

1. Interviews With Prospective Mothers

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Since the early 1980s, increased access to donor insemination (DI) has resulted in a baby boom among lesbians (*McCandlish, 1987; Noble, 1987; Pies, 1985, 1990; Steckel, 1985*). Although there have always been lesbian mothers, their children were generally the products of earlier heterosexual unions. Current estimates suggest that one to five million lesbians have had children in the context of heterosexual relationships (*Falk, 1989; Gottman, 1990; Pennington, 1987; Seligmann, 1990*). Recently, the percentage of lesbians who have given birth after coming out has increased dramatically (*Seligmann, 1990*). This emerging population of lesbian families gives researchers an opportunity to observe and document psychological aspects of a major social phenomenon as it is happening.

Numerous studies have compared the children of lesbians with those of other mothers. The need for scientific data became apparent in the early '70s when lesbians sought custody of their children during heterosexual divorce proceedings. The prevailing judicial opinion—still in evidence in a recent Virginia case in which a lesbian mother lost custody of her child ("*Lesbian's Appeal for Custody*," 1995)—had been that it was unhealthy for children to be raised by a lesbian. Most of the extant research was designed to address the homophobic concerns of the courts in custody disputes.

Researchers who compared children raised in lesbian and heterosexual households found few or no differences in the development of gender identity, gender-role behavior, or sexual orientation (*Golombok, Spencer, & Rutter, 1983; Gottman, 1990; Green, 1978; Green, Mandel, Hotvedt, Gray, & Smith, 1986; Hoeffler, 1981; Huggins, 1989; Kirkpatrick, 1987; Kirkpatrick, Smith, & Roy, 1981; Rees, 1979*). Studies have also found no deficits among children of lesbian mothers in other aspects of personal development, including separation-individuation, locus of control, self-concept, intelligence, or moral judgment (*Green et al., 1986; Patterson, 1994; Puryear, 1983*). In addition, numerous studies have shown that children raised by lesbians have normal, healthy relationships with other children as well as with adults (*Golombok, Spencer, & Rutter, 1983; Green, 1978; Green et al., 1986; Kirkpatrick, Smith, & Roy, 1981*). According to Patterson's (1992) comprehensive literature review on lesbian and gay families, a child's adjustment is enhanced when the lesbian mother lives with her partner, when the lesbianism is acknowledged before the child reaches adolescence, and when the child has contact with peers from other lesbian families.

When lesbians who had children while in heterosexual partnerships were compared with heterosexual mothers on the Bern Sex Role Inventory (*Kweskin & Cook, 1982*), and in a nonstructured psychiatric interview (*Javaid, 1993*), the two groups of mothers were found to be

more similar than different. Among the few differences that have been observed between lesbian and heterosexual mothers are the lesbians' greater concerns about homophobia and custody (Goodman, 1973; Lewin & Lyons, 1979, 1981, 1993; Mucklow & Helen, 1979; Shavelson, Biaggio, Cross, & Lehman, 1980), their tendency to be more child-oriented (Miller, Jacobsen, & Bigner, 1981), and a greater degree of self-confidence (Green et al., 1986).

In other descriptive studies, lesbian mothers were reported to be deeply committed to helping their children cope with the stress of living in a heterosexist and homophobic world (Hare, 1994; Levy, 1992; Lott-Whitehead & Tully, 1993; O'Connell, 1993).

Very little has been written about the psychological effects of DI on prospective lesbian mothers. Although any woman seeking DI faces scrutiny about her health, financial, and relationship status, lesbians carry the additional burden of potentially encountering homophobic gatekeepers at sperm banks or family planning clinics (Sparks & Hamilton, 1991). Also, decisions about DI (such as concealing or disclosing the donor's identity) are filtered through their own experiences of being closeted or out as lesbians.

Only a few studies have addressed the parenting concerns and experiences of lesbians who have conceived children by DI, McCandlish (1987) documented some of the difficulties the nonbiological mother experienced in not being acknowledged as a prospective parent during the pregnancy, and in feeling anxious about whether the child bonded with her as closely as with the biological mother. Stiglitz (1990) found that first-time lesbian mothers were more dissatisfied with the level of affection and intimacy in their relationships with partners, and the level of connection to families of origin, than were first-time heterosexual mothers.

Osterwell (1991) reported that relationship satisfaction in first-time lesbian mother couples was correlated with egalitarianism, commitment, sexual compatibility, and communication skills. The mother's having chosen insemination by an anonymous donor was also associated with relationship success. Based on assessments that included parent and teacher Q-sorts, structured doll play, clinical observations, the Child Behavior Checklist (Achenbach & Edelbrock, 1983), and the Eder Children's Self-View Questionnaire (Eder, 1990), Steckel (1985, 1987), McCandlish (1987), and Patterson (1994) reported no compromise in the psychological development of preschool and elementary-school DI children.

The current study was designed to provide longitudinal, descriptive data on a population of lesbian families in which the children were conceived by DI. Interviews with biological mothers (hereafter referred to as birthmothers)—and, if they planned joint parenting, with their partners (comothers)—were undertaken prospectively when they were pregnant or being inseminated with the index child. The aim was to learn about the homes, families, and communities into which the children were to be born. The five main topics and the research questions they sought to address were:

1. **Parental relationships.** Among participants who were coupled, were the relationships relatively cohesive and enduring? Did couples plan to share the parenting equally? Among participants who were single, what were the expectations for future relationships?
2. **Social supports.** What types of social supports did subjects expect? From whom was

support anticipated; families of origin, lesbian/gay friends, sperm donors, others?

3. **Pregnancy motivations and preferences.** How long had participants been thinking about or planning to have a child? Did they have preferences with respect to the gender of the prospective child? What choices had they made about donors, and why? When the donor was known, what factors influenced choices about his involvement with the child?
4. **Stigmatization.** Did concerns about stigma influence study participants' decisions and, if so, how? How did participants conceptualize the varieties of stigma they and their children might face? What sorts of potential stigma were of greatest concern to the prospective mothers in this sample?
5. **Coping strategies.** Did participants anticipate being openly lesbian parents or did they plan to remain closeted?

The questions were designed to provide the type of information that participants themselves might like to have had before they embarked on motherhood. In addition, the findings should be useful to professionals in a variety of disciplines—health and mental health, sociology, feminist studies, education, ethics, public policy, law—who are increasingly likely to be consulted by lesbians on matters pertaining to motherhood.

METHOD

Participants

Lesbians who were actively in the process of insemination or who were pregnant by a donor, whether known or unknown, and those partners who planned to share parenting, were eligible for participation. In addition to informal networking and word of mouth referrals, participation was solicited via announcements at lesbian events, in women's bookstores, and in lesbian newspapers. Participants were recruited in the three metropolitan areas in which the researchers resided: Boston, Washington, D.C., and San Francisco. Efforts were made to sample racial-ethnic subgroups of the lesbian community by distributing study flyers at events for women of color. Prospective participants were asked to contact the researchers by telephone. The study was discussed with each caller, and all interested callers became participants. Interviewers were trained mental health professionals, representing the fields of psychology, psychiatry, education, and social work.

The study group ultimately comprised 84 families of children conceived by DI, 39 in San Francisco, 37 in Boston, and eight in Washington, D.C. Of these 84 households, 70 include a birthmother and a co-mother, and 14 of the households are headed by single mothers. Thus, there were 154 women who served as respondents in the study. Interviewing was initiated in 1986, and the study was closed to new participants in January 1992.

Procedures

The first interview was scheduled during the time participants were in the monthly process of insemination or during their pregnancy with the index child. Prospective birthmothers and co-

mothers were interviewed separately in their homes. Each of the participants provided informed consent. This paper reports results of that initial interview.

The research plan calls for subsequent interviews with the mothers at designated intervals—specifically, when the index child is one year; five years; ten years; and 17 years old—until the children reach adulthood. If permission is granted, the children will be interviewed at regular intervals as well after they reach the age of ten.

Demographic Characteristics

Participants ranged in age from 23 to 49 years, with the majority in their mid-thirties ($M=34.3$, $SD=4.8$ years). Participants were strongly lesbian-identified, 89% had come out to families of origin, 55% were open about their lesbian identity at work, 38% were active in a lesbian/gay organization at work, and 80% said they would choose to be a lesbian, if it were a matter of choice.

All couples cohabited; six single participants lived alone, and eight lived with housemates. Of the 70 couples, 16 were already parenting a total of 29 children. In four cases, these children had been conceived by the index birthmothers; in 11 cases, the index co-mothers in the present study were birthmothers of the earlier child; and in one case the child had been adopted. Sixty-two percent ($N=52$) of prospective birthmothers were pregnant for the first time.

Participants were predominately white (94%), college-educated (67%), middle and upper-middle class (82%), and Jewish (33%) or Christian (56%). Eighty-two percent held professional or managerial positions. Nonetheless, participants were concerned with ethnic/racial diversity, as evidenced by their selection of donors with greater heterogeneity. Household income was significantly higher for cohabiting couples (81% had combined incomes greater than \$40,000/year) than for single mothers (25%, Yates corrected $\chi^2=10.8$, $df=1$, $p=.001$).

Health profiles documented that participants were generally in good health: 83% had no medical problems; most abstained from alcohol (54%) and cigarettes (96%); and few reported using marijuana (9%), and cocaine (<1%).

Semistructured Interview

A semistructured interview schedule was developed through pilot testing. Questions were open-ended and follow-up probes were included in the instrument. Interviews were designed to begin with the least sensitive material, i.e., the demographics summarized above. Duration of the interviews ranged from 1-3 hours. In addition to concurrent written reports of participant responses recorded by the interviewer, the sessions were audiotaped as backup. Interviews were supplemented by self-report questionnaires.

The interview assessed eight areas of decision-making and aspirations regarding motherhood. The segments on decision-making covered the anticipated effects of becoming a mother on daily living (e.g., scheduling, free time), friendship patterns, personal relationships (with current or future partners), career choices, family of origin, political involvement, and overall satisfaction. Legal, financial, and medical/health concerns were also addressed. In addition, questions assessed selected aspects of lesbian identity, relationships, family definitions, and "outness." Taken together, responses to these segments addressed the five main topics of this research,

which will be elaborated on below in the results section.

Data Analysis

Some questions lent themselves to preceding, such that categories could be checked off during the interview itself. For the remaining questions, categories for qualitative data were largely developed from the text itself, rather than imposed upon it. After preliminary testing of coding schemes, coding manuals were prepared. Trained graduate and undergraduate raters achieved adequate interrater reliability in coding qualitative data (85% agreement or higher and/or Cohen's Kappa >0.4). Data were checked for outlying cases by inspection of scatter plots, and, where applicable, distributions were checked for normality. Spearman correlation was used, along with chi-square for frequency data. The data reported here represent a small subset of total data collected for the first interview.

RESULTS

Relationships

Shared values (46%) and communication skills (44%) topped the list of relationship strengths reported by the 140 prospective mothers (birthmothers and co-mothers) in couples. These couples had been together a mean of 6.1 years (SD=3.6). Almost all couples (99%) defined their relationships as monogamous. Most coupled participants expressed concern about having less time (68%) and energy (43%) for the relationship once the child was born. There was no difference in rates of concern about jealousy with regard to bonding in prospective birthmothers and co-mothers.

Of the single prospective mothers, four were dating. Of these four, two were not seeking a long-term partner. Among the advantages they experienced in being single, five cited autonomy; however, two expressed concern that, as prospective single mothers, they would have no breaks from the responsibility of child rearing.

Social Supports

In their original families, 42% of participants were firstborn and 30% were second children in (on average) two-child households (SD=1.2). Sixty percent of participants' parents were still married, while 14% were divorced. Many participants (43%) did not live close to their parents (i.e. in the same geographical region), although 9% resided in the same city. With the exception of four participants who were estranged from their families, the others had regular contact: 86% phoned at least biweekly; 33% visited at least monthly.

When asked how their families of origin feel about the prospective child, most participants (78%) expected at least some relations to accept the child. Nearly one quarter (24%) stated that their own parents were "out" as parents of a lesbian, and would be similarly open about being grandparents of a child born to their lesbian daughter. Prospective birthmothers and co-mothers were equally likely to expect their own parents to acknowledge and act as grandparents toward the index child. Fifteen percent believed that no relative would acknowledge the child.

Friendships were important to all prospective mothers. Sixty percent of coupled participants and all singles had a best friend who was not a lover. A majority of participants expected existing friendships to be either enhanced (35%) or unchanged (27%) after the birth of the child. In

response to community needs, lesbian parenting support groups developed in all three cities in which our subjects reside. Study respondents who participated in support groups found them helpful. For example, one subject described her group as "very informative...there's always some subject that gets discussed that I wouldn't have thought of." Another anticipated that the groups would evolve into "play groups after the babies are born."

Pregnancy Motivations and Preferences

Among the 39 first-time prospective mothers, the desire to have a child was quite recent in some and long-standing in others ($M=10.6$, $SD=9.3$ years). "Since I've been an adult I thought I'd like to raise a child and I guess I feel it's basic," said one prospective mother. Others indicated they had not wanted their lesbianism to be an obstacle to motherhood. "I've always known that whenever I got ready I would have a baby, no matter how I decided to do it," said another.

Thirty-eight percent of the full sample had no preference about the child's gender; 55% of those who expressed any preference, and 88% of those with a strong preference, hoped for a girl. Seventeen percent of those with a strong preference were willing to use special techniques (such as alkaline douches and timed inseminations) to increase their chances of having a child of the preferred gender.

Forty-seven percent of the full sample preferred that the sperm donor be unknown, 45% elected to know the identity of the donor, and 8% expressed no preference in this regard. Those who chose a known donor were almost evenly divided in anticipating that he would be involved (51%) versus uninvolved (49%) in parenting. In discussing the pros and cons of knowing the donor's identity, responses ranged from practical considerations such as, "[Our] first choice is [that the donor be] unknown only because of the legal aspects," to emotional identification with the needs of the child, as in: "In our heart of hearts we both would like [the donor] to have some sort of contact with the child....I've had too many friends who never knew their father [and who longed for] some kind of indication of what their dads were like or even just what they looked like."

Stigmatization Concerns

Prospective mothers were concerned with four principal areas of stigmatization:

1. raising a child in a heterosexist and homophobic world;
2. raising a child in a nontraditional family;
3. raising a child conceived by DI; and
4. the impact of multiple discriminations on nonwhite or non-Christian children.

Considering the impact of homophobia and heterosexism on their children, slightly over half of the participants (52%) expected to be completely open about their lesbianism, and the remainder felt that they would be relatively open. As one woman summed it up: "[Our lesbianism is] gonna be living with us, [our child is] gonna see it every day. We're not gonna hide anything. Hopefully, [our child] will be an open-minded person because of it, and will see that there are lots of people in the world, lots of kinds of people."

In establishing nontraditional families, most participants did not expect their children to have involved fathers. "Hopefully, [our child] will be excited about having two mothers...two nurturing parents," commented one prospective mother. Sixty-three percent of participants believed that children needed good male role models, whereas 10% felt that male role modeling was unnecessary. In describing what they envisioned as a good male role model, participants had in mind men who demonstrated sensitivity, empathy, thoughtfulness, and morality-traits that were not considered gender-specific. "I think that men should be as involved as women, regardless [of whether or not] it's a boy," said a participant who planned to incorporate men in her child's life. Those who considered male role modeling important were already networking among friends and relatives to identify men who might be suitable candidates for involvement in their extended families.

Anticipating future conversations with their child about the child's conception, almost all participants (91%) stated that they intended to speak honestly about the insemination, in an age-appropriate manner. "We want to tell... the truth but only as much as [the child] developmentally can take," said a typical participant. The remaining subjects stated that they might tell the child less than the truth.

Many of these women commented spontaneously that they would emphasize their desire to have children. "I will explain how wanted she was and [that] it was very important she be born even though we don't have a father to live with her," said one prospective mother. Sixty-one percent had participated in a lesbian parenting group that had helped them grapple with such issues.

Thirty-three percent of prospective mothers expected their children to be raised Jewish, and 13% expected to be raising children of color. Prospective mothers of nonwhite or non-Christian children expressed concern about multiple discriminations and a strong commitment to helping their children cope with such adversity. "The hard part is when they start going to school or socializing with other kids in day care and [they find they're] not the norm. But I think it's similar to any other kind of prejudice-the kid is going to be Jewish too, and it's gonna be similar in that sense," said one participant. A biracial participant commented that her "child will learn that some kids won't like you because you're different." Another addressed the advantages of diversity: "As I'm racially mixed, I know what it's like-there are advantages and disadvantages...but to be able to relate to all people has been a definite advantage. I can relate to anybody, I can connect with anybody-all people, all races."

Coping Strategies

Listing changes in day-to-day living that were likely to occur after the birth of their child, participants expected to have less time and energy for friends. Other anticipated limitations included less spontaneity in life-style (10%), more entertainment at home (44%), and fewer leisure activities (28%). Some speculated that their friendship networks might incorporate more families with children.

Thirty-eight percent reported that they already had flexible work schedules which could be adapted to child-care needs; only 8% reported that their work schedules were fixed; and 11% expected that child rearing would necessitate a job change. Several participants were surprised by their colleagues' support. "I've gotten fantastic support at work and I didn't expect that," reported one.

Although they did not generally welcome the assumption, 32% expected that they might be more likely to pass for heterosexual with their child. "Because I have long hair and will have a kid, people will assume I'm heterosexual," indicated one participant, who felt irritated at the prospect.

Around issues of stigmatization, coping strategies were characterized by active styles. Most of these lesbian women were out in all aspects of their lives, and they valued honesty rather than secrecy. Also, participants were active in forming parenting groups for socializing, information sharing (regarding resources such as non-homophobic health providers and childcare facilities), networking and problem solving. Anticipating potential discrimination toward their children because of their own lesbianism, many participants stressed the importance of educating the children about prejudice. For example, a prospective mother hoped to give her son "a real appreciation for how much we care for each other, a real appreciation for the variety of ways people relate to other people in the world, and an appreciation for the strengths of living in nontraditional relationships."

DISCUSSION

Despite efforts on the part of the researchers to achieve greater class, ethnic, and racial diversity, most of the participants in this study are white, middle class and highly educated. As with all studies of lesbians, it is impossible to obtain a random sample, because homophobia forces most lesbians into the closet. Only those lesbians who are out enough to have seen advertisements for this research project in lesbian publications or at community events were accessible as participants. Consequently, the study subjects are self-selected and not demographically representative of the lesbian population as a whole.

In addition, donor insemination is less commonly chosen by African-American lesbians than by white lesbians, further decreasing the diversity of the sample. The lack of economic diversity in this group may reflect the expense of donor insemination, which is not reimbursable by insurance and can be costly. Some may have volunteered for this project because they were motivated to demonstrate that lesbians were capable of producing healthy, happy children. To the extent that these subjects might wish to present themselves and their families in the best possible light, the study findings may be shaped by self-justification and self-presentation bias. However, as mental health clinicians, the researchers were favorably impressed by the willingness of these participants to discuss forthrightly the fears and uncertainties in their lives.

Most couples worried about losing time and energy for their existing relationship after the birth of the child. This concern was reflective of the expectation that both partners would share actively and equally in the child rearing. Coupled participants who were expecting their first child were educating themselves about strategies for maintaining relationship stability during the most taxing and stressful of the child-rearing years.

The women in this sample demonstrated strong social support systems. Almost all had a best friend outside the family. Most had regular contact with their families of origin. Nearly one quarter reported that their parents were "out" about having a lesbian daughter. Most participants had biological relatives who welcomed the birth of their child. However, a substantial minority feared that no relative would claim the child. They attributed this rejection to familial homophobia.

Donor preferences were equally divided between known and unknown. However, most participants did not expect their donors to be involved in parenting. Some participants who selected known donors anticipated that these men would actively raise the child. Others wanted the child to have a special relationship with the donor, or to have the opportunity to define that relationship at a future point. Reasons for selecting unknown donors varied: some participants did not want any other individual involved in their family; others feared potential custody suits with known donors; still others did not personally know a man who was willing to be a donor or father, even though they would have preferred a known donor.

A majority of participants were hoping that the index child would be a girl. Regardless of the child's gender, many participants felt that male role modeling was important. However, most believed that there are no gender-specific traits involved in good role modeling. One striking and unexpected finding in this interview sample was that more participants (66%) expressed a desire to breast-feed than to be pregnant (56%). Perhaps future research will shed more light on this motivational factor in the pregnancy and child-rearing determinations of lesbian mothers.

Stigmatization concerns focused on raising a child conceived by DI in a nontraditional family and homophobic world. Almost all participants expected to discuss the insemination openly in an age appropriate manner with their children. Most participants were already out and strongly lesbian-identified at the time of this first interview, and they expected to be completely open about their lesbianism with their children.

Overall, this first stage in a longitudinal study of lesbian families has demonstrated that the prospective children are highly desired and thoughtfully conceived. The mothers-to-be are strongly lesbian-identified. They have close relationships with friends and extended family. They have established flexible work schedules to allow more time for child rearing. They are well educated about the potential difficulties of raising a child in a lesbian household, and they have access to appropriate support groups.

As this study of 84 lesbian families goes forward over the next 25 years, its findings are expected to shed light on the ways in which the strong desire, careful planning, thorough education, and intense commitment that participants have demonstrated in the initial interview affects the everyday realities of child rearing among a special population of mothers in this era of donor insemination.

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