A Review of Clinically Pertinent Research for Clinicians Working with Lesbian Mothers and Their Families

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Lesbian mothers face challenges that are unique from those experienced by any other group. They have more options for conception than do gay males and face social pressures and judgments that heterosexual parents do not. These mothers also tend to construct families in ways that defy the cultural norms under which heterosexual families labor. Thus, in addition to unique challenges and a bewildering set of choices, they may have distinctive options and strengths available to them. This thesis comprises a comprehensive critical review of research on these strengths and stressors, focusing on information useful in the clinical setting. Weaknesses in authors’ conclusions and in the research studies have been noted, and future directions of inquiry and clinical implementation suggested.

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A REVIEW OF CLINICALLY PERTINENT RESEARCH FOR CLINICIANS WORKING WITH LESBIAN MOTHERS AND THEIR FAMILIES

A THESIS
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Abstract

Lesbian mothers face challenges that are unique from those experienced by any other group. They have more options for conception than do gay males and face social pressures and judgments that heterosexual parents do not. These mothers also tend to construct families in ways that defy the cultural norms under which heterosexual families labor. Thus, in addition to unique challenges and a bewildering set of choices, they may have distinctive options and strengths available to them. This thesis comprises a comprehensive critical review of research on these strengths and stressors, focusing on information useful in the clinical setting. Weaknesses in authors’ conclusions and in the research studies have been noted, and future directions of inquiry and clinical implementation suggested.

Keywords: lesbian conception, lesbian motherhood, lesbian families, homosexual parents, sexual minority families, donor insemination, homophobia
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Introduction

Preface

If the next family to walk into your office happened to have two mothers, what assumptions would you make? If a lesbian couple were struggling with the decision of whether, when, or how to have children, what do you know about their potential experiences and challenges? As I shall detail momentarily, increasing numbers of lesbian women are choosing to have children. They may be single or coupled. They may adopt or choose assisted conception. The fathers may be known, unknown, or some amalgam of the two. In all cases, the decisions to be made, the challenges to be faced, and the prejudices to be overcome are complex and varied. Throughout this thesis, I will strive to provide readers with clinically pertinent information in the hopes that we, as clinicians, will be ready, willing, and competent to assist and counsel these women and children who are on the frontier of family creation.

Roadmap

Crucial to any such venture is the establishment of a solid understanding of background information. Equally valuable is foreknowledge of the nature of the journey and the destination. These I will provide within this introduction. This includes an overview of general demographic information and a review of the early and ongoing research into the effects of being raised by lesbian parents. Based on this information, I will elaborate on my research goals, on how I arrived at them, and on the methodology and resources I used in conducting my review. I will also define a number of terms and ideas, some of which may seem obvious and others less so. In speaking with other psychologists about this thesis, I have come to realize that many of these terms are not
commonly known or universally understood, and I beg readers’ patience as I lay the foundation for this discussion.

Once I have covered this groundwork, I will discuss the decisions, challenges, and experiences encountered by many lesbian mothers. Given the tremendous variance in mothers’ situations, goals, values, and resources, it is clearly impossible to capture all the choices and difficulties these families may meet. Rather I intend to look at those that seem to be frequently discussed in the research literature. For purposes of clarity and structure, I have chosen to divide this main section of the paper into chronological stages: Pre-conception, Pre-natal, Birth and Infancy, and Early Childhood and Beyond. Of course, these are somewhat arbitrary divisions and there are people, events, and choices that have effects spanning several or all of these stages.

At the conclusion of this thesis, I will summarize the information presented previously, with special attention to developing issues, controversies, under-considered issues, and other pertinent topics. With these in mind, I will also discuss areas for future research efforts with a focus on clinical benefits. Readers should remember that much of the existing research is qualitative, exploratory, and involves relatively small samples. There is a great need for more large-scale, focused, and controlled studies drawing from the broad base of information provided by the qualitative literature.

Ultimately, my goal is to leave readers with an increased understanding of the experiences of lesbian mothers and their families. Additionally, I am seeking to increase clinicians’ awareness of the roles played by fathers, donors, extended families on all sides, and other people connected to lesbian-led families. Information such as this is
crucial if psychologists are to provide competent, culturally responsive care to these women and children.

**Background**

Gartrell and colleagues (1996) have suggested that “there have always been lesbian mothers” (p. 272) and researchers have reported that lesbian single and co-parent families are increasing in number (Gartrell, et al., 1996; Lambert, 2005; Dunne, 2000; Rohrbaugh, 1992). The manner in which lesbian women come to be mothers varies according to values, life course, desires, and other factors that I will detail later in this thesis. I will also discuss the methods through which these women attain motherhood. In the most general terms, they may use donor insemination (DI) techniques, engage in sexual intercourse, or work through the adoption process. Of these, the first two (especially DI) are represented most prominently in the literature and in this thesis. However, much of the forthcoming information and discussion about mothers’ experiences, decisions, stressors, and challenges could apply to any given lesbian-parent family.

Regardless of how lesbian mothers have created their families, they continue to face substantial resistance from the majority heterosexual culture, and often, surprisingly, from within their own lesbian culture. Indeed, Rohrbaugh (1992) states “some lesbians have an antipathy to children, feeling that by choosing a lesbian lifestyle they have also chosen not to have children in their daily lives. Some even acknowledge having an irrational sense that a lesbian giving birth is betraying an unspoken agreement to defy the womanly role by not giving birth” (p. 471). The decision to parent as a lesbian may negatively impact the amount of social support one experiences. Schisms with family
members may occur or increase in severity (Sullivan, 2004; Renaud, 2007). Friends and previous allies may react with confusion or even aversion to the idea of lesbians having children (Nelson, 1999; Rohrbaugh, 1992). Researchers in several cultures have noted that lesbian mothers often encounter unique instances of discrimination by heterosexist and heterocentric individuals and organizations. For instance, Nelson (1999) noted that parental training classes “generally do not take into consideration the possibility that the parents might both be women and that this creates a different family dynamic” (p. 44). Arita (2007) related an episode where two mothers in Japan both wanted to attend a “mother-and-child excursion”, but were told they could not because “there should be only one mother in a family” (p. 109). Despite all of these issues, the ranks of lesbian mothers – single and partnered – continue to swell.

Many individuals belonging to sexual minority groups (e.g., lesbians and bisexuals) are hesitant to disclose their sexual orientation in polls, censuses, and surveys (Tasker, 2005), due to continued fear of discrimination (Allen & Demo, 1995). As such, appreciably exact figures on the number of lesbian mothers in this country (and others) do not exist, and estimates vary fairly widely depending on the source and its agenda. However as cited in the professional literature, recent estimates of the number of gay and lesbian parents ranges from one million to six million in the United States alone (Parke R. D., 2004; Gottman, 1990), indicating that even at the low end, the numbers of children being raised by lesbian mothers is noteworthy. Tasker (2005) cites an estimate of between 2 and 14 million children with lesbian or gay parents in the United States. And, these numbers are expected to grow, especially as the “legitimacy of lesbian parenting” is enhanced via progressively greater social and legal recognition and acceptance of gay and
lesbian unions (Gartrell, Rodas, Deck, Peyser, & Banks, 2006, p. 176). Evidence for these changes can be found in the greater recognition of civil partnerships and, more recently, full state-recognized marriage. As such, it behooves the scientific community to better understand the structure and function of these lesbian families.

Indeed, researchers from various disciplines, including psychology, (Gartrell, et al., 1996; Sullivan, 2004) have astutely recognized this unique opportunity to observe and study the formation of a new family form, or more accurately forms. However, as previous authors have pointed out, much of the first wave of research – especially within psychology – was focused on investigating the psychosocial wellbeing of children raised in homosexual households as compared with those raised by heterosexual parents (Gartrell, et al., 1996). This is in contrast to research into the form and function of the families and the roles of individuals within them.

Critics of this early research have pointed out a number of methodological flaws, not the least of which being the comparative nature of the research designs (Goldberg, 2007). Some have questioned the comparison groups used in studies. For instance, divorced lesbian mothers were often compared with divorced single heterosexual mothers, despite the fact that many of the lesbian women had partners when they were studied (Franklin, 2003). The psychological stressors experienced in single-parent families are well documented and outside the scope of this thesis. Suffice to say however, that these difficulties make the aforementioned comparison problematic. Others have pointed out that the comparative framework “has limited the scope and direction” of the research (Goldberg, 2007) and arguably “perpetuates heterocentrism and homophobia in our culture” (Lambert, 2005). Also, as is true today (Lambert, 2005), many studies
involved small, nonrandom convenience samples heavily weighted towards Caucasian, middle-class, well educated, and urban-dwelling women (Franklin, 2003; Goldberg, 2007). Clearly such samples may not be representative of the overall lesbian mother population. However, researchers – even critics – tend to acknowledge that this research bias likely reflects a hazard of trying to study an oppressed people. Specifically, it is these types of women who are mostly likely to be accessible and amenable to study participation, while others may be less so for a variety of reasons. For instance, some may be less out in their communities due to safety concerns (e.g., rural-dwelling lesbians) (Tasker, 2005), while others may be more fearful of losing their children due to legal concerns (Lambert, 2005). Additionally, some have suggested that the dearth of longitudinal studies might be hiding so-called sleeper effects (i.e. while 5- or even 12-year-olds may not show psychosocial or psychosexual abnormalities compared with children of heterosexual parents, perhaps later in life they will) (Mooney-Somers & Golombok, 2000). Still others have taken issue with the assertion that researchers have not found any significant differences in the children (Franklin, 2003). For instance, Franklin (2003) noted that, in a 2001 metaanalysis of 21 prior studies

Stacey and Biblarz reported the following: (1) daughters of lesbian mothers are more likely to aspire to nontraditional gender occupations such as doctor, lawyer, engineer, or astronaut, (2) sons of lesbian mothers behave in less traditionally masculine ways in regard to aggression and play preferences, (3) children of lesbian parents are more apt to acknowledge having had a homoerotic relationship (although it is unknown whether this is due to greater sexual exploration or more honest responding), (5) daughters of lesbian mothers engage in more sexual
exploration whereas sons of lesbians evince the opposite pattern, (6) children of lesbian mothers feel more able to discuss their own sexual development with their parents, and (7) where differences in psychological health do exist, they tend to favor children with lesbian mothers” (pp. 50-51).

Despite these deficiencies, there is overwhelming agreement among researchers that, in terms of negative impacts, there are no significant differences between children of heterosexual parents and those of lesbian (and other homosexual) parents (Gartrell, et al., 1996; Goldberg, 2007). This appears to hold true across a broad variety of psychosocial dimensions including, but not limited to, adjustment, attachment, social development, sexual and gender identity development, intellectual development (Gartrell, et al., 1996). Further, Goldberg (2007) notes, “the findings of recent studies, which have utilized more representative samples (e.g., Golombok et al., 2003; Wainright et al., 2004), have been notably consistent with the findings of earlier studies”.

With such pragmatic and politically sensitive considerations out of the way, researchers are now asking more subtle and challenging questions about the structure and functioning of these families (Lambert, 2005). Researchers are learning more about the decision process that occurs when lesbian couples seek to become pregnant. Researchers are beginning to understand more about the couple and family dynamics that arise when societal gender roles do not necessarily hold sway in the family. Researchers are exploring the effects of introducing a grandchild into the extended families of lesbian women. The roles of men in these families, while still only vaguely understood, are slowly becoming clearer. Emerging from all of these ongoing efforts is a wealth of
previously unmined clinically relevant information and an expanding awareness of the complex, emotionally thorny decisions lesbian mothers must face.

For example, in Mommies, Daddies, Donors, and Surrogates (2005), Ehrensaft states that, along with other so-called non-traditional families, families with lesbian mothers must “creatively craft the family matrix that feels right for them” (p. 99). This includes such questions as whether the sperm donor is known, how the child will know him, and how and to what degree the donor (or other male role-models) will be integrated into the family (Ehrensaft, 2005). Moreover, lesbian-headed families must accomplish this creative construction in the absence of any definition or cultural implication of normal. The emotional, psychological, and social ramifications become even clearer as issues of prejudice, homophobia, and heterosexism are considered, along with legal concerns and questions about the child’s relationship to non-biological grandparents and to the family of the donor. Unfortunately, as Ehrensaft (2005) notes, the healthcare field has “failed to set a self-reflective process in motion for the men and women who are building families with donors or surrogates” (pp. 38-39). She goes on to suggest that lesbian mothers and anyone else considering assisted conception “should have access to that kind of support system far earlier than birth or even gestation” (p. 39).

**Research Question**

How then is one to distill the results of this large cauldron of research into a liqueur of clinical utility? The answer, of course, is slowly, carefully, and with a grain of salt and an eye for emerging information. The bulk of the studies in this second wave of research tend to be qualitative, cross-sectional, exploratory, and involving small sample-sizes. While such research models are excellent for generating detailed information about
the experiences of particular women (or particular groups of women), it is difficult to reliably generalize from them, at least in the statistical sense. My goal then is not to provide statistics regarding the *average* experience of lesbian mothers, but instead to explore commonly reported experiences and the areas of contention between researchers regarding some findings. Fortunately, there are many consistencies reported by research participants spanning the globe, thus increasing the likelihood that participants are discussing common rather than exceptional experiences. Regardless, I encourage readers to remember that the choices, challenges, and experiences reported herein are not givens but rather possibilities.

*Research Parameters*

In seeking literature regarding these questions, I primarily utilized the PsychInfo database. I used the following search terms, some of which I started with and others I added as they were suggested by the initial terms:

- Lesbian
- Lesbianism
- Lesbian Motherhood
- Homosexual Parents
- Lesbian Families
- Social Mother
- Birth Mother
- Mothers
- Mother Child Relations
- Parent Child Relations
- Children of Lesbian Parents
- Children of Lesbian Mothers
- Fathers
- Fatherhood
- Male Role Models
- Social Father
- Co-parent
- Children of Lesbian Mothers and Men
- Father Child Relations
- Role Models
- Father Absence
- Emotional Adjustment
- Adjustment
- Psychological Adjustment
- School Adjustment
- Social Adjustment
- Psychological Disorders
- Mental Disorders
- Social Support
- Coping Behavior
- Psychosexual Development
- Childhood Development
- Attachment Behavior
- Self Concept
Personality Development
Social Skills or Social Acumen
Child Psychopathology or Adolescent Psychopathology or Psychopathology
Child Psychotherapy or Adolescent Psychotherapy or Psychotherapy
Various combinations (e.g., lesbian families and emotional adjustment, social mother and co-parent, lesbian families and fathers) of these search terms yielded more specific articles targeted at particular aspects of the families of lesbians and other sexual minorities, as well as comparisons with heterosexual families. When an article seemed particularly salient, I also searched the reference list for additional sources. For books that proved useful, I looked through references and also utilized Amazon.com’s “Customers who bought this item also bought…” recommendation function.

I limited my sources to those published in or translated to the English language, due to my own linguistic limitations. As such, while I considered research from non-English speaking countries, the cross-cultural applicability of this paper is somewhat limited. Specifically, all research participants were living in North American and Western European cultures at the time studies were conducted, with the exception of one Japanese family in Japan. Additionally, many researchers noted that their sample population was heavily weighted towards Caucasian, middle-class women (Sullivan, 2004; Goldberg, 2007). Further, authors have indicated that African-American lesbian women are less likely than Caucasian lesbian women to choose donor insemination, a form of conception upon which many studies are predicated (Gartrell, et al., 1996). With that said however, the research studies did include women from various socio-economic, educational, and cultural backgrounds within the overarching cultures. Results were further limited – due to availability – to journal articles, books, and chapters from books. It is worth noting that
the limited distribution of doctoral dissertations is a major hindrance in sexual minority research (K. Gowen, personal communication, September 2008), as such studies represent a large portion of this relatively new area of inquiry. Since it is a young area of study, I placed no restrictions on dates of publication, however I gathered my last resource in June of 2008. Thus no research published after this date is included in this review.

Definitions

Before launching into a review of the literature, it is necessary to consider some working definitions involving terminology, family formations, methods of conception et cetera. First, some basics are in order.

Basic definitions. Within the context of the professional literature and in the greater gay culture, *gay* has come to encompass both homosexual males and homosexual females. It is with this understanding in mind that I will refer to a *gay person* or *gay people*. When referring to people who may be lesbian, gay, or bisexual, I will use the emerging term *lesbigay*. The authors in the literature consistently use *gay men* and *lesbians* as the individual terms for homosexual men and women respectively, and I will use these to refer to individuals and couples throughout this thesis.

In some contexts (e.g., “gay pride”), gay has even broader meaning and can refer to anyone who identifies as a sexual or gender minority (e.g., bisexual, transgender, queer, etc.). Used in this manner, gay is essentially synonymous with *LGBTQ* (Lesbian, Gay, Bisexual, Transgender, Queer), which is, in turn, a shortened version of a longer acronym meant to be inclusive of all sexual and gender minority individuals. When
speaking of people in this sense, I will use LGBTQ people or LGBTQ person. When referring to the larger culture or social group I will use gay culture or gay society.

Interestingly, I have seen neither the narrower nor the broader definition explicitly defined or agreed upon in the literature or anywhere else. Rather, the contemporary uses of gay seem to be implicitly understood and accepted both in research and in greater society.

Given the current inconsistencies in legal recognition of gay marriage, civil unions, and so on, there is no one term used to describe committed gay couples. Within this paper, I use single, partnered, divorced, and widowed to describe the parents’ relationship status. It is worth noting, however that these terms do not necessarily reflect family structure in the case of lesbian mothers.

The terms out and closeted are used to describe how open a gay person is about his or her homosexuality (New Oxford American Dictionary, 2nd Ed, 2005 in Apple’s Dictionary software, v2.0.2)). Authors in recent research have suggested coming out does not seem to be a one-time process, but rather an ongoing, evolving experience occurring in every new interpersonal interaction (Baptist & Allen, 2008; Rust, 1993; Bonet, Wells, & Parsons, 2007). As such, gay people are often various shades of out or closeted at different times in their lives and in different social settings (Nelson, 1999).

Turning to conception, the research contains a variety of terms including, artificial insemination, donor insemination (DI), alternative insemination, self-insemination (SI), and assisted reproductive technology (ART). Within this thesis, I will use the term assisted conception, as proposed by Ehrensaft (2005). She suggests that changing our language in this way moves away from a culturally embedded (and stigmatized)
association with infertility while also helping to include gay, lesbian, and single people who, while perfectly fertile, need assistance to achieve conception. I would add that it conveniently and accurately captures all the various means lesbians may use to become pregnant.

Lesbians, unlike gay males, typically possess two out of three basic anatomical necessities for conception: an ovum and a uterus, lacking only male gametes to complete the equation. Thus they are presented with a variety of pathways for conceiving (Donovan C., 2000). Some lesbians, especially those of an older generation, became mothers by way of heterosexual partnerships, typically prior to initially coming out (Gartrell, et al., 1996). A minority may choose an arranged sexual encounter with a male friend or other donor (Nelson, 1999; Pies, 1990; Ehrensaft, 2005). Slightly higher on the scale of assisted reproductive technology is the turkey baster method, in which fresh sperm from a donor is introduced into the vagina via turkey baster or other similar device. Some lesbians still utilize these methods today for various reasons including a preference for romantic or ceremonial aspects of self-insemination (e.g., the partner can help inseminate the mother-to-be) (Sullivan, 2004), distaste for the idea of “artificial insemination” (Pies, 1990) or the substantial cost of utilizing medically assisted reproduction methods (Franklin, 2003). Others opt for the less clinical avenues of conception because they genuinely want to know the father and may even want him involved in their children’s lives (Pies, 1990). Finally, there are the various medically assisted conception options including insemination in a clinic by a physician, fertility drugs, and in vitro fertilization and embryo implantation. These last options are relatively new to all prospective parents and even newer to lesbians, who previously often
“experienced [discrimination] when attempting to use (male-controlled) medicalized insemination services” (Sullivan, 2004, p. 34). Increasingly widespread access to alternative “procreative service organizations that cater specifically to lesbians, gay men, and [single heterosexual] women” (Sullivan, 2004, p. 33) in the United States is oft cited as a major factor in the national gayby boom (Franklin, 2003), and women in other countries are availing themselves of such services as well (Donovan C., 2000).

The term gayby boom itself bears elaboration. This phenomenon encompasses the increasing numbers of children born to openly gay parents, single and coupled, lesbian women and gay men (Franklin, 2003; Gartrell, Rodas, Deck, Peyser, & Banks, 2006; Drucker, 1998, p. 38). Their children may come from, surrogate mothers, egg donors, sperm donors, and adoptions both open and closed.

_Homophobia, heterosexism, and heterocentrism_ are important concepts when discussing any sexual minority. It may help to consider these on a spectrum of intolerance with outright fear or hate – homophobia (Ritter & Terndrup, 2002, p. 12; McManus, Hunter, & Renn, 2006) – at one end and a tendency to make assumptions of heterosexuality – heterocentrism (Shernoff, 2006) – on the other end. Heterosexism tends to fall somewhere between these two and involves prejudice or preference for the people and culture associated with heterosexual orientation (Ritter & Terndrup, 2002, p. 12). Internalized homophobia “is made up of the criticisms and doubts gay people have about themselves, their lifestyle and their peers” (Pies, 1990, p. 139).

_Redefining the familiar_. Having established working definitions for these relatively concrete concepts, I shall turn to familiar terms for which conventional definitions are inadequate in the context of lesbian families. Words such as “mother”,
“father”, and “family” carry with them certain culturally bound meanings and they frequently conjure up relatively consistent images of structure, duties, relationships, and so on.

For instance, in contemporary western cultures, family is typically synonymous with “nuclear family” – one composed of a mother, a father, and children (often with a pet or two rounding out the family unit). Others – extended family and friends for example – are relegated to an outer ring of relationships. Lesbian families diverge from this family form by definition, given the very fact that they include two mothers. Depending on their values, beliefs, needs, and ideas about how they want their families to be, lesbians construct families in a variety of constellations (Drucker, 1998). I will present some of these constructions in greater depth later. For the purposes of this thesis, I define family as one or more people committed to nurturing a child or children over the long-term (see Sullivan, 2004, pp 213-220, for an interesting presentation of potential redefinitions of family from legal standpoints).

How then does one refer to the members of these families? For the lesbian mothers, it is tempting to simply assume they are just that: Mothers. But then, it is often the case that one woman gave birth to the child while the other has no genetic or biological relationship to the child. This scenario is the most commonly reported in the literature reviewed for this paper, however, there does not seem to be any standard terminology used to refer to the women in such a partnership. The woman who birthed the baby may be referred to as simply the mother or more precisely as the birth mother, genetic mother, or biological mother. This woman’s partner – often the child’s other primary parent – may be referred to by her name, as the other mother, as a social mother,
or a mOther. Regardless, mOthers are a poignant example of motherhood as a hard-won, oft contested “achieved status” (Nelson, 1999). Unlike birth mothers or donors, they have no direct biological tie to the child. In contrast to adoptive parents, in many states they have no legal rights regarding the child. Whereas infertile men can depend on their social fatherhood to establish a tie, the mOther has no such status in most of western society (Sullivan, 2004).

It is important to note that the people within families themselves typically develop their own ways of referring to the women (Nelson, 1999). Some children refer to both parents by their given names, while others develop some permutation of mother (e.g. mom, mommy, momma) for each woman (Donovan C., 2000; Gartrell, Banks, Hamilton, Reed, Bishop, & Rodas, 1999). Still others create different systems for themselves. Nelson (1999) and Gabb (2005) both note that the families themselves are often uncomfortable with existing terms, which further contributes to the linguistic difficulties. For example, Nelson indicated that frequently, the women in her study “felt that both being ‘mom’ would be confusing and would dissolve them into some generic mothering entity with no individual identities” (p. 33). In light of this, it is crucial that clinicians and researchers work to understand what language a particular family uses and how satisfied they are with it.

Also of note are families wherein this scenario does not reflect the family’s origin or construction, in which case things get more complicated. For instance, perhaps one woman supplied the egg and the other the womb; now the child shares a genetic link to one woman and a biological one to the other (Ehrensaft, 2005). Or, the family may be part of an open adoption where the birth mother is a known and active entity in the
family’s life. Still other constructions are possible, each requiring its own understanding. For the purposes of this paper, I shall refer to the women as *mothers*, except where distinctions are necessary, in which case I will call the woman who birthed the child the *birth mother*, and other woman involved as a parent the *Mother*. When further elucidation seems necessary, the family’s particular constellation will be described.

But what of the men who, biologically speaking, must be involved somewhere in the begetting of the children? Throughout much of the literature, researchers refer to them as simply sperm donors or just donors. Ehrensaft (2005) coined the term *birth other*, which is useful for describing not only sperm donors but also egg donors, and surrogates. These simple references, however, belie the complexities of sperm “donation” itself and do nothing to connote the variety of ways in which men are connected with lesbian-led families.

First, sperm donors may be *known or unknown*, meaning the donor’s identity is known or unknown to the mother(s). Further, unknown donors may select to remain permanently anonymous or designate themselves as *yes donors* indicating they are willing to have their identity revealed when the child reaches 18 years of age (Sullivan, 2004). It is worth noting that these specifications are most meaningful in the context of assisted reproduction facilities (e.g., sperm banks), which are better able to protect the identity of the men than are other sources (Sullivan, 2004). Second, some known donors are involved at some level in the lives of the children and even the families. Others are totally uninvolved. Later in this thesis I will discuss further, the ways in which these relationships are negotiated and enacted. Finally, as will become clear, even permanently anonymous donors may have important impacts and gain identities of sorts.
People in lesbian-led families themselves have an impressive number of ways to refer to the men in their lives. For the donor, the name chosen often reflects the man’s level of involvement in the family. Anonymous and otherwise uninvolved men may be referred to as “sperm dad”, “seed daddy” (Sullivan, 2004), “[sperm] donor” and so on. In other cases, men may be called by their given names, but are rarely if ever referred to as “dad” or “father”. Still others find “father” (i.e. biological progenitor) acceptable, while “dad” (i.e., parental or social role) is uncomfortable and thus discouraged. Finally, anonymous donors from sperm banks may be referred to by their donor number when positive identification is needed.

As one might surmise from the above, the labels applied to donors (and other significant adults in the children’s lives) are chosen in an attempt to emphasize people in parenting roles versus non-parenting roles (Donovan C., 2000). Additionally, it often seems important to the mothers to delineate who, exactly, are “the ‘doers’ of parenting” (Donovan C., 2000, p. 157) as opposed to, for example, those who are merely progenitors of the offspring. When it comes to terminology for men who are encouraged to cultivate relationships in the family, the authors in the literature are remarkably silent. There is a similar dearth of information about the reasons for this discrepancy. It is possible that methods for referring to involved men are simply less consistent from family to family. It may also be a side-effect of a subtle research bias: researchers may be more interested in how lesbians separate themselves and their families from a biological necessity than they are about how such families negotiate the inclusion of males. More innocuously, this could simply be a symptom of the relative youth of this body of research. That is, perhaps no one has focused on this aspect of lesbian families as of yet.
For the purposes of this thesis, I will refer to uninvolved men as *donors* and involved men as *fathers*. This is in line with Ehrensaft (2005), who suggests mothers avoid using “father” if the male in question does not actually parent. She suggests that father (and other such terms) carry the cultural implication of a doer of parenting, and that it may “confuse” children to have too many non-present or non-active parents. Whenever pertinent, I will also endeavor to make clear the men’s biological connections – if any – to the children. I will refer to other non-parental and non-progenitor males (e.g., grandfather, brother, etc.) simply by their relationship to the family.

Having established working definitions describing key concepts, I shall turn to the bulk of the discussion. More specifically, what have researchers discovered so far about the experiences of lesbian women choosing to create families?

*Pre-conception: The Twinkle In Mommies’ Eyes*

*Who Is Getting Pregnant?*

While it may seem obvious, I suggest it is worth considering, that unlike heterosexual couples, the chances of a lesbian couple becoming inadvertently pregnant are very slim (Pies, 1990). Indeed, researchers have indicated that the children born to lesbian mothers are highly desired (Franklin, 2003; Gartrell, et al., 1996; Sullivan, 2004; Baum, 1996) and that the vast majority of lesbians are extremely deliberate in their consideration of parenthood (Gartrell, et al., 1996; Sullivan, 2004; Renaud, 2007; Pies, 1990; Baum, 1996). This is not to say that heterosexuals are *not*; indeed many are. Probably the closest comparison of experience is between that of single heterosexual women and that of single lesbian women. Each of these women must make a very similar, if not identical, set of choices. Even here, however, there are differences. For
instance, some research participants have reported that insurance companies in the United States specifically refuse coverage of fertility assistance for lesbian women (Renaud, 2007). This has important implications that will become clear later in this thesis.

When one considers comparisons between lesbian couples and heterosexual couples, lesbian mothers’ unique set of decisions becomes more obvious. For example, when considering pregnancy, there is never any question of who will bear and birth the child in a heterosexual couple – it is always the female (at least at this point in reproductive science). In lesbian partnerships on the other hand the women must decide which of them will become pregnant (Renaud, 2007). Researchers have suggested several variables upon which this decision depends, including financial, biological, and emotional factors (Renaud, 2007; Chabot & Ames, 2004).

The aforementioned question of insurance coverage for lesbians seeking assisted conception is only one example of the economic aspects of negotiating which mother will carry the child. For example, such coverage may need to be balanced against who has the best overall health insurance coverage, considering the costs of pre- and post-natal care, birth, and other medical care.

Chabot and Ames (2004) noted that, in deciding who should be the biological mother, prospective mothers also considered “who was able to take time off of work with the least financial loss, and who had the most flexible work schedule” (p. 353). For example, one woman’s job or career may better lend itself to part-time work or telecommuting, allowing for more at-home care of the new child. Similarly, Sullivan (2004) reported that approximately 38% of her sample considered one partner’s work or
career situation to be “incompatible with the demands of pregnancy and childbirth at the
time” (p. 47).

It is worth noting that these conversations are predicated on the assumption the
women have sufficient socioeconomic capacity to allow them to make choices about
work at all. Researchers, especially those focused on families created through donor
insemination, have noted that samples tend to be weighted heavily towards Caucasians of
at least middle-class status (Sullivan, 2004; Lambert, 2005). One reason cited for this
imbalance is the inherent cost for assisted conception if the women utilize resources
outside their social circle (e.g., sperm banks, physicians, etc.) (Lambert, 2005).
Regardless, psychologists should be aware that the research is lacking on lower income
lesbian families. They may present their own unique set of concerns related to deciding
which partner should become pregnant or even whether they should seek to have children
at all in their present circumstances.

While financial concerns are a major consideration, issues of biology are
frequently discussed as well. In some cases, the age of one partner may be a concern,
given the correlations between pregnancy in older women and increased chances of
pregnancy and birth complications, neurological issues, and other medical problems
(Chabot & Ames, 2004). Full consideration of these correlations is outside the scope of
this thesis, but clinicians should be aware that women may encounter these concerns as
they seek to become pregnant. Sullivan (2004) reported that among her participants, age
was a consideration when the partners perceived the difference in their ages to be
significant. In such cases, the partners may opt for one woman to attempt conception
first, and if she is not successful, switch to the other. Chabot and Ames (2004) quoted a study participant who experienced this:

I thought early on I really want to be a parent, and I really 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 is the real issue here? (p. 353).

Such a transition might easily become a focus of clinical attention in individual, couples, or pregnancy counseling. Additionally, while I found no mention of the women considering the genetic history of each partner, this is an area that psychologists and other counselors would do well to encourage women to explore. Issues such as hereditary diseases and conditions (such as heart disease and asthma), genetically linked mental illnesses, and history of miscarriage are important factors.

Another important element in deciding who will be the biological mother is the partners’ individual levels of desire to be pregnant. For some lesbian women, the desire to parent is present, but they do not wish to experience pregnancy (Sullivan, 2004). Indeed, Sullivan found that desire was the single greatest consideration among her participants. In contrast, Friedman (1998) indicated that age was the primary concern for her participants, typifying discrepancies that often occur in the literature on lesbian families. Alternately, Pies (1990) supplied an example wherein one partner has no interest in pregnancy or childrearing, but wishes to maintain the relationship: “I am not ready to have a child. I have many things I still want to do with my life, and having a child would be too disruptive. I know my partner wants to have a child, but she'll have to do it on her own. We can stay together, I just don't want to do this now” (p. 142). Clearly,
these types of issues could easily become a major focus of couples or pregnancy counseling.

Family of origin issues are also oft cited as a consideration when lesbian couples are deciding who should become pregnant (Renaud, 2007). Chabot and Ames (2004) suggested that if one woman is not out to her family, it might be more difficult for her to be the birth mother. In contrast, Pies (1990) quotes a woman whose family is aware of her sexual orientation and, given their disapproval, she is understandably worried about their reaction to her plans for pregnancy.

Ultimately, these are not individual considerations to be negotiated in turn, but rather a complex intersection of potentially stressful decisions in which factors of one may trump factors of others. For example, in couples wherein there is a large income discrepancy, the need for financial security and stability may outweigh desire or family of origin concerns (Renaud, 2007). Similarly, the practical limitations of age and fertility may render all other considerations moot. For instance, Klara and Mary, participants in a study by Chabot and Ames (2004), endured almost 3 years of insemination attempts and fertility treatments for Klara (who “had always wanted to become pregnant”), before deciding that Mary would experience “pregnancy by default” (p. 353).

Sperm Shopping

As complex as the question of who shall become pregnant might be, it is arguably dwarfed by the decisions that must be made in the course of selecting a sperm donor. Should he be known or unknown? Should mothers use a sperm bank or similar facility? Would sperm from a family member of the mother help her feel more connected to the child? What physical, emotional, and intellectual qualities do they hope for? Ehrensaft
(2005) has suggested that the selection of a donor is a “critical time for parents to begin working together in negotiating feelings about possession” (p. 95) and belonging in terms of connection to the child-to-be. These and other questions must be answered as lesbian women seek to conceive.

Perhaps the most basic question is whether the donor should be known or unknown. Sullivan (2004) suggests this decision is a “decisive moment in the path to family formation” (p. 52) for lesbian mothers, given that a decision to use a known donor creates a familial connection outside that of mother(s) and child. Indeed, authors in the literature often discuss this question after the birth-mother/mOther question (Sullivan, 2004; Chabot & Ames, 2004). This may indicate that this is a starting point for many women as they begin the search for a donor. It is worth noting however, that none of the authors explicitly indicated that this is the next question considered. It may also be that the authors find this a convenient way to organize their discussions. Additionally, it is conceivable that preferences regarding the donor interact with questions about who should become pregnant, with the potential birth-mothers’ particular preferences carrying more weight. As noted by Chabot and Ames (2004), these and other decisional intersections have not been adequately studied.

**Known donors.** Known donors are typically selected from amongst family and friends (Ehrensaft, 2005), though some assisted conception facilities also work with donors willing to be known early in the children’s lives (e.g., Rainbow Flag Health Services in Alameda, CA). The reasons women choose to have a known donor are myriad. Some women may desire a biogenetic connection between the mOther and child (Sullivan, 2004; Pies, 1990). Others may feel a strong motivation towards “ensuring
knowledge of paternity for children’s sakes” (Ryan-Flood, 2005, p. 195). Women choosing to conceive via sexual intercourse, choose a known donor by default. Still others plan for the donor to be a part of the child’s life to some degree (Donovan C., 2000). Pies (1990) noted that prior to the AIDS epidemic, lesbian women often preferred and sought out gay friends as donors (though she does not provide any insight into reasons a gay sexual orientation was preferred), whereas now there is notable concern regarding HIV transmission. For those seeking a donor belonging to an ethnic minority, the options may be very limited when pursued via assisted conception facility (Chabot & Ames, 2004). Using a known donor may expand their options.

The decision to have a known donor may have benefits that come into play after the birth as well. Ehrensaft (2005) has suggested that using a mOther’s family member as the donor can “help solidify a sense of connection and belonging to the child they did not make with [her] own gametes” (p. 89). For instance, “the ability to identify a father does offer both lesbian parents and their children an easy way to answer questions about the child’s parentage, however, which makes it easier to maintain secrecy about the mothers’ lesbianism” (Rohrbaugh, 1992, p. 468) should they wish to do so in a given social situation. Sullivan refers to this disclosure control strategy as “playing it straight” (p. 171) and notes that it engenders various psychological, emotional, and social dangers that I will expand upon later in this thesis. Rohrbaugh (1992) also has suggested that using a known donor increases the likelihood of access to paternal medical and genetic information, an issue that has been important for adopted children. Ehrensaft (2005) echoes this concern, and advocates that parents seek assurance that medical and genetic information will be available pending a future need to know. Using a known donor may
also allow mothers to use the same donor for subsequent children without the added cost of pre-purchasing and storing sperm.

The aforementioned fear of HIV transmission (to mother or child) brings to light one big danger in using sperm from a known donor rather than sperm procured through a clinic or physician: sexually transmitted diseases. While assisted conception facilities will typically screen donor sperm and/or quarantine it for a period of time, there is no such guarantee for women using a known donor without the aid of such a facility. Similarly, without the aid of professional testing, mothers and known donors have no reliable way of knowing fertility factors such as sperm count and motility. Suboptimal donor sperm can prolong the process of conception or make it impossible. The insemination process was noted as “a stressful difficult time” (p. 195) by nearly all of Renaud’s (2007) participants and Sullivan (2004) reported similar sentiments from her participant. Therapists and other health providers may see women suffering depression, anxiety, relationship disruption, and other conditions related to stress and this may be exacerbated in cases of poor sperm quality.

There are other dangers and difficulties arising from using known donors as well. Donovan (2000) noted that under British law, it is illegal to manage frozen sperm unless one is a licensed practitioner working at a licensed facility. While I did not find mention of any similar laws in the United States, clearly it is important for women and their counselors to be aware of local and national legal limitations regarding the ability to self-inseminate.

Additionally, mothers choosing known donors must carefully negotiate the role the donor will play, if any, in children’s lives. The literature contains many examples of
donors making demands regarding parenting and custody or even setting conditions for
the birth-mother during pregnancy. In some cases, these demands came out in the process
of negotiating with the donor and were thus resolved or avoided by not using that
particular donor. For example, the mothers in Baum’s (1996) case example initially
contacted and rejected a donor who wanted the birth-mother to “quit her job and move
into his condominium” (p. 119) despite the fact she had a partner! Other women are not
so fortunate and find their lives and families disrupted by donors’ demands after the birth
of the child. Ehrensaft (2005) relates the story of Shawna and Rosemary who listed their
donor on the baby’s birth certificate and had him sign a statement of paternity. Later the
donor decided he was more than just a donor and demanded visitation rights. He also
worked to block the mothers from completing the second-parent adoption process and
insisted the child call him “daddy”, all while refusing to provide financial support or to
participate meaningfully in the child’s daily care. Ehrensaft suggested that, had the
mothers and donor (with legal advice) drafted and signed a parenting agreement prior to
conception, this might not have happened. Even so, as of Pies’ 1990 article, such
contracts had yet to be widely tested in courts and legal protections may vary by locality.
Baum (1996) goes further: “written and notarized contracts do not guarantee or protect
the lesbian biological mother’s rights” (p. 120) should the donor initiate legal action.
Ryan-Flood (2005) notes that known donors in Sweden may retain parental rights
regardless of agreements.

Given that the United States lacks national laws, guidelines, or regulations for
second-parent adoption and that recognition of same-sex unions varies widely from state
to state, the tendency of courts to uphold parenting contracts and other agreements is
likely to be dependent on individual judges’ interpretations of state and local laws. Clearly clinicians working with lesbian mothers should familiarize themselves with at least the basics of applicable legal protections (and vulnerabilities) as well as foster professional connections to family rights lawyers and other such professionals. With that said, more recent authors mention sample contracts available on the Internet (Renaud, 2007) and the value of legal consultation prior to conception (Ehrengart, 2005), thus suggesting that the courts may have become friendlier or more consistently supportive. Authors do not specifically make statements regarding the effectiveness of the contracts, however, and may be making assumptions. Because of the complexities and dangers of using a known donor, Ehrengart (2005) advocated that “anyone contemplating using a… known donor as a birth other should seek out the services of a counselor, consultant, or family therapist who will provide guidance in thinking through the decision” (pp. 93-94) such that all the ramifications may be considered.

**Unknown donors.** The alternative to using a known donor is to procure an unknown donor, and this option carries its own set of benefits, questions, and concerns. The most commonly reported resource for selecting an unknown donor is a sperm bank or other assisted conception facility. Alternatively, some women use a go-between (e.g., a friend) to find a donor and arrange donations, while keeping the identities of the donor and the mother secret from each other (Pies, 1990; Ehrengart, 2005). While this method does retain some secrecy and anonymity, it sacrifices many of the benefits of working with a physician, professional assisted conception organization, or other similar party. In essence, the mothers assume all the risks they would for a known donor (e.g., sexually transmitted diseases, poor sperm, and parental rights disputes), and may find it more
difficult or impossible to find him in the future given that no relationship was ever
created or negotiated. Pies (1990) pointed out, however, that women who wish to use an
unknown donor but “cannot afford the services of a Sperm Bank, medical doctor or nurse
practitioner” (p. 148) may have no other options.

Cost may not be the only barrier to services for women seeking anonymous
donors. In the United States, lesbian women may be denied services due to medical
providers’ homophobia (McManus, Hunter, & Renn, 2006). Ryan-Flood (2005) wrote
that Swedish law specifically prohibits same-sex couples from accessing fertility clinics
and other reproductive technologies. Griffin (1998) briefly discussed the accessibility of
formal insemination services in various European countries:

Ease of access to formal insemination services for lesbians and polices toward
lesbian clients vary from country to country. Official insemination services are
not available in Croatia, Hungary, Latvia or Slovakia. They are restricted to
married couples in the Czech Republic, Germany, Greece, Italy, Lithuania and
Sweden, but in Estonia, Slovenia and Spain single women have access to state
insemination services. In Austria, Ireland and Serbia insemination services are
available privately. Insemination falls into a legal grey area and is not forbidden
to lesbians in Norway, Poland and Russia. In Denmark, Finland and Switzerland
it is up to the discretion of the doctor or hospital (p. 26)

While private services are theoretically available to lesbian women in Ireland, Ryan-
Flood (2005) pointed out that “no clinic in Ireland is currently offering this service to
lesbians despite the absence of specific legislative prohibition” (p. 192). Because of this,
many Irish lesbian women travel to England to seek assisted conception services (Ryan-
Flood, 2005). They do this despite the fact that English law requires doctors to consider a “child’s need for a father before giving women access to any licensed fertility services” (Donovan C., 2000, p. 151).

Women who do have access to assisted conception services, are faced with another decision: do they wish to use sperm from a so-called yes donor or from one who will be permanently anonymous. Yes donors have agreed to participate in an identity disclosure program, such that their identity can be released to the offspring at a later date, typically at the age of majority (Sullivan, 2004). Many lesbian mothers find yes donors welcome balance between anonymous and known donors; the women feel protected from the donor ever interfering in their parenting while still assuring that the children will eventually be able to contact their father if desired or necessary (Pies, 1990; Sullivan, 2004; Griffin, 1998).

Other women choose fully, permanently anonymous donors. These mothers are protected from the donor ever entering their children’s lives, thus threatening the mothers’ uncontested identity as parent. Using sperm from an anonymous or yes donor also helps insure against sexually transmitted diseases, some genetic conditions, and other medical concerns (McManus, Hunter, & Renn, 2006), as well has improving the chances mothers will be using viable sperm (e.g., acceptable sperm count and motility). For example, the Sperm Bank of California guarantees 15% or 20% motility depending on the type of sperm sample purchased (“Frequently asked questions about donor insemination”, n.d.). There is an uncontestable convenience factor to using an assisted conception facility to procure sperm, in that they have a full catalog of donors with a variety of physical, mental, and emotional features. Some lesbian co-mothers seek to
have donors’ physical features match the mother’s in hopes of creating a family resemblance despite the lack of biological connection (Chabot & Ames, 2004). Mothers may also attempt to avoid heritable medical conditions that are present in the birth mother’s family (Chabot & Ames, 2004). Still others may seek to reinforce recessive physical features present in the birth-mother (e.g., red hair) by choosing a donor with those features as well (Sullivan, 2004). Clearly, these goals are more easily achieved if one is presented with an organized listing of donors’ information as opposed to personally interviewing dozens of potential donors. Finally, Osterwell (1991) reported that relationship satisfaction in first time lesbian co-mother couples was correlated with anonymous donor selection among other factors. It is worth noting, however, that while Osterweil’s results have been cited by various authors, I did not find any mention of replication or further study on this correlation. Indeed, Gartrell and colleagues (1999) cite Osterweil’s findings in their literature review, but go on to report that in their sample, “no significant differences were found between the divorced and the stable couples on any variables” (p. 366). Clearly relationship satisfaction does not directly equate to whether a couple divorces or remains together, but this difference does suggest that further study is warranted in this matter.

Selection of an anonymous donor does, of course, have negative elements as well. Authors almost universally cite the cost of accessing assisted conception services. Sullivan (2004) reported that study participants spent $100 USD or more per insemination attempt depending on type of insemination, using so-called double dosing, inseminating in the clinic versus at home and other factors. Further the time to conceive is often cited at six months, suggesting that lesbian mothers can reasonably expect to
spend $600 USD or more just to conceive (Sullivan, 2004). Indirect costs such as travel expenses and pregnancy tests also contribute to the total. Indeed, several participants in Sullivan’s (2004) study reported much higher costs (e.g., $375 USD per month in cumulative expenses in one case and $1000 USD per child just for sperm in another). If the mothers wish to ensure they may use the same donor for subsequent siblings, they must also purchase sperm for future use and pay for its storage in the mean time (Sullivan, 2004).

The potential for encountering prejudice, heterosexism, and outright homophobia when contacting assisted conception facilities has also been widely cited (McManus, Hunter, & Renn, 2006; Friedman, 1998; Gartrell, et al., 1996). In some cases, the discrimination has been enacted as law (Donovan C., 2000; Ryan-Flood, 2005). There is little evidence that this is improving in any meaningful way. While earlier authors mentioned outright homophobia and discrimination more prominently, recent authors continue to cite this as a concern for lesbian mothers in the U.S. and European countries (McManus, Hunter, & Renn, 2006; Ryan-Flood, 2005). It may be that certain regions are indeed becoming more accepting of lesbian mothers. For example, Agigian (2004) mentioned three gay-friendly sperm banks, all of which are in California. Since 1981, a clinic in Brussels, Belgium has maintained a policy of non-discrimination, attracting women from Belgium, France, and the Netherlands (Griffin, 1998). The very fact that specific resources are mentioned is telling, and clinicians should be prepared to help mothers process emotions connected with the difficulty of finding gay-friendly services or enduring prejudice at available facilities.
Additionally, mothers are taking some risk, in that any attempt to garner future medical or genetic information regarding the donor (beyond that gathered by the assisted conception facility) is likely to be extremely difficult if not impossible. The use of fully anonymous donors means mothers are making a choice for their children as well: the choice of whether the child will ever be able to know or have a relationship with the donor. This choice is a weighty one that may provoke social judgment from others (Sullivan, 2004) or later feelings of guilt or anxiety as feelings around knowing can change over time (Ehrensaft, 2005; Gartrell, Banks, Hamilton, Reed, Bishop, & Rodas, 1999). For example, Ehrensaft (2005) related the story of a couple went so far as to hire a private detective to discover the donor’s identity out of fear their child would be extremely upset and resentful about not being able to find out about his donor. Further, Ehrensaft (2005) wrote that as children approach adolescence, the desire to know about the donor is “fundamentally a search for the self” (p. 252), thus suggesting that having a permanently anonymous donor is likely to produce temporary psycho-emotional pain”. Ryan-Flood (2005) noted that for both Swedish and Irish mothers in the study, selection of a permanently unknown donor was a choice to be avoided at all costs. The author speculated that this is representative of cultural values (though little empirical support was provided for this supposition). Mothers should be encouraged to fully explore their feelings around it, working through, for example, confronting any fears and imagining future conversations with children.

An emerging alternative that I have not seen mentioned in the literature is the availability of so-called *directed donor* programs, such as that offered by the Sperm Bank of California (Directed donor screening). This type of donor program allows known
donors to deposit sperm for a specific mother or couple. The donors’ sperm is screened and quarantined using the same methods and standards employed for standard donors.

Directed donor services serve to bridge the gap between the safety of using screened sperm and the mothers’ desires for a known donor. Additionally, recipients of these services can benefit from the standardized genetic and medical questionnaires used by the clinic as opposed to developing their own. Utilizing these services may also afford greater legal protection to both the donor and mothers in the event of paternity suits. For example, the California Family Code specifies,

> The donor of semen provided to a … licensed sperm bank for use in artificial insemination or in vitro fertilization of a woman other than the donor's wife is treated in law as if he were not the natural father of a child thereby conceived (CA Codes (fam: 7610-7614)).

It is worth noting that there is some inconsistency among authors in terms of what constitutes a known or unknown donor. Most authors considered a donor as known if the mothers knew his identity from the beginning. Donors whose identity was kept from the mothers in any way were most often referred to as unknown, including yes donors. However, a minority of authors referred to yes donors as known (Renaud, 2007; Donovan C., 2000). It is unclear on whether these discrepancies arose from the language used by the participants, from language in local laws and standards, or simply from authors’ own interpretations. Given the qualitative nature of many of the studies, it is entirely possible the authors were simply using their participants’ categorizations. As such, it may be wise for counselors and other health care providers to seek maximum clarity with clients when referring to these various options.
There seems to be incredible inconsistency in authors’ reports of preferences for known versus unknown donors. For example, Sullivan (2004) indicated that a substantial majority of her participants – twenty-eight of thirty-four – selected a yes donor (five chose a known donor and one a fully anonymous donor). Further, she stated that yes donor status was the most oft-cited decision criterion in the anonymous donor selection process. Similarly, Rohrbaugh (1992) indicated that “the most common source of sperm is sperm banks, although doctors and other go-betweens may also be used” (p. 468). In contrast, the participants in the United States National Lesbian Family Study (NLFS) were essentially equally split between known and unknown donors (Gartrell, et al., 1996), though the authors did not specify how they classified yes donors. As previously mentioned, Ryan-Flood (2005) found a marked preference for known donors among both Swedish and Irish participants. Authors have suggested that in the United States and Europe at least, there seems to be a shift towards selecting known and yes donors (Ehrensaft, 2005; Griffin, 1998; Pies, 1990). It is possible that these discrepancies are the result of local, regional, and international differences in preferences and values around the question of knowing the donor. Regardless, the current body of literature does not seem to provide a convincingly consistent answer regarding lesbian mothers’ preferences in this matter.

Choosing Mr. right. Given the complexity of the choices involved in selecting a sperm donor, how do the mothers choose? What criteria do they employ? For some mothers, it is highly important that the donor share physical features in common with the mOther (Chabot & Ames, 2004). As mentioned previously, this goal may be easier to pursue when using sperm from an assisted conception facility. Other women may have a
marked preference for yes donors (Sullivan, 2004). Mothers with family histories of certain medical conditions may specifically look for donors – known or anonymous – without such histories (Chabot & Ames, 2004). From the outset, some mothers feel strongly that their children should have a father, in name or person (Sullivan, 2004), and choose a known donor with whom they have negotiated a parenting strategy (Pies, 1990; Gartrell, et al., 1996; Ryan-Flood, 2005). If mothers wish to use the same donor for siblings, they must evaluate whether they wish to (and can afford) to pre-purchase and store sperm from an anonymous donor or if using a known donor will make this easier to ensure (Renaud, 2007). Pies (1990) indicated that mothers may elect to enlist the mOther’s brother when it is important to them that the mOther have a biological connection to the child. In some cases, choices are sharply limited due to local availability of services (Ryan-Flood, 2005), legal constraints (Griffin, 1998), or costs (McManus, Hunter, & Renn, 2006). Occasionally, mothers may find a known donor who turns out to have low sperm count, motility, or other issue (Pies, 1990), so they turn to an unknown donor instead. Women may wish to use known donors, but not know anyone who is trustworthy, with whom they wish to parent, who is HIV negative, and who is willing to go through the testing and screening (Pies, 1990). Mothers are also likely to experience conflicting influences from family and friends regarding known versus unknown donors (Sullivan, 2004). Authors seem to be in strong agreement that there is insufficient evidence of harm or benefit on either side of the known/unknown debate to warrant suggesting one route or the other (Gartrell, Rodas, Deck, Peyser, & Banks, 2006; Rohrbaugh, 1992; Sullivan, 2004; Ehrensaft, 2005). Rather, authors have suggested that mothers should be encouraged to fully explore fears, hopes, possibilities, practical
realities (laws, finances, etc.), and also differences in these between partners if they plan to be co-mothers (Sullivan, 2004; Ehrensaft, 2005; Pies, 1990).

*Negotiating the donor’s role.* Mothers choosing to use a known donor are electing to take on another potentially complex and contentious task: negotiating with the donor around his relationship to the family and the child. Gartrell and colleagues (1996) noted that, even prior to conception, many women begin initiating this discussion not only with the donor but also with other men whom they may want to have a role in the child’s life. Ehrensaft (2005) cautioned against approaching these negotiations with only the mothers’ and child’s wants and needs in mind; the donor too is a whole person with expectations, wants, feelings, and plans. Participants in a Chabot and Ames, (2004) study who elected to work with known donors reported that the negotiating process “caused some initial strain on their relationship with the donor” (p. 353). The need to formalize arrangements via legal counsel and written agreement is widely advocated by authors (Pies, 1990; Ehrensaft, 2005; Chabot & Ames, 2004). Such contracts are important not only in that they define the role of the donor, but also in that the donor must formally abdicate parental rights if the mother is to be granted a second-parent adoption (Chabot & Ames, 2004).

In some cases, the donor’s role can be clearly delineated at the outset. When he is simply to have no role at all, that is, to be a father in name alone with no rights, responsibilities, or expectations afforded him, the role is fairly straightforward. This symbolic fatherhood is only one of three basic arrangements that seem to take place, however. The donor may also be included as an active parent or his role may be flexibly
defined based on the evolving needs and feelings of the child and parents as well as his own (Sullivan, 2004). I will explore these formations more fully later in this thesis.

**Wanted: Support and Knowledge**

Faced with such a plethora of possibilities and daunting decisions, where do lesbian women seek support and information? Support groups for lesbian mothers are often cited as important resources from pre-conception on through childhood (Arita, 2007; Gartrell, et al., 1996; Renaud, 2007; Chabot & Ames, 2004). Participation in the groups helped women consider aspects of motherhood, which might otherwise have gone unexamined (Gartrell, et al., 1996). Women in the groups also felt less anxiety (Chabot & Ames, 2004) and less isolation (Arita, 2007; Friedman, 1998) through connecting with other women having similar experiences. Feelings of isolation may be especially poignant for mothers living in more rural areas (Chabot & Ames, 2004), suggesting that being connected with a support group is all the more important. Friendship networks are also important sources of support (Gartrell, et al., 1996), and friends who are also lesbian mothers may have extra significance (Chabot & Ames, 2004). Unfortunately, there is some evidence that lesbians choosing to become mothers may face rejection from gay peers (Griffin, 1998) or may experience less support from them than previously (Demino, Appleby, & Fisk, 2007). I will expand on these shifts in support networks in a later section.

With the growth of the Internet and World Wide Web, online resources have become an oft-cited font of information (Ehrensaft, 2005; Renaud, 2007; Chabot & Ames, 2004) and connection (Arita, 2007). Books, newsletters (Chabot & Ames, 2004), and videos (Dunne, 2000), too, have proved useful to lesbian mothers and mothers-to-be.
Indeed, Chabot and Ames reported that many of their participants considered Pies’ 1985 book, “Considering Parenthood: A Workbook for Lesbians” to “be their ‘bible’ during the beginning stages of the process” (p. 352). Medical personnel (Chabot & Ames, 2004), lawyers (Renaud, 2007) and mental health professionals (Rohrbaugh, 1992) have also been noted as sources of information and support as lesbian mothers navigate these relatively uncharted waters. Indeed, Baum (1996) stated, “It is not uncommon for a couple to come to therapy to evaluate their feelings about becoming parents” (p. 116).

_Sperm, meet Egg: The getting pregnant process_

Having settled questions of who, how, and with whom, lesbian mothers begin the process of insemination and conception, which is, by all accounts, no easy task. Renaud (2007) reported, “almost every participant related that the process of insemination was a stressful difficult time” (p. 195). This was exemplified by a participant:

“You can’t just fall into it … you have to become kind of an expert, and you do what’s necessary in timing, and everything else. It’s a very interesting thing when you’re trying and it’s kind of mechanized and stressful with you being a lesbian … it’s such a roller coaster” (Renaud, 2007, p. 194).

Sullivan’s (2004) participants also related trials, tribulations, and frustration. One couple told of having to travel for two weeks with frozen sperm (and ultimately losing it!), because a trip overlapped with the birth-mother’s peak fertility period. Another couple talked about feeling like they were “people to make money off of” (p. 55) in their visits to the assisted conception facility. Gartrell, Banks, Hamilton, Reed, Bishop, and Rodas, (1999) reported that 27% of their participants experienced miscarriages while attempting to conceive. A participant in Dunne’s (2000) study reported several
miscarriages. Clearly such experiences are likely to engender frustration, anxiety, and stress in both birth-mothers and mOthers, and clinicians should be prepared for this should it occur in their clients’ lives.

The process of insemination is not without it’s positive aspects however. Sullivan (2004) wrote that some of her participants found the process to be quite intimate, and that it marked the beginning of their efforts to ensure the mOther felt included in the creation and mothering of the child. Participants in Chabot and Ames' (2004) study reportedly had similar experiences. According to Sullivan, the inclusion of the mOther in the conception process may be a powerful first step in fostering feelings of equal inclusion and connection to the child. This in turn may be a factor in determining how equally the partners take on parenting duties and other household responsibilities (Sullivan).

Readers may note that nothing has been said about women who choose to conceive via sexual intercourse. This is not an omission on my part, but rather on the part of the authors in the literature. Aside from mentioning that some women choose this avenue to conception, authors provide very little information about the experiences of these women as they seek to achieve pregnancy. This dearth of information likely stems from researchers’ focus on couples choosing donor insemination (DI), which is widely noted as the preferred method of conception for contemporary lesbian women. It may be that conception by heterosexual intercourse falls outside most researchers’ operationalization of donor insemination. For instance, Gartrell and colleagues (1996) indicated that African-American lesbians are less likely to choose DI than are their Caucasian counterparts. Implicit in this statement is the idea that they must then choose
another method (perhaps heterosexual intercourse) that causes them to fall out of the research sampling.

One exception was a quote from a participant in Griffin’s (1998) study of European lesbian mothers:

“The first time I did it by making love with him but we were laughing all the time,” Moniek explained with a smile. “Then I realized that when you do this for several months, it becomes weird. To do it once it’s not a problem, but when you have to keep doing it to make a child it won’t work out. Besides, my partner was having problems with it. So the second time he went to another room and knocked on the door five minutes later saying, ‘here you have what you need.’” Moniek’s girlfriend took the semen and did the insemination, and Moniek became pregnant.

Rohrbaugh (1989) expanded on the “problems” Moniek’s partner may have experienced, indicating that couples must wrestle with jealousy and other feelings that may arise when one woman begins having sex with a man. This may be especially true if the mothers were not fully aware that it could take months and many tries to become pregnant (Rohrbaugh, 1989). Further, even an unpartnered lesbian may suddenly be confronted with emotions unfelt since before accepting her sexual orientation (Rohrbaugh, 1989).

Friedman (1998) suggested that, when lesbian couples choose to conceive via heterosexual intercourse, the mOther may feel left out. There is evidence that such feelings are likely to recur, even without this added complication, throughout pregnancy, birth, and early childrearing, as I shall detail later in this thesis. Transmission of HIV and other STDs is, of course, also a danger when engaging in unprotected sex. Lesbian mothers choosing this method of conception must trust the male in question to avoid
risky behaviors and should also plan at least six months in advance to help ensure meaningful HIV test results (Friedman, 1998). Counselors and other professionals should advise lesbian women to carefully consider the ramifications of becoming pregnant through heterosexual intercourse, balancing the difficulties against the feelings (or financial constraints) that led them to consider this option.

Regardless of the method of conception or the type of donor chosen, it is possible the mothers will find it difficult to remove the sex from the process of reproduction (Ehrensaft, 2005). That is, one or both partners may experience sexually tinged fantasies or a sense of unease around the fact that a man’s sperm is impregnating one of the mothers. While this might be expected in cases where the women have chosen to conceive via heterosexual intercourse, Ehrensaft, suggested that these feelings may manifest in women using other forms of assisted conception as well. It is worth noting that no other authors mention this as an experience lesbian mothers may encounter during conception or pregnancy. However it is an intriguing concept and one that bears brief explanation in this thesis.

Invoking psychodynamic and psychoanalytic concepts, (Ehrensaft, 2005) suggested it is incredibly difficult for people to avoid connecting reproduction with sex. Further she suggested that this might be especially true in relation to sperm, which has socially injected connotations of virility and sexual passion. While it is tempting to assume that lesbians, lacking any significant sexual attraction to men, might be immune to this, Ehrensaft notes an example of a lesbian couple experiencing feelings of jealousy and suspicion. Interestingly, for this particular couple these emotions arose not during attempts at conception, but during pregnancy. Additionally, it was the birth mother who
experienced fantasies of her partner in sexual liaison with the donor, rather than the other way around as might be expected. Ehrensaft noted that while this may produce contention and disruption in the couple’s relationship, it is also an opportunity to re-author the experience into one wherein the mother is the intimate partner in the eroticized conception. Specifically, she related the story of a lesbian couple wherein, during insemination attempts the mother would carry the sperm sample in her armpit, keeping it warm on the way to the doctor’s office, where she would then inseminate her partner. In this way the mother was able to interject herself between the donor and the birth mother, such that she was the one impregnating her partner. Again, this concept does not appear anywhere else in the literature that I was able to find. Further, the majority of Ehrensaft’s examples involve heterosexual couples, and neither of the lesbian examples received an endnote or other citation, indicating they may have derived solely from Ehrensaft’s clinical experience. This is not to suggest that clinical experience is invalid, but rather to indicate that further research is warranted.

There may be a number of explanations for the infrequency with which this topic appears in the literature. First, it may be that lesbians simply do not experience these fantasies and jealousies very often. Second, it may be due to the relative lack of research literature examining lesbians’ experiences during pregnancy itself, during which these fantasies may also emerge or come to a head. Third, Ehrensaft notes that these fantasies and feelings are disconcerting and feel incongruent with positive emotions (e.g., gratitude) that may also be felt towards the donor. The resulting confusion around these feelings may engender embarrassment and a tendency to deny, hide, and avoid talking
about the fantasies and emotions. Thus, Ehrensaft advocated exploring these issues in counseling, with one’s partner, and with other sources of support.

Experiencing Pregnancy

There is a fascinating jump in focus that occurs in the vast majority of the published literature: researchers report on lesbian mothers’ experiences of getting pregnant and then move directly to their experiences of being mothers (occasionally stopping to discuss childbirth). The roughly 40 weeks in between seem to be largely unresearched or at least unwritten about. This is curious given that many authors clearly note the egalitarian manner in which lesbian women approach childcare, and one might imagine this mentality might also manifest during pregnancy, thus producing different experiences than those of many heterosexual mothers. Further, Sullivan (2004) suggested this equal involvement often occurs beginning with conception.

Indeed, in one of the few discussions in the published literature of possible experiential differences between lesbian and heterosexual mothers, Sullivan (2004) reported, “The equal involvement of both prospective parents among the Bay area couples over the course of the birth mothers… being pregnant reached levels mostly unheard of among heterosexual couples” (p. 60). One participant couple directly and favorably contrasted their pregnancy experience as a lesbian couple with that of the mOther’s previous experience as a heterosexual mother. As a result of this more equal involvement, birth mothers experienced more support and mOthers experienced greater connection with their partners and their children.

(Chabot & Ames, 2004) noted that during pregnancy, some mothers considered who would be called what in the family (e.g., will the mothers be mom and mommy?). In
some cases, family members asked this question of the mothers directly. As a result, mothers began negotiating naming practices. Some mothers reported selecting a culturally significant name for the mOther, based on ethnicity or cultural background. Others opted to grant the children the choice of what to call them. Often, regardless of planned names, the children crafted distinguishing labels for their mothers anyway. For example, one young girl, whose mothers both responded to “mommy”, began “to call one ‘Green Mommy’ and the other ‘White Mommy’ based on the color van the drove” (Chabot & Ames, 2004). Clearly, while negotiation of naming practices may begin during pregnancy, it may continue long after the child is born. This is especially true when it comes to known donors, as children are likely to try out various labels for their donors as the relationship and the children’s understanding develops (Sullivan, 2004).

Friedman (1998) authored one of the few studies that examined the actual experience of pregnancy in some detail. In her literature review, Friedman culled together much of what little has been written, with several topics of information emerging. Her study participants corroborated many of these, refuted some, and expanded on several areas as well. Issues of identity were noted for both birth mothers and mOthers. Friedman also explored encounters with various entities (e.g., homophobic health providers, lesbian friends and the lesbian community at large, and families of origin). Partners’ individual and couple experiences (e.g., closeness, communication, and sexual activity) within the context of the pregnancy were a major focus of the study. Additionally, Friedman noted several differences between the experiences of mOthers versus those of birth mothers, and touched on potential effects of those differences.
Mistaken Identities & Invisible MOthers

For example, strangers, both heterosexual and gay, often mistake birth mothers for straight, due to a “widespread presumption that a pregnant woman is heterosexual” (Friedman, 1998, p. 26). At first blush, this might seem an innocuous mistake, however many lesbian women find this to be “a disconcerting, alienating, unwelcome byproduct of pregnancy” (Friedman, 1998, p. 27). Further, the sudden ability to pass for straight may unexpectedly disrupt a lesbian’s sense of identity, especially as the social in-group with whom she’s used to identifying no longer affirms her lesbian identity as often as prior to pregnancy. Other authors (Chabot & Ames, 2004) have reported mothers experiencing this after pregnancy, and it is important to note that lesbian birth mothers may begin experiencing this as soon as their pregnancy is visible.

A different sort of invisibility strikes expectant MOthers. For them, there are no physical signs of pregnancy. And, unlike heterosexual fathers, there are no common cultural assumptions linking them to the pregnant women at their sides. Thus, not only may others become more likely to assume she is straight (since the lesbian identity of her pregnant partner is now overlooked), but they are also likely to assume she has nothing to do with the baby she is helping to bring into the world. McManus, Hunter, and Renn (2006) wrote “the [mOther] is frequently invisible and socially unacknowledged” (p. 17). It is left to the couple to define and often defend the role of the mOther, a task that participants have noted becomes tiresome and anxiety provoking (Chabot & Ames, 2004; Friedman, 1998).

There are other fundamental differences in the ways birth mothers and MOthers experience the pregnancy. (Friedman, 1998) phrased this eloquently:
The pregnant lesbian has entered the world of motherhood in the eyes of family, friends, and colleagues, and the very physical fact of the pregnancy accords her certain privileges and sanctions that are denied her partner. She may be lavished with attention, given special consideration, have her privacy intruded upon and her belly patted. Whatever her experience, both positive and negative, it is inevitably different from that of her partner, who is not included in the “sisterhood” of mothers (p. 25).

Whereas the mOther and birth mother may have once felt more alike than not, they are now faced with this profound differentness. This, combined with their need to work hard at ensuring the mOther’s role in the social experience of pregnancy, can create inter- and intra-personal stress and anxiety (Friedman, 1998).

It is tempting to assume that the mOther’s experience is likely similar to that of the heterosexual father’s, given that neither of them is included in this “sisterhood of mothers”. However (Friedman, 1998) noted that the research in this area is extremely limited and precludes drawing any such conclusion. Further it is important to consider that for the heterosexual father, there was never any culturally trained expectation of pregnancy and the experiences that go with it. For the lesbian mOther on the other hand, exclusion from these experiences may be felt as a loss, and may engender jealousy over the pregnancy directed at her partner (Gartrell, Banks, Hamilton, Reed, Bishop, & Rodas, 1999).

**Experiences of Homophobia & Rejection**

Another stressor unique to gay families is the homophobia, heterocentrism, and heterosexism and may be encountered when interacting with medical professionals and
other service providers (Friedman, 1998; Gartrell, Banks, Hamilton, Reed, Bishop, & Rodas, 1999; McManus, Hunter, & Renn, 2006; Ryan-Flood, 2005). For example, Gartrell, Banks, Hamilton, Reed, Bishop, and Rodas (1999) reported that 23% of participants in the National Lesbian Family Study had come in contact with homophobic health providers. Typically this manifested as a refusal to recognize the co-mother’s parenting role. Friedman (1998) reported that among her participants, one couple traveled more than two hours for each doctor’s appointment because they could not find anyone closer “who they felt was as skilled and as sensitive to them as a couple” (p. 69).

Homophobic attitudes were not limited to mainstream medical professionals either. Mcmanus, Hunter, and Renn (2006) reported that participants had been denied services by a midwife as well. Lesbians may encounter heterosexist and homophobic attitudes among personnel in non-medical organizations as well. For example, Renaud (2007) reported that participants had negative encounters with teachers and representatives of birthing classes. For example, one mother was reminded that most classes were attended by “normal” families. Another couple found that the instructor continually referred to the father when giving instructions despite having a lesbian couple and single mothers in the class.

Also unique to becoming a gay parent, is the possibility of being considered a traitor or otherwise ostracized by one’s community (Friedman, 1998; Griffin, 1998). Friedman (1998) noted that lesbian women may be criticized by both the lesbian culture and the feminist culture. For example, the feminist perspective may condemn lesbian mothers simply for becoming pregnant in a society that forces this role upon them while simultaneously devaluing that role. In the lesbian community, they may be criticized for
turning their focus towards their family and away from the larger community and its political activity. Additionally, birth mothers specifically may be criticized if they do not correct assumptions of heterosexuality in all cases. (Griffin, 1998) reported that women in certain European countries have similar experiences. With that said, (Friedman, 1998) also noted that as more lesbians continue to have children, the lesbian community seems to be becoming more tolerant and accepting of lesbian motherhood.

Families Of Origin: Repairs & Rifts

Relationships with mothers’ families of origin may also come to the forefront during pregnancy. (Friedman, 1998) specifically noted the difficulties that may occur when women are not out to the families. For instance if a woman comes out to her family and announces a grandchild simultaneously (possibly under the belief that the grandchild announcement will soften the blow), family members may have insufficient time to adjust prior to the birth of the child (Friedman, 1998). Additionally if one partner is not out to her family or at all, this is likely to create an imbalance in extended family support and involvement (Friedman, 1998).

Other authors have noted that the idea of having a grandchild (or niece, nephew, etc.) may mend or improve relationships with members of the extended family (Franklin, 2003; Dunne, 2000). In some cases, lesbians have found that having a child serves to convince families that their sexual orientation is not a phase (Sullivan, 2004) or that the couple’s relationship is as real and valid as those of heterosexual family members (Friedman, 1998). This in turn, increases acceptance.

Of course, some family members may take the opposite view. That is, the idea of their daughter/sister/cousin/niece as a lesbian is difficult enough, but that she might have
children is more than they are willing to accept (Pies, 1990; Sullivan, 2004). Sullivan (2004) and Friedman (1998) both noted that, when this occurs, the relationships tended to be strained even before the pregnancy. While Friedman and others have indicated that the majority of lesbian mothers experience positive reactions from their families of origin, a sizable minority may not. For example, Friedman’s participants reported that 21.7% of grandmothers-to-be were disapproving or even hostile, while more than 30% of respondents reported that their relationships with their fathers had deteriorated.

Some authors have suggested that birth mothers’ parents may be more likely to feel connected to the child and thus more likely respond positively than are parents of mOthers (Demino, Appleby, & Fisk, 2007). Conversely, parents of mOthers may feel less connected to the child and thus be more likely to respond negatively (Sullivan, 2004). Interestingly, Friedman found it was the biological grandparents who made up the better part of both the supportive and disapproving groups. Other than this, the experiences reported by participants in Friedman’s study are largely consistent with those of other authors. However, whereas other research has demonstrated this as occurring largely after the birth, Friedman’s participants reported these changes beginning during pregnancy.

Mothers At Work: Out or In (the closet)?

Difficulties may also arise when one or both women are not out at work (McManus, Hunter, & Renn, 2006). Friedman (1998) pointed out that closeted birth mothers are likely to be viewed as single moms by their employers and coworkers, with all the connotations this label carries. When mOthers are not out, on the other hand, they are more or less invisible as parents to their employers and coworkers. Thus they receive none of the perquisites of parenthood (e.g., family leave), and will have difficulty
creating explanations for absences related to childcare and other family needs (Friedman, 1998).

**Feeling Closer Than Ever**

In regards to participants in her own study, (Friedman) found that a majority (85.7%) of lesbian women experienced increased closeness with their partners during the pregnancy. Participants reported a variety of reasons for this shift, including realizing an important dream, working through the practical and emotional preparations for having a baby, a chance to see new aspects of each other’s personalities, and enduring a difficult experience (i.e. conception or pregnancy). However a minority indicated they felt less close for reasons such as feeling unsupported by the mother, feeling interpersonally focused, and experiencing the pregnancy very differently. In this last instance, the mother felt like she was less important and her partner’s life (Friedman, 1998). Many couples also reported increased communication, which was often attributed to the fact that pregnancy by its very nature mandated increased communication (e.g., around emotions and practical needs). Similarly to closeness, the minority of couples reported reduced communication (Friedman, 1998).

Interestingly, while a majority of couples reported that sexual contact had decreased or disappeared, only 4.8% women reported disagreements regarding the quantity or quality of sex during pregnancy. Friedman (1998) reported that many women stated the decline in sexual activity was an expected side effect of pregnancy. Indeed, a sizable minority reported that though the quantity of sex had decreased, they found it at least as satisfying if not more so. Of notable clinical significance in this realm was one participant’s fear that as her butch partner became more pregnant, and thus less butch, it
would cause their sex life to deteriorate. Clearly, it is important to explore such issues
with prospective and expecting lesbian mothers.

It is perhaps surprising that the increases in closeness and intimacy occurred
despite increased discrepancies between partners’ shares of household labor and
employment. In sharp contrast to the usual egalitarian division of labor within lesbian
couples (Sullivan, 2004; Chan, Brooks, Raboy, & Patterson, 1998), 90.9% of participants
in (Friedman, 1998) study reported a notable shift towards the mOther handling
increasingly more household duties throughout the pregnancy. For some couples this was
due to the birth mother being on bed rest. Regardless, there was apparently very little
resentment on the part of the mOthers, and birth mothers often noted their desire to return
to a more balanced division of labor (Friedman, 1998).

When considering overall relationship satisfaction, the majority of Friedman’s
participants (87.1%) “reported feeling either closer, more committed, more excited, more
joyful or some combination therein” (p. 76). This may seem surprising given the
emotional fluctuations, physical changes, and other experiences these mothers
experienced. Friedman indicated that many of the women took steps to adjust to the
changes in their lives due to the pregnancy. These steps were apparently geared towards
reducing their own levels of stress as well as preparing themselves for the addition of a
child to the family. It is worth noting that the adjustments mentioned are much more
likely to be available to middle class women than might be possible for those with lower
incomes: eating out, working less, taking cabs instead of public transit, and hiring
household help. Counselors working with women who do not possess the resources to
enact such changes will need to work with clients to generate creative solutions to meet the same goals of stress reduction and preparing for the baby.

One methodological flaw of Friedman’s (1998) research was that participants whose child had already been born were asked to answer some questions “as they would have as expectant parents” (p. 70), thus introducing memory bias. Additionally, Friedman’s work, while relatively unique in the field, shares many of the same limitations as other studies: small sample size, limited diversity among participants (mostly Caucasian and college educated), and weighted towards out, socially connected (e.g., lesbian mothering groups), women.

_Shifting Support Networks_

As might be inferred from the foregoing discussions around changes in relationships with family and community, lesbian mothers may experience shifts in their support networks. Indeed, Pies (1990) wrote that changes in lesbian mothers friendship and support networks will inevitably change, due to the variety of responses they are likely to encounter in the lesbian community. Demino, Appleby, and Fisk (2007), for instance, found that lesbian mothers “perceived less support from friends overall, and from lesbian and gay friends specifically” (p. 170) when compared with lesbians who were not mothers. As noted before, relationships with families of origin may change as well. Demino and colleagues found that participants reported relying on family for support more than did lesbian nonmothers. The authors suggested that this shift away from support via friends and toward family support is consistent with normative patterns for heterosexuals.
It is noteworthy, however, that the findings reported by Demino, Appleby, and Fisk (2007) are somewhat inconsistent with those of other researchers, a fact the study’s authors note in their discussion. For example, Demino and colleagues suggested that lesbian mothers do not experience increases in support from heterosexual friends. (Gartrell, Banks, Hamilton, Reed, Bishop, & Rodas, 1999), on the other hand, noted that some lesbian mothers develop more “camaraderie with heterosexual moms than with nonparenting lesbians” (p. 363), suggesting that shifts in support may indeed occur. Participants in Friedman’s (1998) study also reported finding support and commonality with pregnant heterosexual moms.

(Dis)Connection With Heterosexual Mothers: The Same But Different

However, Friedman (1998) also reported certain disconnects between lesbian and heterosexual mothers. One participant reported that her expectant heterosexual friends had a difficult time understanding the differences between their experiences as heterosexual mothers and her own as a lesbian mother. Additionally, they tended to downplay the negative differences (e.g., difficulties with insemination) and focus on the positive ones (e.g. greater involvement of her partner). Lesbian mOthers too, may experience frustration in their interactions with pregnant heterosexual women. Heterosexuals may fail to recognize how integrally involved mOthers are in their partners’ pregnancies, leaving mOthers feeling that their experiences are discounted. Some mOthers suggested they found themselves treated similarly to heterosexual fathers in that, in people’s minds, they were implicitly excluded from the experience of pregnancy. Phrases such as “your baby” were directed at the birth mother, but not at the mOther. Announcements of “we’re expecting” were met with confusion (i.e., “She is and
you’re not, right?). Experiences such as these produced feelings of hurt and exclusion in mOthers, making it difficult for them to relate to expectant heterosexual mothers (Friedman, 1998). Future research into understanding the sources of these disconnects and into effective means of eliminating them could be an important step in developing guidelines for pregnancy and mothering support groups involving both heterosexual and lesbian mothers. Effective support groups of this type would be a boon to lesbian women living in areas where there are too few lesbian mothers to form an effective support network (e.g., rural communities).

*Friends & Family: Increases or Decreases of Support?*

In considering Demino, Appleby, and Fisk's (2007) findings regarding support from lesbian friends, other authors have noted that many lesbian mothers are involved in support groups targeted specifically to their experiences. As noted previously, they find this support invaluable. In terms of existing, non-support group interactions, Friedman (1998) reported that only 5.9% of participants felt their lesbian friendships suffered as a result of becoming pregnant. The vast majority of these participants indicated that they felt supported by their lesbian friends (Friedman, 1998).

Finally, as noted by Friedman (1998), Renaud (2007), and others, there is a distinct possibility that lesbian mothers will experience increased alienation rather than increased support from their families of origin. Clearly, no assumptions can be made as to lesbian mothers’ sources and quality of support, and therapists should inquire about and be alert to shifts in women’s particular constellations of support.
Birth & Early Years

Giving Birth

Authors’ discussions of lesbian mothers’ experiences of the actual birth process are relatively limited. Participants in the U.S. National Lesbian Family Study reportedly accessed traditional medical care (e.g., OB/Gyn vs. midwife) and birthing facilities (e.g., hospitals), though home and alternative birthing sites were preferred (Gartrell, Banks, Hamilton, Reed, Bishop, & Rodas, 1999). Mcmanus, Hunter, and Renn (2006) reported that women who worked with midwives expressed greater levels of satisfaction compared with those who access more traditional birthing services. As is true during the pregnancy, lesbian mothers may encounter homophobic and heterosexist medical personnel during delivery. The mOther especially may feel or actually be excluded from the process by hospital policy (e.g., only relatives are allowed) or insensitive doctors and nurses (McManus, Hunter, & Renn, 2006; Renaud, 2007). No authors have noted any significant differences in the actual physical experience (e.g., birth complications) for lesbians giving birth.

Newly Minted Mothers

Renaud (2007) noted that establishment of breast-feeding was the primary focus in the days immediately following birth, and this has been documented by other authors as well. Authors have found that many lesbian couples tend to include both mothers in the breastfeeding experience. In some cases, this includes inducing lactation in the mOther (McManus, Hunter, & Renn, 2006; Renaud, 2007). For many others, the shared experience involves utilizing supplemental nursing systems, which enable both mothers to feed at the breast. Authors have reported that including the mOther in feeding routines
is an important step in helping her feel bonded to the child and included as a full mother in caring for the child (Renaud, 2007; Sullivan, 2004; McManus, Hunter, & Renn, 2006). Renaud (2007) noted that none of the participants had been provided information about including the mOther in breastfeeding, and suggested that health providers and others should proactively inquire whether mothers are interested in such information, especially given the benefits of this experience to the mOther.

*Whose Child is This?*

As mentioned previously, many authors have discussed the importance of helping the mOther feel tied into the family, bonded to the child, and equal to the birth mother to the greatest degree possible (Sullivan, 2004). The mothers themselves seem to recognize this intuitively, and actively pursue efforts to include the mOther in all aspects of childcare (Sullivan, 2004). Various authors have noted impediments to this inclusion process. The breastfeeding process itself may leave the mOther feeling excluded (Gartrell, Banks, Hamilton, Reed, Bishop, & Rodas, 1999), particularly when the children cannot accommodate to the bottle or supplemental nursing system (Sullivan, 2004).

The mere existence of the donor, whether known or not, can challenge the “parent” identity of both mothers, but perhaps especially that the mOther (Ehrensaft, 2005). The lack of legal recognition for the mOther in many states and countries may cause the mOther to perceive less legitimacy to her role as parent (Arita, 2007; Gartrell, Banks, Hamilton, Reed, Bishop, & Rodas, 1999). Even in places where second parent adoption is possible, the mOther is, in the eyes of the law, denied identification as the child’s parent until the proper forms have been filed, home visits made, and fees paid. Until then, the mOther lives with the specter of knowledge that she is legally not a parent.
Families of origin may fail to adequately and consistently acknowledge and value the mOther’s parental role, leaving her feeling discounted (Friedman, 1998; Sullivan, 2004). Similarly, society in general may fail to recognize the mOther as a parent (Friedman, 1998; McManus, Hunter, & Renn, 2006; Renaud, 2007).

The manner in which most of these impediments operate is relatively obvious, however the impact of the donor warrants elucidation. It is tempting to assume that unknown donors cease to be meaningful in the lives of lesbian mothers once conception is achieved. Authors have suggested that this is not the case, however, and that even unknown donors may continue to impact the family in many ways. Indeed, Ehrensaft (2005) wrote, “like parents who adopt, mothers… using donated gametes… inevitably parent with the presence of an outside party in the child’s birth” (p. 14). Most obviously, the children may develop genetically linked conditions, but other more subtle manifestations occur as well. Donors, even permanently anonymous ones, can negatively impact mothers’ identities as parents simply by dint of their existence (Ehrensaft, 2005). For example, mothers may attribute children’s features or accomplishments to the donor rather than to their own successes at parenting (e.g., “my kid is smart because we chose a professor for a donor”, rather than “my child has benefited academically by our reading to him every night”). For mOthers, there may be unresolved and unacknowledged beliefs that donors’ genetic ties to the children trump their active parenting, leading to difficulties feeling the children are truly theirs. Even more insidiously, this same mentality may come to be applied to or by the birth mother as well. That is, one or both mothers may subtly feel the child is more the birth mother’s than the mOthers. This in turn may translate into the mOther having fewer interactions with the children, which
may result in weaker bonding (Ehrensaft, 2005). Such beliefs may be further supported by the overarching heterosexist society, especially when a known donor is involved.

Rohrbaugh (1989) suggested that,

a known donor is more apt to be publicly recognized as a parent than is the nonbiological mother. Day care providers, doctors, and others often ask what the "father" thinks or wants, treating him and the biological mother as the real parents. The lesbian coparent is seen only as a shadowy figure (p. 57)

Lesbian mothers employ a number of measures and practices in an effort to overcome the various impediments to inclusion, bonding, and feelings of belonging. As noted previously, women using assisted conception services may select a donor who likely resembles the mOther in physical characteristics. Ehrensaft (2005) and others have also suggested that using sperm from the mOther’s brother or other family member may help the mOther feel genetically linked to the child and therefore more legitimate. This may backfire, however, as it becomes virtually impossible for the donor to fade into the background. He may be present at family functions and in other ways as well, ever a reminder to the mOther of whom the “real” parent is (Ehrensaft, 2005).

Second parent adoptions are another effective way of helping the mOther feel more tied to the child (Sullivan, 2004) and increase internal and external validation for mOthers (Gartrell, Banks, Hamilton, Reed, Bishop, & Rodas, 1999). Franklin (2003) mentioned an emerging alternative (a parentage action or maternity action) to second parent adoption that is available in some states. In certain jurisdictions, mothers can petition the court to declare both mothers legal parents “in certain situations in which the couple uses a medical procedure with the intent to conceive and raise a child together” (p.
62). The author noted that not only is this a more accurate reflection of the family structure, but that it also avoids the invasiveness and (potentially substantial) cost of the home visit required for second-parent adoption.

Additionally, this increased legal legitimacy may help mOthers’ families of origin feel safer to fully embrace the child, leading to greater bonding on their parts as well (Demino, Appleby, & Fisk, 2007). Other methods of creating inclusion for the mOther include giving the child the mOther’s last name exclusively or hyphenated with the birth mother’s, and enrolling the child under the mOther’s health insurance (when this is feasible) (Sullivan, 2004).

Authors have suggested that, ultimately, it is the doing of parenting that is most likely to help create and cement the bond between mOther and child (Sullivan, 2004). As Sullivan put it, “The degree to which one feels and acts like a parent… is related to what one does to make that happen” (p. 59). Similarly, Gartrell, Banks, Hamilton, Reed, Bishop, and Rodas (1999) reported that a majority of participants cited spending time with the child as the most salient factor in mother-child bonding. Thus it is important to provide “for the total and equal involvement of nonbirth mothers from the very beginning” (Sullivan, 2004, p. 59). For some women, a pattern of equally divided childcare activities develops and helps engender connection. One couple in Sullivan’s study reported that they had developed a routine arising from the fact that their child often would still be awake after breastfeeding: The birth mother would breastfeed their daughter and afterwards the mOther would sit in a rocking chair and hold the infant while singing to her.
Who’s Your Daddy: Connections With Donors

Unlike heterosexual families using assisted conception, it is a near certainty that lesbian mothers will at some point have to disclose their children’s origins. Ultimately, this may be for the best, given that when children’s birth other origins are kept from them, they may experience negative impacts such as frustration, anger, and identity disruption (Ehrensaft, 2005). Thus the question of whether to tell the child becomes a question of what to tell the child and others. Largely this depends on the type of donor chosen, and if known, the type of donor-child relationship that was negotiated. Even when the mothers elected to use an anonymous or yes donor, there are clearly conversations to be had.

Known donor relationships. Gartrell and colleagues (1996) reported that 45% of participants in the U.S. National Lesbian Family Study intended to use a known donor, and that 51% those expected the donor to be involved with parenting. It is worth noting that these percentages have continued roughly unchanged throughout this ongoing longitudinal study. Ryan-Flood (2005) noted that both Irish and Swedish participant mothers expressed a marked preference for known donors. And, as noted previously, working with known donors may be the only option for lower income women for whom assisted conception services are too expensive. Clearly an understanding of how known donors are related to the family is invaluable to clinicians and other providers working with lesbian mothers and their families.

Sullivan (2004) noted that three types of known donor-child relationships tend to appear: symbolic father, flexibly defined, and active parent. Other authors have been less categorical in their descriptions, but seem to be in agreement (Donovan C., 2000;
The first of these may be thought of as the known-but-uninvolved donor. His identity is known to the mothers, and typically the child as well, but he is simply someone on whom they can hang the sign “dad”. No parental expectations, duties, or rights are assigned to him whatsoever. Such an arrangement carries the advantage of allowing the children to have a “living human referent whom they may regard as a real figure in their lives in a society that still views heterosexually created kinship as the rule” (Sullivan, 2004, p. 51). That is, when necessary, the mothers, and especially the children, can point (metaphorically) at an actual human as the father. At the same time, the mothers maintain their roles as sole parents to the children. Interestingly, Sullivan found that, for families who chose this construction, it seemed important to include a conventional signifier of paternity (e.g. dad, daddy, etc.) in the term they use for him.

The second type of known donor-child connection, the flexibly defined relationship is somewhat more personal. Once again, the mothers retain all parental responsibility and rights, but here the relationship has the potential to be closer. As Sullivan (2004) stated, though the children “do not relate to him as ‘Dad,’ they can know that they have a dad with whom they may pursue a relationship at any time as they mature and as their understanding of the family structure changes” (p. 51). In some cases, the donor is more of an available person than a present person, while in others the role is more active. For instance, in forty percent of households in Dunne’s (2000) study, the donors had regular contact with the children, and mothers often described it as the “kindly uncle” approach. These men visit with reasonable frequency, take the children on outings, and are affectionate and caring, but have no parental rights or responsibilities. Extrapolating from Ryan-Flood’s (2005) account of the frequency of contact between
known-involved donors and children, it seems likely this is the model of relationship favored by Irish mothers. Additionally, the mothers may contact the donor at any time (e.g., to negotiate another donation if they want to have another child). Unlike the symbolic father, this arrangement also introduces a much greater possibility for what Sullivan refers to as donor extended kinship, a concept I will explore in greater depth later in this thesis.

The final known donor-child relationship is that of active parent. In this formation, the donor is typically actively involved as in the doing of parenting at some level, lacking only legal custody. This arrangement is rarely reported in the literature, and thus therapists may only infrequently encounter families employing it. Indeed, only one couple in Sullivan’s study opted to structure their donor-child relationship in this manner. On the other hand, Ryan-Flood (2005) indicated that Swedish mothers tended to prefer known and involved donors who typically interacted with the children at least weekly. These mothers articulated distinct advantages to having an involved, actively parenting donor. For instance, one mother found that, since her son lived with his father half of the time, she had much more time and energy to devote to completing her college studies than did her solo mother peers. Other lesbian couples found they “could spend more time together without their children, thus directing more energy towards their relationship as a couple” (Ryan-Flood, 2005, p. 198). While the sample size in this study is too small (Ntotal=42 families, NSwedish=24 families) to make reliable generalizations, Ryan-Flood suggested the Swedish mothers might be exhibiting a culturally influenced preference for the active parent known donor-child relationship. Certainly, the percentage of mothers choosing an active donor is higher among these Swedish participants than in any other
study I encountered, and this may indeed represent cultural influences regarding “biological and participatory fatherhood” (Ryan-Flood, 2005, p. 200) among Swedish participants. Regardless, this arrangement is arguably the most complex, and the possibility of seeing not two, but four parents in family therapy is definitely present (Lambert, 2005).

Anonymous donor “relationships”. Given that they are anonymous, one might assume these donors play no significant role in the lives of the children they helped create. The obvious exception, of course, would be yes donors who are contacted by adult offspring. Ehrensaft (2005) suggested this is not the case, and that anonymous donors impact the lives of the children as well as the mothers far earlier. As mentioned previously, the donor may be an impediment to the development of a parent identity for birth mothers and mOthers. Additionally, mothers and children may begin to develop stories around the father in an effort to minimize the threat (i.e. to reduce anxiety around his identity as sexual interloper or child-stealing father) presented by this shadowy figure, about whom so little is known. Ehrensaft suggested that this is healthy and adaptive when all family members are involved, provided this “family reverie” does not turn into myth making. The myth is generated when the reverie or fantasy is subtly changed and considered as fact. Ehrensaft provides this example: “You play piano so beautifully. I’m tone deaf. You have your father’s musical genius. You’re going to be just like him” (p. 139). Here, snippets of information gleaned from the sperm bank’s donor catalog a decade past, have been transformed into fact and a prediction of the future.

Sullivan (2004) also noted that, due to several factors, anonymous donors may create an opportunity for donor extended kinship. First, mothers – including lesbian
mothers – accessing assisted conception facilities will often have preferences for certain characteristics, thus making certain donors more popular choices than others. Second, Sullivan also suggested there is a clear preference for yes donors, who are still a minority among sperm donors. Third, there is an understandable tendency for lesbians to seek geographical proximity with other lesbians, thus increasing the lesbian population density of certain areas. Fourth, as noted by many authors, lesbians tend to actively seek community with other lesbians and to be involved in organizations (political groups, support groups, playgroups for children, etc.). They also tend to actively seek out gay-friendly services (e.g., day care facilities) (Gartrell, Banks, Hamilton, Reed, Bishop, & Rodas, 1999). Ultimately, this suggests there is a very real probability that children sharing the same anonymous donor will encounter each other. In fact, Sullivan related stories of three participant families for whom this occurred.

In one case, the situation was relatively positive. Belinda and Caitlin (the mothers) had described their daughters’ donor’s profile and their friends figured out they were considering using the same donor. When the friends asked Belinda and Caitlin how they felt, the mothers readily agreed they were fine with the idea. The two daughters are now friends and know each other as half-sisters. Out of anonymity, came extended family without the donor ever being known through anything other than his profile and donor number.

For the other two families, the experiences were less positive. Bobby’s mothers met another lesbian co-parent family at a gay and lesbian community event and noted that

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the daughter bore a striking resemblance to Bobby. The four mothers confirmed the children were indeed half-siblings (by comparing donor numbers), but to the surprise of Bobby’s mothers, the other family was stridently disinterested in acknowledging the connection. Bobby’s mother noted that the reaction was “hurtful” and “disturbing” (Sullivan, 2004, p. 203).

The final family realized one day that they shared a donor in common with an acquaintance, and it dawned on them that while they knew of the connection, the acquaintance clearly did not. Further, it occurred to them that the same thing could happen to them in reverse, with someone knowing of a connection to their son and never mentioning it. This couple no longer describes their donor to anyone, because of this anxiety. Based on these two stories, it is clear that such revelations may occur more often than is acknowledged. Also clear is the fact that perhaps none of these 6 families had previously considered the possibility of such connections appearing, nor had they thought through their feelings or created plans for the possibility of unforeseen kinships. Had they been encouraged to ponder these ideas, the might have been able to navigate them with more aplomb and diplomacy instead of creating disturbing situations tinged with tension.

Another disturbing possibility stems from these encounters, but is infrequently examined in the literature. Clearly, it is also possible that children of anonymous donors could meet in adolescence rather than in playgroup. What, then, are the chances of genetic incest occurring as half-siblings begin dating? According to Ehrensaft (2005), the risk is quite minimal as there are limitations in place governing the number of families in a given catchment area who are allowed to use a given donor and the number of children each family may have by the donor. However, Ehrensaft does not explicitly consider the
insular nature of the gay and lesbian community, which may draw families into contact more often than might be the case in the general population. Sullivan (2004), on the other hand, did take this into account, and also suggested the likelihood of incest is low given that, “it is unlikely that children in families who are closely connected socially will form heterosexual unions when they reach adulthood” (p. 201). Sullivan fails to provide any evidence or rationale for this statement however, and Abigail Gardner, author of “Families Like Mine: Children of Gay Parents Tell It Like It Is”, disagrees. In her opinion, the donor limitations were never drafted with insular communities in mind, and the risk of inadvertent genetic incest is very real. Thus, she advocated that lesbian mothers’ heterosexual adolescents should know and discuss their donor number with romantic partners (Gardner, personal communication, December 2007). Ehrensaft (2005) also called for children to know their origins and their donor information, but for different reasons. She pointed out that, though she feels the probability of incest is slim, this does not preclude the children of donors (and their mothers) from worrying about the possibility. She presents as an example, a seventeen-year-old named Asher who is eager to date girls, but concerned about inadvertently getting together with a half-sister. His solution is simply to ask every date if she is the child of a donor, which must be quite the ice breaker! Clearly there is debate about how likely it is that children of sperm-donors will meet and connect romantically. Regardless, mental health workers should be aware that the mere possibility may cause anxiety and potentially interpersonal difficulties in clients who are lesbian mothers or children of donors.

*Donor extended kinship.* While donor extended kinships may come as a surprise for families using anonymous donors, relationships with the kin of known donors are an
obvious possibility from the beginning. In some cases, this is a very threatening possibility, given that in the event the birth mother dies, the donor has more legal claim to the child than does the mother in many states. For others, it is simply an untapped possibility; the mothers know (or know of) the donor’s family and vice versa, but no meaningful connection is established. In still other cases, the families interact and explore the unique kinship they share. Sullivan (2004) reported instances in which lesbian families traveled to meet the donor’s parents, and in which the donor’s parents came to the child’s birthday party. One family with a flexibly defined known donor-child relationship had a (heterosexual) family of his own, and the daughters in each family enjoyed their half-sisterhood (Sullivan, 2004). Thus the children of these three lesbian families potentially had three sets of grandparents. They also had a complete genetic family tree, which “the experts” say is preferable in order to avoid “genealogical bewilderment” (Ehrensaft, 2005, p. 246). Ehrensaft immediately points out that this concept of genealogical bewilderment (and consequent identity confusion) is currently pure opinion and assumption, rather than scientifically demonstrated. Clinicians should be aware that lesbian mothers may be warned about such things, and be prepared to counter them with good information and good science.

Donor extended kinship does not affect only the donors, the lesbian mothers, and the children. As Sullivan (2004) pointed out, the donor is making a set of kinship decisions for his entire family of origin. His family members may not be as sanguine about the prospects of having family to whom they have no legal tie, much less engaging with them. As one participant put it, “How that would have felt for them: ‘Here’s your granddaughter. She’s not yours.’” (Sullivan, 2004, p. 197). Ehrensaft (2005) advocated
for exploring the feelings of everyone in the family matrix to the degree that is possible.

Further, she suggested that, “we can know how the child is doing only by considering
how everyone in that family matrix is doing – not only how they are doing, but how each
holds the others in his or her mind” (p. 224). Clinicians can help foster awareness of the
connections and the emotions they may provoke, thus helping lesbian mothers, their
children, the donors, extended families, or possibly all of the above, navigate this web of
kinship.

Non-donor fathers & other male figures. Donors are not the only men who may
have significant relationships with lesbian mothers and their children. Indeed, Gartrell,
Banks, Hamilton, Reed, Bishop, and Rodas (1999) noted that the children of lesbian
mothers are more likely to have adult male family and friends involved in their lives than
are children of heterosexual parents. Similarly, Tasker (2005) wrote that, compared with
heterosexual mothers, lesbian mothers are more interested in ensure their sons’ and
daughters’ contact with men, and are more likely to proactively ensure such contacts.
Pies (1990) briefly related the story of a couple whose original preferred donor was
participating in the child’s life despite the fact he ultimately was not the father due to low
sperm count. The partners of gay male donors may also play an important role (Sullivan,
2004). Men in the mothers’ families of origin may figure strongly in the support structure
and kinship of the family (Dunne, 2000). Additionally, labels carrying familial
connection meanings (e.g., uncle and auntie) may be applied to people in the families’
friendship networks (Dunne, 2000).

Clearly, lesbian mothers actively seek and perhaps go out of their way to include
men in the lives of their children. Gartrell and colleagues (1996) noted that “sixty-three
percent of participants believed that children needed good male role models” (p. 277). Further, those who believed this also reported they were already networking with friends and family to identify men who were willing to be part of the extended family and who met their criteria for “good male role model”. When asked about these criteria, women indicated they were looking for “men who demonstrated sensitivity, empathy, thoughtfulness, and morality” (Gartrell, et al., 1996, p. 277), all of which were considered gender nonspecific. Given this, it is logical to wonder where this drive to include men comes from. Unfortunately, here the authors in the literature are staggering silent. I could not find a single piece of research investigating or even hypothesizing on the origins of this imperative.

*Couple Dynamics*

*Division of labor.* One of the most frequently noted features of lesbian couples is their belief in egalitarian division of labor and their purported success at achieving it. The evidence of this success is mixed however. Some authors have reported that while egalitarian division of childcare is a goal, only half of lesbian couples manage in implement it (Brewaeys, Devroey, & Helmerhorst, 1995). More often however, the research supports the rumors: Lesbian couples really are more egalitarian in their division of different sorts of labor. In the United States, Chan, Brooks, Raboy, and Patterson (1998) reported that among participants in their study, lesbian mothers shared childcare activities more equally than did their heterosexual counterparts. Vanfraussen, Ponjaert-Kristoffersen, and Brewaeys (2003) documented similar results with participants from Belgium and the Netherlands. Seventy-five percent of participants in the U.S. National Lesbian Family Study reported sharing childcare equally and considered themselves
equal co-parents at T2 (Gartrell, Banks, Hamilton, Reed, Bishop, & Rodas, 1999). This dropped to roughly 58% by T3 (Gartrell, Banks, Reed, Hamilton, Rodas, & Deck, 2000), and 37.8% by T4 (Gartrell, Rodas, Deck, Peyser, & Banks, 2006) however, and authors did not supply data or hypotheses regarding these declines. Nelson (1999) reported that all of her participants shared all parenting tasks. Sullivan (2004) noted that she was consistently unable to use differences in mothering behaviors and other activities, to guess which mother was the birth mother. That is, from an observer’s standpoint, their level and type of involvement was indistinguishable.

Division of labor may be an important barometer of relationship satisfaction. Gartrell, Rodas, Deck, Peyser, and Banks (2006) noted that when one partner was unwilling to create equity in household, childcare, and economic responsibilities, this constituted grounds for dissolving the relationship in some participant couples.

Not all lesbian couples construct an egalitarian division of responsibilities. Sullivan (2004) noted that five participant couples in her study had entered into what she termed a Rozzie and Harriet pattern, wherein one mother was the primary breadwinner (Rozzie) and the other was a stay-at-home mother (Harriet). In these families, the Harriets tended to express dissatisfaction, concern, and anxiety regarding the arrangements, and also “offered profoundly dispirited accounts of their daily lives” (p. 112). A full discussion of the impacts of unequal distribution of labor is beyond the scope

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2 The U.S. National Lesbian Family Study is a longitudinal study intended to span 25 years. T1 data was collected from prospective mothers. At T2, the index children were 2 years old. T3 data was collected from mothers when the children reach 5 years of age. T4 data was collected both from the mothers and from the 10-year-old children. For reference, data will again be collected when the children reach 18 years old (T5) and when they reach 25 years old (T6) (Gartrell, Deck, Rodas, Peyser, & Banks, 2005).
of this thesis. It bears noting however that some researchers have found correlations between more equitable sharing of responsibilities and relationship satisfaction in heterosexual couples (Pina & Bengtson, 1993). Sullivan (2004) also noted that the Rozzie and Harriet arrangement seemed to engender similar issues as might be expected in a heterosexual relationship employing a similar arrangement. Clinicians should be prepared to help couples negotiate and problem solve around these issues.

*Maintaining romance & connection.* Lesbian mothers seemed to expect that having a child could be disruptive to their love and sex lives. For example, Friedman (1998) reported that while the frequency of sex declined during pregnancy, there was little discord related to this because the couples had anticipated it. Similarly, Gartrell and colleagues (1996) noted that U.S. National Lesbian Family Study (NLFS) couples that were expecting their first child (at T1) were actively seeking information about strategies for maintaining relationship stability. It is difficult to discern whether these attempts at self-educating had any effect. By T4, 30 of the original 70 couples had split, though the authors noted that, in terms of relationship longevity, there was no significant difference between the study mothers who split and their divorced heterosexual sisters. Reasons for dissolving the relationship included infidelity, growing apart, and differences in parenting style. NLFS couples at T3 also reported declines in the frequency of sex and in the amount of time and energy the partners had for each other (Gartrell, Banks, Reed, Hamilton, Rodas, & Deck, 2000). Additionally, the NLFS authors noted that beginning with T2, mothers continually reported conflict, jealousy, and competitiveness around bonding and childcare (Gartrell, Banks, Hamilton, Reed, Bishop, & Rodas, 1999). The number of couples endorsing this, seemed to be decreasing over time however,
suggesting that the mothers are becoming more secure in their bonds to the children (Gartrell, Banks, Reed, Hamilton, Rodas, & Deck, 2000; Gartrell, Rodas, Deck, Peyser, & Banks, 2006).

Interestingly, in an exploratory study, Koepke, Hare, and Moran (1992) found that lesbians with children actually scored higher than their lesbian non-mother counterparts on measures of relationship satisfaction and sexual relationship. The authors noted that the sexual relationship measure may tend to capture intimacy rather than sexual gratification, which would be consistent with Friedman’s finding that mothers experienced increases in closeness and communication. Finally, couples who are coparenting with the donor or another male may find this arrangement to be a tremendous boon to their relationship as it can grant them more time and energy to devote to intimacy (Dunne, 2000).

**Daycare & Beyond**

*Interfacing With the World*

Much of the literature looking at these families in broader context of society seems to characterize lesbian mothers as essentially striving for connection and community while attempting to hold homophobia and heterosexism at bay. One obvious example of this pursuit was reported by Gartrell, Banks, Hamilton, Reed, Bishop, and Rodas (1999) who wrote that NLFS mothers actively sought day-care centers staffed by lesbians and gay men (at T2, only 22% had succeeded). Later (T3), 48% of the NLFS mothers elected to send their children to private multicultural schools that tended to have lesbian or gay staff, and to have incorporated educational modules around lesbian/gay lifestyle awareness. The remaining 51% were enrolled in public schools (Gartrell, Banks,
Reed, Hamilton, Rodas, & Deck, 2000). Additionally, at this point the NLFS children found themselves to be less unusual than earlier and 49% were enrolled in schools that had other children of lesbian families enrolled as well (Gartrell, Banks, Reed, Hamilton, Rodas, & Deck, 2000).

(Demino, Appleby, & Fisk, 2007) noted that the lesbian mothers in their study reported more internalized homophobia, but that this was limited to a particular subscale of the measure: disclosure. Additionally the mothers rated highly on measures of lesbian identity. Thus, the authors hypothesized that the apparent increase in internalized homophobia had more to do with utilizing selective disclosure as a means of protecting their children from homophobic encounters. Participants in Chabot and Ames’ (2004) study supported this hypothesis, talking about times they chose to be out and times they elected to keep their lesbian identities private. They cited concern for the safety of their family as reasons for this balancing act, and noted that they expected it to become more difficult as time went on. Indeed, many were at times “outed” by their children once they became verbal (Chabot & Ames, 2004). Many of the participants found this shift toward partial closetedness to be painful.

Similarly, mothers in various studies reported experiences wherein people mistook them for heterosexual by dint of being a mother (Friedman, 1998; Gartrell, Banks, Hamilton, Reed, Bishop, & Rodas, 1999; Gartrell, Banks, Reed, Hamilton, Rodas, & Deck, 2000). Many mothers were upset by these mistakes both for their own sake (Friedman, 1998) and for their children’s at having to witness the heterosexism (Gartrell, Banks, Reed, Hamilton, Rodas, & Deck, 2000). Interestingly, a notable minority (21%) of NLFS women who experienced such mistaken identity (85% of participants) reported
enjoying the feeling of “fitting in more” (Gartrell, Banks, Hamilton, Reed, Bishop, & Rodas, 1999, p. 367).

Related to this phenomenon but hazardous in its own way is when the mOther is mistaken for the birth mother. Sullivan (2004) suggested this is doubly damaging given that the mOther has likely just had two aspects of her existence discounted: her lesbian identity and her identity as the mOther. The mOther is suddenly confronted with the opportunity to educate someone but given the lack of established language and social position, the truth can seem too unwieldy to convey. Yet, she may do her best to explain who she is to the child. Alternatively, she may disclose just enough truth to muddle through the conversation. Least preferable is the mechanism Sullivan refers to as “Playing It Straight”, wherein the mOther acquiesces to the stranger’s assumptions, denying her own true role and self. As the participants in Sullivan’s study relayed, any of these strategies can feel stressful and awkward at best. At worst, they can generate a momentary intrapsychic self-doubt about the mOther’s relationship to the child.

Shifting in the other direction, Pies (1990) noted that the arrival of a child (or a pregnant belly) can be difficult to explain away unless one is fully out at work. Similar to situations with extended family, Pies suggested that employers who were relatively comfortable with a lesbian employee, may not be as accepting of a lesbian mother. If one is the mOther, this may mean creating explanations for time off to care for a sick child who doesn’t officially exist. It may also mean explaining the family pictures on one’s desk or, alternatively, not having any articles indicative of family. An environment in which one might once have been “comfortably” closeted becomes a minefield of opportunities to get outed (Pies, 1990). Clearly this situation could result in feelings of
depression or anxiety and clinicians should remember to inquire whether mother are or
can be out at work.

Children too may experience the stress of being out whether they like it or not.
Ehrensaft (2005) wrote that children of lesbian mothers often do not “hold the privilege
that birth-other children from heterosexual families can exercise – to tell or not to tell” (p.
237) about one’s origins. As soon as mothers’ sexual orientation is known, the children
are vulnerable to questions about how they came to be (Ehrensaft, 2005). Conversely, if
their donor origins come to light first, they may be asked questions leading to the
discovery of the mothers’ sexual orientation. Clearly this process may be mitigated if the
mother is single and not very visible as a lesbian woman. The ability to identify a
symbolic or real father may also provide a disguise. Ultimately though, the disguise may
be detrimental in the same way being closeted is for gay people, and may engender
feelings of shame, anxiety, depression, and exclusion (Goldberg, 2007).

Lesbian mothers and children living in rural or otherwise lesbian-deficient areas
may feel socially isolated and unsupported, unless they have access to a support group.
For instance, Arita (2007) indicated that many of the families belonging to her support
group, Ramaza-Kansai, felt isolated and without connection to lesbian-led families due to
the relative rarity of lesbian families in Japan. Taro, a 26-year-old son of one of the
Ramaza-Kansai mothers stated that “he had never met any friends with mothers like his
so he felt alone” (Arita, 2007, p. 106).

As children approach adolescence, other challenges may arise. Gartrell, Deck,
Rodas, Peyser, and Banks (2005) noted that mothers may begin to decrease their
visibility as lesbians in response to their preadolescent children’s fears regarding
homophobia. As mentioned before, teens may experience anxiety about inadvertently
dating half-siblings (Ehrensaft, 2005). Additionally, Garner (2004) suggested that
heterosexual teens of gay parents may find stereotypical heterosexual dating and
relationship attitudes frustrating. She suggests this may be especially true for teens who
were raised primarily in gay communities. This is not to say that these teens are inept at
creating relationship, but rather that “when they are not familiar with positive examples
of heterosexual relationships, culturally queer children are challenged to sort through
their preconceived notions of heterosexuality” (Garner, 2004, p. 215).

Encounters with Homophobia, Heterosexism, and Heterocentrism

As was true during conception, pregnancy, and birth, lesbian mothers and their
children are likely to continue experiencing instances of homophobia, heterosexism, and
heterocentrism in their interactions with the world at large. For example, Pies (1990)
wrote, “it is not uncommon for children to be asked to identify their ‘real’ mother, thus
suggesting that one is real and one is not”. Arita (2007) noted multiple instances of
heterosexism in interactions with Japanese schools and teachers.

Participants in the National Lesbian Family Study encountered challenges in
finding day care for their children. Eight percent said they had difficulty finding good
daycare because they were lesbians, and 4% reported encountering homophobic staff
(Gartrell, Banks, Hamilton, Reed, Bishop, & Rodas, 1999). By the time the NLFS
children were 5, 18% had experienced homophobic encounters with peers or teachers
(Gartrell, Banks, Reed, Hamilton, Rodas, & Deck, 2000).
Discussion

Clinical Implications

Lesbian mothers, whether single or partnered, face a number of decisions and challenges as they seek to have children. Unlike heterosexual couples, they rarely become parents by accident. Rather the children of lesbian mothers are highly desired and typically carefully considered. It is entirely possible that as part of the planning process, prospective lesbian mothers will seek out counseling, support groups, and education around the issues they face and the decisions to be made, in order to simply to conceive a child.

Additionally, once the mothers have become pregnant, they experience a host of challenges that heterosexual parents rarely, if ever, do. Partnered lesbians, however, are also uniquely supportive of each other in ways that heterosexual parents typically are not, and researchers (as well as the mothers themselves) have recognized this as a distinct strength.

As the families interact with a world that tends to be heterocentrist at best (and homophobic at worst), lesbian women and their children often encounter discrimination, misassumptions, and unsupportive persons of authority, among other stressors. Also, as the children mature, they begin to deal with questions and concerns regarding their origins as people conceived with the help of a birth other.

The general consensus seems to be that an increasing number of lesbians are choosing motherhood. As such, therapists who regularly work with lesbian women should prepare themselves to encounter women at any of the stages, working through a variety of issues, and with varying resources. Each woman’s context and experience is, of
course, unique, and counselors must be sensitive to understanding the family’s particular constellation and experiences. There are, however, various commonalities that seem to be reported frequently enough to be considered strong probabilities within the spectrum of lesbian-led families.

Deciding to have children. The first decision facing a lesbian considering motherhood is whether she wishes to be a mother at all. Like heterosexual partners, there may be different levels of desire around having children, and the couple must negotiate how to address this difference. However, it may be that lesbian women have more freedom to creatively solve this difference of desire than do heterosexual couples, given that they are somewhat less subject to cultural expectations. For example, Pies (1990) presents an example of a couple wherein one says, “I know my partner wants to have a child, but she'll have to do it on her own. We can stay together, I just don't want to do this now” (p. 142). Committed lesbian couples may very well be used to maintaining separate households and continue this after having children together (Donovan J., 1992). In contrast, this set-up might cause discord in heterosexual couples by the time children are part of the discussion. Additionally, it has been suggested that lesbian couples may present as more enmeshed or fused than is “healthy” based on norms for heterosexual couples. Whether this is problematic or simply reflective of the psychosocial development of women is an untested comparison. As such, therapists should be wary of prematurely assessing pathological enmeshment. However, they must also be careful to determine whether fusion has occurred to such a point that it negatively impacts the women’s abilities to voice their own desires and trepidations around having and raising children (Ritter & Terndrup, 2002). Above all, therapists must be conscious of their own
heterosexual biases (heterosexism) and assumptions (heterocentrism) and be careful to bracket these off in working with lesbian couples.

Single lesbian mothers are, of course, free from these negotiations, but along with couples, they are still subject to messages leveled at lesbians by the larger heterosexist culture as well as, in some cases, the lesbian and feminist communities. Mental health workers can help women examine their feelings around being told that they are unfit to be mothers, that becoming a mother is un-lesbian, and that focusing on one’s family is counter-feminist along with other messages (Friedman, 1998).

How to have children. Having decided to become mothers, lesbian women will likely consider whether they wish to adopt or birth their own children. Pies (1990) suggested that women may choose either of these for a variety of reasons. Sullivan (2004) and others have suggested that birthing one’s own child via donor insemination has become the method of choice among many lesbians due to deep-seated feelings about having a bioontological connection to one’s child. Costs, age and fertility of prospective mothers, feelings about biological connection and other factors may all be explored in therapy.

Coupled mothers must also decide which of them will try to become pregnant first. In some cases, this is an easy decision: one woman wishes to be pregnant and the other does not (but still wants to have children). In others, the decision can be quite deliberate and emotional as women discuss fertility, age, family of origin issues, insurance coverage, impacts on career, and various other factors (Ehrensaft, 2005; Gartrell, et al., 1996; Sullivan, 2004). Therapists can help women communicate with each other clearly around desires, fears, frustrations, et cetera.
How the mother will become pregnant and with whom are the next questions faced. Lesbians will make choices between heterosexual intercourse and donor insemination (DI; whether medicalized or informal), known and unknown donors, donor characteristics, the donor’s role and myriad other options. Cultural values may come into play here (Ryan-Flood, 2005), as may legal considerations (e.g., availability of second-parent adoptions and laws regarding handling of sperm). Additionally, fantasies of infidelity may occur for either mother or both (Ehrensaft, 2005). Some women will need to confront the reality of financial constraints on their options (DI is widely noted as a potentially expensive option). Mental health counselors can help couples and single women connect with resources such as support and education groups, legal counsel, and gay-friendly assisted conception facilities. Therapists can also work with the couple directly to navigate this confusing maze of options and ramifications.

Achieving conception. The process of conception itself has been noted as quite stressful (Renaud, 2007) and may involve encounters with homophobic (or heterosexist) medical personnel (McManus, Hunter, & Renn, 2006), repeated attempts (Sullivan, 2004) and miscarriages (Dunne, 2000; Gartrell, Banks, Hamilton, Reed, Bishop, & Rodas, 1999; Sullivan, 2004). Women may find they are infertile or otherwise unable to conceive, which Ehrensaft (2005) has noted is quite distressing. When this happens, women and couples may have to renegotiate around who will carry the child (Gartrell, et al., 1996), whether adoption is a better option (Pies, 1990), and how they feel about parenting a child with whom they share no biological connection (Ehrensaft, 2005). They may also be grieving this lost dream and reevaluating their priority around having kids versus being a parent (Gartrell, et al., 1996). Additionally, many women have mentioned
the clinical, unpleasant nature of assisted conception, especially when it is performed in a formal setting (e.g., fertility clinic) (Sullivan, 2004). Therapists can help women negotiate all of these trials and tribulations, as well as develop creative strategies around such issues as inseminating and sperm management.

*Experiencing pregnancy.* Pregnancy itself is both joyous and occasionally distressing for many women. Couples may experience increased closeness and greater satisfaction in their love-making (Friedman, 1998). They are also likely to find they make love less frequently and that the division of household and paid labor may become less balanced, at least temporarily (Friedman, 1998). Couples may or may not experience either of these as an issue, depending on their expectations of pregnancy and other factors (Friedman, 1998). Thus, counselors may reduce the chances of discord by helping couples have reasonable expectations of the effects pregnancy may have.

Couples and single mothers may also begin to experience negative interactions with strangers, friends, and family alike. Well meaning people may mistake the mother for heterosexual and the mOther for a friend, family member, or otherwise (relatively) non-involved person, thus invalidating the lesbian identity of both women. This also tends to devalue the mOther’s role in conception and pregnancy, a role which has been noted as considerably more involved than is typical for a heterosexual father (Sullivan, 2004). Mothers are forced to continually choose whether to educate people in these situations, taking into account the possibility of a homophobic response upon learning the truth (Friedman, 1998). Therapists can help women process their feelings around these heterocentrist situations of mistaken identity and to develop effective coping and response strategies.
Additionally, reactions from more traditional lesbian and feminist communities may be less than supportive, as they may view motherhood as running counter to both movements (Friedman, 1998). However, as more lesbians are having children, the community seems to be becoming more accepting of lesbian mothers (Friedman, 1998). Additionally, becoming mothers may not have much impact on their community and political commitment as many continue or increase their involvement (Gartrell, Banks, Reed, Hamilton, Rodas, & Deck, 2000). Demino, Appleby, and Fisk (2007), on the other hand, have suggested that, in terms of support resources, lesbian mothers may tend to turn away from friends and community and towards families of origin. Still other authors have noted the importance of lesbian mother support groups in helping mothers feel less isolated, more informed, and more supported. Clearly the results are mixed and clinicians should help mothers and couples explore their particular experience and situation. Work may center around identifying sources of support and processing feelings of rejection.

Authors have suggested there is no consistent pattern of how family of origin members will react to the announcement of a pregnancy (Pies, 1990). Some women may find it begins to repair ruptures with family or otherwise improve relationships (Gartrell, Rodas, Deck, Peyser, & Banks, 2006; Franklin, 2003). Others may find their families unwilling to condone the idea of lesbians having children (Pies, 1990; Sullivan, 2004). There is some evidence that positive reactions are more likely seen in the families of birth mothers than in those of mothers (Demino, Appleby, & Fisk, 2007; Sullivan, 2004), but this is inconsistent to date (Friedman, 1998). Clinicians can help lesbian mothers to explore their expectations of family members’ reactions and feelings about disclosing the
pregnancy, plan and rehearse the timing and content announcement, and process the emotions evoked by the reactions of parents and other family.

Homophobia and heterosexism are no less likely to occur in this phase than during conception. Women have reported that health providers have been everything from accepting and helpful to heterosexist to outright homophobic, refusing to work with them (McManus, Hunter, & Renn, 2006). Authors have indicated that women are willing to go substantially out of their way to work with medical professionals, birthing classes, and other resources that are gay-positive (Friedman, 1998). Here too, mental health professionals can help women find affirmative resources and to process experiences of discrimination, hate, and rejection.

Birthing babies. By the time the babies are born mothers have typically settled on supportive doctors, midwives, birth facilities (e.g., birthing centers) and other birth helpers. Mothers have, however, reported homophobic encounters with hospital staff, nurses, regulations, and others (McManus, Hunter, & Renn, 2006) during the birth. Authors have published very little research on lesbian mothers’ experiences of the birth process itself. Clinicians would do well to simply help mothers review their birth plans, explore areas of concern (e.g., will the hospital allow non-relatives to attend the birth?), and, afterwards, process any dissatisfaction with the experience.

Being new mothers. Authors have suggested that establishing breastfeeding is the primary activity in the days and weeks after birth (Renaud, 2007). Counselors can help women prepare for this period by exploring plans, hopes, and potential feelings of jealousy that many women say arise around breastfeeding (Gartrell, Banks, Hamilton, Reed, Bishop, & Rodas, 1999). Clinicians can also help couples decide whether both
mothers will breastfeed (via inducing lactation or using a supplemental feeding system) (Mcmanus, Hunter, & Renn, 2006) and help them gather information and education around breastfeeding. Therapists should support couples as appropriate, in finding ways to include the mOther in feeding routines, as this has been noted to help the mOther feel more bonded to the child (Mcmanus, Hunter, & Renn, 2006; Renaud, 2007; Sullivan, 2004).

Along with including the mOther as much as possible in feeding, it is important that counselors support women in involving the mOther as equally as possible in all aspects of caring for the child. Sullivan (2004) and others have noted that time spent with the child is a primary factor in helping the mOther feel she is truly a mother to the child. Mental health workers can also help women negotiate the process and stress of establishing the mOther as a legal parent of the child. This can be accomplished via second-parent adoption or via the newer option of procuring a parentage or maternity action (Franklin, 2003). Clinicians should be aware of whether either option is available in their region, since many areas do not have such provisions.

*Donor relationships.* As children mature, relationships with donors may evolve, whether the donor is known or unknown, involved or not. If the donor is known, this evolution may involve the families of the donor (both current and origin) (Sullivan, 2004). Even if the donor is an anonymous or yes donor, relationships with half-siblings may come to light (Sullivan, 2004). In some cases, this can be a positive experience, while in others it is much less so. In all cases, the mere existence of the donor can cause mothers to feel less like a parent in certain ways and to attribute children’s strengths and successes to the donor instead of their own work as mothers (Ehrensaft, 2005). Therapists
can help mothers avoid this last pit-fall and explore feelings and expectations around the other relationships that may arise by virtue of having a child conceived with the help of a donor. It may also be important to help women explore and understand the feelings of others involved (e.g., the parents of the donor, who have a grandchild to whom they have no legal tie) (Ehrensaft, 2005; Sullivan, 2004).

Going to school. Lesbian mothers make great efforts to reduce their children’s exposure to homophobia and heterosexism. One way they do this is to seek gay-friendly childcare (ideally with gay or lesbian staff-members) (Gartrell, Banks, Hamilton, Reed, Bishop, & Rodas, 1999) and multicultural, gay-friendly schools (Gartrell, Banks, Reed, Hamilton, Rodas, & Deck, 2000). In some cases, this means sending children to private schools, while others find public schools suitable. There is some evidence that it is becoming more common for children of gay parents to find similar peers among their classmates (Gartrell, Banks, Reed, Hamilton, Rodas, & Deck, 2000). Concerns regarding discrimination are still high, however, and lesbian mothers tend to try to prepare children via conversations around diversity, appropriate responses to homophobia, and other topics (Gartrell, Banks, Reed, Hamilton, Rodas, & Deck, 2000). Clinicians can likely aid mothers in developing these conversations, processing the stress of worrying about homophobic interactions, and the anger or fear that may follow such encounters.

While the aforementioned concerns are largely in relation to homophobic and heterosexist peer interactions, lesbian mothers and their children may encounter such responses from school staff and faculty as well. Arita (2007) related several instances of mothers having to continually educate school personnel about their families and the frustration that arises from this obligation. Here too, therapists can help mothers process
and plan around these encounters and experiences, as well as connect with gay-friendly schools, education advocates, and other resources.

*Parenting adolescents.* As children approach adolescence, they may experience unique anxieties around dating. The specter of inadvertent genetic incest between half-siblings may arise as teens interact with other children of lesbians who may have shared the same donor. There is some debate over how likely this is, but it has been noted that mothers and children worry about it all the same. Therapists can help families find ways to assuage the concern and plan disclosure and inquiries regarding the origins of prospective paramours. Garner (2004) has also suggested that teens raised in primarily queer culture may experience frustration with heterosexual relationships in terms of the different role expectations, stereotypes, and other factors. Clinicians can help mothers prepare teens for this potential occurrence and also help adolescents themselves negotiate these feelings should they arise. Some authors have reported a tendency for mothers to reduce their visibility as lesbians as children approach adolescents. This appears to be a response to their being sensitive to the children’s fears regarding homophobia (Gartrell, Deck, Rodas, Peyser, & Banks, 2005). While this is likely helpful in reducing adolescent stress, non-disclosure of identity has been associated with internalized homophobia and thus the depression and other mental health issues that come along with it (Demino, Appleby, & Fisk, 2007). Clinicians can help mothers maintain connection to community and other affirming activities and relationships to mitigate this connection and help bolster mental health.
Flaws in the Research

Inconsistencies in findings. As might be expected from a young area of research that tends to be deeply political, there are some notable inconsistencies and contradictions in the findings. Some of these are discussed heatedly (and repeatedly), such as Stacey and Biblarz’s suggestion that sympathetic early researchers of gay and lesbian families underreported certain differences in order to normalize gay families. Some authors have enthusiastically latched on to this and pointed out that, while this may be true, the differences tend to indicate strengths of gay families (Franklin, 2003). Other authors, such as Lambert (2005), have said that some of Stacey and Biblarz’s suggestions (e.g., that gender differences in child development may exist) are unfounded.

Similarly, findings reported by Demino, Appleby, and Fisk (2007) are somewhat inconsistent with those of other researchers, as noted by the authors themselves. Readers will recall that Demino and colleagues found lesbian mothers tended to experience less support friends in general and lesbian circles specifically. Authors such as Arita (2007), on the other hand, have noted how invaluable lesbian mother support groups can be to the mothers and the children. (Friedman, 1998) also noted that only a small percentage of her study participants reported a decline in their lesbian friendships during pregnancy.

There are also notable differences between various authors’ reports regarding preferences for known versus unknown donors. For example, only five participants in Sullivan’s (2004) study selected known donors, compared with nearly half of all U.S. National Lesbian Family Study participants.

Inconsistencies in terminology. Additionally, there are apparently no standardized definitions for certain terms and some are so clouded with possible meanings as to
become nearly unusable. Authors should be careful to clearly define terminology around sperm donors especially, but perhaps also around insemination itself. In much of the literature, authors clearly delineate three categories of sperm donor: known, unknown, and yes donors. Within these three, yes donors are typically considered a subset of unknown donors, in that their identity is unknown to parent and child until the child is of majority age. However, in a few cases authors have categorized yes donors as known instead, and they have done this implicitly rather than explicitly (e.g., Ryan-Flood, 2005). In other cases, the authors make no mention of yes donors at all in discussing the choices of their sample and also do not specify whether they are simply including them in one of the other categories. Readers are again left to deduce this from the context of the article. This is unfortunately true of the U.S. National Lesbian Family Study, which has a comparatively large and reasonably diverse sample, garnered fairly recently. Given other authors suggestions that yes donors are a popular choice (e.g., Sullivan, 2004), it is hard to imagine that not a single mother elected to have a yes donor.

Ideally, authors should explicitly define each type of donor until such time as standard language has emerged. Also, yes donors should be categorized separately or at least broken out as a subset of known or unknown as defined by the authors. Not only is this likely to facilitate replication and metaanalysis, but it may ease future research. As the children of yes donors begin coming of age and contacting their donors, it will be useful to seek to understand their experiences in doing so. It may also be useful to examine whether there are differences between known, yes, and unknown donors. The existence of established research documenting the vagaries of each particular donor type will likely serve as a cornerstone to this future research.
Perhaps the most widely cited flaw of sexual minority research in general and in this body of literature in particular has to do with samples. First, sample size is consistently limited. At 84 families (initially), the National Lesbian Family Study (now the National Longitudinal Lesbian Family Study) is noted as the “longest-running and largest prospective investigation of planned lesbian families”. Most studies are notably smaller and authors mention this as a limitation of their research. As a result, generalizability and statistical power are called into question in many quantitative studies. Additionally, many of the studies have a substantial qualitative element, which helps to generate detailed information about potentially unexpected experiences, but also tends to limit generalizability.

Aside from sample size limitations, the samples are frequently if not universally weighted towards women who are Caucasian, college educated, middle- to upper-middle income, and of Judeo-Christian spiritual backgrounds. Additionally, several authors have noted that the women participating in the studies tend to be fairly out, with strong lesbian identities. Thus, samples tend to be lacking in diversity in terms of ethnicity, socio-economic status, level of lesbian identity development, educational background, and spirituality. Donovan (1992) summarized the difficulty: “Students of homosexuality concede that identification is practically impossible due to the hidden nature of the homosexual population. Instead of drawing samples randomly from a complete universe, we are obliged to take them from the most accessible sources” (p. 28). In the case of planned lesbian families, one of the most accessible sources is women choosing donor insemination (DI), especially those utilizing assisted conception facilities. Unfortunately, as many authors have noted, DI can be prohibitively expensive for some mothers.
Gartrell and colleagues (1996) put this forth as a possible reason that African-American lesbians are less likely to choose DI as a method of conception, thus excluding them from many studies.

Future Directions

As lesbigay couples gain more legal standing and social legitimacy, this may improve the accuracy of population counts and researchers ability to locate and contact more representative samples. This is, of course, provided such couples enter into legally sanctioned unions (e.g., licensed civil unions and marriages). Some difficulty still arises when one or both partners are bisexual, however, and other methods will be required for recruiting the portion of the lesbigay populace that does not wish to engage in the government sanctioned unions.

As noted above, the sample demographics tend to leave out a substantial portion of the general populace. Researchers will need to devise ways in which to better tap the as-yet-unseen portions of the lesbian mother population (e.g., ethnic minorities and lesbians who are less out and active). Indeed, it may be useful to create studies specifically targeted at these groups to gain at least rudimentary understanding of their experiences, which may in turn fuel ideas on how to better contact and include them in studies. As part of this exploration, it may be useful to correct the dearth of research on the experiences of women selecting to conceive via heterosexual intercourse. The following questions seem largely unaddressed by current researchers’ tendency to mention this option almost in passing:

- Relationship disruption with partner?
- Criticism from lesbian community?
Especially in light of Griffin’s (1998) and Friedman’s (1998) suggestions that, in some areas, simply aspiring to motherhood marks one as a traitor to the lesbian cause and raises questions of latent heterosexuality.

- Children’s reactions and adjustment when told mom had sex with dad without mom?
- Differences in mOthers’ difficulty feeling as bonded, included, salient, equal (in parenting)?

Little is written about the experiences of known and yes donors, and there is likely great clinical value in better understanding their motivations for donation (especially when parenting is not one of them), their experiences of contact (and lack of contact) with children and so on. Questions such as the following seem to be inadequately explored at present:

- How do they experience relationships with the mothers and the children?
- How does donorship impact their romantic relationships?
- How do the extended family of donors relate to the children?
- What is it like to be contacted by children when they come of age?
- Is it different for donors vs. parents who gave kids up for adoption?

Research into the commonalities of experience between lesbian mOthers and heterosexual fathers (e.g., feelings of being discounted as a partner in the pregnancy and birth process) would be enlightening. It would also complement research into the communication disconnects experienced between lesbian participants of Friedman’s
(1998) study and their heterosexual friends. Greater understanding the sources of these disconnects and of effective means of eliminating them could be an important step in developing guidelines for pregnancy and mothering support groups involving both heterosexual and lesbian mothers. Effective support groups of this type would be a boon to lesbian women living in areas where there are too few lesbian mothers to form an effective support network (e.g., rural communities).

Ehrensaft (2005) suggests that in the not-too-distant future, same-sex, two-mother pregnancies may be possible, thus eliminating the problems and considerations that are donor specific. Researchers at this point could turn their attention to examining whether lesbian women still feel compelled to proactively include men in the lives of their children. The fact that children born via such methods may have no men involved in their conception at all, will likely raise an entirely new set of challenges, experiences, and questions for women and those close to them. Additionally, one might expect that even when such pregnancies are possible, sociocultural pressures regarding the importance of male role models are likely to remain salient for some time. Thus it will be important to understand how these pressures are experienced and navigated.
References


