

## **Decision-Making in Planned Lesbian Parenting: An Interpretative Phenomenological Analysis**

ELENA TOURONI\* and ADRIAN COYLE

*Social Psychology European Research Institute (SPERI), University of Surrey, UK*

### **ABSTRACT**

Although lesbian parenting has attracted much research attention within psychology in the US and the UK, the processes by which lesbian couples make the various decisions associated with parenting have been largely overlooked as an explicit research focus. This article presents findings from a qualitative study with nine lesbian couples in Britain who had had children within their current relationships. Interview transcripts were subjected to interpretative phenomenological analysis. Resultant themes focused on factors internal and external to the partners and the couple which led them to decide to have children; decision-making about using known or anonymous sperm donors (including reflections on experiences of negotiating the nature and extent of the biological father's involvement with the child); and the perceived impact of biological links with the child on decisions about parenting roles (including reflections on the relationship between the non-biological lesbian parent and the child). The study may be seen as expanding the knowledge base on lesbian parenting (specifically by adding new British, qualitative data that are attentive to decision processes) and informing professionals who might assist lesbian couples in decision-making about parenthood. Copyright © 2002 John Wiley & Sons, Ltd.

*Key words:* decision-making; donor insemination; interpretative phenomenological analysis; lesbian parenting

### **INTRODUCTION**

Lesbian and gay parenting has received considerable attention within social, developmental and lesbian and gay psychology in recent years, with the majority of research and writing emanating from the US (for example, Baum, 1996; Chan, Raboy, & Patterson, 1998; Crawford, 1987; Flaks, Ficher, Masterpasqua, & Joseph, 1995; Gartrell et al., 1996, 1999; Hand, 1991; Hare, 1994; Harris & Turner, 1986; Laird, 1993; Lewin, 1993; McCandlish, 1987; McLeod & Crawford, 1998; McNeill, Rienzi, & Kposowa, 1998; Mitchell, 1996; Muzio, 1993; Patterson, 1992, 1995, 1998; Pies, 1990; Steckel, 1987; West & Turner, 1995). A smaller European (mostly British) literature exists which explores similar

---

\* Correspondence to: Dr Elena Touroni, Camden and Islington Mental Health NHS Trust, The Margarete Centre, St James' House, 108 Hampstead Road, London NW1 2LS, UK. E-mail: Etouroni@aol.com

concerns (for example, Brewaeys, Ponjaert, van Hall, & Golombok, 1997; Golombok, Spencer, & Rutter, 1983; Golombok & Tasker, 1994, 1996; Golombok, Tasker, & Murray, 1995, 1997; Tasker, 1999; Tasker & Golombok, 1995, 1997, 1998); other useful material also exists that is not located within an explicitly psychological framework (for example, Donovan, 2000; Dunne, 2000; Griffin & Mulholland, 1997). Most of this research (especially in the UK) has centred on the psychological, social and sexual development of children who grow up in lesbian and—to a much lesser extent—gay-parented families. More recently, research has also focused on the generation of children growing up as part of planned lesbian families, i.e. where children are planned and conceived within a lesbian couple relationship (through donor insemination, for example) (Tasker, 1999). However, other issues relevant to planned lesbian parenting remain under-researched within (social) psychology, especially in the UK.

Among these is the process by which lesbian couples decide to become parents and the subsequent decision-making which flows from this. These issues have been addressed by studies in the US (Baum, 1996; Crawford, 1987; Gartrell et al., 1996, 1999; Hare, 1994; Leiblum, Palmer, & Spector, 1995; Mitchell, 1996; Patterson, 1995, 1996; Pies, 1990) but seldom in the UK and Europe (although some studies have examined similar issues but not from an explicitly decision-making perspective: see Tasker & Golombok, 1998). For example, Gartrell et al. (1996) found that lesbian couples decided to become parents because of their love for children, a belief in their ability to be good parents and a desire for stability in their lives—motivations that overlap with those of heterosexual parents (Cowan & Cowan, 1992; Langdridge, Connolly, & Sheeran, 2000). However, some research has also identified specific concerns harboured by lesbian couples which shaped their decision-making. These concerns focused on the possible implications of raising a child in a non-traditional family in a heterosexist and homophobic world, the effects of multiple discriminations on their children and the lack of informal support for lesbian (and gay) parents that is typically available to heterosexual-parented families (Gartrell et al., 1996; Hare, 1994; Harris & Turner, 1986).

Having made the decision to have a child, lesbian couples face a range of subsequent decisions (some of which may require renegotiation over time) concerning, for example, how conception will occur, the nature of the biological father's involvement with the child (if they decide to use a sperm donor who is known to them), the role of the non-biological mother, the division of parenting responsibilities within the couple (and implications for the couple's relationship) and the negotiation of relationships with the couple's families of origin. Some psychological studies have addressed some of these issues. For example, with regard to method of conception, Patterson (1998) found that 27% of the lesbian couples in her study had chosen a known sperm donor, whereas 46% had chosen an anonymous donor (other couples had conceived through heterosexual intercourse, had adopted or had had children in other/undisclosed circumstances). In Gartrell et al.'s (1996) study, 45% of lesbian couples expressed a preference for a known donor and 47% preferred an anonymous donor (see also Griffin & Mulholland, 1997, on conception options in European countries). Research has also reported couples' concerns about how a child conceived through anonymous donor insemination might respond to not knowing the identity of their biological father and/or not having a relationship with him (Donovan, 2000; Gartrell et al., 1996; Leiblum et al., 1995). In relation to negotiating the role of the non-biological parent, McCandlish (1987) discussed lesbian couples' concerns about whether their children would bond with the non-biological parent as closely as with the biological mother. Slater (1995) also examined the difficulties that can be associated with

the non-biological parent role, including a sense of exclusion and a lack of recognition of her parental status from her social environment.

These and other studies of planned lesbian parenting have examined decision-making on these issues as one consideration among many. Consequently they have often sacrificed depth and detail for breadth of coverage. The study reported in this article examined decision-making in planned lesbian parenting in a detailed, contextualized way, focusing on the phenomenology of decision-making through a qualitative examination of accounts provided by lesbian couples in Britain who had become parents within the context of their current relationships.

## **METHOD**

### *Participants*

Attempts were made to recruit lesbian couples who were expecting a child or already had a child/children within the context of their current relationship (i.e. excluding couples whose children had been conceived within previous heterosexual or lesbian relationships). Appeals for research participants were made in the lesbian and gay press and through lesbian parenting support groups and social networks; further attempts to recruit were made by 'snowballing' from those who volunteered through these channels. Nine couples were interviewed; all lived in urban areas, six in the south-east of England, one in the west of England and two in Wales. All interviews took place in the couples' homes, with the interviewer (ET) posing questions to the couple rather than to each individual partner in turn. This approach was used to obtain a negotiated account from each couple in which partners could contribute their individual recollections to the construction of an agreed version of events. It was felt that using this format would convey a recognition of the collaborative nature of the decision-making that the study wished to examine.

### *Interview schedule*

The interview schedule began with demographic and background questions, followed by questions on the couple's motivations to become parents and decision-making about conception, the role of the non-biological parent and child-rearing responsibilities within the couple. Other decision-making issues were also addressed but are not reported in this article. The interviews lasted between 1 hour and 1 hour and 45 minutes. All were audio-recorded and transcribed verbatim.

### *Analytic strategy*

The data were analysed using interpretative phenomenological analysis (IPA) (Smith, 1996a; Smith, Flowers, & Osborn, 1997; Smith, Jarman, & Osborn, 1999). This approach is both phenomenological and interpretative in that it views the analytic outcome as resulting from an interaction between participants' accounts and the researchers' frameworks of meaning. The first step in the analysis involved repeated reading of the transcripts which resulted in notes being made on each transcript regarding key phrases and processes. These notes included summaries of content, connections between different aspects of the transcript and initial interpretations. Within each transcript, these notes were condensed to produce initial themes, with care being taken to ensure that these themes were consistent with the data. When this process had been repeated with each transcript, the resulting sets

of initial themes were examined to identify recurrent patterns across the transcripts, producing a final set of superordinate themes. The links between these themes and the data set were checked again at this stage. Themes were then ordered in such a way as to produce a logical and coherent research narrative.

Such an analysis involves a high degree of subjectivity as it is shaped by the researchers' interpretative frameworks. In this study, it was hoped that the researchers would be sensitized to different aspects of the data set due to their respective interpretative positions as a heterosexual, female, counselling psychologist and a gay, male, social psychologist, thereby yielding a rich analysis. Neither were parents, although the emergent analysis was discussed and checked with lesbian mothers who did not meet the eligibility criteria for the study. The centrality of researcher subjectivity means that traditional criteria for evaluating research quality (such as reliability), which are based on an assumption of researcher objectivity and disengagement from the analytic process, are inappropriate in assessing this study. Among the alternative criteria that qualitative researchers have suggested is the criterion of persuasiveness by 'grounding in examples', applied through an inspection of interpretations and data (Elliott, Fischer, & Rennie, 1999; Smith, 1996b). In this article, interpretations are illustrated by extracts from the data set (to the extent that space permits) to allow readers to assess the persuasiveness of the analysis. In these quotations, empty brackets indicate where material has been omitted; clarificatory information appears within square brackets; and ellipsis points (...) indicate a pause in the flow of participants' speech. Pseudonyms have been used to indicate the varied sources of the quotations.

## ANALYSIS

### *Background information*

Sixteen participants (88.9%) identified as lesbian; one (5.6%) identified as both lesbian and bisexual; one (5.6%) claimed a 'public' lesbian identity and a 'biological' bisexual identity. Participants' mean age was 38.9 years (range 30–47; SD 4.5). All described themselves as 'White'. Nine (50.0%) had a postgraduate degree/diploma, four (22.2%) had a degree, two (11.1%) had a national diploma or equivalent, two (11.1%) had qualifications equivalent to GCSEs/O-levels and one (5.6%) had no educational qualifications. Using the International Standard Classification of Occupations (International Labour Office, 1990), 11 (61.1%) were classified as holding professional jobs, four (22.2%) were senior managers or officials and three (16.7%) fell into the category of service, shop and sales workers. The mean duration of participants' current relationships was 10.8 years (range 1.8–15.2; SD 4.6); all participants described their current relationships as sexually exclusive. All nine couples lived together and had done so for a mean duration of 10.0 years (range 1–15; SD 4.4). The mean number of children the participants had was 1.4 (range 1–2; SD 0.5), ranging in age from 6 months to 8 years; one couple was expecting a child at the time of the interview.

The analysis of the data revealed a variety of themes, four of which will be presented here—internal factors in decision-making about having children; external factors; decision-making about using known or anonymous sperm donors; and the perceived impact of biological links on parenting. Themes/sub-themes which offer new insights or which are important in contextualizing participants' experiences are reported in greater detail than themes/sub-themes which reflect common motifs in the literature.

### *Internal factors in decision-making about having children*

The first theme concerned factors internal to the partners and to the couple which led them to decide to have children. It encompassed two sub-themes of desire to parent and appropriate stage of life and relationship.

*Desire to parent.* When asked about their feelings about parenthood, as in other studies, many participants spoke of a lifelong wish to become parents. Some described their decision as reflecting a consistent picture that they and/or their partner had held about themselves and their future throughout their lives:

[Addressing her partner, Lorna] You've always wanted children. You've known like [ ] God, haven't you? For all your life I think, you've said and I say . . . [addressing the interviewer] It wasn't a burning thing for me in the same way it was for Lorna. She's always wanted children and that's that. (Julia)

The desire to become a parent had been such a salient feature of some participants' identity that they had required any prospective partner at least to be open to parenthood and preferably to be committed to this as part of a life plan:

I had previously been involved in a relationship with another woman who was really saying that she didn't want children so I sort of ended that relationship. It wasn't going to last and I was clear that the next relationship that I found that it was something that I wanted to be clear that was what I wanted to do. (Kate)

*Appropriate stage of life and relationship.* Most participants talked about having made their decision to become parents because they felt they had reached a stage in their lives and relationships where it would be appropriate to have children. Many also pointed out that their age was a pragmatic factor that had driven them towards planning to implement their decision, with the metaphor of the 'biological clock' being frequently invoked. For example, Lisa said:

I think one [of the factors that disposed me towards deciding to have children] was age. I'm not that old—I'm only 36 and I had her [our daughter] when I was 36 so I think I thought my biological clock was ticking . . . So I think it was that and I suppose it's also about being in a certain stage in life. We'd been together for quite a number of years. We thought we'd sorted out our relationship. [ ] It sort of felt like the right time somehow in a way.

### *External factors in decision-making about having children*

Most participants spoke of external factors shaping their decision-making. These are discussed under the sub-themes of the impact of social context, perceived inconsistency between parenting and lesbian identity and the impact of an 'unconventional' family structure.

*Impact of social context.* The significance of changes in the social and political context in opening up the possibility of lesbian parenthood was a consistent feature of participants' accounts (see also Griffin & Mulholland, 1997). Most couples reported feeling that, despite the difficulties involved in lesbian parenting and the resistance that was sometimes encountered, a change in social outlook had occurred which had now made it easier for lesbian couples to consider parenthood:

When Pam and I got together and, you know, when we started thinking seriously about it [having children], I think at that point culturally and politically it seemed to become a possibility whereas 10 years before it wasn't. (Fiona)

For some, this was seen as significant in normalizing lesbian parenting or at least in relieving fears about lesbian parents and their children feeling socially isolated:

I don't think it's something I would have gone for if I didn't feel that—if I felt that our children would have been the only children in the world with gay parents, I'm not so sure I would, so that would have influenced me but I already knew by then that wasn't the case. (Lorna)

Chief among the contextual factors that had made participants feel wary about becoming parents was the negative way in which their families of origin viewed their lesbian identity:

My parents are very very religious so that was a big deal. [ ] They think lesbians and gay men are evil so it's kind of difficult. I worried about how they would respond—how they would deal with it. You know, would they ostracise me completely? (Pam)

Some participants also talked about a continuing lack of community role models for lesbian parenting. Many felt that they had been and still were pioneers. Although such a representation can instil pride, some participants felt that often they were 'trekking in uncharted territory' in raising their children and were having to create their own 'maps' and contribute to building a body of experience that others might subsequently draw upon but which had not been readily available or accessible to them. This was said to have presented particular difficulties for those couples who had first considered parenting some time ago. For example, Joan reflected on how lesbian parenting had usually been structured in the lesbian community in which she and her partner had been involved:

Maybe a woman that had been married to a man had had a child and then had broken up and gone into a lesbian relationship and then you saw the child but certainly not lesbian couples with children. You see it more and more [now] [ ] but when we first decided we wanted a child—well it was a bit difficult to find lesbian couples [who had had a child within a lesbian relationship] to sit and talk to.

In the absence of relevant and accessible peer experience and expertise, many participants said they familiarized themselves with the practicalities, challenges and rewards of lesbian parenting through reading relevant literature, although a common observation was that most books on the topic were American and so their relevance to the British social context was felt to be questionable (but see Saffron, 1994, for a notable exception).

*Perceived inconsistency between parenting and lesbian identity.* Linking to comments cited earlier, many participants reported that, when they came out as lesbian, they initially saw their wish to become parents as inconsistent with their lesbian identity. For example:

I think—yes—I always wanted to become a parent but I think coming out as a lesbian—I actually think that for years I've felt that I wasn't meant to become a parent because I was a lesbian. (Sophie)

Yeah, I knew that I wanted to have children. I think that it didn't really occur to me for a long time that it would be possible—being a lesbian. (Pam)

These remarks echo the frequently-acknowledged observation that for a long time the term 'lesbian mother' was considered contradictory in itself, as it was thought that 'lesbians' and 'mothers' were mutually exclusive groups (Griffin & Mulholland, 1997; Muzio, 1993).

*Impact of 'unconventional' family structure.* Earlier we noted that the main concerns about having a child voiced by lesbian couples in other research related to the possible implications of raising a child in a non-traditional family in a heterosexist and homophobic world (Gartrell et al., 1996; Hare, 1994; Harris & Turner, 1986). Similar concerns were

expressed by the couples in the present study. We have already seen that one participant expressed concern that ‘our children would have been the only children in the world with gay parents’ (Lorna). More specifically, when asked whether there was anything that made them wary of deciding to have children, participants said:

I think for me it’s being in a lesbian relationship. It wasn’t about—I don’t think I had any hesitation of bringing a child into the world . . . It was more about [ ] you know, for him to deal with homophobia or anything like that. [ ] I think that was my main concern. (Mary)

I think we did worry a bit. We did discuss how it might be for the children . . . I think in a way that has prevented us from moving forward but yeah—thinking about how the children would be affected by homophobia, how the children would be affected by, you know, a lesbian couple, you know—two women bringing them up. (Pam)

Research conducted with young people who grew up in lesbian mother families in the UK has suggested that such fears may not be realized (Tasker & Golombok, 1997). However, this should not be interpreted as indicating that the fears expressed by the women in the present study were groundless or even paranoid. Tasker and Golombok (1997) reported that lesbian mothers in their study had taught their children to estimate when it was safe to talk about having a lesbian mother, which may have helped minimize experiences of prejudice (see also Saffron, 1996).

#### *Decision-making about using known or anonymous sperm donors*

Most of the couples reported that they had contemplated the conception options available to them and reached their final decision at an early stage. Six couples (66.7%) had had a child through self-insemination using a sperm donor who was personally known to them, having identified potential donors through their own friendship and social networks. The other three couples (33.3%) had opted for an anonymous donor through a fertility clinic.

*Opting for a known donor.* Those couples who chose to conceive through self-insemination with a known donor explained their decision in terms of considerations about their child’s psychological wellbeing (specifically in terms of the desirability of the child knowing who their father was), their own desire to exert control over the conception process and the perceived desirability of having the father actively involved in the child’s upbringing (see also Donovan, 2000).

(i) *The child’s psychological wellbeing.* Couples who opted for a known donor did not believe that they had the right to deprive their child of the possibility of knowing their biological father or at least knowing who he was. They felt that depriving their children of (the possibility of) this information could undermine their identity and, more generally, their psychological wellbeing. These concerns are reflected in the following quotations:

I mean [ ] you’re bringing a person into the world [ ] who’s going to want to be independent but will look back on their roots and hopefully feel a sense of confidence and pride [ ] and I didn’t have the confidence to bring children into the world who didn’t have a clue who their father was. (Claire)

I thought [I would opt for a known donor] for their psychological sort of wellbeing as well as to know that they had a father and were wanted by the father. (Pam)

These experiences accord with concerns expressed about the implications of using an anonymous donor in other studies (for example, Leiblum et al., 1995).

(ii) *Desire for control over the process of conception.* Some couples explained that they had chosen to conceive through a personal arrangement with a known donor because

they felt they could exert more control over the process if they avoided using official agencies such as fertility clinics:

I think partly for me the motivation to do it ourselves was it's nobody else's business. [ ] If you quietly arrange it with a friend, it's just completely private really. (Julia)

It's a very simple process. There's no medicalization. You can do it on your own and in your own home, you know—on your own terms really. (Christine)

This wish for privacy and control was linked to the disapproval that many couples were aware of or had faced from parts of their social environment following the decision to become parents. For example, Lisa referred to:

All this stuff that is happening in the press about, you know, oooh, lesbian mothers—'Oh it's outrageous', 'Oh it should be illegal'. I thought 'They can't control us'. [ ] You know—we can do this.

(iii) *Perceived desirability of having the father involved in the child's upbringing.* Some couples explained their decision to use a known donor in terms of the desirability of having a significant male presence in the child's upbringing. These couples had wished for the donor to have a consistent involvement with the child and to fulfil a significant fathering role:

We wanted a father that wasn't just a sperm donor. We wanted a father that would come round and have a relationship with the girls. We definitely wanted somebody involved. (Pam)

I feel it's important that they [the children] at least know one man so that they don't learn to fear men. [ ] It was just validating that, you know, men have an important role to play in our lives and in children's lives. (Claire)

(iv) *Experiences of negotiating the father's involvement with the child.* The couples who wished for the donor to undertake an active parenting role reported varied experiences of negotiating the father's involvement. Some couples had discussed their wishes and expectations with prospective fathers before trying to conceive, whereas others had allowed negotiations to evolve over time. Most couples provided accounts in which they and the donors had worked out roles and responsibilities in a generally satisfactory way. However, at the time of the interviews, two couples were still experiencing difficulties in negotiating roles and responsibilities with the biological fathers and had begun to question whether they had made the right decision in choosing a known donor. This is illustrated by the following comment from Sophie:

How to ruin a friendship? Have a child with your best friend. I mean basically it's nothing like we pictured it would be and I feel—knowing what I know now, I would never have done it. I think I would probably prefer to do it with a clinic.

Most couples felt that what made these negotiations difficult was that they had to make very personal decisions with the donor, sometimes without there being a pre-existing close relationship within which such discussions could be contextualized:

I think when you love somebody and they're your partner you've got a completely different set of ground rules about negotiating [ ] and actually a third party—having to negotiate with them can be even harder. (Eve)

I feel that it's involved us having to have the kinds of conversations with him that you would only normally have with your lover because we've done something with him that you would only normally do with your lover. (Sophie)



Within Sophie's account, there was a sense in which the negotiations were experienced as an intrusion into life domains previously reserved for partners. Similar difficulties have been reported in other research (Baum, 1996).

*Opting for an anonymous donor.* The couples who decided to have children through insemination in a clinic with sperm from an anonymous donor identified three factors which shaped their decision-making—the desire to avoid disputes with the biological father, fears about the biological father undermining the non-biological mother and the belief that the potential costs of using a known donor outweighed any benefits. These factors were all concerned with a desire to have control and autonomy as a couple over how they raised their child.

(i) *The desire to avoid disputes with the biological father.* All these couples had decided against using a known donor because of concerns about the potential emotional and legal implications of involving a third party in their family life. As Zoe said:

We came to agree that the legal position with known donors is dodgy and difficult and that it would be cleaner in the longer term emotionally and legally if we were to have an anonymous donor.

As has been found in other studies (Gartrell et al., 1996; Hare, 1994), it seemed that, for these couples, the need to protect their family unit from possibly difficult legal and other disputes outweighed concerns about the potential implications of their child not knowing the identity of the biological father. As Sarah said:

I felt more able to deal with that—with how he [her son] felt about not knowing his father—and live with that for myself than I felt willing to or able to deal with a known donor who might contest, might want parental rights or might not be as involved as we wanted to.

(ii) *Fears about the biological father undermining the non-biological mother.* As in some other studies (for example, Donovan, 2000; Morningstar, 1999), using a known donor was seen as potentially threatening to the couple's family unit because of the possibility that the donor would undermine the role of the non-biological lesbian mother. This threat was also conceptualized in legal terms because the non-biological mother was perceived to have no custodial rights over the children:

I remember [ ]—and certainly for me—[the decision about using a known or anonymous donor] hinged around what role would I have [as the non-biological parent]? How would it be different if we had a known donor? Would I be marginalized? The potential legal problems if there was some conflict. (Kate)

The father would have more rights than Lucy [the non-biological parent]. If it went to court, his name would be on the birth certificate and Lucy's wouldn't. (Nadia)

(iii) *The belief that these costs outweighed any benefits.* Couples who had used an anonymous donor seemed ultimately to have made this decision on the basis of a cost-benefit analysis: the potential costs of using a known donor were seen as outweighing the benefits to the child. Another factor in this analysis seemed to have been the couple's confidence that they would be able to overcome any difficulties that their child experienced as a result of not knowing who their biological father was and not having him in their life (seen in Sarah's quotation earlier):

I felt more able to deal with the consequences of Jack not having a father and to deal with that than I felt willing to enter into a relationship with somebody I know who would become the

donor. It felt terribly complicated so it just felt like the better decision [to use an anonymous donor]. (Mary)

The risk that we had to take is [ ] like children getting very hooked up by the fact they don't know who their father is and I suppose we will have that problem but I hope that we will bring her up in such a way that that she won't have a problem. (Kelly)

These findings accord with those of other studies. For example, Leiblum et al. (1995) compared single heterosexual and lesbian women and lesbian couples in terms of how they felt about conceiving via anonymous donor insemination. They found that, whereas participants in all three groups were concerned about the absence of a biological father, lesbian couples felt they could meet their children's needs for love and security. In a study conducted in Belgium and the Netherlands, Brewaeys et al. (1997) compared lesbian-parented families with heterosexual-parented families in which children had been conceived via anonymous donor insemination and found that children in heterosexual-parented families had greater problems with behavioural and emotional adjustment. This may be explicable in terms of lesbian parents' (necessarily) greater openness with their children about their origins. Although none of the couples in the present study had explicitly discussed conception circumstances with their children, some had discussed differences in family structure and had represented their family as just one of several possible family configurations (including the traditional nuclear family, single-parented families and gay-parented families).

#### *Perceived impact of biological links on parenting roles*

Participants were asked how they made decisions about the division of parenting responsibilities. However, this was not regarded as being substantially open to negotiation because some matters were represented as largely pre-determined by biological and—to a lesser extent—personality factors (which are not reported here).

*Inevitability of the biological mother having a strong relationship with the child.* Participants felt that the biological mother and the non-biological parent inevitably have different relationships with the child. In explaining this difference, participants represented the biological bond between the birth mother and the child as being inevitably stronger and more fundamental than the social bond between the non-biological parent and the child (see also Hand, 1991; Weeks, Heaphy, & Donovan, 2001). Breastfeeding was consistently invoked as a relationship-defining context:

I think that biology is really important and it was interesting because the culture that was about in our [lesbian] community at that time was really in denial of that. Like, you know, 'You're interchangeable mothers' and I mean I had an expectation that that wouldn't be the case and certainly because of the mother's bond and through the pregnancy and then with the breast-feeding, it is a completely different relationship. (Fiona)

Well, talking about parenting roles, when Elaine [our child] was a very small baby I was breast-feeding. Zoe [my partner] was very much there and supportive but I think I was a mummy—I was the source of food and comfort and all that but I think that's what we expected. (Kelly)

*Defining the relationship with the non-biological parent.* Participants spoke of the importance of the non-biological parent finding meaningful and rewarding ways of creating her own bond with the child. Mary provided an example of how she did this in one particular context:

Looking back on the early days for me, sometimes it was difficult when Michael [our child] was hungry and Kate [Michael's biological mother] could feed him at his meals and I was very excited when I found that if he sucked my little finger that would comfort him because then I had a way that was mine of being with him and comforting him.

One of the ways in which the child's relationship with the non-biological parent is defined is through the use of names (Muzio, 1993). In the present study, some participants talked about having experienced difficulty in deciding how to refer to the non-biological parent and worrying about the impact their decision would have on the child. This was usually resolved by allowing the child to develop their own way of referring to the non-biological parent. For example, Lorna said:

We couldn't make our minds up about it . . . [ ] We just kind of worried about what we'd be putting on a child by forcing this kind of unfamiliar framework [referring to both of us as 'mummy'] on them. We . . . weren't convinced that it was the right thing to do so we actually left it until Ted [our son] made up his own name for me.

Some non-biological parents talked about their wish to have a clearly defined identity in relation to their child as they felt that the term 'mother' did not accurately reflect their relationship. These participants felt that there was a need to distinguish their relationship with the child from the biological mother's relationship:

I mean, yes, I did feel quite clear that I didn't want to be called his mother or his co-mother. I was happy to be called a co-parent but there was something about the word 'mother' that I didn't want. (Vicky)

I wanted to have my own identity. I didn't want her [our daughter] confused. I wanted to be Joan and that's who I am and I love her and will do everything for her and I wanted her to know who I was . . . She says she's got her Joan. She tells her friends that she's got a mummy and a daddy and she's got a Joan. I'm a new label. (Joan)

## OVERVIEW

In this section, we consider the limitations of the study and examine some findings and their implications in a more general way. Although the sample may appear small, it conforms to the recommended maximum sample size for IPA work (i.e. 10) if each couple's account is regarded as one unit (Smith et al., 1999). The sample cannot be seen as representative of lesbian parents, partly because the parameters of this population are unknown. However, achieving a representative sample is not the aim of most approaches to qualitative research. Instead, the aim is to produce an in-depth analysis of the accounts of a small number of participants; any conclusions are specific to that group and any move beyond the group must be undertaken tentatively.

The research reported here can claim originality on the basis of its examination of key issues within lesbian parenting from an explicitly decision-making perspective; the fact that it presents decision-making research within a qualitative, phenomenological framework; and its focus upon a British sample. Yet many of the substantive issues that it covers have been addressed by other researchers, mostly in the US. The process by which qualitative research advances knowledge through a series of detailed, usually small-scale, complementary studies needs to be borne in mind, however. The present study may be seen as adding new British data to a growing body of knowledge about the challenges faced by lesbian parents and their responses to these. The consideration of the findings within the context of largely US literature allows us to state that these women's experiences

did not differ substantially from the experiences of lesbian parents who have been studied in North America. This may be seen as pointing to common areas of experience among the largely White, educated, professional women who have dominated these samples. By providing a full description of those who took part, we hope that other researchers will obtain data from women whose experiences and perspectives have not been represented here or in previous research, with the aim of building up an increasingly complete picture of lesbian parenting.

The only major way in which the couples in this study differed was that a higher proportion had conceived with a known donor than in larger-scale studies in the US (Gartrell et al., 1996; Patterson, 1998). This might partly be due to the advocacy of this conception arrangement in a popular British book by Saffron (1994). Also, as Tasker (1999) has explained, most of the new generation of lesbian mothers in the UK do not use fertility clinics partly to avoid having to justify their desire to conceive (see also Alldred, 1996). Furthermore, in the UK, clinics are obliged to take account of the welfare of the child—including the need for a father—when providing insemination services, which leads to differences in policy and practice across clinics and may make lesbian couples less inclined to use clinic services (Griffin & Mulholland, 1997).

It was apparent that the decisions examined in this study had been accorded substantial and careful consideration by the couples. Alldred (1998) and Clarke (1999) have noted that, in some media coverage, lesbian (and gay) parenting has been represented as selfish and immoral. Yet, if we draw upon the classic work of Gilligan (1982) and regard moral decision-making as involving a careful weighing of options, taking account of implications for the welfare and wellbeing of all concerned, what these women reported could be regarded as a moral and ethical process: it is clear that these decisions were not taken lightly or without due regard for others, especially for the welfare of the children conceived.

Some of the factors that were implicated in the women's decision-making about having children overlapped with factors that have been identified as influencing decision-making about parenthood among heterosexual couples. For example, Cowan and Cowan (1992) found that some heterosexual couples cited the quality of their marriage as the main factor that led them to decide to have a baby, just as some of the lesbian couples in the present study pointed to the dynamics and quality of their relationship as an influential factor. Also, the invocation of the idea of being in a certain life stage—including an acknowledgement of the role of the 'biological clock'—was evident in Cowan and Cowan's (1992) findings as well as in the lesbian couples' accounts. However, in the present study, the life stage consideration may have been rendered salient by factors specific to lesbian parenting. For example, as some participants pointed out, lesbian parenting has only moved centre stage in lesbian life scripts and become a 'thinkable' option in relatively recent years and so lesbians who might not have considered parenthood earlier in life are now deciding to embark on the parenting process. It is advisable to be mindful that similar outcomes across lesbian (gay) and heterosexual samples may be underpinned by different processes.

One overarching theme that characterized the data on decision-making about using anonymous or known sperm donors related to a concern with control and autonomy. This was an especially salient concern for those couples who had decided to conceive through an anonymous donor. These couples represented the parenting process as fundamentally involving only themselves and their child, without interference from the biological father who was consistently positioned as a potentially threatening and disruptive 'outsider' in their accounts. Some couples who had chosen to conceive through a known donor also invoked the issue of control when explaining their decision, although their concern was

with control over the conception process and avoiding what they saw as interference from fertility clinics. Given the negative social attitudes towards lesbian sexuality that some participants spoke of having encountered from family members and given the negative social representation of lesbian parenting that one participant noted, this concern with control is not surprising. Limiting the involvement of potentially troublesome outsiders (whether those outsiders are seen as fertility clinics or sperm donors) can be viewed as a strategy for protecting the couple (and, in the case of couples who conceived with a known donor, the biological father too) from social and legal threat. It may also serve the psychologically beneficial purpose of enhancing couples' sense of self-efficacy. However, couples who are considering using donor sperm to conceive also need to take account of emerging research which examines the preferences of children who were conceived in this way concerning donor anonymity. For example, Vanfraussen, Ponjaert-Kristoffersen, and Brewaeys (2001) studied 41 children aged 7–17 years who had been conceived by donor insemination and born to lesbian parents: 54% preferred donor anonymity at this stage in their lives but 46% wanted to know more about the donor, principally the donor's identity.

In explaining how their relationships with their children developed, participants displayed a resistance to representing this process in terms of conscious decision-making. Instead, they constructed a version of events in which the outcome of these decisions was pre-determined by biological factors and in which there was little opportunity for choosing one type of relationship over another. The couples thereby narrowed the life terrain relevant to their decision-making. The necessity and implications of doing so (for example, in terms of limiting the possibility of developing new forms of parent-child relationships and developing these relationships through new processes to individually- and socially-beneficial ends) may need to be explored in other writings (for an example, see Clarke, 2001; Mitchell, 1996), in community and other discussion groups on lesbian parenting and in therapeutic practice with lesbian parents.

For therapeutic professionals working with individual lesbian women and/or with lesbian couples and their children, this study's findings may help to inform practitioners about some of the decision-making dilemmas that clients may be confronted with and so extend the evidence base from which informed practice can draw. Informed and lesbian-affirmative therapy may provide couples with a supportive context in which to reflect upon and develop workable solutions to some of the dilemmas identified in this study (see Malley's commentary on systemic therapy in this issue for an example of a potentially useful approach).

Finally, it is appreciated that this study has examined a topic that is embedded within a changing social context and that this will impact upon some of the concerns that have been explored. This may necessitate a regular reconsideration of the issues covered here to ensure that the empirical knowledge base on lesbian parenting remains up-to-date and reflective of current concerns.

## **ACKNOWLEDGEMENTS**

We would like to express our thanks to the couples who took part in this study; those who helped to recruit participants; Fiona Tasker for her guidance at an early stage; and Arabella Bowen, Amanda Burston, Mathew King and Fiona Tasker for their feedback on an earlier draft of this article.

## REFERENCES

- Allred, P. (1996). 'Fit to parent'? Developmental psychology and 'non-traditional' families. In E. Burman, P. Allred, C. Bewley, B. Goldberg, C. Heenan, D. Marks, J. Marshall, K. Taylor, R. Ullah, & S. Warner, *Challenging women: psychology's exclusions, feminist possibilities* (pp. 141–159). Buckingham: Open University Press.
- Allred, P. (1998). Making a mockery of family life? Lesbian mothers in the British media. *Journal of Lesbian Studies*, 2(4), 9–21.
- Baum, M. I. (1996). Gays and lesbians choosing to be parents. In C. J. Alexander (Ed.), *Gay and lesbian mental health: a sourcebook for practitioners* (pp. 115–126). New York: Harrington Park Press.
- Brewaeys, A., Ponjaert, I., van Hall, E. V., & Golombok, S. (1997). Donor insemination: child development and family functioning in lesbian mother families. *Human Reproduction*, 12, 1349–1359.
- Chan, R. W., Raboy, B., & Patterson, C. J. (1998). Psychosocial adjustment among children conceived via donor insemination by lesbian and heterosexual mothers. *Child Development*, 69, 443–457.
- Clarke, V. (1999). 'God made Adam and Eve, not Adam and Steve': lesbian and gay parenting on talk shows. *British Psychological Society Lesbian and Gay Psychology Section Newsletter*, issue 1, 7–17.
- Clarke, V. (2001). Lesbian and gay parenting: resistance and normalisation. *Lesbian & Gay Psychology Review*, 2, 3–8.
- Cowan, C. P., & Cowan, P. A. (1992). *When partners become parents: the big life change for couples*. New York: Basic Books.
- Crawford, S. (1987). Lesbian families: psychosocial stress and the family-building process. In Boston Lesbian Psychologies Collective (Eds.), *Lesbian psychologies: explorations and challenges* (pp. 195–214). Urbana, IL: University of Illinois Press.
- Donovan, C. (2000). Who needs a father? Negotiating biological fatherhood in British lesbian families using self-insemination. *Sexualities*, 3, 149–164.
- Dunne, G. (2000). Opting into motherhood: lesbians blurring the boundaries and transforming the meaning of parenthood and kinship. *Gender & Society*, 14, 11–35.
- Elliott, R., Fischer, C. T., & Rennie, D. L. (1999). Evolving guidelines for publication of qualitative research studies in psychology and related fields. *British Journal of Clinical Psychology*, 38, 215–229.
- Flaks, D. K., Ficher, I., Masterpasqua, F., & Joseph, G. (1995). Lesbians choosing motherhood: a comparative study of lesbian and heterosexual parents and their children. *Developmental Psychology*, 31, 105–114.
- Gartrell, N., Hamilton, J., Banks, A., Mosbacher, D., Reed, N., Sparks, C. H., & Bishop, H. (1996). The national lesbian family study: interviews with prospective mothers. *American Journal of Orthopsychiatry*, 66, 272–281.
- Gartrell, N., Banks, A., Hamilton, J., Reed, N., Bishop, H., & Rodas, C. (1999). The national lesbian family study: 2. Interviews with mothers of toddlers. *American Journal of Orthopsychiatry*, 69, 362–369.
- Gilligan, C. (1982). *In a different voice: psychological theory and women's development*. Cambridge, MA: Harvard University Press.
- Golombok, S., Spencer, A., & Rutter, M. (1983). Children in lesbian and single parent households: psychosexual and psychiatric appraisal. *Journal of Child Psychology & Psychiatry*, 24, 551–572.
- Golombok, S., & Tasker, F. (1994). Children in lesbian and gay families: theories and evidence. *Annual Review of Sex Research*, 5, 73–100.
- Golombok, S., & Tasker, F. (1996). Do parents influence the sexual orientation of their children? Findings from a longitudinal study of lesbian families. *Developmental Psychology*, 32, 3–11.
- Golombok, S., Tasker, F., & Murray, C. (1995). Families created by the new reproductive technologies: quality of parenting and social and emotional development of the children. *Child Development*, 66, 285–298.
- Golombok, S., Tasker, F., & Murray, C. (1997). Children raised in fatherless families from infancy: family relationships and the socioemotional development of children of lesbian and single heterosexual mothers. *Journal of Child Psychology & Psychiatry*, 38, 783–791.

- Griffin, K., & Mulholland, L. A. (Eds.). (1997). *Lesbian motherhood in Europe*. London: Cassell.
- Hand, S. I. (1991). *The lesbian parenting couple*. Unpublished doctoral dissertation. San Francisco, CA: The Professional School of Psychology.
- Hare, J. (1994). Concerns and issues faced by families headed by a lesbian couple. *Families in Society*, 32, 27–35.
- Harris, M. B., & Turner, P. H. (1986). Gay and lesbian parents. *Journal of Homosexuality*, 12(2), 101–113.
- International Labour Office. (1990). *International standard classification of occupations: ISCO-88*. Geneva: International Labour Office.
- Laird, J. (1993). Lesbian and gay families. In F. Walsh (Ed.), *Normal family processes* (2nd ed., pp. 282–328). New York: The Guilford Press.
- Langdridge, D., Connolly, K., & Sheeran, P. (2000). Reasons for wanting a child: a network analytic study. *Journal of Reproductive and Infant Psychology*, 18, 321–338.
- Leiblum, S. R., Palmer, M. G., & Spector, I. P. (1995). Non-traditional mothers: single heterosexual/lesbian women and lesbian couples electing motherhood via donor insemination. *Journal of Psychosomatic Obstetrics and Gynaecology*, 16, 11–20.
- Lewin, E. (1993). *Lesbian mothers: accounts of gender in American culture*. Ithaca, NY: Cornell University Press.
- McCandlish, B. (1987). Against all odds: lesbian mother family dynamics. In F. W. Bozett (Ed.), *Gay and lesbian parents* (pp. 23–38). New York: Praeger.
- McLeod, A., & Crawford, I. (1998). The postmodern family: an examination of the psychosocial and legal perspectives of gay and lesbian parenting. In G. M. Herek (Ed.), *Stigma and sexual orientation: understanding prejudice against lesbians, gay men, and bisexuals* (pp. 211–222). Thousand Oaks, CA: Sage.
- McNeill, K., Rienzi, B., & Kposowa, A. (1998). Families and parenting: a comparison of lesbian and heterosexual mothers. *Psychological Reports*, 82, 59–62.
- Mitchell, V. (1996). Two moms: contribution of the planned lesbian family to the deconstruction of gendered parenting. In J. Laird, & R. J. Green (Eds.), *Lesbians and gays in couples and families: a handbook for therapists* (pp. 343–357). San Francisco, CA: Jossey-Bass.
- Morningstar, B. (1999). Lesbian parents: understanding developmental pathways. In J. Laird (Ed.), *Lesbians and lesbian families* (pp. 213–241). New York: Columbia University Press.
- Muzio, C. (1993). Lesbian co-parenting: on being/being with the invisible (m)other. *Smith College Studies in Social Work*, 63, 215–229.
- Patterson, C. J. (1992). Children of lesbian and gay parents. *Child Development*, 63, 1025–1042.
- Patterson, C. J. (1995). Lesbian mothers, gay fathers, and their children. In A. R. D'Augelli, & C. J. Patterson (Eds.), *Lesbian, gay, and bisexual identities over the lifespan: psychological perspectives* (pp. 262–290). New York: Oxford University Press.
- Patterson, C. J. (1996). Lesbian mothers and their children: findings from the Bay Area Families Study. In J. Laird, & R. J. Green (Eds.), *Lesbians and gays in couples and families: a handbook for therapists* (pp. 420–438). San Francisco, CA: Jossey-Bass.
- Patterson, C. J. (1998). The family lives of children born to lesbian mothers. In C. J. Patterson, & A. R. D'Augelli (Eds.), *Lesbian, gay, and bisexual identities in families: psychological perspectives* (pp. 154–176). New York: Oxford University Press.
- Pies, C. A. (1990). Lesbians and the choice to parent. *Marriage and Family Review*, 14, 137–154.
- Saffron, L. (1994). *Challenging conceptions: planning a family by self-insemination*. London: Cassell.
- Saffron, L. (1996). *What about the children? Sons and daughters of lesbian and gay parents talk about their lives*. London: Cassell.
- Slater, S. (1995). *The lesbian family life cycle*. New York: Free Press.
- Smith, J. A. (1996a). Beyond the divide between cognition and discourse: using interpretative phenomenological analysis in health psychology. *Psychology and Health*, 11, 261–271.
- Smith, J. A. (1996b). Evolving issues for qualitative psychology. In J. T. E. Richardson (Ed.), *Handbook of qualitative research methods for psychology and the social sciences* (pp. 189–201). Leicester: BPS Books.
- Smith, J. A., Flowers, P., & Osborn, M. (1997). Interpretative phenomenological analysis and the psychology of health and illness. In L. Yardley (Ed.), *Material discourses of health and illness* (pp. 68–91). London: Routledge.

- Smith, J. A., Jarman, M., & Osborn, M. (1999). Doing interpretative phenomenological analysis. In M. Murray, & K. Chamberlain (Eds.), *Qualitative health psychology: theories & methods* (pp. 218–240). London: Sage.
- Steckel, A. (1987). Psychosocial development of children of lesbian mothers. In F. W. Bozett (Ed.), *Gay and lesbian parents* (pp. 75–85). New York: Praeger.
- Tasker, F. (1999). Children in lesbian-led families: a review. *Clinical Child Psychology and Psychiatry*, 4, 153–166.
- Tasker, F., & Golombok, S. (1995). Adults raised as children in lesbian families. *American Journal of Orthopsychiatry*, 65, 203–215.
- Tasker, F., & Golombok, S. (1997). *Growing up in a lesbian family: effects on child development*. New York: The Guilford Press.
- Tasker, F., & Golombok, S. (1998). The role of co-mothers in planned lesbian-led families. *Journal of Lesbian Studies*, 4(2), 49–68.
- Vanfraussen, K., Ponjaert-Kristoffersen, I., & Brewaeys, A. (2001). An attempt to reconstruct children's donor concept: a comparison between children's and lesbian parents' attitudes towards donor anonymity. *Human Reproduction*, 16, 2019–2025.
- Weeks, J., Heaphy, B., & Donovan, C. (2001). *Same sex intimacies: families of choice and other life experiments*. London: Routledge.
- West, R., & Turner, L. H. (1995). Communication in lesbian and gay families: building a descriptive base. In T. J. Socha, & G. H. Stamp (Eds.), *Parents, children, and communication: frontiers of theory and research* (pp. 147–169). Mahwah, NJ: Lawrence Erlbaum.