results identified the major decisions involved that conceptualized the transition to parenthood and describe how these decisions were experienced.

The increase in reproductive technology and the recognition by gay and lesbian individuals that their sexual orientation does not exclude them from becoming parents has led to a “gayby” boom (Dunne, 2000). This boom enabled family scholars to study the evolution of this relatively new family form (Stacey, 1996). Research on the transitions to parenthood among lesbian couples in a heterocentric society is increasingly apparent (Allen & Demo, 1995; Dunne; Lewin, 1994; Murphy, 2001; Reimann, 1997). However, more research is needed that describes the experiences of lesbian and gay families and the decisions they make in planning for parenthood.

This qualitative study narrows this gap by discussing a decision-making model that conceptualized the transition to parenting for lesbian couples using donor insemination (DI) as a means to become parents. The major research questions explored here include: What does the process of transitioning to parenthood consist of for lesbian couples? What areas of consideration exist in the decision-making process for lesbians planning for parenthood? What institutional, societal, and personal support mechanisms influenced the decision-making process? What institutional, societal, and personal barriers influenced the decision-making process?

Review of Literature

Lesbian Family Life

Lesbian and gay adults choose to become parents for many of the same reasons expressed by heterosexual adults. The desire for children is a basic human instinct and satisfies many people’s wishes to leave a mark on history or perpetuate their family’s story (Perrin, 2002). 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; Murphy, 2001; Perrin). DI refers to the process of inseminating sperm from a known or unknown donor into the uterus of a female. This process includes couples who self-inseminate or inseminate with help from medical personnel. In addition, unless a person chooses to disclose this information, DI as a method of pregnancy can be concealed, thereby allowing for an assumption of a naturally occurring pregnancy (Daniels).

Although heterosexual and lesbian women have commonalities in their use of DI as a pregnancy method, their paths diverge

when sexual orientation adds complexity to the experience (Henry, 1993). As coparents, lesbians eliminate the gendered identities of man as father and woman as mother that unite to biologically produce a child in the “natural” sense (Weston, 1992). With DI, lesbian women encounter unique issues, including where to begin, whom to designate as the biological mother, how to negotiate the medical process, and how to address the economic and social costs. In addition, several donor decisions must be made, including whether to choose a known or unknown donor (Seibel, 1996; Seligson, 1993).

Intentionality is necessary in creating and maintaining a sense of family in a society that does not socially or legally recognize gay and lesbian family life (Oswald, 2002). Lesbian individuals and couples also face additional legal arrangements to solidify parenting relationships, and they work to create a legitimate role of mother for the nonbiological mother (Perrin, 2002). The emotional pain of lesbians pursuing parenthood is brought on by the restrictions imposed by a heterosexist system (Perrin). One way that lesbian parents can receive support as they navigate restrictions is through lesbian mother support groups. Thus, community is critical in offering support and resources to meet the needs of gay and lesbian families as needs arise (Oswald).

Decision Making from an Ecological Perspective

Decision making, viewed in a family ecological context, is a key component of helping families to successfully adapt to their environment (Bubolz & Sontag, 1993). It is the central activity of family organization (Paolucci, Hall, & Axinn, 1977) and is necessary in bridging the gap between what is and what can be (Goldsmith, 1996). Decision making is defined as the process of making a choice between two or more alternatives and often involves negotiation or bargaining with others (Goldsmith). Much of the decision-making literature has been based on heterosexual marital dyads (e.g., Barnett & Lundgren, 1998; Zvonkovic, Greaves, Schmiede, & Hall, 1996), with an emphasis on wives’ experiences.

Decision making is an integral part of the process that lesbian couples use as they negotiate their path to parenthood, and the decision to parent is multilayered and complex. These women often make decisions in a context in which rules for selecting available alternatives may be complex or unclear. Bubolz and Sontag (1993) discussed the concept of risk taking in decision making, and in lesbian families, risks exist as they make decisions in an often unsupportive environment. Martin (1993) discussed the thoroughness and responsibility of exploring all of the concerns involved, including those to whom they turn for support and affirmation. Planning to conceive can be stressful for a couple and can cause strain on their relationship.

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Key Words: decision making, donor insemination, family, lesbian, motherhood, parenting.

The literature has addressed the many decisions involved for lesbian women, including decisions about conception, donor options, legal arrangements, and cost (Dunne, 2000; Lewin, 1994; Murphy, 2001; Perrin, 2002; Reimann, 1997; Weston, 1992). The literature has not addressed how the decisions and issues connect, and how they are experienced as a process. In addition, qualitative research can tell us how couples experience decisions from their perspectives and contexts (Zvonkovic et al., 1996). This study accomplishes both these tasks.

Method

Use of Feminist Inquiry

Including nontraditional families such as lesbian families in the content of family scholarship provides a richer view of family life (Allen & Crosbie-Burnett, 1992; Allen & Demo, 1995). Employing feminist theory requires reflexivity. This involves the process of increasing sensitivity to and awareness of the experiences of others by listening to the voices of those not represented (Allen & Farnsworth, 1993). Using reflexivity as a research strategy, the first author observed a lesbian coworker attempting to become pregnant via DI in a work environment in which her identity as a lesbian was concealed. Her experience differed from another coworker, a heterosexual married woman, who openly discussed her attempts to get pregnant. Electing to use a feminist framework in this study helped contribute to our greater understanding of lesbians as a marginalized group.

Feminist theory addresses the exploitation, devaluation, and oppression of marginalized groups in our society. Feminist theory values the power of naming, because that which has no name is silenced and considered invisible (DuBois, 1993). Thus, we named lesbian families, recognizing them as a valid family system, and began with lesbians as our focus and studied lesbian couples as a lived experience (DuBois; Thompson, 1992).

Feminist theorists commit to empowering marginalized groups and changing their oppressed conditions by making their voices heard. To accurately represent participants' voices, 3 couples reviewed the interpretations of transcript analysis, thereby creating a collaborative research process (Olesen, 1998; Reinharz, 1992b).

Recruitment

To understand the decisions by which lesbian couples pursue parenthood, 10 lesbian couples who had at least one child conceived through DI or were in the process of trying to conceive via DI were interviewed in depth. (DI is the preferred term among the participants for the same reasons evident in the literature. To many lesbian couples, the use of "artificial insemination" can be interpreted as "not real," whereas donor insemination has more positive connotations [Henry, 1993].) Purposive sampling was used, and key informants introduced the researcher to potential participants at a lesbian mothers' support group (Strauss & Corbin, 1999). At these meetings, the researcher announced the study and disseminated recruitment letters. Seven couples asked to participate at the close of the support group. The 3 remaining couples were added by snowball sampling.

Other criteria for participants included self-identification as lesbians and self-identification as being in committed partnerships. At the time of the interviews, 7 of the 10 couples were

parents, 2 were pregnant with their first child, and 1 couple was in the process of trying to conceive (and was later successful). Of the 7 couples with children, 1 was attempting conception for a second child via DI with the same biological mother. The second couple was pregnant, with the nonbiological mother of their first children (twins) carrying this pregnancy. Of the 20 individuals interviewed, 18 self-identified as Caucasian, 1 as African American, and 1 as Native American. The women ranged in age from 30 to 43, with a mean age of 37.6 ($SD = 4.7$ years). Length of partnership ranged from 3.7 to 19 years, with an average of 7 years, 8 months ($SD = 4$ years, 2.5 months). All 20 women were employed in service or professional positions, either full time or part time. Those participants who worked part time also attended graduate school. The combined income of the couples ranged from approximately \$45,000 to over \$70,000 annually. All but 4 participants lived in a large midwestern city. Two participants lived in a large metropolitan northeast city, and 2 lived in the rural midwest. The participants' children ranged in age from 3 months to 8 years. Four girls and 8 boys were represented in the study. See Table 1 for a summary of demographic characteristics.

Data Collection

Two types of data were collected. In addition to the interviews, observations were conducted at two different support group meetings. As a heterosexual who is not a parent, it was important for the first author as a researcher to be visible at the support group to build rapport and earn trust (Reinharz, 1992a). Because of the nature of the sample, confidentiality was essential. Some participants were not public about their sexual orientation in their workplaces for fear of job loss. At the time of the study, it was legal to fire a worker based on sexual orientation in the city in which most of the women resided. Data from these observations were used in developing the interview guide. Field notes from the group observations were recorded in a journal. Statements from group members were documented, as were observations of group discussions. Reflexivity was practiced by recording field notes and by documenting the thoughts and feelings of the researcher after each interview (Fonow & Cook, 1991).

The first author interviewed participants using an in-depth semistructured interview protocol. Questions were designed to capture factors that influenced the process of DI, including conception decisions, cost, donor issues, social support, family terminology, medical issues, and community resources. All but one of the interviews occurred in the participants' homes, and partners were interviewed together. One interview with a couple not living in the local area occurred at the home of another participant couple. Tape-recorded interviews ranged from 70 minutes to 2 hours, and tapes were transcribed verbatim.

Data Analysis

Because the data included accounts of the experiences of lesbian couples through interviews and field notes, analysis was done by hand, and the data were reviewed repeatedly. A matrix was created that listed each couple, accompanied by key issues that emerged during the interviews (Marshall & Rossman, 1998). In subsequent reviews of the data, particular issues emerged that centered on key issues of planning for parenthood. In the process of coding, questions were asked about each theme that emerged

Table 1
Characteristics of the Sample (N = 20)

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

as an attempt to understand the meaning and what it represented. Final analysis resulted in the identification of seven key decisions that unfolded as a cyclical process. Because the sample size was small, the final analysis cannot be generalized to all lesbian family experiences. Data quality checks (matrix construction, rereading transcripts multiple times, noting consistencies and contradictions in data) added to the reliability of findings (Miles & Huberman, 1994). In addition, potential threats to reliability of data were lessened as the lead author shared the findings with 3 couples from the sample. These participants were given excerpts of their responses and asked for feedback on the interpretation of the excerpts.

Results

Because the process by which lesbians become mothers is fraught with challenges (Martin, 1993; Oswald, 2002; Perrin, 2002; Stacey, 1996), the women in this study discussed and planned every step of their journey to parenthood. Jenny shared how she and her partner Nora planned to tell their daughter Cicily about how she was conceived.

Some day, she'll understand the planning and all the effort. It's not like there were 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.

Decision-making processes connect the various steps used to explain a transition experience (Hill & Scanzoni, 1982). As participants described their paths to parenthood, a model emerged that logically connected each decision. Figure 1 outlines the seven key questions that consistently emerged for these lesbians in their use of DI as a means to parenthood. These questions represent a decision-making model that reflects their

interest and desire to parent, where they accessed information, how they became parents, donor decisions, and how parenthood was negotiated within a heterocentric context.

The discussion on the decision-making model below identifies factors that were important for these lesbian couples to consider as they experience the process. Based on the experiences of participants, decisions involving the most complicated questions were: Where do we access information and support? Who will be the biological mother? How do we negotiate parenthood within the larger heterosexist context?

Use of DI to become parents was the method selected by all 10 couples. In the model, arrows show the direction of the participant decisions and illustrate the cyclical nature of the process. The order of decisions varied somewhat, but we believe that the order can serve as a guiding model for other lesbians considering DI. Couples opting to have a second child may again go through a similar decision-making process, although some aspects may be easier or more difficult because of previous experience with the process.

Some readers may question the inclusion of the decisions from the following questions: How do we incorporate inclusive language? How do we negotiate parenthood within the larger heterocentric context? Comments from every participant included these issues before, during, and after parenthood. In cases in which couples planned for their second child, these decisions were consistently reconsidered in the overall decision-making process.

Decision #1: Do We Want to Become Parents?

Deciding whether to have children involves the integration of motherhood with one's lesbian identity (Lewin, 1994). Participants understood the social identity of motherhood, but they

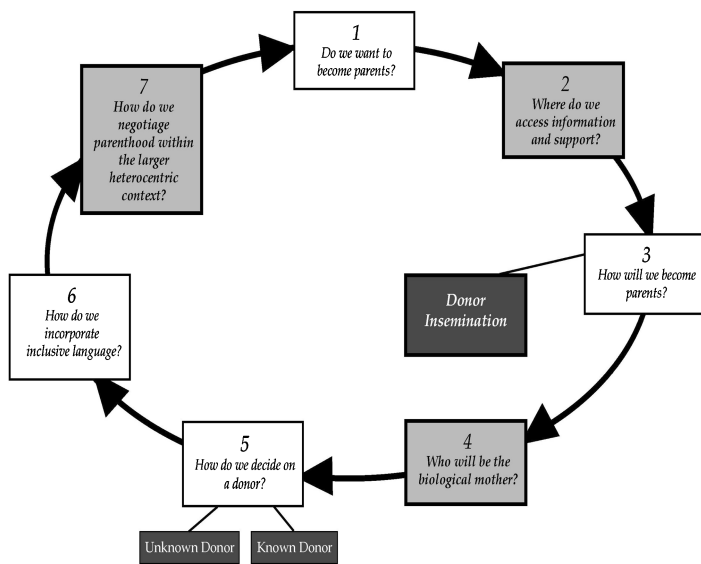


Figure 1. Decision-making model.

struggled with their personal views on lesbian identity. They redefined family by reconciling motherhood with lesbianism in the context of other lesbian mothers (Oswald, 2002). Klara talked about how she homogenized lesbians until she could see them with children.

It's interesting how as a lesbian 20 years ago, 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 it's the same anymore. And there certainly are lesbian parents as part of the culture.

Her partner Mary added:

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.

Lewin (1994) discussed how placing motherhood at the center of one's identity can involve simultaneously placing other aspects of the self, such as lesbianism, in the margins. Participants struggled with this balance in their decisions about parenting. Gloria had not considered being a parent until she met her partner. In making the decision to coparent, Gloria was concerned about losing her lesbian identity. She reflected on an incident that occurred after their son was born, one that reaffirmed that concern. She said.

That was an interesting experience for me, 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. I mean, obviously the expectation that someone pushing a stroller couldn't be a lesbian was pretty strong.

Five participants struggled with the belief that heterosexual married women are the only appropriate mothers (DiLapi, 1989). Participants' strong desire to have children helped them move beyond perceived obstacles. Laura, Helen's partner and pregnant with their first child, stated, "I remember when I came out to my mom saying, 'but I still want to have children.' Just because I wasn't going to get married and do the heterosexual thing, I was still going to have kids."

Four participants shared their early and ongoing concerns regarding the potential difficulties of a child raised by lesbian parents. Two expressed their resistance to being a parent because of societal or family messages that lead them to believe that lesbians were not fit mothers. Gloria explained, "I didn't want kids for a long, long time. 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." She continued to reflect on how the negative messages about being a lesbian influenced her initial decision not to parent.

It was not OK to be gay or lesbian. Absolutely not OK. The feedback I got about my sexuality was that I needed to be very closeted. So I guess it never occurred to me to think about parenting. 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.

For 6 participants, self-identification as lesbians temporarily postponed the desire to have children. Although voicing their doubts about parenthood, they did not completely relinquish the idea of having children. When asked what turning points led them into believing that parenthood was a possibility, some participants stated that hearing about alternative methods, such as DI, allowed them to think of being parents within the contexts of their committed relationships. Thus, growing information about lesbian parenthood and observations of couples they knew with children rekindled desires to parent. In addition, becoming partnered with someone who desired children motivated parenthood. Judy stated:

When I met Kelly in college and we started getting involved, we started hearing and reading about women in England and other places having children through artificial insemination. It's like, "Wow, we could do this. What a concept." That was the first time it struck me, and then it was something I wanted very much.

These women were redefining family to be inclusive and reconciling the possibility of lesbian motherhood in the context of existing resources (Oswald, 2000).

Decision #2: Where Do We Access Information and Support?

Support services and resources are critical for lesbians considering motherhood (e.g., DiLapi, 1989; Oswald, 2002). Eight of the 10 couples participated in support groups for lesbian mothers, underscoring the importance of this resource. Anxiety about decisions was lessened when these women had a group of other lesbians who faced similar situations. The 2 couples not involved felt isolated in their experiences.

Lisa and Jane were some of the founding mothers of this group. According to Lisa, the group formed because "we were

getting different information from different places.” The idea was to meet on an ongoing basis to share experiences, ideas, and resources. Creating and maintaining a safe and nurturing network of support became critical for them, as did the sharing of social, emotional, and material support (Oswald, 2002). The support group was used for birthday celebrations, holiday gatherings, meal preparation for new moms, and baby showers for any group members adding to their families. In addition, members exchanged caregiving and shared clothes and baby furniture. One of the support group sessions attended by the first author served as emotional support for a couple struggling with infertility, and the second group session was a celebration of December holidays with all of the children included. Johanna reflected on the importance of her support group, saying:

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 children had two moms, too.

Lesbian parents living in rural communities often feel that social support and resources are lacking (Oswald & Culton, 2003). Tracy and Gloria, who lived in a rural area, found the support group helpful in keeping them connected to a community of other lesbians with children. Tracy 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. Once we had a baby, how are we going to manage all by ourselves? We don’t have family around—neither one of us has family in the state. We’re relative newcomers, and we live out in the middle of nowhere. We live in the middle of a cornfield. The Mom’s Group has been helpful. It was just nice to see other people there with kids—to know we would survive it, you know.

Group members were an important source of information for women beginning to explore the path to parenthood. Mentoring occurred between those with the experience and those just beginning. For the few experiencing infertility treatments, seeking support was instrumental in making them feel less isolated. Experiencing the pain of infertility, these women felt marginalized among the infertility support groups already existing in their communities. Laura reflected on this.

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.

Additional sources of information shared included other lesbian parents who were friends, the Internet, medical personnel, books, and newsletters. Most participants cited a key resource on lesbian parenthood (Pies, 1985) as their “bible” during the beginning stages of the process.

Decision #3: How Will We Become Parents?

Once they decided to become parents, participants had to determine the means by which to do so. Adoption was considered by all but 2, and 2 even completed adoption preparatory courses. However, all couples chose DI as their method of

conception. Similar to Daniels (1994), DI was chosen because it offered a pregnancy, birth experience, and a desired genetic link. The biological connection facilitated by DI was important to several of the participants. They wanted the experience of giving birth, and they challenged the assumption that because they were lesbians, they should be left out of this experience. Susan mirrored participants’ feelings by stating, “We always wanted our own child. And I think we just had so much anxiety about all the other stuff adoption brings with it.”

The majority of the women chose DI so they could control the parenting of their children. The fear of losing a child to a third party was too risky, so they wanted no involvement from other parents. Using an unknown donor eliminated any potential relationship with a third party, and this strongly affected their decision. Kay stated:

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. So we went this route, because it was clearly the way to “separate-segregate” the donating father from our lives.

Once couples decided on DI, participants shared their need for information early in the process (Corea, 1990; Martin, 1993). Determining initial steps, identifying medical personnel who were trustworthy and supportive, and finding infertility clinics were important tasks for participants. Participants were concerned about the lack of nonbiological mother’s legal rights, the potential need to keep quiet about DI procedures when talking with family members or work colleagues, and the availability and cost of DI. Through initial Internet research and early involvement in the lesbian mothers’ support group, all couples concluded that DI was a safe, simple, and relatively inexpensive procedure if pregnancy occurred during the first few attempts (Kaplan & Kaplan, 1992). If a physician was willing to work with them, DI could be easily performed at home (Pollack, 1995).

DI also allowed the nonbiological parent to participate in the process by doing the insemination at home or by assisting the medical staff in the physician’s office. Unless medical intervention was necessary, almost all participants performed self-insemination at home under the guidance of medical professionals. Stories were shared about how the nonbiological mother participated in this process, and how this became an intimate, personal ritual for couples. Attempting to conceive, Midge commented on how the doctor was open to her partner’s participation: “What’s nice is that our doctor, during the insemination, she actually let Peggy do the insemination.”

DI also offered the opportunity to select donor characteristics that matched those of the nonbiological mother. Helen described the importance of this feature.

Somebody that had my characteristics 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. We were fairly picky about our donor.

Decision #4: Who Will Be the Biological Mother?

The choice of biological mother was the next critical decision. Because the nonbiological parent can feel invisible to the pregnant partner and left out of nursing and bonding with the

child (Brown, 1992), this decision was especially critical to participants. For 4 couples, the desire by one partner to be pregnant helped make the decision easy. Midge stated, "I really want to give birth. I really want to have the whole experience." Her partner Peggy added, "And I really don't. I'll be a very good coach. She wants to do it."

The decision as to who would become the biological mother involved consideration of a variety of other factors. Age was often the starting point for who would attempt pregnancy, with the oldest partner attempting pregnancy first. Consideration as to which partner could safely carry a pregnancy to term was made. Factors such as whose insurance plan was best, who was able to take time off of work with the least financial loss, and who had the most flexible work schedule also influenced selection of the biological parent. Kelly commented on how insurance coverage could be influential.

Both of us have worked and had good health insurance. But for couples that don't have that, 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.

Family-of-origin issues also played a role. If one partner's sexual orientation was not known to her family, it would be more difficult for her to be the one who was pregnant.

When both women were the same age and had similar employment benefits and security, decisions were difficult. One couple, both wanting to become pregnant, took 6 months to decide who would try to become pregnant first. Because Kay was not "out" as a lesbian to her family at the time, her partner Annie attempted to become a parent first, believing it would be easier for Kay's parents to accept Kay as a parent rather than the actual birth mother. Annie reflected on this issue by stating "that [the decision] was more difficult than the means by which to have the child." Kay continued:

It took us probably 6 months to make a decision about it. That was our first sticking point—who was going to do it? But since we're about the same, it really wasn't about our 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.

Klara and Mary's story also reflects the complexity of this decision. Klara had always wanted to be pregnant. After almost 3 years of trying to conceive and infertility treatments, she was unsuccessful. Klara shared:

I was past age 35 and knew that I had a really small window left to try this. It didn't work out. 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?

The decision was made that Mary would try to become pregnant, thereby experiencing pregnancy by default.

Decision #5: How Do We Decide on a Donor?

Most lesbians who became pregnant in the late 1970s and early 1980s outside of a previous heterosexual relationship used an unknown donor who had no role in the child's life (Gil de Lamadrid, 1991). For lesbians using sperm banks, records for

unknown donors agreeing to the donor identification program were reviewed carefully. Most donor semen is obtained through sperm banks that can provide a brief description of the donor and specific information on health history, race, eye color, hair color, and height (Seibel, 1996). Decisions as to which sperm donors to choose were influenced by a variety of factors. The donor who had the characteristics most like the nonbiological mother was the most important factor for 7 of the 8 couples who chose donors. A few were influenced by donor accounts of motivations for donating sperm. In both cases, donors specifically stated their support for lesbians having access to parenting.

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, 1993). Although this option is not offered by all sperm banks, 2 couples chose this option. Seven of the 8 couples who used an unknown donor selected an option that allowed them the opportunity to prepurchase additional sperm to enable their children to be biological siblings.

If using a known donor, couples discussed who that person would be, what role, if any, he would play in the family unit, and what legal documentation would be implemented that outlined donor rights and responsibilities. The 2 couples who used a known donor incorporated precautions into the process by initiating a donor agreement with lawyers, which caused some initial strain on their relationship with the donor. Second-parent adoption requires the donor to sign away his legal rights as a parent. However, in both cases, the donors were a part of their children's lives, spending time with them and being called "dad."

Using an unknown donor raised additional issues, including deciding on participation in donor identification or sibling donor programs. Concerns about safety, support, and legal issues of the sperm bank or medical office being used also were discussed. Although 8 of the 10 couples chose unknown donors, all considered using a known donor. For those 8, the fear of someone trying to take their child away was the underlying reason for deciding not to use a known donor. However, the benefits of having a male role model or "dad" for their children was important to participants. Three couples shared their thoughts on future ramifications of their decision to use an unknown donor and opting not to use the donor identification program. Jane explained the difficulty with this 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 lives.

Kelly expressed concern over 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 kinds of conditions. I was also trying to weed those out, because I wanted to give the kid at least a fighting chance. 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 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.

Decision #6: How Do We Incorporate Inclusive Language?

Gay and lesbian families are breaking new ground, because family language does not yet have words to name everyone involved in all family structures (Ainslie & Feltey, 1997; Martin, 1993). As the birth of the child approached, participants wondered who would be called what in the household, thereby negotiating naming practices (Oswald, 2002). Extended family members often asked these questions, too. Living in a society fixated on labels and family terminology, lesbian couples often were asked, “Who is the real mom?” and “How can you have two moms in one house?” Alice, who is not the biological mother of her twins, illustrated this concern.

I think a lot of people have issue with 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.*” We don’t care what anybody else thinks. We both are the moms.

Because of these issues within the larger context, participants were keenly aware of these concerns and their implications for their families. What mattered overall was a commitment to shared parenthood. Naming practices occurred in these families as their way of legitimizing their roles as parents and as mothers.

Sixteen of the participants were not tied to the mother label given only to the biological mother. If an alternative name was chosen, it was important that it had meaning for the couple, often linked to the nonbiological mother’s cultural heritage. The integration of lesbianism, motherhood, and ethnicity was important (Oswald, 2000). Alternatives tied to a partner’s race/ethnicity typically were discussed, such as the Jewish term “Emah,” the Portuguese term “Mamine,” and “Godmother” used among African Americans. Kelly and Judy had the oldest children. They have discussed with their children the option of calling Kelly “Godmother” whenever it was awkward for their children to call Kelly “mother.” Kelly reflected on the importance of this title to her African American culture.

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.

Despite some elaborate plans by parents prior to the birth, often the child determined the label. Klara and Mary decided that they would let the children choose names for them. 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.

In many cases, children devised their own creative ways to distinguish between their mothers. Alice and Johanna shared how their daughter’s frustration with them both 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 van they drove.

Decision #7: How Do We Negotiate Parenthood Within the Larger Heterocentric Context?

Every woman in this study addressed the issue of being “out” as an open lesbian parent and selecting times to keep sexual identity private. Healy (1999) referred to this ongoing decision making as managing disclosure. Participants described how they analyzed situations before feeling safe to come out as a lesbian family. However, all but 3 of the participants expressed concern that hiding their lesbianism would give messages to children that being part of a lesbian family was shameful. Tracy echoed this concern when she commented on the importance of being open as a lesbian mother for her son’s sake.

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 say, “Isn’t he lucky?” I don’t think that I would say, “Oh, don’t say that!” He needs to be okay with that because I am.

Participants revealed that the safety of their family was also a major concern, and the balancing of “out” versus “in” as lesbian families became situational. Couples anticipated that as their children matured, more interactions with public environments, such as daycare and preschool settings, would occur. Balance of private versus public identity was a greater challenge in these settings. An example commonly shared among participants concerned emergency child care. They expressed balancing their need for emergency child care when their primary caregivers were unavailable and opted against coming out to daycare providers in these temporary situations.

All participants addressed the constant role of educating others about their lesbian family. The women became educators about lesbian family experiences to their families of origin, medical personnel, and other individuals and groups. This role manifested when one of the participants would be called to correct an assumption, and an immediate decision was made whether to educate or simply let the assumption go. Participants described how they asked themselves, “Do we choose this moment to educate?” For a few, this role was tiresome and frustrating. For others, the educator role was accepted as an ongoing part of lesbian family life. Klara stated, “We educated a ton of people on the way.” She further clarified by adding:

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 has 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.

Issues often arose during emergency room visits and interactions with physicians not familiar with the family. After telling the story about a conversation with a physician over her daughter’s ear infection, Klara exasperatedly stated, “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?’”

Klara also shared the story of their birth experience in which a medical intern came into the room to administer an epidural. He looked at her, the nonbiological mother, and asked, "So, are you the grandmother?" As her partner Mary was well into the birth process, Klara decided not to educate at that time. However, an opportunity occurred later when the intern returned and asked for feedback on his performance. They took that moment to tell him about their family.

Each couple shared stories about decisions to be closeted, and the difficulty of these decisions after years of being open about their identities. This shift was a painful experience for many. Some couples were "outed" simply by being parents. As their children became verbal, it was harder for these lesbian couples to have the option of choosing not to self-identify as a lesbian family.

Implications

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, focusing on the description of how many types of families function in society (Allen & Crosbie-Burnett, 1992). Our findings can contribute to a more inclusive family curriculum (Allen, 2000) by offering information about lesbian families and their experiences regarding a number of contemporary family topics (e.g., infertility, the role of motherhood, family management, reproductive issues).

One suggested exercise for classroom use is the decision-making model presented here. For example, the first author has shown a 2000 documentary film titled "All Kinds of Families" (available at <http://www.lifetimetv.com/shows/specials>) where five families are profiled: a lesbian couple with a 5-year-old born via DI with a known donor; a single heterosexual father raising his son adopted from Russia; two first-time parents in their mid 50s, raising twins born biologically by the mother who used a donor egg; a heterosexual single mother raising her son born via DI with an unknown donor; and an update on a widowed lesbian and her daughter involved in a landmark custody case in the 1970s. Students are asked to identify the strengths and challenges of each family and to highlight commonalities. The stories from this study are integrated into classroom discussion, and connections are made to the decision-making model. In addition, the participants' experiences are integrated when discussing parenting, motherhood, life course transitions, reproduction, infertility, and other family topics, thereby weaving it through the discourse on family life. When having lesbian parents as guest speakers, intentional connections between their experiences and the decision-making model can be used.

For family practitioners, the findings can assist therapists, psychologists, and counselors working with lesbian couples or individuals who are planning for or experiencing parenthood. It is critical to recognize that lesbian couples who seek support and guidance on parenting or infertility may have similar or dissimilar experiences compared to heterosexual couples. Thus, knowledge of community support groups for referral is particularly important. Human services agency staff also have critical roles in offering support and connecting families to necessary resources. Staff must be knowledgeable of the uniqueness of the transition to parenting for lesbian couples to best assist them. An adaptation of the teaching exercise described above can be used with practitioners in staff development training.

Implications for medical personnel also exist. Throughout the process of transitioning to parenthood, lesbian couples interact with a variety of medical personnel such as infertility specialists, reproductive technology specialists, labor and delivery staff, obstetricians, pediatricians, and blood technicians. Knowledge of the types of issues and decisions faced by these couples and the kinds of services they need are necessary. In addition, medical professionals must understand that not all services connected to parenting, pregnancy, infertility, and the birth process are only for heterosexual individuals or couples. Sexual orientation as part of the patient context must be acknowledged and understood. In particular, infertility specialists must recognize that infertile lesbians often are an unsupported group, and their desire to conceive a child can be as impassioned as anyone else's (Martin, 1993).

Educators (e.g., childcare providers, primary and secondary teachers, school administrators) increasingly interact with lesbian and gay parents. An important aspect of healthy development for children is the behavior and comfort level of educators as they interact with students who have gay or lesbian parents (Maney & Cain, 1997). School activities, programs, classroom lessons, and paperwork must be inclusive for children with lesbian or gay parents. We believe that family stories such as those from this study must be incorporated into teacher training programs.

Conclusion

The 20 women in this study represent those who paved the way and are "ground breakers" in describing lesbian family experiences. As Kelly illustrated:

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."

Lesbian couples planning for parenthood have many decisions to negotiate in order to begin and implement their journey. This study contributes to our understanding of how this journey is experienced and conceptualized, moving beyond simply identifying components of the process. Instead, we offer a model that outlines the major decisions involved and conceptualizes these decisions through the voices of our participants. For lesbian women, accessing information and support, deciding on who will be the biological mother, and negotiating parenthood within a larger heterosexist context are particularly complex, as illustrated in the decision-making model.

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