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THE PROCESS OF ONE WHITE UPPER MIDDLE CLASS LESBIAN COUPLE PURSUING PARENTHOOD FOR THE FIRST TIME: A QUALITATIVE CASE STUDY

by

Jessica L. Manning

A Dissertation
Submitted to the
Faculty of The Graduate College
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requirements for the
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Department of Counselor Education and Counseling Psychology
Advisor: James M. Croteau, Ph.D.

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During the past three decades researchers have shown increasing interest in studying planned lesbian parenting. However, no previous studies have examined the process of lesbian couples as they pursue parenthood for the first time. Instead, previous research has typically conducted one retrospective interview with one or both parents in order to answer one outcome related query, such as whether a couple used a known or anonymous sperm donor. The current study is a qualitative case study that examines the process of one lesbian couple who is pursuing parenthood for the first time.

The participants in this study were Ann and Jane, a White, upper middle class lesbian couple residing in the state of Michigan. Data sources included sixteen biweekly interviews, an audio recorded conversation, logs the participants completed daily, and documents used by the participants. Fifteen themes emerged from this study, within the areas of External Processes, Ann’s Experiences, Jane’s Experiences, and Jane and Ann’s Joint Process. Among other findings, I discovered that the environmental processes around Jane and Ann as they pursued parenthood were much more negative than they desired (some of which were related to heterosexism and homophobia), Ann’s experience was dominated by her emotional reactions to various aspects of their process, Jane seemed to value a rational approach to life, but rationality was difficult to maintain as she
underwent this emotionally ambiguous situation, and Ann and Jane seemed to work together well as a couple.

In addition to the specific themes, the overarching impact of homophobia and heterosexism became apparent through the process of data analysis. I thus compared Jane and Ann’s process with Sue’s model of microaggressions by applying this model phase-by-phase to Ann and Jane’s experiences with heterosexism and homophobia (2010b; Sue, Capodilupo, & Holder, 2008). I also provide suggestions to guide future research about lesbians pursuing parenthood, including replicating my design elements, conducting additional research connecting lesbian parenting and microaggressions, and researching more diverse groups of lesbian parents.
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Jessica L. Manning
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CHAPTER 1

INTRODUCTION

The current study is a qualitative case study that examined the process of a White upper middle class lesbian couple that was pursuing parenthood for the first time. I was interested in the experiences of the participants as they underwent this experience, rather than the outcomes of their general process or any more specific decisions. Chapter 2 includes an extensive review of the literature, including such topics as lesbian parenting, laws impacting lesbian parents, and decision making by couples. Chapter 3 describes the methodology of the study, such as participant recruitment, data collection, and data analysis. Chapter 4 contains the results of the study, including a description of the case and 15 themes under four general areas. Chapter 5 includes a comparison of these results to the literature and implications for the field of counseling psychology. The current chapter contains an abbreviated version of chapters 2 through 5, such that it is an overview of the entire study, beginning with the literature review below.

Researchers have shown increasing interest in planned lesbian parenting over the past three decades. This exploration started broadly and was generally defensive due to the heterosexist culture. In fact, most of the early studies successfully sought to prove that lesbians raised children indistinguishable from children raised by heterosexuals on such variables as intelligence (Flaks, Ficher, Masterpasqua, & Joseph, 1995; Green, Mandel, Hotvedt, Gray, & Smith, 1986; Kirkpatrick, Smith, & Roy, 1981), peer relationships (Golombok, Spencer, & Rutter, 1983; Green et al., 1986; Tasker & Golombok, 1997;
Wainright, Russell, & Patterson, 2004), and psychological health (Flaks et al., 1995; Gershon, Tshann, & Jemerin, 1999; Huggins, 1989; Wainright et al., 2004; Golombok et al., 1983; Kirkpatrick et al., 1981; Tasker & Golombok, 1997). As evidence that lesbians were raising well-adjusted children began to accumulate, researchers became freer to explore additional topics relevant to lesbian parents, such as the motivation to parent (e.g., Price, 2007; Siegenthaler & Bigner, 2000), selection of children’s surnames (e.g., Almack, 2005), and division of labor (e.g., Chan, Brooks, Raboy, & Patterson, 1998; Kurdek, 1993; Patterson, 1995; Patterson, Sutfin, & Fulcher, 2004).

As the body of literature continues to become richer, researchers are increasingly able to take a more narrow focus on specific lines of research, including those that explore the pre-conception/pre-adoption experiences for lesbian couples pursuing parenthood. Before I review this literature, I want to describe an important limitation of this body of research. Most of the existing research about lesbian parents and parents-to-be has included small, homogeneous, and non-representative samples. These samples are mostly White, well educated, middle to upper class lesbians in their late thirties. In fact, 92% of the 406 participants in 7 of the most relevant studies were White (Blake, 2005; Chabot, 1998/Chabot & Ames, 2004; Desmond, 2000; Mamo, 2002/2007; Price, 2007; Siegenthaler & Bigner, 2000; Touroni & Coyle, 2002). My critique is consistent with Stacey and Biblarz’s (2001) warning that most lesbian parenting research studied “white lesbian mothers who are comparatively educated, mature, and reside in relatively progressive urban centers, most often in California or the Northeastern states” (p. 166) and Goldberg’s (2010) criticism that “White, middle-class persons who are relatively ‘out’ in the gay community and who are living in urban areas” (p. 13) are highly
overrepresented in the lesbian parenting literature. Additionally, most of the samples of the most relevant studies are well under 100 individuals, with the smallest sample including only 8 participants (Price, 2007), and every study involved some type of convenience sampling.

The biggest problem with the existing samples is their unspoken Whiteness. I am not asserting that researchers should not study White lesbian women. In contrast, I am stating that it is imperative that when researchers study only White lesbian women, they must do so explicitly. That is, the title and content of the article should reflect the sample. As an example, studies that exclusively include White lesbians often have titles describing the participants solely as *lesbians* (e.g., Siegenthaler & Bigner, 2000; Touroni & Coyle, 2002). However, studies that exclusively include Black lesbians generally describe their participants as *Black lesbians* (e.g., Bowleg, Craig, & Burkholder, 2004; Moore, 2008), and the same is true of other racial/ethnic minority groups (e.g., Lehavot, Walters, & Simoni, 2009). This communicates two racist messages. First, White is the norm that is assumed unless the presence of a different racial/ethnic group is explicitly stated. Second, describing White lesbians as lesbians (without a race modifier) implicitly transmits the message that the experiences of White lesbians are (or should be) the universal experiences of all lesbians. I thus offer the caveat that the results included in the literature review may not be at all generalizable to lesbians from other racial/ethnic groups, although they may generalize well to my White lesbian participants.

With this significant limitation in mind, I will review the literature about the process of lesbian women who are pursuing parenthood. No studies have thus far examined the general experiences of lesbian couples as they undergo the process of
becoming parents. Instead, the existing research is heavily weighted toward determining what decisions potential lesbian parents made and why they made these decisions. Since there are no studies of the general process, I will summarize what is known about these aspects of lesbian parenting decision making. I will first review the research into specific decisions that lesbian parents-to-be face about parenthood, which is the most frequently studied area. I will then summarize two studies that offer integrated perspectives about how lesbian women make multiple decisions as they pursue parenthood, which is closer to the focus of the current study since these studies include more than one relevant decision. Finally, I will review the consistent design elements of the existing literature.

The last portion of this section discusses the rationale, design, and purpose of the current study.

Specific Decisions Involved in Becoming Lesbian Parents

Most of the conclusions that can be drawn about the process of lesbian couples pursuing parenthood are at the level of specific decisions, rather than broader processes involved in these experiences, which indicates a need for a study examining the general process of lesbian couples pursuing parenthood. Lesbian couples who wish to become parents face a number of specific decisions, including whether and when to parent, choosing adoption versus conception, which mother will carry the child, selecting a donor, and choosing the location for the insemination (i.e., at home or at a doctor’s office). For an overview of most of the decisions a lesbian couple may face when planning to conceive or adopt a child, see Appendix A. Rather than reviewing each of the studies or every finding included in the existing literature about lesbian parenting
decision making (as I do in chapter 2), I will provide the following list of relevant information that has the most support from research based literature and other sources:

1. Lesbians have similar motivations to become parents as heterosexual women, including pursuing parenthood as a search for meaning, purpose, or integrity (Lewin, 1993; Perrin, 2002; Siegenthaler & Bigner, 2000).

2. Lesbian couples may discuss the possibility of parenting together for many years before pursuing parenthood (DeRosier, 2006; Desmond, 2000; Herrmann-Green & Gehring, 2007; McIntyre, 2006).

3. Lesbian couples who are considering or pursuing parenthood often discuss topics such as heterosexism, homophobia, and the time, finances, and responsibilities involved in raising children (Herrman-Green & Gehring, 2007; Kennedy, 2005; Mezey, 2008; Perrin, 2002).

4. Sometimes one partner has a strong desire to parent while the other has little to no interest in parenting, and the couple has to find a way to resolve this discrepancy, either by ending the relationship, electing to have unequal relationships with the child, or waiting for one partner to change her mind (Lev, 2004; Martin, 1993; Price, 2007; Toeves & Brill, 2002; Touroni & Coyle, 2002).

5. More lesbian couples become parents through alternative insemination than via any other means (Blake, 2005; Desmond, 2000; Morningstar, 1999; Tasker, 1999).

6. The benefits of using alternative insemination as compared to adoption include experiencing pregnancy and childbirth (Herrmann-Green & Gehring, 2007) and being easier, quicker, and less costly than adoption (Almack, 2006; Chabot, 1998; Murphy, 2001). The most commonly cited drawback to using alternative insemination is the
high financial cost of using an anonymous or identity release donor (e.g., Ehrensaft, 2005; Hequembourg, 2007).

7. There are three types of sperm donors—known (generally contacted directly by the couple), anonymous (through a sperm bank), and identity release (a man who allows the sperm bank to release his information to the child when he/she turns eighteen). Fewer lesbian couples choose known donors than anonymous or identity release donors (Chabot, 1998; Desmond, 2000; Gartrell, Hamilton, Banks, Mosbacher, Reed, Sparks, & Bishop, 1996; Goldberg, 2006; Suter, Daas, & Bergen, 2008).

8. Using a known donor offers five main benefits: selecting who will provide the genetic material for the child (Almack, 2006; Brewaeys, de Bruyn, Louwe, & Helmerhorst, 2005; Ehrensaft, 2005; Johnson & O’Connor, 2001; Pies, 1990; Toevs & Brill, 2002; Wolf, 1982), privacy (Hequembourg, 2007; Touroni & Coyle, 2002), low cost (Ehrensaft, 2005; Sullivan, 2004; Wolf, 1982), the ability to use more viable fresh semen (Mohler & Frazer, 2002; Morningstar, 1999; Sullivan, 2004), and the opportunity to negotiate the relationship between the child and the donor (Benkov, 1994; Herrmann-Green & Gehring, 2007; Johnson & O’Connor, 2001; Mohler & Frazer, 2002, Morningstar, 1999; Sullivan, 2004; Touroni & Coyle, 2002). The biggest risk associated with using a known donor is the threat that the donor will pursue paternity (Almack, 2006; Brewaeys et al., 2005; Clunis & Green, 2003; Johnson & O’Connor, 2001; McManus, Hunter, & Renn, 2006; Mohler & Frazer, 2002; Morningstar, 1999; Sullivan, 2004; Toevs & Brill, 2002).

9. The benefits of using an anonymous donor from a cryobank include the legal and psychological protection associated with the donor’s anonymity (Abrams, 2006;
Benkov, 1994; Chabot, 1998; Clunis & Green, 2003; DeRosier, 2006; Herrmann-Green & Gehring, 2007; McManus et al., 2006; Pies, 1990), convenience (Ehrensaft, 2005; Morningstar, 1999; Sullivan, 2004; Toevs & Brill, 2002), and safety (Almack, 2006; Herrmann-Green & Gehring, 2007; Sullivan, 2004). The cost of frozen sperm is generally the biggest drawback for lesbian couples (Chabot, 1998; Clunis & Green, 2003; Herrmann-Green & Gehring, 2007; McManus et al., 2006), although loss of genetic information about the donor (Benkov, 1994; Herrmann-Green & Gehring, 2007; Morningstar, 1999; Pies, 1990) and obtaining less viable sperm (Clunis & Green, 2003; Mohler & Frazer, 2002; Morningstar, 1999; Sullivan, 2004; Toevs & Brill, 2002) are also negative factors for some lesbian couples.

10. Identity release donors provide a balance between the benefits and drawbacks of using known donors and anonymous donors, which many lesbian couples find appealing since it allows the child to have access to the donor’s identity upon adulthood without any possibility that the donor could attempt to pursue a legal relationship with the child (Sullivan, 2004; Touroni & Coyle, 2002).

11. Little is known about how lesbians select a particular donor. When a couple is using a known donor, they are able to select a donor due to his sexual orientation (Johnson & O’Connor, 2001; Wolf, 1982), because of a genetic link to the nonbiological mother (Ehrensaft, 2005; Pies, 1990), or based on other specific characteristics (Almack, 2006; Brewaey et al., 2005; Ehrensaft, 2005; Johnson & O’Connor, 2001; Toevs & Brill, 2002; Wolf, 1982). Also, some lesbian couples select donors that share characteristics with the nonbiological mother (Chabot & Ames, 2004; Ehrensaft, 2005; Johnson, 2006).
12. Most couples decide which mother will carry the child surprisingly easily (Goldberg, 2006; Johnson & O’Connor, 2002; Mohler & Frazer, 2002; Silber, 1992), generally based on such factors as desirability of pregnancy and childbirth, the ages of the partners, and the work situations of each partner (e.g., Chabot & Ames, 2004; Ehrensaft, 2005; Herrmann-Green & Gehring, 2007; Martin, 1993; Sullivan, 2004; Toevs & Brill, 2002).

13. Lesbian couples can choose to inseminate at home or at a doctor’s office. Home inseminations are associated with greater comfort (McManus et al., 2006; Mohler & Frazer, 2002; Toevs & Brill, 2002; Wolf, 1982), lower cost (Chabot, 1998), and lower efficacy (Murphy, 2001). Conducting an insemination with a doctor’s assistance increases the likelihood of conception (Mohler & Frazer, 2002; Sullivan, 2004), but it can feel cold and impersonal (Sullivan, 2004; Toevs & Brill, 2002).

14. The benefits of adoption include having a child that is “neutral” and not biologically related to either mother (Pagenhart, 2006; Sullivan, 2004; Toevs & Brill, 2002) and feeling altruistic (Goldberg, 2010). The major reasons that lesbian couples often choose not to pursue adoption are the general bureaucratic difficulties combined with the heterosexist system—many couples wish to avoid interacting with this system (Ehrensaft, 2005; Martin, 1993).

This list is the best summary of what is known in regards to the process involved as lesbians pursue parenthood. Presenting it in list form was most logical because little is known about how different aspects of the pre-parenting experience impact one another, which is one shortcoming of the current body of literature. The next section will review
two studies that offer integrated perspectives about how lesbians who are pursuing parenthood make multiple decisions.

Integrated Perspectives on Lesbian Parenting Decision Making

As I will describe more below, the collective results of the body of literature have been greatly constrained by the consistent design elements of previous studies. One way that the current literature is lacking is that it offers little of a “big picture” conceptualization of lesbian women who are pursuing parenthood. Most studies either include only one decision in isolation from other decisions or include separate discussions of multiple decisions. However, two studies are unique in this respect. Instead of examining one or more decisions faced by lesbian parents-to-be as though they are discrete or disconnected, Mamo (2002/2007) and Esterberg (2008) offer more integrated perspectives on lesbian parenting decision making by considering how lesbian women make multiple decisions. While these studies are still focused on decision making (unlike the current study), they do offer broader perspectives on the process of lesbian parents-to-be than studies that examine one decision in isolation from other decisions and are thus more relevant to the current study. Both Mamo (2002/2007) and Esterberg (2008) offer interesting perspectives that may be partial frameworks for the broader process that lesbian couples undergo when pursuing parenthood.

In her sociological dissertation, portions of which were later published, Mamo (2002/2007) conducted in-depth interviews of thirty-four lesbian mothers (most of whom were White, well educated, and middle to upper class) who used alternative insemination. Mamo (2002/2007) proposed that lesbians use “hybrid-technological” practices to conceive. She stated that lesbian couples use procedures that range from no technology
(e.g., observing cervical mucus, at home inseminations with fresh semen, etc.) to medium technology (e.g., ovulation detection kits, insemination by a doctor, etc.) to high technology (e.g., ultrasound of fallopian tubes, in vitro fertilization, etc.) for ovulation detection/prediction and insemination. Mamo described the process as hybrid-technological because many of her participants combined low tech aspects with higher tech aspects; for example, they may combine measuring their basal body temperature with ovulation detection kits in order to determine when they are ovulating. Additionally, some participants made intrauterine insemination, a medical procedure, less technological by performing it at home. Mamo (2007) indicated “As health care consumers, these women intentionally and deliberately maneuvered through biomedical landscapes” (p. 390). Using hybrid-technological procedures allowed lesbian couples to have the greatest chance of success with the least amount of invasive medical procedures. Mamo’s (2002/2007) observations of the hybrid-technological process employed by her participants may be relevant to the processes of additional lesbian couples pursuing parenthood, beyond those included in her study.

Esterberg’s (2008) review and critique of lesbian mothering advice literature, which appeared in the anthology Feminist Mothering, analyzes the prescriptions given by these advice books. Since Esterberg did not collect data from lesbian mothers, she cannot speak to the actual processes involved as lesbian women pursue parenthood. Instead, Esterberg reveals how lesbian parenting guidebooks say lesbian women should make decisions as they pursue parenthood. She describes the major theme that lesbians must make an informed decision. “At the heart of the injunction to make an informed choice is the sense that the individual has multiple options, each of which must be weighed
carefully before making a decision” (p. 77). Esterberg (2008) states that many of the relevant decisions can be considered “consumer” decisions, in which the parent(s) must use the resources within their disposal to select the “best” donor to use or the “best” child to adopt. Most notably, inseminating with cryobank sperm is clearly a commercial process; the couple must actually search through a catalog to pick a specimen to purchase for hundreds of dollars per cycle. Esterberg (2008) states that “In line with a model of consumer choice and with self-help books more generally, the advice books stress making a choice that is right for you, given your own particular proclivities and life circumstances” (p. 78, italics in original). As of yet, no studies have addressed to what degree lesbian women pursuing parenthood follow the advice given in the books intended for them, so it is unclear whether they make informed, consumer based decisions.

Mamo (2002/2007) and Esterberg’s (2008) studies were the only research I could locate that offered integrated perspectives about multiple decisions involved as lesbian couples pursue parenthood. More research is needed in this area in order to supplement and expand upon the results that were included in the list of findings about specific decisions. As I will describe in the next section, the paucity of research about the general processes involved for lesbians-to-be is one result of the common design elements in previous studies.

Design Elements of Previous Studies of Lesbian Parents-to-be

An examination of the research studying lesbians pursuing parenthood reveals a significant lack of diversity in the design of the study. As I stated above, most existing research has focused specifically on decision making among lesbian parents-to-be. Further, existing studies generally focus on only one decision in isolation from the others
(e.g., known versus anonymous donors [Brewaeys et al., 2005]), which may limit knowledge about how different decisions and factors interact to inform each aspect of the process. Additionally, the relevant studies are consistently outcome focused, studying what decisions are made without examining how the participants underwent their process. Most studies are also retrospective; researchers commonly ask lesbian parents of small children to remember and describe their experiences before the child’s birth or adoption without a consideration of how their perceptions may have changed in the interim.

Goldberg’s (2010) critique of the existing literature includes the lack of longitudinal studies, which limits “insight into the ways that sexual minority individuals, parents, and families change over time and, in particular, during key life transitions to couplehood and to parenthood” (p. 13). Finally, most existing literature gathers data from only one partner, “limiting researchers’ ability to examine the ways in which partners mutually influence each other and their relationships, as well as the similar and divergent experiences of dyad members” (Goldberg, 2010, p. 13).

Rationale, Design, and Purpose of Current Study

As was apparent in the preceding literature review, a study is needed that diverges from the consistent design elements of the existing literature in order to examine the overall process of lesbian couples pursuing parenthood. I designed a study that differed significantly from all of the previously described design aspects common to research about lesbian parents-to-be in order to begin to fill the gaps in the existing body of literature. First, the current study is broadly focused, examining how the participants navigated the general process of becoming parents, without an explicit focus on decision making. All aspects of their experiences are assumed to be interconnected rather than
discrete. Second, the current study is process rather than outcome focused; instead of examining what decisions were made, I examined how a lesbian couple underwent their process of pursuing parenthood. Third, the current study involved undergoing biweekly interviews with the participants as they were in the process of pursuing parenthood, rather than asking them to retrospectively recollect their process. Fourth, this study was somewhat longitudinal in nature (interviews occurred over a period of almost nine months) and took place as a couple was transitioning to parenthood. Fifth, this study explicitly included the experiences of both dyad members. I was able to locate few studies that included even one of these elements and no studies that combined all of these characteristics.

I elected to use case study methodology to combine all of these design elements. Case study has been underutilized in the interdisciplinary research about lesbian mothers and within counseling psychology in general. Within the recent counseling psychology literature, case studies have been used primarily to illustrate a theory or approach, rather than as a research methodology (e.g., Baden & O’Leary Wiley, 2007; Maguire, McNally, Britton, Werth, & Borges, 2008; Smith, 2006). A subgroup within this trend is the presentation and analysis of clinical case material in order to describe a psychological issue or a treatment approach (e.g., Brinegar, Salvi, Stiles, & Greenberg, 2006; Dunbar, 2001; Honos-Webb, Stiles, & Greenberg, 2003). Although these articles may have approached the case studies in a rigorous manner, they included no discussion of methodology since the actual research was not the focus of the article. Although the use of case study as a research methodology has been limited within counseling psychology, an article in a flagship counseling psychology journal (The Counseling Psychologist)
described four alternative meanings of case study: a methodology, a qualitative design, an object to examine, and a product of inquiry (Creswell, Hanson, Plano Clark, & Morales, 2007). Ironically, the primary use of case studies within counseling psychology seems to fall outside of these categories; they could be more accurately described as Stake’s (1995) “case studies for instructional purposes” (p. xxii) or Yin’s (2003a) case study as a “teaching tool” (p. xi).

The current study differs greatly from the common use of case study within counseling psychology; it does not strive to promote a theory or illustrate an issue, and it does not have a clinically based focus. Instead, it is designed to fit all four of Creswell and colleagues’ (2007) conceptualizations of a case study. It is the methodology, the qualitative design employed, the object that is examined, and the product of the inquiry. It is additionally designed to be exploratory rather than illustrative or confirmatory. This study is more consistent with the conceptualizations and examples of case studies arising out of the field of education (for example, see Stake, 1995, 2006). However, more counseling psychologists may use case study as a methodology subsequent to The Counseling Psychologist’s special issue on qualitative research that included the Creswell and colleagues’ (2007) article discussed above.

In order to contribute to a more general understanding of lesbian parents-to-be, the current study attempts to answer the broad question: How does a lesbian couple undergo the process of pursuing parenthood for the first time? Within this overarching question, there were four initial components that guided data collection and analysis:

- How does the couple utilize resources (e.g., books, websites, brochures) as they undergo their process?
• How do interactions with individuals outside of the relationship (e.g., medical professionals, friends, families, lawyers) influence the process of the couple?
• What process does each individual undergo as she and her partner pursue parenthood for the first time?
• What process does the couple jointly undergo as they are pursuing parenthood for the first time?

The next section includes more information about the methodology involved in this study.

Methodology

This description of the methodology is an abbreviated version of the full methodology, which is provided below in Chapter 3. Here I will briefly describe my participants, my data collection procedures, and my data analysis procedures. For more details, please see Chapter 3 and the relevant appendixes.

Participants

I included one case that was assumed to be typical or representative of the class of cases from which it was drawn, although it is impossible to truly know what characterizes a “typical” lesbian couple pursuing parenthood for the first time (Gerrig, 2007; Merriam, 1998; Yin, 2003b). Through the use of informants, I recruited one lesbian couple in Michigan that was planning to begin the process of pursuing parenthood for the first time (see Appendixes B and C for the recruitment guidelines for informants and the information I gave them for potential participants). Since the data collection process was extensive, I specifically sought a stable couple in which each partner was relatively well-adjusted by asking informants to refer only stable couples to me (see Appendix B) and
conducting a screening interview with potential participants (see Appendix D). My participants, Jane and Ann, were both in their mid-twenties, both identified as White, each of them identified as a “non-practicing Christian,” and they made $100,000 in the year before I interviewed them. They had been in a relationship for four and a half years at the time that I met them, and they had participated in a commitment ceremony approximately one and a half years before I met them.

Data Collection Procedures

As is common with case studies, I collected a variety of types of data. Data sources included one hour biweekly joint interviews with Ann and Jane, which occurred over a period of eight months (see Appendixes D, E, and F for interview protocols); an audio recorded conversation between Jane and Ann after their first visit to their OB/GYN (see Appendix G); thought, conversation, and event logs that they completed daily (see Appendix H); document review of sources that Ann and Jane used; an interview with a staff member at their OB/GYN’s office; and, field notes and memos that I developed throughout the course of data collection and analysis. I also unsuccessfully attempted to gather questionnaire data from their known sperm donor, friends, and family members (see Appendixes I-P). Throughout data collection and analysis, I was concerned with rigor, and I increased the rigor of my results through a number of techniques, including using and comparing the results obtained from multiple data collection techniques, collecting data during an extended time period, bracketing, using an auditor, and member checking (see Appendix Q).
Data Analysis Procedures

This study conformed to the case study standard of simultaneously collecting and analyzing data, although there was a period of time devoted to analysis after data collection ended (Gerrig, 2007; Merriam, 1998; Stake, 1995). The general analytic procedure for this study followed the tradition of Merriam (1998), who writes broadly about qualitative research and specifically about case studies. For this study, the interviews and the audio recorded conversation served as primary sources from which initial themes were developed. The remaining sources were used to provide confirmatory evidence, disconfirmatory evidence, and information about saliency.

The process of developing themes involved a number of steps, which are described in much more detail in Chapter 3. First, I reviewed all of my data in order to get a sense of the whole. Second, I coded the transcripts of the interviews and the audio recorded conversation on paper and by using the Maxqda qualitative data analysis computer program (Belous, 2007). Third, I organized the information from the thought, conversation, and event logs into a spreadsheet. Fourth, I compared the information in the sources Ann and Jane used to their statements about the sources in the transcripts (document review). Fifth, I compared the data from my interview with the staff member at their OB/GYN’s office to data from the transcripts. Sixth, I organized the codes from the transcripts into preliminary themes through considering which codes appeared to address the same (or very similar) topics. Seventh, I used the information I had previously garnered from the thought, conversation, and event logs, document review, and interview with the OB/GYN’s staff member to further conceptualize the themes, determine the saliency of potential themes, and provide confirmatory and disconfirmatory
evidence. Throughout this process, I wrote memos about potential themes, which I then reviewed as the eighth step. After completing these steps, I wrote a draft of each of the themes, which became the themes included as results after several rounds of revisions with my auditor.

Creswell et al. (2007) recommend four sections in the presentation of a case study: a “detailed description” of the case, a discussion of the themes, a “broad interpretation” of what was learned from the case, and “lessons learned from the case,” which includes generalizations for the field (p. 248). I will forego discussing the latter two sections at this time and reserve that for the discussion section below. The former two sections comprise the results section of this study. The first section recommended by Creswell et al. (2007) contains a “relatively uncontestable” description of Jane and Ann’s case, in order to introduce the reader to the participants and provide context for the remainder of the case study (Stake, 1995, p. 123). This section is intended to be free of my interpretations and assertions. The second section contains 15 themes falling into 4 areas: External Processes, Ann’s Experiences, Jane’s Experiences, and Jane and Ann’s Joint Process. Combined, these two products comprise the results of the study. After developing a draft of the results, I met with Ann and Jane in order to undergo a member check with them. They said that the results accurately represented their stories and offered updates about events that occurred after I stopped interviewing them. An abbreviated version of these results is in the next section; the full version of the results is presented in chapter 4.
Results

“Relatively Uncontestable” Description of the Case

When I met Ann and Jane, they were already in the process of pursuing parenthood. In fact, they were waiting for Ann to ovulate. They had already determined that Ann would conceive their child using the sperm of Danny, a friend of an acquaintance of Ann’s. Jane, Ann, and Danny had also signed the known donor agreement, and Ann and Jane had paid Danny the first half of his compensation. Ann had also scheduled an appointment with an OB/GYN that was recommended by a friend of hers. Ann and Jane had informed their parents of their plans to have a child, and only Ann’s dad initially provided a positive response. Ann’s mom believed that Jane had manipulated Ann into conceiving their child, and Jane’s parents felt that it was too soon for Ann and Jane to have children. Jane’s sister also responded very negatively, refusing to talk about their plans or even acknowledge the pregnancy for months.

A few weeks after my first interview with them, Jane performed the first round of inseminations (consisting of one insemination on each of three consecutive days) on Ann using Danny’s sperm, which made Ann and Jane excited and hopeful they would conceive quickly. Although they were very hopeful, neither this round of insemination nor the following round resulted in conception. After the third round of inseminations Ann and Jane went to the previously scheduled OB/GYN appointment, at which time testing was performed that led to a diagnosis of polycystic ovarian syndrome for Ann. This news was frightening for the couple, as their physician stated that it would be difficult for Ann to conceive.
However, three weeks after their appointment with the OB/GYN, Ann took a pregnancy test with positive results. Surprisingly, the insemination that occurred just days before that OB/GYN appointment had resulted in conception. Ann excitedly called Jane (who was at work) to share the news, and they both told their parents, who responded positively. Ann also called her OB/GYN and scheduled several appointments. That evening Ann and Jane notified their friends that they were pregnant and celebrated together at home.

By sheer luck, my interviews spanned 20 weeks before conception and 20 weeks after conception, so I interviewed them throughout the first half of their pregnancy. During this time, Ann and Jane attended multiple appointments with their OB/GYN and always heard that the baby was developing well. They also met with Danny once, in order to provide him with the remainder of his compensation and discuss his future relationship with the child, which they left somewhat undefined. Although Ann did not enjoy the changes associated with pregnancy, both partners enjoyed following the development of the baby (e.g., listening to the heartbeat, feeling kicks), and both of them were eagerly awaiting the birth of their child.

A number of exciting events occurred between the last interview and the member check. First, two days after interviews ended Ann and Jane discovered via ultrasound that they were having a girl. Then, four and a half months after the last interview, their daughter Morgan was born on her exact due date. Although Ann had health complications during the birth, she recovered within weeks. Morgan was healthy and beautiful, and I had the good fortune of meeting her during the member check.
During this time period Jane and Ann had two other changes in their circumstances. First, they gave away one of their dogs, who had behaved aggressively toward another child during the period of interviews. The question of whether to keep the dog had been an ongoing point of contention, as Jane had been committed to keeping and rehabilitating the dog. Second, Ann and Jane had a falling out with Ann’s mother and stepfather, which resulted in a time period with no communication between them and a major reduction in the amount of time Ann’s mom spends with Morgan compared to what they had originally planned.

After Morgan’s birth, Jane was granted two weeks of “paternity leave,” and Ann had six weeks of maternity leave. Both have since returned to work, but Ann is often able to work from home and spends a great deal of time with Morgan. Ann’s mother and stepfather have had limited involvement with Morgan, but Ann’s father has been their primary childcare provider. Jane’s parents have fully embraced Morgan as their grandchild and often arrange visits to see her. Jane’s older sister “loves” Morgan, and they have designated her as Morgan’s guardian if Ann and Jane both become unable to parent. Danny, the donor, has met and held Morgan once, and he has thus far honored all of Jane and Ann’s wishes regarding his level of limited involvement. They are both disappointed that many of their friends have shown no interest in meeting Morgan or socializing with them since her birth. Overall, both mothers report enjoying their experience and describe Morgan as having a very easygoing temperament. They are planning to begin inseminating Jane with Danny’s sperm approximately five months after the member check.
A Discussion of Themes

The following section contains the themes that I developed through the data analysis process to explain Jane and Ann’s case. I have organized the themes into the following four areas: External Processes, Ann’s Experiences, Jane’s Experiences, and Jane and Ann’s Joint Process. Again, the themes presented below are abbreviated as compared to the full version in Chapter 4.

Area 1: External Processes

The first area, External Processes, includes processes that occurred with people they know (i.e., families, friends, OB/GYN) and institutions (e.g., sperm banks, fertility specialists, laws) that impacted Jane and Ann’s process. In this section I will include some information about Ann and Jane’s reactions, but I will focus more on the actual processes that occurred. The two themes that fall under the area of External Processes are Homophobia and Heterosexism and Evolving and Conflicting Reactions of Others, each of which I discuss below.

Theme 1. Homophobia and Heterosexism: “It doesn’t matter whether we’re gonna be good parents or not. It’s, ‘well, you’re gay, and your kid’s always gonna have all these problems because you’re gay’” (Ann). Homophobia and heterosexism were imposed upon Ann and Jane by persons they knew and through various institutions, most frequently including their parents, their OB/GYN and her staff, and the legal system. Of all the people with whom they interacted, Ann and Jane most frequently talked about hearing homophobic and heterosexist responses from their families, especially Jane’s parents, who had a history of openly disapproving of Jane and Ann’s “lesbian lifestyle.” Ann and Jane also described experiencing heterosexism and/or homophobia from every
clinician with whom they interacted at their OB/GYN’s office (such as acting “weird,” referring to all patients in the informational class as “mom and dad,” and making assumptions about how they had conceived their child). Institutional heterosexism created a variety of constraints for Ann and Jane, most notably including Michigan’s homophobic/heterosexist laws that severely limit Jane’s parenting rights. Unfortunately, heterosexism and homophobia were present throughout Jane and Ann’s process.

**Theme 2. Evolving and Conflicting Reactions of Others:** “They seem excited, but it’s just kinda hard to tell with them just because we knew how they felt before we even started this process” (Ann). Most people in Jane and Ann’s lives provided mixed (both positive and negative) reactions to them becoming parents in one of two ways: reactions that evolved from more negative to more positive over time and simultaneous mixed reactions. Several of their family members provided the first type of mixed reaction when their feelings about Jane and Ann having a child seemed to change over time; the most striking example of this involved Jane’s sister who refused to discuss the pregnancy for several months but later became so accepting that she was designated as Morgan’s guardian if Ann and Jane become unable to parent. Other people simultaneously provided mixed reactions to them becoming parents, including their OB/GYN (who was both helpful and homophobic) and some of Jane and Ann’s friends (who were excited but hesitant about the pregnancy). Although receiving negative and conflicting reactions was always difficult, I believe the most important factor in the level of distress Ann and Jane experienced involved considering who provided the reaction, as they seemed to be more impacted by negative reactions from their parents than other sources.
Summary of Area 1 Themes. In many ways the environmental processes around Jane and Ann as they pursued parenthood were much more negative than they desired. Although they did receive positive responses from many people, most of these people also provided negative reactions, some of which were homophobic and heterosexist. The broader environmental context of heterosexist laws and institutions also provided constraints upon their process, which could have a variety of long-term impacts upon them.

Area 2: Ann’s Experiences

Although “Ann’s Experiences” could include any number of processes, two themes arose due to the frequency with which Ann and Jane discussed these topics as being relevant to Ann’s process of pursuing parenthood for the first time. The two themes are An Emotional Process for an Emotional Person and Pregnancy is No Fun. I will describe each of these themes in more detail.

Theme 3. An Emotional Process for an Emotional Person: “One minute I’m really nice, [and the] next minute I’m pissed” (Ann). Ann and Jane both described Ann as an emotional person who could “cry at commercials,” and her emotionality seemed to be exacerbated by her pregnancy. Before she conceived their child, Ann experienced many difficult emotions, such as “shock” and “devastation” in response to not conceiving, and she continued to describe negative emotions after conception. Ann also expressed positive emotions, such as hopefulness and excitement, throughout this process. Of all the emotions she described, Ann most frequently discussed her experiences with anxiety; she and Jane used a variety of words (e.g., “panicked,” “nervous,” “stressed”) over 70 times to describe Ann’s feelings. Ann coped with her difficult emotions through talking about
her feelings with Jane, seeking and receiving reassurance from Jane and other sources, and using positive self-talk. Although Ann did identify as being “emotional,” this aspect of her identity was likely magnified through comparison with Jane’s personality (e.g., “I am the stressful one in the relationship” [Ann]), and it is impossible to truly consider Ann’s reactions without a consideration of Jane’s reactions, which will be discussed further in Theme 7.

**Theme 4. Pregnancy is No Fun: “I’m glad you’re carrying the next baby” (Ann).**

The other topic that came up most frequently as being specific to Ann’s experiences involved her disliking but not regretting her pregnancy. She was undoubtedly excited and happy that she and Jane were becoming parents, but she did not enjoy the process of conception and pregnancy the way she seemed to expect. She made lifestyle changes to accommodate conceiving and gestating a baby (e.g., ceasing coffee intake, abstaining from alcohol, and eating a healthy diet), some of which were a struggle before conception. She also experienced physical changes associated with pregnancy, including breast tenderness, food aversion, nausea, bloating, frequent urination, exhaustion, and pain, all of which distressed her. Although she did not wish to repeat the experience, at no point did she express any regret or disappointment that she had chosen to conceive this child; she was still happy that she and Jane were pursuing parenthood.

**Summary of Area 2 Themes.** In many ways, Ann’s experience was dominated by her emotional reactions to various aspects of their process. She expressed a great deal of anxiety but also described many other positive and negative emotions. The physical and emotional reality of pregnancy was unpleasant for her, and she found that she did not wish to repeat it. However, I want to stress that she never said or implied that she
regretted conceiving this baby; I think that she was happy that she had this experience, and she was also happy that Jane planned to conceive their next child.

Area 3: Jane’s Experiences

The third area, which covers Jane’s experiences as she and Ann pursued parenthood, is parallel to the previous area. Again, two themes have arisen based on the aspects of Jane’s experiences that seemed the most salient based on the frequency with which they were discussed: Rational Approach to Her Emotions and Less Intense Connection to the Baby. Each of these themes will be described in greater depth below.

Theme 5. Rational Approach to Her Emotions: It’s “not that I’m not upset, but I just figured that it’s gotta take time” (Jane). Jane appeared to rationally manage her emotions, as indicated by statements such as “I like to think more realistically about my feelings.” Rather than giving a general overview of this process, I am going to elaborate on one example in order to illustrate this process. One aspect of Jane’s experience where she seemed to want to rationally manage her emotions was the emotionally ambiguous situation of Ann serving as the biological mother (especially after they had originally planned for Jane to carry the child). In this situation she overtly hinted that there might be some conflict between her rational side (e.g., “We’re gonna have a family that we want to have, and she can give it to me sooner than I can give it to her, and so I think that it’s really an amazing sacrifice that she is doing”) and her emotional side (e.g., “I think that when she is pregnant, I might feel [a] little jealous because it was what I wanted to do”). She later said that she had not been jealous or wished she was pregnant, partially because she told herself “this is just a fraction of us being parents…so we might as well just enjoy this as much as we can.” She further said that going through this process with Ann was
“more important” than “having [her] biology being passed on.” Again, Jane seemed to want her rational side to govern her emotions. It is important to remember that, while Jane appeared to be a fairly rational person who is in a complex, emotionally ambiguous process, it is impossible to know how she compares to the “average” nonbiological mother in a lesbian couple pursuing parenthood for the first time. Instead, I will talk more about how her personality interacts with Ann’s personality in Theme 7.

Theme 6. Less Intense Connection to the Baby: “I don’t think I love the baby yet” (Jane). Jane experienced feeling less intensely connected to the baby than Ann was during the first half of the pregnancy. After conception, Jane made many efforts to connect with the baby—talking to Ann’s belly, playing music for it, and shining light through her abdomen—with hopes of developing a relationship with it. Jane compared her connection to the baby with Ann’s connection to the baby by asking Ann how much she loved their baby (e.g., “Do you love the baby” enough to “jump in front of traffic?”) throughout their process. Both times we discussed this during interviews, Jane reported in a matter of fact tone that she did not “love the baby” the way Ann did, although she did say she would be “devastated” and “sad” “if something happened” to the baby. At the time that interviews ended, they had not yet learned that the baby was a girl, they had not decorated the baby’s room, they had no names picked out, and Jane had only felt it move on a few occasions. As she put it, the baby had “no presence” at that point. She did not seem especially distressed by this situation, as she seemed to have anticipated having a different connection to the baby pre-birth than Ann would have.

Summary of Area 3 Themes. Jane seemed to value a rational approach to life, but rationality was difficult to maintain as she underwent this emotionally ambiguous
situation. She was anticipating becoming a parent to a child whom she did not gestate, to whom she has no biological connection, and over whom she will have no legal rights upon birth. She additionally felt less connected to the baby than Ann did. Rather than perseverate on these potentially negative factors, Jane approached the situation calmly and reasonably, which helped make the experience less stressful for her and Ann.

**Area 4: Jane and Ann’s Joint Process**

The final area addresses the process that Ann and Jane jointly experienced as they pursued parenthood. These are the six themes that have arisen through the process of data analysis: *Interactions between Jane’s Rationality and Ann’s Emotionality; Seeking, Evaluating, Accepting, and Rejecting Input; Psychologically Preparing for Parenting; Impatience and Its Benefits and Risks; Managing Their Relationship with Danny; Easy Agreement and Compromise; Immense Trust in One Another and Ann’s Parents, Comparing Themselves to Others; and, Inclusion of Both Partners*. I will expand on each of these themes below.

**Theme 7. Interactions between Jane’s Rationality and Ann’s Emotionality:** “She’s the one that keeps me grounded because if it was just me, I would be off in my own world” (Ann). As I discussed above, Ann self-identified as being more emotional, while Jane was more rational; both of these characteristics are best understood in relation to one another. Although they simultaneously influenced one another, conceptually these processes can be broken into two components: Jane acting on Ann, and Ann acting on Jane. Jane’s rationality influenced Ann’s emotionality in two major ways. First, she set limits on how much they could prepare for the baby before conception because she feared the emotional consequences of being ready for a baby that never came. Second, she took
care of Ann physically and emotionally. Although they discussed this little, I believe Ann’s emotionality positively impacted Jane by giving her implicit permission to acknowledge her own eager anticipation as they pursued parenthood. This theme comes with a caveat—while Ann and Jane both had roles that they fulfilled, the emotional versus rational dichotomy greatly oversimplifies their relationship and reduces each of them to inaccurate one-sided caricatures. In fact, both partners provided emotional and rational perspectives to their process, and they both influenced each other in many ways.

**Theme 8. Seeking, Evaluating, Accepting, and Rejecting Input:** “If the doctor...said, ‘well, I don’t recommend it. I don’t think there is a need for it,’ and that was the doctor’s recommendation, I would take their recommendation” (Jane).

Throughout their process, Jane and Ann sought input from people and resources, evaluated whether it fit for them, accepted that which fit for them, and rejected that which did not fit for them. They received input from their parents, doctor, dog trainer, friends, classmates, coworkers, websites, television shows, movies, books, and information sheets and brochures from their doctor (see Appendix S for a full list of people and resources that impacted their process). The most common type of input that Jane and Ann sought was reassurance, which typically came from their OB/GYN and the book *What to Expect When You Are Expecting* (Murkoff & Mazel, 2008). Whenever Jane and Ann received input, they evaluated it to determine whether it fit for them, based on whether it was solicited or unsolicited, who provided the advice, and based on idiosyncratic factors. The fact that Ann and Jane chose to “research the hell out of everything” (Jane), was consistent with Esterberg’s (2008) description of how lesbian parenting handbooks provide the “injunction” that lesbian couples must “make an informed choice” throughout
each stage of the pre-parenting process (p. 77).

**Theme 9. Psychologically Preparing for Parenting:** “They always say you are never prepared, but we’re trying to be as ready for this as we can” (Ann). Ann and Jane psychologically prepared for co-parenting their child by imagining themselves in various situations with their baby and making parenting decisions about topics such as discipline and communication with children. This preparation started based on research Jane did in books and online and continued through observing other parents and babysitting children. Ann and Jane observed parents around them and “put [them]selves in that situation” (Ann) in order to learn about how they wanted to parent together. Their conversations after observing other parents helped Jane and Ann clarify how they wished to raise their child, which seemed to help them feel more prepared to parent together. Babysitting also allowed Ann and Jane to gain experience caring for children together and discover what they wanted to do as parents. For Jane and Ann, critiquing other parents, babysitting children, imagining various scenarios involving them and their baby (e.g. family vacations, social outings), reading about parenthood, etc., allowed them to feel psychologically prepared for parenting and undergo this process with more excitement and less fear.

**Theme 10. Impatience and Its Benefits and Risks:** “We feel like we’ve just been waiting and waiting, and we met Danny,...and he was okay with us pushing it ahead so it was kind of like, ‘alright, let’s get going’”’ (Ann). Jane and Ann both classified themselves as being “impatient” and provided examples to support this assertion (e.g., “We’re very impatient people. We can never wait, so obviously one of the main reasons that we switched…was because…we didn’t want to wait” [Ann, about switching
biological mothers]). They did not make value judgments about their impatience, but I have concluded that their mutual impatience had both positive and potentially negative aspects. Jane and Ann’s impatience was positive in that it prepared them for future situations where they will need to make quick decisions, and it enabled them to move forward with their process, rather than becoming immobilized by indecision. However, impatience may have impacted their donor agreement in ways that might be less than optimally protective of them in the future because they decided to forego discussing a variety of issues with their donor in order to begin insemination more quickly. It is important to note that, although some aspects of impatience could be negative in many parenting situations, most of the potentially negative outcomes of their impatience would be irrelevant if Michigan law protected lesbian parents and their children.

Theme 11. Managing Their Relationship with Danny: “It just could evolve into this huge thing that, at this point, [we] could never foresee coming” (Ann). Jane and Ann worked to manage their relationship with Danny and negotiate their dichotomous views of him—the generous donor who enabled them to have a child versus the biological genitor who could jeopardize their family. As of the member check, Danny complied with their every request and gave no indication that he would abuse his role, and Ann and Jane were very thankful that he helped them pursue their dream. However, Danny has the potential to negatively impact Jane, Ann, and their baby for two major reasons: (a) Michigan law dictates that he might be granted parental rights if he were to pursue them (Estates and Protected Individuals Code), and (b) Ann and Jane did not fully clarify their hopes, plans, and expectations with Danny. Their approach to managing their relationship with Danny changed as their situation progressed from a more relaxed position to
deciding that Danny would be allowed only one visit with the child after its birth. All lesbian couples that choose to inseminate with the sperm of known donors are embarking on a complex, difficult, and risky process, and Jane and Ann developed their own methods of managing their relationship with Danny in order to increase their likelihood of creating the family they desire.

**Theme 12. Easy Agreement and Compromise:** “We really surprisingly agreed on everything, even how we want to raise our children and the values that we have and stuff like that” (Jane). Jane and Ann were able to easily agree or compromise about most aspects of their process, sometimes without any discussion. However, if they initially disagreed, they could usually compromise and arrive at a mutual decision. One example when they were able to compromise was when they initially disagreed about whether to pursue prenatal testing. They quickly arrived at a compromise—they would do any testing that was recommended by their physician (and no testing she did not recommend) and then discuss any positive results (if relevant) with their families in order to determine how to proceed. The major exception to this general trend of easy agreement and compromise was Jane and Ann’s inability to agree about whether to keep their dog after it bit a child. Jane wanted to rehabilitate the dog, and Ann wanted to give it away, and they were unable to truly compromise during the period of interviews. Instead, they reached an uneasy agreement (to keep the dog unless/until she bit another child) that left the conflict unresolved. (However, as I noted above, I found out during the member check that they were later able to come to a mutual agreement to give the dog away, but I am unaware of the process involved in making that decision after the end of interviews.) Jane and Ann seemed to place a great deal of emphasis on agreement and compromise in
their relationship, which felt important as they embarked on first time parenthood amidst homophobia and heterosexism.

**Theme 13. Immense Trust in One Another and Ann’s Parents:** “We’re really trusting in each other” (Jane). Jane and Ann completely trusted one another and Ann’s parents while pursuing parenthood within the context of a heterosexist legal system that fails to protect their family. Their high trust level toward one another was evident in their discussions about the possible fallout that could result from their relationship ending, where they acknowledged that Ann could say “‘you can’t see my child’” or Jane could “completely abandon the family.” Despite these possibilities, both partners agreed that they trusted one another to always fulfill their verbal parenting agreement. Jane and Ann also talked about trusting Ann’s parents, who would likely be awarded custody of the child if Ann were to die before Jane was able to legally adopt their child (which might not ever be possible). The high level of trust between the partners is necessary because it is the only bond holding this family together. Unless Jane is able to obtain a legal relationship to her child, Jane has to trust that Ann and/or her family will not attempt to keep her from having a parental role with her child, and Ann has to trust that Jane will not abandon her and the child without providing financial and parental support (Clifford, Hertz, & Doskow, 2007).

**Theme 14. Comparing Themselves to Others:** “I think in the same situation we probably would have done the same thing” (Jane). During the course of other conversations, Ann and Jane compared themselves to other people in their environment and in the media, which had three outcomes that will be described below. First, Jane and Ann’s comparisons with others informed their conversations about parenthood, such as
when they compared the choices of specific parents of children with disabilities while discussing what they might do under similar circumstances. Second, their comparisons with others appeared to influence their emotional experiences, including when comparing themselves to other people alleviated or exacerbated their anxiety, especially about the health of their baby. Finally, Ann and Jane’s comparisons to others seemed to impact their expectations; for example, comparing themselves to a fictional lesbian couple on a popular lesbian-themed show impacted their expectations about their OB/GYN. These comparisons with other people seemed especially important since neither Ann nor Jane had any personal experience making decisions about prenatal testing, being pregnant, interacting with an OB/GYN, etc., so comparing themselves to others was another type of input that influenced their process.

Theme 15. Inclusion of Both Partners: “This was an experience that we wanted for both of us to be able to share” (Ann). Jane and Ann demonstrated a desire for both of them to share in as many of the experiences as possible as they pursued parenthood. Ann and Jane were both included in almost everything, including meeting Danny together, Jane performing the inseminations, Jane attending all of the doctor’s appointments with Ann (except one that only involved a flu shot), Jane being there for every pregnancy test except one that they believed would be negative, etc. Despite their value of including both partners in all aspects of their experience, there were at least two occasions where Jane was less involved in the process. First, Ann created the known donor agreement without Jane’s input. Second, Jane wanted Ann to make all decisions in regards to the birth: “if you wanted to have a water birth or a home birth or whatever you felt comfortable with, I would support it because it’s your birth.” It seems that Jane might
have felt some tension between being equally involved and allowing Ann sufficient autonomy as the biological mother, and in these two areas she decided to allow Ann to make the decisions with less of her input. Ann talked about their commitment to involving both partners throughout the process much more frequently than Jane, possibly as an attempt to equalize the situation by reassuring Jane that she would be equally involved in this process and then making every effort to include her throughout the process.

*Summary of Area 4 Themes.* In general, Ann and Jane seemed to work together well as a couple. They had similar beliefs and values, which enabled them to (typically) come to joint decisions easily and trust one another completely. Their personalities were complementary in their similarities and their differences. They were both excited to expand their family, and they did everything they could think of to prepare for this experience. As a couple, they were able to traverse this emotionally challenging process—conceiving a child with a known donor—fairly easily.

Jane and Ann’s process had elements that were general to being first time parents, specific to being first time lesbian parents, and idiosyncratic to their specific case. As with all lesbian parents, they were impacted by heterosexism and homophobia throughout their process, which will be discussed in greater depth in the next section. Despite the barriers created by these oppressive forces, Ann and Jane were ultimately able to achieve their dream with the birth of their daughter. Morgan was born to parents with a strong relationship who had prepared themselves practically and psychologically and were excited to welcome her into their lives. Fortunately, she also had two sets of invested grandparents and other extended relatives who welcomed her into the world. Hopefully
all of these factors will serve as a buffer against the homophobic and heterosexist forces she will encounter as the daughter of a lesbian couple.

Discussion

This discussion will be an abbreviated version of the full discussion in Chapter 5. As I stated above, Creswell et al. (2007) recommended four sections in the presentation of a case study: a “detailed description” of the case, a discussion of the themes, a “broad interpretation” of what was learned from the case, and “lessons learned from the case,” which includes generalizations for the field (p. 248). The previous section included the first two of these areas, and the latter two areas will be included in this section. Thus, the first section of this chapter will include the “broad interpretation” of what was learned from the case, which involves comparing my results to and expanding upon an existing model. The second section, “lessons learned from the case,” discusses the implications of this study for future research in this area.

“Broad Interpretation” of What Was Learned from the Case

In addition to the specific themes, there are “broad” lessons that can be learned from the current study by comparing the results to and expanding upon the body of literature. Comparing the results of this case to the lesbian parenting decision making literature reveals that the reasons Jane and Ann made choices was largely consistent with the reasons described by the literature, but these comparisons offer little to the field. The knowledge that one particular couple made a specific decision for certain reasons does not advance the body of literature and is not relevant to the purpose of this study. Since I was interested in examining the broad experiences of a lesbian couple pursuing parenthood instead of researching specific decisions, I have elected to discuss one
overarching process—the impact of heterosexism and homophobia upon their experience, since these oppressive forces were pervasive throughout their process.

A review of the existing literature reveals that Ann and Jane’s experiences with heterosexism and homophobia from their family members and medical providers are consistent with those described by researchers. Specific examples of commonality include receiving homophobic feedback from families of origin that evolves to become more positive over time (e.g., Almack, 2008; Friedman, 1998; Kranz & Daniluk, 2006) and medical practitioners using the terms “mother and father” in the presence of openly lesbian couples (Larsson & Dykes, 2009; Renaud, 2007; Röndahl, Bruhner, & Lindhe, 2009; Wilton & Kaufmann, 2001). The best model I have found to explain the heterosexist and homophobic reactions Ann, Jane, and the participants of the previously cited studies described is Sue’s (2010b; Sue, Capodilupo, & Holder, 2008) model of microaggressions. Microaggressions are “brief and commonplace daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative…slights and insults” toward a member of an oppressed group (Sue, Capodilupo, Torino, Bucceri, Holder, Nadal, & Esquilin, 2007, p. 271).

Sue (2010b; Sue et al., 2008) developed a five-phase model of microaggressions, and each stage was identifiable in Jane and Ann’s process. In the first phase, “The Potential Microaggressive Incident or Event,” the person from the oppressed group experiences or witnesses a situation that might be microaggressive (Sue, 2010b, p. 69). In the second phase, “Perception and Questioning of the Incident,” the individual considers whether the event was motivated by bias (Sue, 2010b, p. 72). The third phase, “Reaction
Processes,” involves the individual’s immediate cognitive, behavioral, and emotional reactions to the event (Sue, 2010b, p. 73). In the fourth phase, “Interpretation and Meaning,” the individual makes meaning of the event (Sue, 2010b, p. 77). The fifth phase, “Consequences and Impact,” involves the long-term behavioral, cognitive, and emotional outcomes of the microaggressive incident (Sue, 2010b, p. 80).

I will thus apply this model to their experiences, which is a new application of this model in several ways. First, as I will describe more below, little research involving any aspect of sexual orientation microaggressions has been conducted. Second, I am unaware of any research where the model of microaggressions has been applied to various aspects of one case (involving any oppressed group). I am thus extending Sue’s (2010b; Sue et al., 2008) model by applying it to the results of my case study. Although I believe the microaggression process model is the best theory to explain the impact of heterosexism/homophobia upon Ann and Jane’s process, this model has the same limitations as all phase/stage models (Sue, 2010b; Sue et al., 2008). That is, individuals do not always pass through each stage in a linear fashion and instead “these phases may occur in a different order, overlap with one another, be cyclical, and/or interact in a more complex manner” (Sue, 2010b, p. 82). My application of the model is more interpretative than other points in the process of data analysis, and the inherent ambiguity of phase models is reflected in the complexity of the following discussion. In this section I am comparing Ann and Jane’s process to existing literature and interpreting portions as involving microaggressions, which differentiates this material from that presented in the results section. I will discuss only some of the microaggressions that Jane and Ann experienced; a more extended discussion is in chapter 5. After this discussion, I will offer additional
comments on privilege, power, and oppression, especially since I have criticized much of
the existing literature for ignoring the impact of race, socioeconomic status, etc.

Phase 1—“The potential microaggressive incident or event” (Sue, 2010b, p. 69)

The first phase in the process of a microaggression is the “potential incident or
event” that occurs to the person from the oppressed group (Sue, 2010b, p. 69). These
events may be verbal, nonverbal/behavioral, or environmental, and they may be directed
toward the recipient or may be observed more passively. Some examples of
microaggressions that Jane and Ann experienced included Jane’s parents sending Jane
oppressive religious emails, Jane’s family members feeling entitled to provide more
advice and criticism of them than they would for a heterosexual couple, ostensibly well-
intentioned people automatically assuming that a pregnant woman is married to a man,
their OB/GYN acting “a little weird” around them, Jane’s classmate refusing to verbally
engage with them then making a homophobic comment about religion, Jane’s dad acting
disgusted that they were planning a home insemination, and the absence of legal
protection for their family.

Phase 2—“Perception and questioning of the incident” (p. 72)

The second phase in the process of a microaggression involves questioning
whether the incident was motivated by bias or not. This phase can be difficult since
“microaggressions are often ambiguous, filled with double meanings, and subtle in their
manifestations” (Sue, 2010b, p. 72). One such ambiguous situation (of many) involved
their interactions with their OB/GYN (Dr. Phillips), about which Jane and Ann were not
able to definitively arrive at a conclusion concerning whether her actions were motivated
by bias. Ann said that Dr. Phillips “seemed a little weird” around them, which Ann and
Jane believed might be due to their sexual orientation. Ann described how she was unsure whether Dr. Phillips’ behavior was driven by bias: “it’s kind of hard to gauge how comfortable she really is with us. I don’t know if she’s just like that with everybody, or maybe she was just uncomfortable with us because we’re a same sex couple. That’s kind of hard to gauge.” They were often left confused about their interactions with Dr. Phillips since most of the (potential) microaggressions from her were vague, which is common (Sue, 2010b). A great deal of time and energy can be devoted to the process of questioning whether an incident was motivated by bias, especially when it is impossible to arrive at a definitive conclusion.

**Phase 3—“Reaction processes”** *(Sue, 2010b, p. 73)*

In the third phase, “a more integrated response of the person becomes central in dealing with the offending event, the emotional turmoil, and the needs for self care” and “represents an inner struggle that evokes strong cognitive, behavioral, and emotional reactions” *(Sue, 2010b, p. 73)*. One example where they described their cognitive, emotional, and behavioral reactions to a microaggression involves an incident that occurred several years earlier when Jane and Ann received explicit homophobic feedback around issues of children from a stranger who commented that they were not good “role models.” When they described this incident, Jane and Ann talked about a range of cognitive responses, including believing that they were better role models than the offender, thinking that confronting him would be “stoop[ing]” beneath them, and believing that talking to him would not help anything (consistent with Sue’s [2010b] “impotency of actions” [p. 56]). Their emotional reactions included being “bothered,” sad, and shocked. Their behavioral responses to this situation involved “laughing” with
each other and generating possible statements they could use to confront the offender. Their decision not to correct or confront the offender is consistent with Sue’s (2010b) assertion that this is the most frequent outcome of microaggressions and is consistent with their reactions to other microaggressions.

*Phase 4—“Interpretation and meaning” (Sue, 2010b, p. 77)*

In the fourth phase, “meaning is construed to a microaggressive incident,” including “its significance, intentions of the aggressor, and any social patterns related to it” (Sue, 2010b, p. 78). Individuals in this phase move beyond reacting to question why events occurred and what the aggressor intended by his/her actions. As one example, Jane described questioning the meaning of her dad’s nonverbal microaggression when he learned that they were going to be inseminating at home. He put his head in his hands and said “‘oh god,’” which made Jane think “I don’t know….I think it just means that he’s either he’s grossed out about it, or he might even think it’s perverse, the way that we’re going about it and that we’re comfortable doing it that way because we’re playing with another man’s sperm, or I don’t know.” At this point, she had already determined that his reactions were motivated by bias, and she was trying to make sense of his actions. However, even after thinking about the incident, she was not certain how to make sense of this microaggression, but she believed that he was disgusted by them. Her dad’s response might fit into Sue’s (2010b) themes of discomfort/ disapproval of LGBT experience or assumption of sexual pathology/abnormality. This process of meaning-making helps inform the final stage, which will be discussed next.
Phase 5—“Consequences and impact” (Sue, 2010b, p. 80)

Although he asserts that the consequences and impact of microaggressions occur throughout the phases, Sue (2010b) describes the final stage as “covering more thoroughly how the microaggression impacted the individual’s behavioral patterns, coping strategies, cognitive reasoning, psychological well-being and worldview over time” (p. 80). Since this impact can be a collective result of numerous microaggressions, I will discuss examples of each of the three aspects of consequences—cognitive, emotional, and behavioral. The cognitive dimension of consequences often involved their expectation that other people would consider them to be bad parents by virtue of their sexual orientation, although the only incident in which anyone gave them this feedback was the previously described incident with the stranger that occurred years earlier.

Emotionally, Ann and Jane talked about various oppressive situations being “depressing,” “hurtful,” “disappointing,” and “frustrating,” and they described feeling “sad,” “guilty,” and “afraid of the disappointment.” Ann and Jane’s behaviors were also impacted by microaggressions, as evidenced by their extensive preparation, open defense of their decisions, and choice not to disclose their sexual orientation to some individuals to avoid additional potential microaggressions.

Additional Comments on Privilege, Power, and Oppression

Although Ann and Jane were both negatively impacted by microaggressions based in heterosexism and sexism, they are relatively privileged among lesbian mothers. Both women are White, in their mid-twenties, and able bodied. Both present as feminine enough that a casual observer is unlikely to assume that either is a lesbian, which could
protect them from some homophobia/heterosexism. Ann has some college education, and Jane is pursuing a master’s degree, and they make over $100,000 per year.

A consideration of the areas in which Jane and Ann have relative privilege reveals that they are immune from receiving microaggressions based on their race, age, or ability status. They could afford to pay their donor $1000 without making major sacrifices, and they could likely afford to pursue a second parent adoption if they choose to do so. Since they both come from middle or upper middle class backgrounds, they have a considerably good chance of successfully navigating the complex legal system in order to secure some type of legal parenting rights for Jane. The lack of legal protection for lesbian parents and the confusing laws that do exist create a number of barriers that all lesbian parents in Michigan must face, but Jane and Ann have a greater chance of circumventing this discrimination than many other lesbian couples due to their otherwise privileged statuses. However, the fact that they have areas of relative privilege does not invalidate the numerous examples of oppression Ann and Jane faced throughout their process.

Conclusions about the “Broad Interpretation” of the Case

Sue’s (2010b; Sue et al., 2008) microaggression process model provides a useful framework for understanding the impact of heterosexism and homophobia upon Jane and Ann as they pursued parenthood. Classifying many of the oppressive elements of their experiences as microaggressions is useful since it does not necessitate that the oppressor inflict intentional harm upon the recipient, and the member of the oppressed group does not need to be directly targeted to experience the negative consequences. Although it is not directly related to parenthood, the detrimental impact of microaggressions is especially evident when considering that Ann attempted suicide when she was grappling
with her same-sex attraction. This suicide attempt means that there was a period of time where death appeared a better alternative than living as a lesbian woman in this society. Although the suicide attempt occurred years before data collection began, this illustrates the power of heterosexism and homophobia in this society.

Lessons Learned from the Case

The final section includes “lessons learned from the case,” the implications of this study for future research about lesbian parenting. I will begin by describing methodological recommendations, including brief discussions of the methodological contributions and limitations of the current study. I will then include some recommendations of specific research topics.

Methodological Recommendations

These methodological recommendations largely arise from the contributions and limitations of the current study. First, I will discuss recommendations resulting from the contributions of this study. Second, I will discuss recommendations resulting from the limitations of this study, including issues about participant diversity and various techniques for improving rigor.

Recommendations from contributions. One way that this study made methodological contributions that could be duplicated in future studies was through the use of case study methodology. As I described above, case study methodology has been underutilized within counseling psychology. This underutilization is especially true when considering that most counseling psychology case studies have involved presenting clinical case material rather than using case study as a research methodology. The use of case study methodology uniquely allowed me to address many of the consistent
limitations in studies examining planned lesbian parenting. First, I focused on their process rather than their outcomes (e.g., “how did they decide whether to use a known or unknown donor” instead of “what type of donor did they use”). Second, rather than conducting a retrospective interview with Jane and Ann after the birth of their baby, I conducted interviews with them on a biweekly basis, and they completed daily logs in order to collect data concurrently with a significant portion of their process of pursuing parenthood. Third, I allowed Ann and Jane to talk and write about their general process instead of examining one decision in isolation from others, which allowed me to consider their entire process within the context of their experiences and consider how various aspects of their experience are interrelated. Fourth, I collected various types of data for over eight months, which was a much richer experience than a study involving one or two interviews. Fifth, I explicitly included the voice, experiences, and processes of both partners, rather than examining only one partner in isolation from the other.

The benefits of making the methodological decisions described in the previous paragraph include my discovery of the impact of heterosexism/homophobia upon Jane and Ann’s process. I truly believe that my focus on heterosexism and homophobia as the most salient and overarching aspect of Jane and Ann’s process arose directly from my methodological decisions. I did not begin or undergo data collection with the expectation of concentrating on microaggressions. I think I was only able to be open to discovering the impact of microaggressions on Ann and Jane’s process because case study methodology allowed me to do so. Since I was not looking for evidence of homophobia/heterosexism and instead I allowed Jane and Ann’s experiences to guide data collection, I was able to ascertain the pervasiveness of microaggressions, even for this relatively
privileged lesbian couple. I would thus recommend that future research into lesbian parenting include such methodological elements as a process orientation, concurrent focus, inclusion of all relevant decisions, longitudinal design, and incorporation of both partners. The use of case study enabled me to integrate all of these design elements with depth, and I believe case studies hold promise for future lesbian parenting research.

Recommendations from limitations. The first recommendation that arises from the limitations of the current study involves participant demographics. The existing literature examining lesbian parenting decision making is relatively homogeneous; the samples were all largely White, well educated, upper to middle class women in their 30’s (Stacey & Biblarz, 2001; Goldberg, 2010). Unfortunately, my study largely conforms to this biased sample. For example, Ann and Jane both identify as White (although Ann indicated that her maternal grandfather is “Hispanic”), Jane is pursuing a Master’s degree, and they made $100,000 last year. Additionally, they live in a suburban area and are very out to those in their surroundings. However, they differ from the average participant in the existing studies in two ways. First, they are in their mid-twenties instead of late thirties, which could leave them with very different generational experiences. Second, they are from the Midwest, in contrast with most other participants, who live in more politically progressive areas. I had hoped to include participants from other groups that have been underrepresented in the existing literature (e.g., racial/ethnic minorities, families with lower socioeconomic status, less educated individuals), but I was ultimately unsuccessful.

Future studies of lesbian parents must include a wider variety of participants. Participant recruitment is a notoriously challenging issue for research involving lesbian,
gay, bisexual, and transgender participants (Meyer & Wilson, 2009), and this difficulty is compounded when researchers are interested in studying sexual minorities from racial/ethnic minority groups. As Moore (2008) stated “traditional methods” of participant recruitment “are not appropriate for generating a sample of black gay people” (p. 340), and this statement may be extended to other ethically/racially diverse lesbian participants. In order to target groups that have traditionally been underrepresented in lesbian parenting research, researchers must use less traditional methods of participant recruitment.

A number of recent studies describe innovative participant recruitment techniques that were successful in recruiting lesbians (and bisexual women in some cases) of color, including Black lesbians (Bowleg et al., 2004; Moore, 2008), low SES Black and Hispanic lesbian and bisexual women (Sanchez, Meacher, & Beil, 2005), and “Lesbian, Bisexual, and Two-Spirit American Indian and Alaska Native Women” (Lehavot et al., 2009). Less traditional methods of recruiting participants of color include recruiting at a Black lesbian retreat (Bowleg et al., 2004), “spending two to four days each week at a variety of public social events that had a largely black lesbian attendance” (Moore, 2008, p. 340), and conducting randomized street interviews with patrons outside lesbian bars (Sanchez et al., 2005). These studies offer valuable insights into recruiting a non-White sample of lesbian participants. For an overview of general LGB sampling issues and methods, see Meyer and Wilson (2009).

The second area in which the limitations of the current study inform my recommendations involves select issues of rigor. The first technique for increasing rigor would be to include more data sources. All types of data can be integrated into case
studies (Merriam, 1998), and including multiple data sources also increases the ability to conduct data source triangulation (Stake, 1995). In addition to the data sources used in this study, additional data sources could be added, such as observations, interviewing other individuals connected to the participants, administering one or more measures (e.g., a scale measuring perceived parenting readiness), and conducting individual interviews.

The second technique for increasing rigor would be to include more cases, which can enable the possibility of replication of findings across cases (Yin, 2003b) and increase the generalizability of the findings. Determining how many cases to include can be a challenging issue since increasing the number of cases generally decreases the amount of depth for each case, which evokes the common methodological “trade-off between depth and breadth” (Gerring, 2007, p. 77). For commentary on the tension between the case and the set of cases, see Stake (2006). Due to this complexity, I am unable to provide prescriptive advice about the ideal number of cases to include beyond the injunction that future researchers must be careful in weighing the costs and benefits of adding each additional case.

**Recommendations of Specific Research Topics**

Although lesbian parenting research began over three decades ago, the field is still rich with opportunities for exploration, especially when considering that this chapter is the only research linking the microaggressions literature to the lesbian parenting literature. In fact, I was only able to locate 6 publications explicitly linking sexual orientation and microaggressions (Boysen, Vogel, Cope, & Hubbard, 2009; Nadal, 2008; Nadal, Rivera, & Corpus, 2010; Sue 2010a, 2010b; Sue & Capodilupo, 2008), although other researchers have studied heterosexism/homophobia without using the concept of
microaggressions. None of the previously cited authors researched microaggressions directed at lesbian parents or parents-to-be, but one chapter does mention bans on adoption by same-sex couples as a microaggression (Nadal et al., 2010). There are many potential directions for literature about microaggressions and lesbian parenting, including examining how the mental health of lesbian parents and/or children of lesbians is impacted by microaggressions, developing a taxonomy of microaggressions specifically faced by lesbian parents and prospective parents, or investigating the resilience of lesbian parents and their families in the face of microaggressions. The intersection of microaggressions research and lesbian parenting research is a new and exciting area that is rich with unexplored questions.

In addition to studying microaggressions, other important areas of exploration within lesbian parenting research remain. A multitude of research has shown that children of lesbians fare just as well as children of heterosexuals, so this question does not need further exploration. In addition to no longer wasting valuable research resources on this question that has already been answered, no longer can lesbian parents be (implicitly) studied as a homogenous group; White middle class urban lesbians who are out about their sexuality and in committed relationships cannot continue to represent all lesbian parents. Instead, counseling psychologists must additionally study a more diverse array of lesbian parents. I do not wish to imply that White middle class lesbian parents have been over-studied; studies of this population can and should continue, but researchers must be clear about whom they studied, both in the title and body of the article. An additional task for counseling psychologists is to research unique constellations of lesbian parents (e.g., intentional single lesbian mothers, lesbian couples using known donors, families in which
the lesbian parents have ended their romantic relationship, etc.). An example of the level of specificity I am recommending is Moore’s (2008) study of Black lesbian stepfamilies. This type of nuanced focus is necessary to push the body of research in fruitful directions, which will ultimately help improve the lives of these parents and children.

As a final note, I would like to provide a few of my own reflections on my experiences with this case. First, although Ann and Jane’s process was shaped by their experiences with heterosexism and homophobia, I do not consider them to be victims. They bravely embarked on an ambiguous process in order to fulfill their dreams, and I think they are stronger for having done so. Second, I feel extremely honored to have received the opportunity to get to know Jane and Ann and tell their story. They were very kind, gracious, and accommodating during the almost seventeen months from the initial contact through the member check. Throughout this process I have striven to represent them honestly and fairly, and I hope I have lived up to this ideal. Finally, I would like to note that I am thankful that my use of case study methodology enabled me to discover the pervasive impact of sexual orientation microaggressions upon Jane and Ann’s process, which is a first step toward eradicating such treatment of future lesbian parents.
CHAPTER 2

LITERATURE REVIEW

This chapter seeks to situate the current study within the context of the existing literature in order to provide a deeper understanding of the process lesbian couples undergo as they are pursuing parenthood and show the importance of this specific study. The literature review will begin with an explanation of the terminology used in this study in order to allow a common understanding. The second major section discusses the history of lesbians openly raising children, the current laws and context for lesbian parents, and the history of research into lesbian parenting. The literature addressing the history of lesbian parenting largely consists of historical reviews, but the literature that discusses the history of research into lesbian parenting includes both empirical examinations and sources that provide overviews of the topic. The third major section explores the general topic of decision making within couples, with a focus on lesbian couples, decisions about having children, and the decision making process of heterosexual couples with fertility challenges. This section includes primarily decision making theories and empirical studies. The final major section reviews the existing literature on the process lesbian couples undergo while pursuing parenthood, including research and other relevant sources, such as “how-to” guides for lesbian couples. Each section contributes to the overall context of the current question: how does a lesbian couple negotiate the process of pursuing parenthood for the first time? Terminology will be discussed first.
Terminology

Before beginning an exploration of the literature relevant to the processes of lesbian couples undergo as pursue parenthood for the first time, it is important to have an understanding of some basic terms that will arise throughout the study. These terms span the medical arena (e.g., alternative insemination), the legal arena (e.g., joint adoption, second parent adoption), and the social arena (e.g., heterosexism), but all are relevant to the current study of the process of a lesbian couple pursuing parenthood for the first time.

Alternative Insemination

The term *alternative insemination* (AI) refers to “the act of inserting sperm obtained from a known or unknown male donor into a woman’s vagina, cervix, or uterus with the intent to conceive a child” (Mohler & Frazer, 2002, p. 7). Although previous researchers used terms such as artificial insemination (e.g., Lewin, 1993) or donor insemination (e.g., Hequembourg, 2007), some researchers have critiqued the use of these terms (e.g., Agigian, 2004; Muzio, 1993). Artificial insemination seems to imply that this type of insemination is somehow “fake” or not real. Agigian (2004) also indicated that artificial insemination may sound second best or overly technical. The term donor insemination places the donor in the place of prominence, having his role mentioned first. The term *alternative insemination* will be used because it only carries the connotation that this is a different type of insemination than that which occurs during sexual intercourse between a man and a woman.

Cryobank and Sperm Bank

A *cryobank* is a facility that stores biological materials, such as sperm, embryos, organs, tissue, cord blood, etc., at a very low temperature in order to allow their future
use. The term *sperm bank* is essentially an abbreviation for sperm cryobank. Although Agigian (2004) criticizes the use of the term sperm bank, as the institutions are more similar to “retail stores than financial institutions” (p. 182), the use of the term sperm bank is common and generally accepted. Cryobank and sperm bank will be used interchangeably for the sake of this study. There are several reasons why lesbian couples may use cryobanks when conceiving their child. The most common uses are to obtain or store sperm. Lesbian couples may purchase sperm provided by the sperm bank on a monthly basis, or they may purchase a larger amount and pay a monthly storage fee for the facility to maintain the specimen. Additionally, the known donors of lesbian couples can bank their semen for the couples’ future use. There are several advantages to banking semen: (a) depositing the sperm in a bank serves to sever any legal standing of the donor in most jurisdictions, (b) the sperm will be available when the couple is ready to use it rather than coordinating with the donor around the ovulation of the gestational mother, and (c) freezing the semen for six months can allow a quarantine in order to test for HIV/AIDS similar to the process conducted by cryobanks on anonymous sperm donors. (For more information about using known donors, see the section below entitled “Obtaining Sperm.”) Lesbian couples may also use cryobanks in order to store embryos if they have fertility issues or if they choose to use the egg of one mother and implant it into the other mother.

**Heterosexism**

While all lesbians are living in a heterosexist culture, heterosexism may be especially salient for lesbian mothers, who may be forced to interact with a greater variety of institutions both before and after the conception of their child. For example,
lesbian couples may be forced to interact with medical and legal professionals, with whom they would have previously had no contact. *Heterosexism* is a bias toward opposite-sex sexuality and against same- or both-sex sexuality. Spaulding (1999) goes on to state:

> Heterosexism is more than the belief that only heterosexual behavior and sexuality are of value; the term describes the significant and systematic social and cultural ethos that structures our social arrangements and shapes our views of lesbianism. Heterosexism permeates our cultural institutions and the belief systems that legitimate their structures. A social structure, once in place, takes on a life of its own. Therefore, the structured and systematic social processes of heterosexism that negatively affect lesbians require neither the presence of homophobic attitudes, opinions, or feelings, on the one hand, nor discriminatory acts or behaviors on the other. (p. 12)

Heterosexism impacts lesbian mothers on every step of their journeys, from considering conception, through the conception and birth of the child, and throughout the child’s life.

*Joint Adoption*

The term *joint adoption* refers to the process by which a couple adopts a child together. Joint adoptions are not permitted for same-sex couples in many states, including Michigan (Human Rights Campaign, 2008). In some states one member of a same-sex couple must adopt the child as an individual; the couple can then attempt to obtain a second parent adoption in order to allow them to both be legal parents of their child. Being forced to undergo two separate steps greatly increases the intrusiveness and cost of
the process. For more information about this process within the state of Michigan, see the section below entitled “Current Laws in Michigan.”

**Lesbian Headed Families and Lesbian Parented Families**

Although the term “lesbian families” is used widely in the research (e.g., Laird, 1999; Pies, 1990), this study will use the terms *lesbian headed families* and *lesbian parented families*. Lesbian families is an imprecise term, as it is unlikely that all members of the family are lesbians; the children of lesbians are likely to be heterosexual (and are often male). Designating the parents of the family as lesbians, rather than the entire family, more accurately describes the reality of these families. Similarly, this paper will use heterosexually parented families or heterosexually headed families rather than heterosexual families when describing families in which the parent(s) identify as heterosexual. Overall, this paper strove to describe families and individuals as precisely as possible.

**Nonbiological Mother**

The *nonbiological mother* is “a woman who is not biologically related” to the child, is “the partner of the birth mother” (Toevs & Brill, 2002, p. 480), and considers herself to be a mother to the child. While this term defines a mother by something she is not, it is more commonly used than comother or coparent, which often denotes that the parents are no longer in a relationship with one another (Toevs & Brill, 2002). For the sake of this study, the designation is not meant to imply that the nonbiological mother is somehow less than the biological mother; the term should imply that her role before the birth of the child necessarily differs from that of the biological mother. However, the context that the nonbiological mother operates in does designate her as being less than,
since she receives no parenting rights upon the birth of the child and may never be able to receive these rights in many areas.

*Second Mother*

The term *second mother* will be used in couples in which neither mother is biologically related to the child and only one mother is legally related to the child. This term is being used since the term non-legal, which is more symmetrical to nonbiological, carries a similar connotation to illegal. Second mother is also consistent with the term second parent adoption. This term is not meant to imply that this mother is second best or less than the legal mother, although the law does view her as so. Throughout the literature review and the results, I described the participants as precisely as possible.

*Second Parent Adoption*

*Second parent adoption* (also known as step-parent adoption) allows a lesbian mother’s partner to be “designated as the child’s second parent without [the legal or biological mother] relinquishing her own parental status” (Agigian, 2004, p. 70). Second parent adoptions stand in contrast to typical adoptions, in which all living biological parents must relinquish their parental rights. As described below, second parent adoptions endow a parent with all of the rights and responsibilities inherent in parenthood. Second parent adoptions are not explicitly prohibited in Michigan for same-sex couples, although they are prohibited in one county (Human Rights Campaign, 2009). While participants in this study were unable to pursue second parent adoptions during the course of the study, planning for the possibility of second parent adoption could have influenced their process.
Sperm and Semen

The terms semen and sperm are often confused, as they are closely related and often used interchangeably. Semen is the fluid emitted by a man during ejaculation, which may or may not include sperm (Mohler & Frazer, 2002). Sperm refers to the genetic material, which may be within the semen, that can fertilize a woman’s egg and ultimately result in a viable pregnancy. The term “sperm” is generally used more frequently in discussions of fertility and conception and is consistent with the term “sperm donor.” Furthermore, “sperm” can be considered depersonalized genetic output, while “semen” may carry stronger connotations about men and male sexuality. Rather than being associated with masculine sexuality, “sperm” simply becomes a commodity to be traded on the open market and used for the conception of children by lesbian couples (and others). Even the term “sperm donor” is misleading, as the donor submits a semen sample, and most lesbian couples inseminate with semen, although purified sperm may be used with certain fertility problems.

Sperm Donor

A sperm donor is a man who provides his semen either to a sperm bank or directly to a lesbian couple, in order to allow them to use it with hopes of conception. While Agigian (2004) critiques the word donor, given that most are actually paid for their product, sperm donor is the most widely accepted term. However, there is no clear agreement in the field about who falls under this heading; in some literature men who serve a father role may still be called sperm donors (e.g., Agigian, 2004), while others use the term only for individuals who do not act as a father. For the sake of this study, the term sperm donor was applied to men who are genetically but not socially connected to
the child. If the donor had a social connection to the child, I labeled the relationship as it was described by those involved.

This discussion of the terminology involved in this study was intended to allow a common understanding of the current topic. With this understanding, the remainder of the literature review will discuss three major areas: the history and context of lesbians openly parenting, decision making among couples, and decision making by lesbian couples in regards to pursuing parenthood. The history and context of lesbian parenting will be explored next.

History and Current Context of Lesbian Parenting

In order to understand the issues faced by a lesbian couple considering parenthood at the end of the first decade of the 21st century, it is important to understand the history of lesbian parenting within the United States. Additionally, the current cultural and legal contexts provide the constraints within which each lesbian couple must operate. This section will have three components. The first component includes a discussion of the development of lesbians openly parenting, with a focus on the impact of broader societal trends on the choices made by lesbian mothers and lesbian mothers-to-be. The second component includes a discussion of current (2010) Michigan laws that impact the formation of lesbian parented families. The final component is a review of the history of research into lesbian parenting from its inception in the late 1970’s to the present, with a focus on the trends and findings.

History of Lesbian Parenting

The history of lesbian parenting cannot be examined adequately without considering the wider social context in which lesbians (and others) were and are
operating. For example, such forces as the attitudes of the general public toward lesbians and lesbian parenting, the (heterosexist) legal system, the increasing medicalization of pregnancy and childbirth, the (heterosexist) medical establishment, and the HIV/AIDS crisis all shaped the development of lesbian parenting. Following is a discussion of the general trends in lesbian parenting within the United States across the past four decades. While this discussion will draw from a variety of sources, the most frequently cited work is the clinical psychologist Laura Benkov’s (1994) *Reinventing the Family*. This book includes data drawn from qualitative interviews, along with reviews of court proceedings and other journalistic material.

While lesbian mothers have always existed, prior to the 1970’s they had generally been invisible as such; they were typically identified primarily in their “mother” role, with no acknowledgement or awareness of their “lesbian” role. However, the social reform movements of the 1970’s, including both the feminist movement and the gay and lesbian rights movement, helped set the context for the visibility of lesbian parents (Benkov, 1994). At this time women who had children within heterosexual relationships began to come out as lesbians, integrating the “mother” and “lesbian” roles, which were previously assumed to be distinct (Hequembourg, 2007; Lewin, 1993; Lev, 2004; Muzio, 1993). This first wave of lesbian mothers was largely met by an extremely heterosexist society and legal system that often successfully sought to separate these women from their children (Benkov, 1994). Fathers, lawyers, and judges alike often claimed it was “in the best interest of the child” to limit contact between the lesbian women and their children. Many of these women were afraid to make their fight more public due to fear of homophobic discrimination, so they often settled for what little visitation the father or the
courts allowed (Benkov, 1994). Additionally, most of the judges sealed the court records in order to protect the privacy of the children involved. Thus, many of these women felt alone, and their lawyers had to start building their cases from the ground rather than using whatever progress had been made by other women. Many lesbians accurately felt that they had to choose between being true to themselves by coming out and maintaining close relationships with their children.

Lesbian activists took notice when lesbian after lesbian lost custody suits to their ex-husbands. Since the male dominated National Gay Rights Advocates and Lambda Legal Defense and Education Fund did not consider children to be a primary focus of their efforts, Donna Hitchens founded the Lesbian Rights Project in 1977 with a focus on parenting and family issues (Benkov, 1994). It was also in 1977 that Florida barred single gay men and lesbians and same-sex couples from adopting (Cooper & Cates, 2006). While other states had similar laws at this time, only the Florida adoption ban still stands in 2010. Single lesbians and gay men are legally permitted to adopt in all other states, although in some states this permission appears to be only implicitly granted by silence on the issue.

Until the late 1980’s it was commonplace for lesbian mothers to lose custody of their children to their ex-husbands or other relatives who petitioned for custody. Homophobic beliefs were supported by a tripod of arguments—homosexuality as a sin, homosexuality as a crime, and homosexuality as an illness (Benkov, 1994). Judges often found that it was in the best interest of the child to be removed from his/her lesbian mother due to concerns that the child would be harmed by such a placement. The Lesbian Rights Project was renamed the National Center for Lesbian Rights in 1989 and joined in
the effort by the Family Rights Project of the Lambda Legal Defense and Education Fund in the same year (Benkov, 1994). These organizations made slow progress toward (still nonexistent) equality, bolstered by the research stating that children of lesbian mothers fare as well as children of heterosexual mothers. (This research will be reviewed below.) Sexual orientation is no longer considered a sufficient reason to deny custody to parents in a heterosexual divorce in Michigan (Human Rights Campaign, 2004). In the absence of proof that a parent’s sexual orientation is harmful to the child, the courts cannot make judgments based on a parent’s sexual orientation. However, many lesbians (and gay men) continue to live in fear of losing custody of their children if they were to come out.

Even as these custody battles were raging in the courts, a new type of family was emerging. The late 1960’s and 1970’s witnessed more lesbian couples openly planning to have children (Hequembourg, 2007). This advance was now possible due to the advances made by the gay and lesbian liberation movement, including increased visibility, and the increased reproductive options offered by the medical community (Benkov, 1994; Johnson & O’Connor, 2001). Many of these pioneers of planned lesbian mothering were lesbian separatists who chose to raise children with no input from men beyond the necessary genetic material. Agigian (2004), who studied the use of AI among lesbians, stated that some of these families took on creative forms, including up to six mothers who had varying relationships with one another. At this time, most lesbian mothers self-inseminated using sperm that was procured through a mutual acquaintance (Agigian, 2004). The donor was thus anonymous to the mother(s) and often remained so as the child grew up. Adoption was not often chosen by lesbians of this era, as adoption was often unavailable to lesbian couples or single women, and many women feared the legal
battles that could ensue for lesbian mothers. In general, lesbian mothers often valued privacy and self-sufficiency and eschewed involvement from the legal or medical communities (Agigian, 2004).

The lesbian separatist approach to parenting, practiced by lesbian feminists during the late 1960’s and 1970’s, was relatively short lived. As the first children of planned lesbian headed families came of age, they began to raise questions about their paternal heritage (Agigian, 2004). This largely anecdotal evidence, combined with the data suggesting that adopted children often desire knowledge about their biological parents, began to shift the approach many lesbian women took toward parenting. Gay men were also starting to openly acknowledge their desires to parent children. Lesbians and gay men started to approach one another with the intentions of parenting together (Benkov, 1994). Many lesbians either had sexual intercourse with gay men or self-inseminated with the sperm of gay men, and the men were often known as the father of the child. The involvement of the donor/father ranged from complete absence to shared physical and legal custody of the child, but these arrangements were often governed only by trust or unenforceable contracts.

Just as the unanticipated wishes of the children had shifted the focus of lesbian mothers from unknown donors to known fathers for their children, unanticipated tragedies again changed the norm. The tragedies fell into two broad categories: broken promises that harmed children and their parents and the HIV/AIDS crisis that ravaged the gay community. Although many arrangements between lesbian mothers and known donors were successful, those that were not had a large impact on the legal system. Broken contracts forced the legal system to contend with new types of custody battles—
those involving biological mothers, nonbiological mothers, and known donors/fathers. Adults who entered parenting arrangements often found that their experiences did not align with their expectations (Lev, 2004). Known donors/fathers sometimes decided that they wanted more involvement with their children, while the mother(s) did not support this. Lesbian couples broke up and had difficulty determining arrangements concerning such issues as child support, visitation, and custody (Benkov, 1994). The courts generally chose in favor of biological genitors over social parents, regardless of the level of contact or support provided by any of the parents and often in contrast to the stated wishes of the child. Lesbian mothers thus became more wary of including additional parents (donors/fathers) in their families for fear of unforeseen changes in circumstances. Battles in court over the legality of second parent adoptions also became more common, and many states began to pass laws either permitting or prohibiting them.

The HIV/AIDS crisis forever changed the experiences of gay men in every realm of their lives, including parenting. While the late 1970’s and early 1980’s saw gay men and lesbian women collaborating around conceiving and raising children, fear of the unknown virus changed this trend (Benkov, 1994). In the beginning of the HIV/AIDS crisis, it was unclear how it was spread, and there were no reliable tests for the virus. Lesbian women thus became fearful of inseminating with the sperm of gay men, and many gay men did not feel that they could responsibly provide their sperm when they could be carriers of the virus (Benkov, 1994). Since HIV/AIDS was associated with gay men, sperm banks refused to accept specimens from all gay men, and most sperm banks continued screening out gay and bisexual men even after the turn of the century (Agigian, 2004). For the first time in history, large numbers of lesbian women chose to procure
sperm from cryobanks since it was considered to be safer. When tests for HIV/AIDS were developed, sperm banks began to routinely test all specimens for the virus (Agigian, 2004). Although reliable tests for HIV/AIDS have existed since 1985 (Schochetman, 2005), lesbians have largely continued to rely upon sperm banks (Sullivan, 2004).

The increasing medicalization of pregnancy and childbirth also coincided with and impacted the development of conception trends among lesbian parents. While alternative insemination is a very simple procedure that has existed for thousands of years, “the first commercial sperm bank open[ed] in the United States in 1972,” and fertility treatments have never been the same (Agigian, 2004). AI was originally permitted for only married heterosexual couples with fertility challenges, but some clinics and sperm banks began to allow single women (including closeted lesbians) to utilize their services in the mid-1980’s (Agigian, 2004). Alternative insemination gave way to increasingly experimental, expensive, and invasive procedures beginning with the first successful birth from in vitro fertilization in 1978. As infertility treatments became big business, some centers began to cater their services to lesbians, offering “choice” sperm options and encouraging unnecessary medical treatments (Agigian, 2004). Lesbian women and single mothers in turn revolutionized AI by demanding increased information about the donors, in contrast to the heterosexual couples who often concealed the fact that they had undergone AI. Sperm banks began to offer identity release donors, who allowed identifying information to be released to the child once he/she turned eighteen. Additionally, it became increasingly more common for lesbians to access the services of fertility clinics, especially if insemination at home was unsuccessful (Murphy, 2001).
Lesbian headed families themselves began to fit the “traditional American family” mold more neatly, despite their continuing designation as “alternative” families. (For a critique of the claim that families with same-sex parents do not differ from other types of families and an acknowledgement of the similarities, see Lev’s [2004], The Complete Lesbian and Gay Parenting Guide.) There are several reasons why lesbian parented families seem more mainstream. Gay men and lesbians began to fight in earnest for domestic partnership benefits, civil unions, and same-sex marriage in the 1990’s. Lesbian couples generally planned their children together in a manner similar to that of most heterosexual couples—the two committed partners will be the sole parents of the children that they have every “right” to have. According to Hequembourg’s (2007) analysis of the parenting stories of 40 lesbian mothers, a common scenario in the United States in the early 21st century is for a lesbian couple who has had a commitment ceremony to conceive using the sperm of an ID release donor. This couple will likely purchase additional vials of the same donor’s semen to use at a future date in order to conceive additional children. The interest in maintaining a biological connection between the children is noteworthy, given that only one of the mothers is genetically related to each child. Another new and unexamined trend is that of the “sibling registry” in which families who conceived using the same donor communicate with one another and consider their children to be half-siblings.

Despite the current trend toward conception, lesbians have always, and continue to, become parents through a variety of methods, including AI, sex with men, adoption, and foster parenting. The families of lesbians can also take many forms, including any combination of one or more mothers, fathers, donors, partners, ex-partners, children who
may be biologically related to one or more of the adults, and adopted children (for more specific examples, see Lev, 2004). While the majority of lesbians choose to conceive their child, as will be discussed below, lesbians do and always have chosen adoption. Adoption by single lesbians is prohibited in Florida, and lesbian couples are not allowed to adopt in additional states. Also, some adoption agencies may simply choose not to work with lesbians. There has been a general reluctance among lesbians to pursue adoption due to the required bureaucratic scrutiny and fear of the possible legal ramifications of raising a child to which there is no biological connection (i.e., fear the child will be taken away). In addition to heterosexism, the decisions made by any particular lesbian (couple) may also be constrained by the larger social forces of classism and racism (Agigian, 2004). Both AI and private adoption are generally very expensive, and doctors and adoption officials serve as gatekeepers who determine who is fit to raise (which) children (Appel, 2006).

Events within the larger society had an enormous impact on the development of lesbian parenting, as is evident through the discussions of the gay rights movement, the HIV/AIDS crisis, and the increasing medicalization of pregnancy and childbirth. All of these social forces, as well as innumerable others (e.g., rise in single [assumed heterosexual] single mothers, political trends, etc.), have contributed to the current state of lesbian parenting, which will be discussed next.

**Current Status of Planned Lesbian Parenting**

Lesbian parenting increased in visibility so quickly that scholars have referred to the 1980’s and 1990’s as the time of the “lesbian baby boom” (e.g., Clunis & Green, 2003; Goss, 1997; Johnson & O’Connor, 2001, 2002; Lewin, 1993). It is impossible to
develop an accurate estimate of the number of lesbian couples with children contributing
to the current lesbian baby boom, as many are still closeted (Johnson & O’Connor, 2001;
Patterson, 1998). In a report for the Human Rights Campaign, Smith and Gates (2001)
reported that, according to the 2000 United States census, there were 8075 lesbian
couples in Michigan, which they estimate is an undercount of up to 62% (a possible
13,082 lesbian couples). In their review of the U.S. Census Data, Bennett and Gates
(2004) state that 34.3% of lesbian couples in the United States are raising children. Taken
together these statistics indicate that up to 4487 lesbian couples in Michigan currently
have children in their homes—a significant portion of the population. This number does
not include single lesbian mothers. Unfortunately, there is no way of determining how
many of these couples planned their child(ren) together; many of these children were
likely conceived during prior heterosexual relationships. However, these figures clearly
state that thousands of children are being raised by lesbian couples, and according to
Perrin’s (2002) review of second parent adoptions, the rate of parenting by lesbian
couples is continuing to rise.

Despite the great deal of progress that has been made and the thousands of lesbian
mothers that exist, oppression is still rampant. In her study of nonbiological mothers,
Muzio (1993) claimed that “until recently it was thought that mothers and lesbians were
two discrete, nonintersecting groups” (p. 197), and many people would probably be
pleased if they actually were discrete, nonintersecting groups. According to those who
study the negotiation of parenthood by lesbian women, much of society may still consider
lesbian motherhood to be an oxymoron (Hequembourg & Farrell, 1999; Morningstar,
1999) or believe that lesbians are not interested in motherhood (Siegenthaler & Bigner,
Lesbian women themselves are not free of the biases present in the larger homophobic society and report a variety of feelings regarding their “ability” or “right” to have children in studies of decision making in planned lesbian-parented families (Chabot & Ames, 2004; Touroni & Coyle, 2002), studies of the experiences of nonbiological mothers (Muzio, 1993; Price, 2007), and other types of sources (e.g., a lesbian parenting guidebook; Martin, 1993). Many studies indicate that some lesbian mothers previously believed that being a lesbian and a mother were incompatible, and thus they would never have children (Benkov, 1994; Hequembourg, 2007; Lewin, 1993; Martin, 1993; Price, 2007; Touroni & Coyle, 2002). Others believed that they would be incapable of being good mothers due to their sexual orientation (Chabot & Ames, 2004) or felt pressured by others to avoid having children (Martin, 1993). The possible impact of homophobia on children causes some lesbian women to be wary of having children (Touroni & Coyle, 2002).

One likely reason that lesbian women may still question their ability or right to have children is the fact that the legal system is still extremely discriminatory toward lesbian mothers and same-sex couples. It is probably very difficult to confidently pursue parenthood when the entire heterosexist society is set up against allowing these arrangements to be successful. The next section will discuss the current laws in the state of Michigan.

**Current Laws in Michigan**

The context in which lesbian couples operate depends greatly upon the location in which they reside. The laws regarding same-sex marriage, alternative insemination, and adoption vary greatly from country to country and also have a great deal of variability.
within the United States. Since this study was restricted to participants living in the state of Michigan, only the laws relevant to this couple will be considered. The fact that same-sex marriage is prohibited in Michigan dictates a restriction of parenting rights for same-sex couples. According to the interpretation of the law provided by the Human Rights Campaign (2008), joint adoptions are permitted only for married couples in Michigan, so lesbian couples are automatically unable to pursue this option. Additionally, if a married couple uses AI, the husband’s name is automatically placed on the birth certificate although he is not the biological father (Agigian 2004; Estates and Protected Individuals Code; Murphy, 2001). No equivalent law exists for lesbian couples. In the absence of same-sex marriage, lesbian couples need second parent adoptions in order to secure their relationships with their children. According to the Human Rights Campaign (2009) and the National Center for Lesbian Rights (2010b), second parent adoptions are not explicitly prohibited for same-sex couples within the state of Michigan; instead, second parent adoption for same-sex couples is at the discretion of the judge who hears the case.

Since same-sex marriage is not permitted in Michigan, gay and lesbian couples are left with second-parent adoption. That is, they have the option of spending $4000 to $6000 and wait an average of 10 months (in 2001 dollars, Dalton, 2001) in order to receive “the right to adopt [their] own kids” (Boggis, 2001, p. 179, italics in original). The absence of same-sex marriage seems to be the most harmful law for lesbian couples and their children in Michigan, since it leaves the children without automatic legal relationships with both of their parents.

If parents are actually permitted to pursue second parent adoptions, they must pay high emotional costs in addition to the high fees mentioned above. In the state of
Michigan, applicants for traditional or second parent adoptions must complete an intrusive family assessment, which includes interviews with each member of the family and a home visit (Probate Code). Since joint adoption is not permitted, a lesbian couple has to endure the entire process twice if they adopt a child, once when one mother legally adopts the child and a second time if they are able to pursue a second parent adoption. During the months it may take for the adoption to be approved or denied, the family is vulnerable since only one mother is legally related to the child (Dalton, 2001). The family is generally vulnerable to the biases and opinions of the judge they appear before since judges generally decide unilaterally whether to approve an adoption. The actual process is also rather intense. Lesbian couples often have to undergo physical examinations, be fingerprinted, submit to background checks, and undergo an intrusive home study process with a social worker, even if they have been raising the child together for years (Johnson & O’Connor, 2001).

A brochure written by the Michigan Department of Human Services (2006) says the following about the family assessment:

Some of the factors to be considered are:

1. Reasons or motivation for adoption.
2. Family history including emotional stability and compatibility of adopting parents.
3. Strengths, weaknesses and health of family members.
4. Parenting ability including methods of child discipline.
5. Education and employment history including current financial status.
6. Adjustment and special needs of own children.
7. History or incidents involving domestic violence, substance abuse or child abuse or neglect involving any family member.

8. The family's attitude toward accepting an adoptive child, including the family's plan to discuss adoption with the child.

9. The family's capacity, and disposition to give an adopted child love, affection and guidance and to create an atmosphere that fosters the religion, racial identity, and culture of an adopted child.

10. Record of any criminal convictions other than minor traffic violations.

11. Three references of non-relatives.

12. Characteristics of the children preferred by the family and the agency's recommendation as to the age, sex, and characteristics, including special needs, of children best served by the family. (n.p.)

While this list seems rather exhaustive, it should be noted that this includes only some of the factors that get considered when the court determines if a parent has the right to be legally recognized as a parent. The biases of social workers who complete the home studies or judges who allow or disallow the adoptions may enter into the process at any stage.

Why would a couple who is already raising their child(ren) together consent to spending thousands of dollars to participate in an emotional and intrusive legal battle? Second parent adoptions are the best option since “all of the individuals living within these families, including the children, are denied virtually all of the benefits, protections, and privileges we as a society use to support families” since their parents cannot be married to one another (Dalton, 2001, p. 215). When a second parent adoption cannot be
attained, “the power of consent for their child’s health care and providing permission for various child activities must be gathered by other costly and legal means where possible” (van Dam, 2004, p. 475). Johnson and O’Connor (2001) recommend that lesbian couples pursue legal guardianship if second parent adoption is unavailable; in the event that legal guardianship is unavailable, they recommend a letter of intent. Although other legal documents do provide some of the rights of parenthood, any documents that fall short of second parent adoption simply do not carry the weight of an adoption (Perrin, 2002). For example, legal guardianship does not grant permanent parental status; if the legal parent dies, the child may be removed from the legal guardian and placed with relatives of the biological/legal mother (Mohler & Frazer, 2002).

When a parent is unable to achieve legal parent status, she and her child are denied a number of rights that are instantly provided when a legal parent-child relationship exists. While sources do not speak specifically to rights in Michigan, many are federal, and thus apply within Michigan, and the rest seem to be reflected in Michigan law. Some of the rights guaranteed by parenthood include the following:

- Health insurance coverage for the child on the parent’s insurance plan without taxation (Bennett & Gates, 2004; Connolly, 1998; Dalton, 2001; Hequembourg & Farrell, 2001; Kennedy, 2005)
- Social security benefits upon the death or disability of the parent (Bennett & Gates, 2004; Dalton, 2001; Hequembourg, 2007; Kennedy, 2005)
- Income tax benefits (Bennett & Gates, 2004; Connolly, 1998; Hequembourg, 2007)
The ability to make medical decisions about/for the child (Bennett & Gates, 2004; Connolly, 1998; Hequembourg, 2007; Kennedy, 2005; van Dam, 2004)
• Custody, visitation, and child support if parents separate (Bennett & Gates, 2004; Hequembourg, 2007; Kennedy, 2005)
• Family medical leave and maternity leave (Bennett & Gates, 2004; Hequembourg & Farrell, 1999; Kennedy, 2005)
• Veteran’s benefits (Bennett & Gates, 2004)
• The ability to make decisions about and communicate with daycare providers, schools, and other institutions (Connolly, 1998; van Dam, 2004)
• Automatic inheritance upon the death of the parent (Hequembourg, 2007; Kennedy, 2005)

Children of lesbian couples are thus left extremely vulnerable to the whims of their parents and the judges within their jurisdiction.

The impact of the inability of many lesbian mothers to obtain a legal relationship to their children can be wide reaching and heart breaking. Some women may be reluctant to pursue parenthood within a lesbian relationship because “parents who take on the work and worry of raising a child without any legal rights of parenthood are taking enormous risks” (Martin, 1998, p. 276). These risks can come in many forms, which can be a particularly volatile issue if the lesbian couple ends their relationship (Griffin, 1998). In some cases, the biological mother, with her feelings of hurt and pain, may try to deny custody to the nonbiological mother (Lev, 2004; Martin, 1998). Even when the biological mother continues to view the nonbiological mother as a parent to the child, the outcome can still be disastrous. The nonbiological mother is often at the mercy of the courts if a
custody battle arises; some courts have unequivocally denied rights to the nonbiological mother, while others offer more flexible solutions (Hequembourg & Farrell, 1999; van Dam, 2004). Nonbiological mothers have also tried to absolve their responsibilities to their child(ren), and biological mothers have sued for child support (Benkov, 1994). Also, if the biological mother dies, the court may award custody to relatives of the biological mother rather than the nonbiological mother who actively participated in the child’s upbringing (Lev, 2004; Pennington, 1987; van Dam, 2004). Without a legal relationship to the child, a mother may lose all access to her child.

The legal statuses within the family may also have serious interpersonal and psychological implications. A second parent adoption legitimizes a parent-child relationship in a way that no other document could (Hequembourg & Farrell, 1999). Many nonbiological mothers report feeling marginalized and unrecognized by society when they are unable to become a legal parent (Tasker, 1999). Similarly, a nonbiological mother may report feeling validated once she is able to become the legal parent of the child she has been raising (Johnson, 2006). The legal relationship to the child (or lack thereof) may also impact how extended family members view the child; grandparents may not view their nonbiologically/nonlegally related grandchildren with the authenticity as they would biological or adopted grandchildren (Hequembourg & Farrell, 1999). Some families report that the extended families of the nonbiological mother suddenly become more accepting and warm toward the child once the nonbiological mother becomes the adoptive mother (Hequembourg & Farrell, 1999).

In the absence of legal same-sex marriage in Michigan, the children of lesbian mothers will remain extremely vulnerable, especially in the event of the death of the legal
parent or the separation of the parents. This vulnerability is especially true for families with low socioeconomic statuses, as the $4000 to $6000 fees prohibit many families from pursuing second parent adoption (Dalton, 2001). The mothers in families with low socioeconomic statuses are also unlikely to have the resources to pay legal fees should a custody battle ensue. The heterosexist laws are unequally oppressive depending upon the financial resources of the family.

The current heterosexist laws in the state of Michigan must be navigated by lesbian couples who choose to have children. While many laws need to be changed in order to allow complete equality, the denial of marriage rights to same-sex couples seems to have the most damaging effect on these couples and their children. Any lesbian couple who is pursuing parenthood is likely to be mindful of the impact of oppressive laws upon their process.

**History of Research about Lesbian Mothers**

The previous sections addressed the history, development, and current status of planned parenting among lesbians. The following section will discuss the history of the research into lesbian parenting (e.g., what aspects of lesbian parenting have been studied, what were the findings from these studies, etc.). The history of research into lesbian mothers and their children is largely parallel to the development of lesbian mothering as a phenomenon. Obviously, before lesbian mothers were visible, no research could inquire into their experiences. During the 1970’s and 1980’s, when lesbian historians/researchers state that lesbian mothers began coming out and divorcing their husbands in record numbers (e.g., Benkov, 1994; Hequembourg, 2007; Lewin, 1993), the rapid increase in research reflected the newfound prominence of this group. When the development of
planned lesbian parented families became more common in the late twentieth and early twenty-first centuries, more research inquired as to the nature of these families. Increased acceptance of lesbian mothering and less heterosexist research seem to reciprocally influence one another. The following review provides an overview of the literature about lesbian mothering, with an exclusion of more recent research into the decision making processes of lesbian mothers as they pursue parenthood, as this will be discussed at length in the final section of this chapter.

While the onset of research into lesbian parenting filled a large void, the nature of the early research was largely defensive as a result of the heterosexist culture. The first lines of research on lesbian mothers focused on the comparison of lesbian mothers to “single” (heterosexual) mothers; the goal for most of these studies was to “prove” lesbian mothers capable of raising children for child custody cases (Lewin, 1993). These initial studies seemed to stress the normalcy of lesbian mothers (e.g., Hanscombe & Forster, 1987) in order to counteract the implicit (or explicit) assumption that lesbian parents are somehow deficient (Johnson & O’Connor, 2002). While the initial research comparing the children of lesbian mothers to the children of heterosexual mothers was important in convincing the courts that lesbian women are as likely to be good mothers as are heterosexual women, this line of reasoning implied that heterosexual parents are the ideal to which all parents must measure up (Hequembourg, 2007). As sociologists Stacey and Bibler (2001) describe, researchers comparing lesbian parents and their children to heterosexual parents and their children downplayed even statistically significant findings indicating that there were differences between these two groups, as though the mere
existence of differences is negative. They assert that, especially in such factors as gender and sexual identity, it is somewhat absurd to assume that differences would not exist.

While Stacey and Biblarz (2001) were not the only researchers to discuss the prominent role of heterosexism in research about lesbian parents (e.g., Johnson & O’Connor, 2002; Laird, 1999) or talk about the potential harm in the “‘no differences’ doctrine” (e.g., Lev, 2004; Zanghellini, 2007), they were the only researchers to reexamine the literature. They claim that, as sociologists who are supportive of same-sex parenting, their critical meta-analysis of the literature should be the least biased. Their meta-analysis did find more nuanced results than the typical assertion that no differences exist.

Although it is unclear why anyone may assume that the intelligence of children would be impacted by the sexual orientation of their parent(s), three studies have compared the IQ scores of children of lesbians to children of heterosexual mothers. Stacey and Biblarz’s (2001) meta-analysis was consistent with the findings of three individual studies (Flaks, Ficher, Masterpasqua, & Joseph, 1995; Green, Mandel, Hotvedt, Gray, & Smith, 1986; Kirkpatrick, Smith, & Roy, 1981)—they found no difference in intelligence between the two groups. An additional study revealed that no differences in high school grade point average existed between children of lesbian parents and children of heterosexual parents (Wainright, Russell, & Patterson, 2004). All four studies that addressed this issue have determined that the intelligence/academic achievement of children does not differ based on their mother’s sexual orientation.

In response to the cited concerns of many judges that the children of lesbians may suffer from teasing and ostracism due to their mother’s lesbianism, several researchers
have examined the relationships that children of lesbians have with their peers (Johnson & O’Connor, 2002). Each study found no differences in the quality of peer relationships or amount of teasing received between the children of lesbian mothers and the children of heterosexual mothers (Golombok, Spencer, & Rutter, 1983; Green et al., 1986; Tasker & Golombok, 1997; Wainright et al., 2004). Judges have also expressed concerns that the children of lesbian mothers will suffer psychologically due to either increased teasing from peers or simply from the stress of having non-heterosexual parents (Johnson & O’Connor, 2002). Studies of individuals raised in lesbian-headed households found no increased incidence of psychological problems in childhood (Flaks et al., 1995; Golombok et al., 1983; Kirkpatrick et al., 1981), adolescence (Gershon, Tshann, & Jemerin, 1999; Huggins, 1989; Wainright et al., 2004), or adulthood (Tasker & Golombok, 1997). Stacey and Biblarz (2001) agree that there are no differences between children raised by lesbian parents versus heterosexual parents on “self-esteem, anxiety, depression, internalizing behavioral problems, external behavioral problems, total behavioral problems, performance in school arenas…, use of psychological counseling, mothers’ and teachers’ reports of children’s hyperactivity, unsociability, emotional difficulty, conduct difficulty, [and] other behavioral problems” (p. 169). So, research has consistently demonstrated that the children of lesbian mothers are equivalent in their intelligence and psychosocial functioning.

A particular concern cited by judges in child custody cases is the fear that the child will grow up to be gay or lesbian or unclear about “proper” gender roles if he/she is raised by one or more lesbian women (Johnson & O’Connor, 2002). Obviously, the fact that this fear exists is in itself extremely heterosexist; apparently the courts have taken it
upon themselves to protect children from the terrible fate of a nonheterosexual (Johnson & O’Connor, 2002) or non-gender normative identity. A number of studies have addressed this concern and consistently reported that the children of lesbian mothers are no more likely to identify as gay or lesbian (Golombok et al., 1993; Gottman, 1990; Green, 1978; Huggins, 1989; Tasker & Golombok, 1997). Similarly, researchers have stated that the children of lesbian mothers acquire gender roles equivalent to the gender roles of children of heterosexual mothers (Golombok et al., 1993; Green et al., 1986; Hoeffer, 1981; Kirkpatrick et al., 1981).

However, Stacey and Biblarz’s (2001) meta-analysis reveals more discrepant results; they found evidence that both boys and girls raised by lesbians are more likely to depart from “traditional gender role behaviors and expectations” (p. 169). Additionally, their re-analysis of one study (Tasker & Golombok, 1997) revealed that young adult children of lesbian mothers were more likely to have considered or engaged in same-sex sexual relationships. For a more nuanced explanation, see Stacey and Biblarz (2001). Unfortunately the heterosexist underpinnings of even the most supportive research have led researchers to minimize differences, since different is negatively construed.

In addition to all of the individual studies that have demonstrated that having lesbian parents is not detrimental to children’s psychological wellbeing, “Every mainstream health and child welfare organization” has issued a policy statement in support of gay and lesbian parenting (Cooper & Cates, 2006, p. 15). Each of these organizations, including the American Academy of Child and Adolescent Psychiatry (1999), American Academy of Family Physicians (2002/2007), American Medical Association (2008), American Academy of Pediatrics (2002), American Psychiatric

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\text{THEREFORE BE IT RESOLVED that the APA Opposes any discrimination based on sexual orientation in matters of adoption, child custody and visitation, foster care, and reproductive health services; Believes that children reared by a same-sex couple benefit from legal ties to each parent; [and] Supports the protection of parent-child relationships through the legalization of joint adoptions and second parent adoptions of children being reared by same-sex couples (p. 496).}
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With the extensive accumulation of research and professional statements indicating that lesbian women are as capable of raising well-adjusted children as their heterosexual counterparts, the need for lesbian mothers to develop an interpersonal or legal defense due to their sexual orientation may have lessened.

With the accumulation of research and the development of these policy statements, the goal of the research largely moved from defending mothers in child custody cases to describing and understanding families headed by lesbians (Asten, 1997). However, the research continued to compare families headed by lesbians to the “norm” of heterosexually parented families. A common heterocentric comparison in the research is that of the nonbiological lesbian mother to the biological heterosexual father since, in
some very limited ways, these two individuals fill a similar role within their respective families.

The research speaks well for lesbian headed families. Nonbiological lesbian mothers appear to be more involved with their children from the moment of conception than are biological heterosexual fathers (Sullivan, 2004). A number of studies have concluded that lesbian nonbiological mothers are more involved with their children and perform more childcare than biological fathers (Tasker & Golombok, 1998; Patterson et al.; Vanfraussen, Ponjaert-Kristoffersen, & Brewaeys, 2003). In the majority of heterosexually parented families studied, the father does more work outside the home, and the mother does more childcare duties; whereas in lesbian headed families, household tasks, family decision making, child care, and paid work outside the home were all shared relatively equally (Chan, Brooks, et al., 1998; Vanfraussen et al., 2003). One study found that even if childcare and paid employment were not divided evenly, the division of labor was much more equivalent than in the average heterosexually parented family (Patterson, 1998). Overall, lesbian relationships appear to be more egalitarian than are heterosexual relationships. Stacey and Biblarz (2001) argue that these differences are not reflective of sexual orientation per se, but rather they are consistent with prior research about the parenting roles/styles of men versus women.

Rather than making an arbitrary decision that heterosexually parented families of all types can serve as an adequate “control group” for lesbian parented families of all types, an interesting line of research compares different types of families that have used AI. The results of these studies are consistent with the previously discussed studies; children conceived through AI fare no better or worse based on the sexual orientation of
their parent(s). The children of lesbian mothers show no differences in psychosocial adjustment (Chan, Brooks, et al., 1998; Chan, Raboy, & Patterson, 1998) or quality of relationships with their parents (Tasker & Golombok, 1998) when compared to children of heterosexual parents. Additionally, lesbian and heterosexual parents who used AI do not differ in individual adjustment, relationship adjustment (Chan, Raboy, et al., 1998), levels of love, conflict, or satisfaction in the romantic relationship (Chan, Brooks, et al., 1998), or amount of parenting stress (Tasker & Golombok, 1998).

The differences that do exist between the parenting styles of lesbian couples versus heterosexual couples that have used AI are consistent with the general differences between lesbian couples and heterosexual couples, as listed above. The lesbian couples tend to divide childcare more evenly (Chan, Brooks, et al., 1998) and are more likely to have a joint discipline plan (Tasker & Golombok, 1998). Nonbiological lesbian mothers also tend to be more involved in parenting and perform more childcare than nonbiological heterosexual fathers (Tasker & Golombok, 1998). Finally, researchers noted that lesbian couples are more likely than heterosexual couples to choose ID release donors (Brewaeys et al., 2005). While many differences exist between lesbian parented and heterosexually parented families who use AI to conceive (e.g., planning for this option versus this being a “last choice,” the impact of heterosexism, etc.) comparing these two types of families is more methodologically sound than simply comparing all lesbian parented families to all heterosexually parented families. This research continued to demonstrate that lesbian couples are effectively raising well-adjusted children.

Researchers may not have had the freedom to simply explore the realities of life in lesbian parented families during the time in which so many mothers were losing
custody of their children. However, the culmination of over three decades of research seems to definitively state that the children of lesbian mothers are no worse off than the children of heterosexual mothers. As this body of research has grown, more researchers have investigated lesbian parented families in two different ways—one of exploration and one of strength. The best example of exploration of lesbian parented families is provided by Gartrell and her colleagues (Bos, Gartrell, Peyser, & van Balen, 2008; Gartrell, Banks, Hamilton, Reed, Bishop, & Rodas, 1999; Gartrell, Banks, Reed, Hamilton, Rodas, & Deck, 2000; Gartrell & Bos, 2010; Gartrell, Deck, Rodas, Peyser, & Banks, 2005; Gartrell, Hamilton, Banks, Mosbacher, Reed, Sparks et al., 1996; Gartrell, Rodas, Deck, Peyser, & Banks, 2006; Van Gelderen, Gartrell, Bos, & Hermanns, 2009), who are conducting the USA National Longitudinal Lesbian Family Study (NLLFS). The NLLFS has the stated goal of providing “prospective, descriptive, longitudinal data on the first wave of planned lesbian families with children conceived through” AI (Gartrell et al., 2006, p. 176). They plan to follow the children to adulthood. The NLFS covers a wide variety of topics including planning the conception of the child (Gartrell et al., 1996), the relationship of the child to his/her grandparents (Gartrell et al., 1999), the amount of bonding between the child and his/her mother(s) (Gartrell et al., 2000), the child’s exposure to homophobia (Gartrell et al., 2005), and the support systems of the mother(s) (Gartrell et al., 2006). Gartrell and her colleagues do not have a control group of heterosexual parents.

Gartrell and her colleagues (1996, 1999, 2000, 2005, 2006, 2009, in press) have reported a number of interesting findings that partially illuminate the development of and experiences within lesbian parented families. During the first interview, conducted with
biological and nonbiological mothers (and mothers-to-be) during the processes of insemination or pregnancy, the participants indicated that they strongly desired children and planned a great deal for their conception and arrival (Gartrell et al., 1996). The second interview occurred when the children were 2 years old; the mothers stated that they found parenting extremely enjoyable, and most couples stated that they shared parenting responsibilities (Gartrell et al., 1999). The third study, which included interviews conducted when the children were 5, reported that the children were well adjusted and being raised in supportive and nurturing families; most couples stated that having a child strengthened their relationship (Gartrell et al., 2000). The fourth set of interviews, which occurred when the children were 10 years old, resulted in three publications: one focusing on interviews with and assessment of the children (Gartrell et al., 2005), one focusing on interviews with mothers (Gartrell et al., 2006), and one focusing on psychological resilience (Bos et al., 2008). On the Child Behavior Checklist (Achenbach, 1991), the children were at least as well adjusted as the normative sample; the children were also successful at school and got along well with their peers (Gartrell et al., 2005). The interviews with the mothers revealed that they were pleased to experience their child’s development; 37 of the original 65 couples remained together, and custody was shared in 13 of the 28 separations (Gartrell et al., 2006). For more information, see the original articles (Gartrell et al., 1996, 1999, 2000, 2005, 2006, 2009, in press).

Researchers who are interested in discovering the unique strengths of lesbian parented families have found that being raised by lesbian mothers may have a distinctly positive impact on children. Saffron’s (1998) interviews with 17 teenage and adult children of lesbian parents revealed a number of benefits of having lesbian mothers,
including developing “more accepting and broad-minded attitudes towards homosexuality [sic], women’s independence, the concept of family, and social diversity” (p. 37). In her study of 32 children of lesbians who were in personal counseling, Pennington (1987) found that they were able to see first-hand that women can be “strong, independent, and nurturing” and do not need men to survive (p. 66). This can be a valuable lesson, regardless of the gender and future sexual orientation of the children.

Michell’s (1996) examination of 32 lesbian mothers found that they allowed their children to experience families that are more flexible, have highly involved parents, and have less oppression (within the family) as compared to families with heterosexual parents. Children of lesbian mothers may also be able to educate their peers about same-sex relationships, diversity, and equality. Additionally, lesbian parents are more likely than single heterosexual mothers to insure that their children have regular contact with male role models (Morningstar, 1999; Sullivan, 2004). Lesbian parents, through their unique planning and thoughtful parenting, may allow their children to develop benefits that are less available to children of heterosexual parents.

In addition to the overtly heterosexist nature of the early literature that compared heterosexually parented families to lesbian parented families, there are serious methodological concerns with much of the early research that may also result implicitly from heterosexism. Most of the research considered “lesbian mothers” as one group, which ignored the important differences within this group (Bos, van Balen, van den Boom, & Sandfort, 2004; Hequembourg, 2007; Lewin, 1993; Tasker, 1999; van Dam, 2004). Lesbian headed families could include one or more mothers, stepmothers, biological fathers, children biologically related to one or more of the adults, adopted
children, foster children, etc. It seems that the most common problematic grouping is the inclusion of both planned lesbian families and lesbian stepfamilies (usually from a prior heterosexual relationship) into one group for comparison with heterosexually parented families. A number of authors have commented that lesbian stepfamilies include all of the results of heterosexual divorce and remarriage, possibly including such elements as custody battles with the child’s father, the coming out process of the biological mother, and the addition of a stepmother to the family (e.g., Erera & Fredriksen, 2001; Lewin, 1993; Martin, 1998; Tasker & Golombok, 1997; van Dam, 2004). Johnson and O’Connor (2002) also note that in much of the research that compares the families of divorced lesbian mothers to the families of divorced heterosexual mothers, the lesbian mothers are more likely to live with a partner than are the heterosexual mothers. They further state that this difference is generally not included in the data analysis or discussion of the results. Much of the early research into lesbian parenting was conducted in an implicitly heterosexist manner that assumed that all lesbian parented families were the same, despite evidence to the contrary.

More recent research has moved away from the assumption that all lesbian headed families are the same and has become more specialized. These studies often explicitly include only one specific subgroup without any attempt to generalize to the entire population of lesbian mothers (e.g., lesbian couples who have planned/conceived a child together via AI [Chabot, 1998; Donovan, 2000], lesbian mothers who had their children within a heterosexual relationship then partnered with another woman [Erera & Fredriksen, 2001; Fredriksen-Goldsen & Erera, 2003], lesbian couples who adopted a child together [Bennett, 2003], etc.). Since most people would agree that the basic
question of “are the children normal?” has been satisfactorily answered, the research has expanded to explore other issues such as the experience of the nonbiological mother (e.g., Muzio, 1993; Price, 2007; Tasker & Golombok, 1998) and the decision making processes of lesbian parents, the latter of which will be described at length below.

As was just discussed, the research regarding lesbian mothers and their children paralleled the actual development of planned lesbian parented families. The research moved from a heterosexist focus on the fitness of lesbian women to parent to a more inclusive exploration of life within lesbian parented families. The current study is grounded in the broader context of exploration of lesbian parented families. Rather than questioning the ability of lesbian couples to raise well-adjusted children, this study explored the process lesbian couples undergo when they pursue parenthood for the first time. This discussion concludes the review of the history and context of lesbian parenting within the United States. The next section is concerned with the decision making processes among couples.

Decision Making Among Couples

This discussion of the decision making processes of couples is important because decision making is a key component of the overall process lesbian couples pursuing parenthood undergo. This section begins by discussing general theories of couple decision making. The focus then narrows to discuss decision making among lesbian couples, with the exclusion of decision making about having a child because this will be discussed in detail in the next major section. The review will addresses general “fertility” decision making among heterosexual couples and the decision making processes of heterosexual couples with fertility challenges.
Couple Decision Making Theory

This portion of the section will include a review of theories of decision making within couples, along with any empirical examination of these theories. This review will have an explicit inclusion of studies involving lesbian participants, when available. Van Loo and Bagozzi (1984) describe three “paradigms” to explain how decisions are made by heterosexual couples. The household paradigm is a simplistic cause-effect type model; the characteristics of the family cause the family outcomes. The individual paradigm considers the characteristics of the wife and husband separately, but states that the two sets of characteristics directly influence family decisions, which become family outcomes. The interaction paradigm, which they believe provides the best explanation of family decision making, proposes that the husband’s characteristics and wife’s characteristics undergo a process of social interaction (including both the theories of social exchange and gender role orientation which will be described below), which leads to family decisions and family outcomes. The interaction model, which is the most complex and dynamic, seems to be the most commonly used when considering the decision making processes of couples, even though it is rarely referred to explicitly.

The research has advanced five major theories of how (generally married heterosexual) couples make decisions: social exchange theory, the theory of relative resources, gender/sex role orientation theory, the least interested partner hypothesis, and involvement theory. While these remain as the dominant theories of decision making among couples, much of the research into these theories is dated. The literature review will include all studies published in the past ten years, although the amount is limited.
Each of these theories describes how the partners use their power to influence one another. Cromwell and Olson (1975) describe the power involved in these theories as having three components: bases, processes, and outcomes. The bases of power are the resources each member has, such as money, employment, skills, status, knowledge, affection and nurturance, and physical attractiveness. The processes of power are the means by which power is exercised within the relationship, including persuasion, assertiveness, and problem solving. The current study is most concerned with the processes of power, although most existing research is focused on the outcomes of power. The outcomes of power are concerned with the results—who got his/her way. (As an alternative to this “whoever has the power gets his/her way” perspective, the reader is referred to Gottman and Silver’s [2000] discussion of the importance of each partner accepting influence from the other in successful marriages.) Each of the following five theories is most concerned with who has the power in the relationship.

**Social Exchange Theory and Resource Theory**

Experts in the field of marital decision making agree that social exchange theory is most frequently used to describe and predict the decision making processes of couples (Challiol & Mignonac, 2005; Harvey, Beckman, Browner, & Sherman, 2002). Social exchange theory is based on economic principles and is concerned with the outcome of a decision, rather than the process of decision making (Hybarger, 2000). According to social exchange theory, each partner in a relationship uses his/her resources in order to influence his/her partner. “The focus [of social exchange theory]…is not on the comparative level of husband/wife resources but rather on the absolute levels,” indicating that the partners are assessing the potential value of their resources outside of the
relationship (Rank, 1982, p. 593). Whichever partner is considered to have more “valuable” resources is believed to have more power within the relationship. Social exchange theory assumes “that members of a couple are interdependent since each depends on rewards based on the other’s behaviors” (Challiol & Mignonac, 2005). However, the partner with fewer resources (generally the woman) is likely to be more dependent upon the partner with more resources (generally the man). A limitation of social exchange theory is the possible difficulty understanding the values underlying the exchange system for a particular couple (Challiol & Mignonac, 2005).

In contrast to the social exchange model, resource theory is concerned with the resources each partner controls relative to the other partner. Blood and Wolfe (1960) first proposed resource theory, defining resources as "anything that one partner may make available to the other, helping the latter satisfy his [sic] needs or attain his [sic] goods" (p. 12). The power each partner has depends on the resources he/she possesses relative to his/her partner that are relevant to the decision being made; either partner may be more powerful in a given situation (Hybarger, 2000). However, the “socioeconomic indicators” described by Rank (1982) are not likely to shift frequently; the “education, income, and occupational prestige” of one partner as compared to the other is likely to be fairly stable (p. 592). In most married heterosexual couples, the husband is likely to have a high level of resources relative to his wife, thus enabling him to possess more power.

Although social exchange theory and resource theory have important distinctions, they will be largely considered simultaneously in the review of empirical results below, as much of the research examining them fails to treat them distinctly. Also, it may be
difficult to determine whether the greater power is due to one’s absolute or relative level of resources if one partner has more of each.

Generally, research has shown support for the overall idea that the spouse with greater resources in a heterosexual marriage has greater power (Blood & Wolfe, 1960; Gauthier, Forsyth, & Bankston, 1993; Godwin & Scanzoni, 1989; Kandel & Lesser, 1972; Lamouse, 1969; Lupri, 1969; Michel, 1967; Reiss & Webster, 2004). Similarly, wives who are employed outside of the home have greater power within the relationship (Bahr, 1974; Blood & Wolfe, 1960; Blumstein & Schwartz, 1983; Buric & Zecevic, 1967; First-Dilic, 1974; Heer, 1958; Kandel & Lesser, 1972; Lamouse, 1969; Oppong, 1970; Rodman, 1972; Scanzoni, 1970; Weller, 1968). Finally, wives with no children or fewer children have also been found to wield greater power within their relationships, possibly because they are less dependent upon the financial support of their husbands and thus have more power than wives who depend on their husbands to support them and their children (Blood & Wolfe, 1960; Centers, Raven, & Rodrigues, 1971; Heer, 1958; Michel, 1967; Morris & Sison, 1974). Research has also found a positive correlation between relative influence in decision making and resources such as education, job status, and income (Lee & Beatty, 2002; Rosen & Granbois, 1983). Confirming the importance of relative resource contribution, studies examining the power differential between husbands and wives revealed that a greater discrepancy between their resources is associated with a greater power differential (Buur & Zecevic, 1967; Michel, 1967; Safilios-Rothschild, 1969; Lupri, 1969; Oppong, 1970; Rodman, 1972; Richmond, 1976).

Despite all of the apparent support for social exchange and resource theories, I believe that all or most of the results are probably confounded by the interaction of
gender, resources, and power. In American society men often have larger incomes than women; additionally, men generally have more power than women. Since these discrepancies are not independent of one another (i.e., they result from the same sexist power structure), it is likely that, in many of the couples included in the studies of social exchange and resource theories, husbands made more money (e.g., Kingsbury & Scanzoni, 1989), so it is unclear whether gender or resource contribution is responsible for the greater level of power.

Despite the large body of research supporting social exchange and resource theories, other researchers have found that total or relative financial contribution to the family is not associated with the amount of power in the relationship (Allen & Straus, 1984; Perlman, 1989). In one study, the proportion of the family’s total revenue provided by the partner had no impact on the power he/she had when the couple was deciding whether to relocate for his/her job (Challiol & Mignonac, 2005). Additionally, no relationship between resources and power was found in one study of cohabitating heterosexual couples and gay couples (Reiss & Webster, 2004). Most researchers have found that there is not a significant relationship between resources and power within lesbian relationships (Bell & Weinberg, 1978; Blumstein and Schwartz, 1983; Johnson, 1990; Peplau & Cochran, 1990; Reilly & Lynch, 1990; Reiss & Webster, 2004; Wilkes & Laverie, 2007). Research has also found that lesbian partners are generally similar in areas that could lead to greater power, such as education, income, and age (Dunne, 1997; Kurdek, 1998; Kurdek & Schmitt, 1987), so they may not be able to assign power based on relative or absolute differences in resource level. However, three studies have reported
that the partner who has higher resources has greater power within lesbian couples (Caldwell & Peplau, 1984; Mackey, O’Brien, & Mackey, 1997; Tanner, 1978).

While the research is not conclusive, it is clear that social exchange theory and the theory of relative resources both hold prominent positions within the literature. Each has been examined closely over the course of three decades, although relatively little research has addressed their utility with lesbian couples.

*Gender Role Orientation*

The third major theory of decision making among couples is that of gender role orientation. Gender role orientation describes the process by which partners within a couple use the gender roles proscribed by society in their decision making process. (Gender role orientation is also called sex role orientation in some of the literature; this paper will only refer to gender roles, since that is how the term is commonly understood at this time.) In their theory of family decision making, Scanzoni and Szinovacz (1980) propose “that the most fruitful way to understand the dynamics…of male-female relations…is through sharp focus on [gender] roles and decision-making” (p. 10). They further claim that the interplay of gender roles and decision making is a modern phenomenon (i.e., the past several decades); they indicate that when traditional gender roles were universally endorsed, husbands and wives did not have to make many major decisions jointly—their gender roles told them what to do, and they did it (Scanzoni & Szinovacz, 1980). As more individuals (primarily women) began to endorse more modern gender roles, decision making became more of a complicated process between men and women. With the advent of the more modern gender roles, “gender role norms [began to] specify the kinds of costs wives and husbands are willing to bear, and the
kinds of rewards they desire, in terms of behaviors both within the household and within
the occupational sphere” (Scanzoni, 1976b, p. 687).

Reiss and Webster (2004) state that each member of a couple may employ
traditionalism or egalitarianism, depending on the individual and interactional dynamics
within the relationship. Traditionalism is the belief in “husband-dominant decision
making to control finances and to place his career and general lifestyle before those of his
spouse,” while egalitarianism involves mutuality and sharing (Reiss & Webster, 2004, p.
1826). However, Kingsbury and Scanzoni (1989) assert that the amount of difference in
gender roles between the partners is as important as their actual roles in determining the
process and outcome of decision making within couples.

Empirical support for gender role theory is found in both examinations of the
theory and in studies that call into question resource theory and social exchange theory.
For example, two studies of wives who are the primary wage earners in their families
failed to find evidence that they had greater power within their relationships, which may
show that the impact of gender outweighs relative resource contribution (Commuri &
Gentry, 2005; Tichenor, 1999). It also seems that gender role theory has found some
support through several studies that indicate that women are more likely to subvert their
career aspirations than their husbands, regardless of the relative status each possesses
(Becker & Moen, 1999; Bielby & Bielby, 1992; Markham, Macken, Bonjean, & Corder,
1983; Markham & Pleck, 1986). Research has found that women who endorse more
modern gender roles possess more power in the relationship (Kingsbury & Scanzoni,
1989) and make more decisions within the relationship (Beckman, 1979), but the
husband’s gender role has no impact over the amount of power the wife has in the
relationship (Godwin & Scanzoni, 1989). Research has also found that men have more influence over the purchasing decisions of traditionally male items, while women have more influence over more home-related items (this also offers support for influence theory, described below; Burns & Granbois, 1977; Davis, 1970). Haber and Austin (1992), in their study of the decision making processes of heterosexual couples, found limited support for the hypothesis that gender role orientation patterns within the couple impact their decision making process. However, a study of relocation decision making indicated that the gender of the employee who was offered the transfer had no impact on whether the relocation was accepted (Chaliol & Mignonac, 2005).

In their book, *Family Decision Making*, Scanzoni & Szinovacz (1980) posit that gender roles are the primary way in which heterosexual couples make decisions. They further acknowledge that “gays” live in committed relationships and state that they make important decisions in the same manner as heterosexual couples, but they do not offer any information about how gender role orientation impacts their decision making process. In her attempt to validate Scanzoni and Szinovacz’s (1980) model, Haber (1986) failed to find empirical support for any aspects of the model among the 81 married heterosexual couples included in her unpublished dissertation. Reiss and Webster (2004) found support for gender role orientation theory among married heterosexual couples, but not among cohabitating heterosexual couples, gay couples, or lesbian couples. Wilkes and Lavarie (2007) also found that gender role orientation did not play a significant role in the decision making processes of lesbian couples about purchases.

Empirical examinations of the application of gender role hypothesis among heterosexual couples have garnered mixed results. Thus far, no studies have found
empirical support for the gender role hypothesis among lesbian couples, although only two studies seem to have investigated the impact of gender roles in the decision making processes of lesbian couples.

Least Interested Partner Hypothesis

The fourth major model of couple decision making is the least interested partner hypothesis. The least interested partner hypothesis states that the partner who is least interested in the relationship actually exhibits more power over the decisions made by the couple because he/she is less dependent upon the relationship. Waller and Hill (1951) proposed the least interested partner hypothesis by stating that the partner with the least interest is the most likely to exploit the other and thus has more power. The partner who has less interest in the relationship is likely to be less committed to the relationship and thus able to exhibit more leverage (O’Connor, 1991; Waller & Hill, 1951). As Harvey and colleagues indicate (2002), “least interest can be defined in a number of ways, including having less emotional attachment to the relationship, more resources (such as physical attractiveness, money, or employment), or more perceived desirable alternatives to the current relationship” (p. 285).

Despite the fact that several authors have discussed the least interested partner hypothesis, very little empirical research has been conducted on this topic. However, one empirical study found support for the least interested partner hypothesis among married and cohabitating heterosexual couples but not among cohabitating gay or lesbian couples (Reiss & Webster, 2004).
Involvement Theory

The final general decision making theory among couples to be discussed is the involvement theory. Involvement theory states that whichever partner is more involved in a certain decision or more invested in the outcome of the decision has greater power to influence the other partner (Qualls, 1987; Reiss & Webster, 2004). Involvement theory seems most relevant when considering purchasing decisions; if it is a product or service that will be used by only one member of the couple, that partner will have greater influence over the final decision. Research has found mixed results when analyzing the involvement theory. Reiss and Webster (2004) found support for the involvement theory across married and cohabitating heterosexual couples and cohabitating gay and lesbian couples. However, Wilkes and Lavarie’s (2007) study of purchasing decisions among lesbian couples found that neither partner was dominant in purchasing decisions, regardless of whether the products would be used by only one partner (e.g., clothing for self), were stereotypically linked to one gender role (e.g., lawnmower), or were products for the household (e.g., furniture).

Empirical examinations of the utility of involvement theory in the decision making processes of lesbian couples have garnered mixed results. Additionally, no research has studied the use of involvement theory for such major decisions as buying a house, moving, or having a child. For example, if one partner is going to be inseminated, she may have more “say” in decisions about insemination since she will be more intimately involved in the process. However, this idea has never been studied.
None of the previously reviewed theories offers unequivocal information about how lesbian couples (or any couples for that matter) make decisions. A review of the research into decision making among lesbian couples follows.

*Decision Making among Lesbian Couples*

The research into the decision making processes of heterosexual couples, as described above, has largely focused on who has the power to influence the ultimate decision of the couple. However, very limited empirical support exists regarding the applicability of any of the theories described above (social exchange theory, resource theory, gender role orientation, the least interested partner hypothesis, and involvement theory) to lesbian couples. As Blumstein and Schwartz (1983) indicate in their study of how heterosexual and same-sex couples negotiate issues surrounding money, work, and sex, decision making processes may be more complex for same-sex couples than heterosexual couples due to the lack of standards and norms. While little has been written about the process involved when lesbian couples make decisions, a few studies have relevant findings. This discussion of decision making among lesbian couples will deliberately ignore the topic of decision making about having children, as that will be discussed at great length in the final section of this chapter. The existing research into decision making among lesbian couples includes some discussion of process elements, which is quite relevant to the current study.

The first general trend in the results of studies examining the decision making processes of lesbian couples is that they tend to prioritize equality. Two studies of lesbian couples who live together found that they tend to expect equality in decision making (Reilly & Lynch, 1990; Wilkes & Laverie, 2007). Research studies and theoretical
writings agree that lesbian couples value egalitarianism more than other types of couples (Johnson, 1990; Kurdek, 1993, 1995a, 1995b, 2004; Mackey et al., 1997; Peplau & Cochran, 1990). A number of studies have found that lesbian couples believe they are more egalitarian than other types of couples (Blumstein & Schwartz, 1983; Caldwell & Peplau, 1984; Dunne, 1997; Tanner, 1978). In her book that reviews sociological research into gender roles, Lindsey (1990) claims that lesbian couples are more egalitarian than other types of couples. This may offer a partial explanation of why none of the theories reviewed above seemed to offer a satisfactory explanation of how lesbian couples make decisions—power does not seem to be the organizing factor for many lesbian couples, while all of the theories stress the role of power.

The second general trend applies to occasions when there is conflict during the decision making processes of a lesbian couple. Kurdek’s (2004) empirical examination of lesbian couples living together an average of almost 5 years revealed several patterns. He describes the following three communication strategies: ineffective arguing (i.e., “dysfunctional style of resolving conflict” p. 890), demand/withdraw (i.e., one partner places demands on the other partner, who then withdraws), and symmetrical positive communication (i.e., both partners use positive communication techniques). Of these three patterns, Kurdek (2004) found that lesbian couples most often utilize symmetrical positive communication. Similarly, Wilkes and Laverie (2007) studied three major conflict management styles: attack, avoid, or compromise. They found that, of the three styles, partners in lesbian couples are most likely to compromise and least likely to attack. Another study found that when gay and lesbian couples discuss conflict, they do it more positively than heterosexual couples; they exhibit less belligerence, domineering,
sadness, whining, and fear/tension, and they exhibit more affection, humor, and joy (Gottman, Levenson, Swanson, Swanson, Tyson, & Yoshimoto, 2003). It seems that, when they encounter conflict, lesbian couples are likely to openly communicate and compromise.

The third general trend in the decision making processes of lesbian couples is the strong impact of communication. Wilkes and Lavarie (2007) found that “relatively high verbal communication levels exist between partners,” which probably plays a key role while they are making joint decisions (p. 69). Mackey et al. (1997) also found that lesbians tend to process decisions beforehand and afterwards in order to be able to learn from them. A limitation of these two studies is their highly educated participants (i.e., more than 75% of participants have at least a college degree); it is likely that the education level of these participants had a strong influence on their verbal behavior.

In addition to the general decision making trends just discussed, a few studies have examined financial decisions and more general household decisions. Mackey and his colleagues’ (1997) examination of twenty-four lesbian couples, who had been together for a minimum of sixteen years, found that equity and mutuality tended to be important in their financial decision making. In fact, two studies have found that lesbian couples make conscious decisions in order to avoid financial dependence that would tip the power balance (Blumstein & Schwartz, 1983; Dunne, 1997). Consistent with this is the finding that lesbian couples are more likely to maintain separate finances than are gay and heterosexual couples (Mackey et al., 1997); in her study of long term lesbian couples, Johnson (1990) found that 45% of lesbian couples maintained at least partially separate finances. In their study of lesbian consumer behavior, Wilkes and Laverie (2007) stated
that, for all products studied, “the decision process is seen as involving essentially equal influence across partners rather than being dominated by one partner or the other,” even if only one partner is actually going to use the product (p. 65). They additionally found that lesbian couples believed it was important to make decisions together and enjoyed making decisions together. Additionally, a number of studies have found that lesbian couples, with and without children, exhibit a great deal of equality in the amount of housework they perform (Blumstein & Schwartz, 1983; Chan, Brooks, et al., 1998; Kurdek, 1993; Patterson, 1998; Peplau & Cochran, 1990; Peplau, Veniegas, & Campbell, 1996; Vanfraussen et al., 2003).

Despite the emphasis lesbian couples place on equality, it may be very difficult to actually be completely egalitarian. In her large study of long term lesbian couples, Johnson (1990) found that 57% of couples agreed that they each have equal power and influence; the percentage is increased to 80 when those who report having “nearly” equal power and influence are included. Reilly and Lynch’s (1990) study of 70 lesbian couples who had lived together for an average of 4 years found that 45% of the couples agreed that both partners had equal power. The degree to which couples display equality in final decision making seems to depend on the type of decision being made. Over 50% of couples had equity in the final decision making regarding money per week spent on food and how to spend leisure time, over 60% of couples agreed about which friends to spend time with, over 70% of couples agreed about where to go on vacation and which restaurants to frequent, and over 80% agreed on where to live (Reilly & Lynch, 1990).

An important critique of the research on decision making in lesbian couples involves the overall trends in participant characteristics; overall the participants are
White, highly educated women (see Table 1). Participant demographics could have a strong impact on such factors as egalitarianism, communication styles, and financial decision making. Thus, the results reviewed above should be viewed with caution, as their applicability to lesbian women in general may be limited.

This extremely short review of the literature is due to the fact that only very limited research has addressed the decision making processes of lesbian couples. However, the themes of equality, compromise, and communication may offer a great deal of meaningful information regarding lesbian couple decision making in general and decision making about children more specifically, especially for White, highly educated women.

Heterosexual Reproductive Decision Making

Most research on decision making about reproduction among heterosexual couples has focused on how couples decide to have a(nother) child. While some research is conducted through the lenses of social exchange theory and gender role orientation, there are also unique theories, which will also be discussed below. Many of these theories use the term “fertility” to indicate the number of children a woman/couple has or plans to have in her/their lifetime, although this does not align with the colloquial or medical meaning of fertility. Although the focus of the current study is on the process components of decision making, much of the existing literature has an outcome perspective.

Social Exchange Theory

Although social exchange theory is not purely financial, when it has been applied to fertility decision making, it has often been relabeled as a microeconomic model of fertility (e.g., Turchi, 1975, 1991). Although social exchange theory itself has a strong
Table 1

*Participant Characteristics in Lesbian Couple Decision Making Literature*

<table>
<thead>
<tr>
<th>Article</th>
<th>Age</th>
<th>Race</th>
<th>Education</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dunne, 1997</td>
<td>Not reported</td>
<td>White: 100%</td>
<td>“[D]egrees or professional qualifications”: 70%</td>
<td>Not reported</td>
</tr>
<tr>
<td>Kurdek, 2004</td>
<td>Average: 36</td>
<td>White: 93%</td>
<td>College education: 35%</td>
<td>Not clearly reported</td>
</tr>
<tr>
<td>Mackey et al., 1997*</td>
<td>40-49: 50%</td>
<td>Not reported</td>
<td>Less than college degree: 18%</td>
<td>Joint income</td>
</tr>
<tr>
<td></td>
<td>50-59: 26%</td>
<td>College degree or higher: 82%</td>
<td>Under $50,000: 15%</td>
<td>$50,000-$100,000: 35%</td>
</tr>
<tr>
<td></td>
<td>60+: 24%</td>
<td></td>
<td>Over $100,000: 31%</td>
<td></td>
</tr>
<tr>
<td>Reilly &amp; Lynch, 1990</td>
<td>Range: 20-63</td>
<td>Not reported</td>
<td>High school: 4%</td>
<td>Individual income</td>
</tr>
<tr>
<td></td>
<td>Median: 33</td>
<td>Some college: 20%</td>
<td>College education: 36%</td>
<td>Range: $1,084-$48,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Master’s degree: 29%</td>
<td>Median: $18,002</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>PhD/MD/EdD/JDL: 9%</td>
<td>(1981 dollars)</td>
</tr>
<tr>
<td>Wilkes &amp; Lavarie, 2007</td>
<td>30-49: 86%</td>
<td>Not reported</td>
<td>College graduates: 77%</td>
<td>Joint income</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Graduate credit or advanced</td>
<td>At least $50,000: 80%</td>
</tr>
</tbody>
</table>

*Mackey et al.’s (1997) age, education, and income statistics include 48 lesbians and 24 gay men. They do not provide separate statistics for the lesbian participants.*

relationship to the process that occurs within a couple, the microeconomic models of fertility are much more outcome focused.

The first microeconomic model of fertility was proposed by Becker (1960), who stated that a couple chooses the number of children that they believe would best optimize the cost-benefit ratio for their particular family. In fact, the economic approach to human
reproduction has actually been conceptualized as the “supply and demand for children” (e.g., Bulatao & Lee, 1983). Additionally, Becker (1960) stated that there is a tension between the quantity and quality of children; given that the income of a couple is a constraint on the family, they can choose to spend a greater amount of money on fewer children or less money on a greater number of children. However, as Turchi (1975) asserts, there is no assurance that spending more money on a child will make him/her a higher “quality” child in the traditional sense of the word. These theories seem to reduce children to a commodity that can be bought or sold; perhaps nothing more than a vehicle that can be customized according to personal taste and amount of disposable income. Turchi (1975) also warns that it is “inappropriate” to formulate a model of fertility intentions that is purely economic, without a consideration of psychological and sociological issues.

Turchi (1991) goes on to propose a microeconomic model of fertility that integrates psychological, sociological, and economic components, from the perspective of the wife. In Turchi’s model, factors from the psychological, sociological, and economic domains determine both the “the intensity of demand for pregnancy” and the “wife’s supply of hours to labor market.” These two outcomes are both impacted by “the preference for work versus pregnancy” variable that includes all three types of inputs (psychological, sociological, and economic). A component of this model that contributes to the intensity demand for pregnancy is the “demand for children” variable. The demand for children is impacted by such factors as the labor market, the characteristics of the family of origin, and the community norms. While this model certainly is comprehensive, it would be cumbersome in application and may be resting on questionable assumptions.
For example, the model has the assumption that fertility behaviors and “labour force participation” are both guided by rational decision making processes, when either could be largely decided by forces outside of the woman. Additionally, this model appears to assume that all procreation occurs in the context of a heterosexual marriage, yet the opinion of the husband is only a very small portion of the input.

The microeconomic model of fertility is essentially parallel to the “values attached to children” theory of motivation (e.g., Seccombe, 1991), which is a common way to conceptualize decision making about fertility (Beckman, 1977). The values attached to children theory proposes that there are costs (e.g., stress and worry in raising a child) and benefits (e.g., having someone to love) associated with having a child (Seccombe, 1991). In general, the idea that there are costs and benefits associated with having children leads credence to the theory of social exchange as a method of understanding fertility decision making (Beckman, 1979). As Seccombe (1991) states, there is the assumption that “the decision to have a child or to forgo parenthood is the result of rational decisions based upon the social, economic, and emotional costs and benefits, as compared to the alternatives” (p. 192). Seccombe and others often neglect to explicitly consider that heterosexual couples may conceive unintentionally, may be unable to conceive as they planned, or may use a less “rational” approach to decision making.

Similarly, the subjective expected utility model (Beach, Campbell, & Townes, 1979; Beach, Hope, Townes, & Campbell, 1982; Townes, Beach, Campbell, & Wood, 1980) is a model of weighing the costs and benefits of children. In this theory potential parents consider the subjective expected utility (SEU; a balance of the costs and benefits)
of adding a child to their family before making a decision. If the SEU is below a certain point, the couple decides to get sterilized; if the SEU is above a certain point, they decide to have a child. Couples whose average score falls between these two thresholds continue to take “nonbinding” action, that is, they continue using contraception, rather than having a(nother) child or getting sterilized.

Another perspective on social exchange theory and fertility was provided by Bagozzi and Van Loo (1978, 1980; Van Loo & Bagozzi, 1984). They contend that all decisions made by a couple are constructed through exchange interactions based on the needs, desires, and influence of each partner. Within this system a child is a potential resource to be exchanged (i.e., conception can be given or withheld from the partner) depending on the values underlying the couple’s exchange system. They seemed to find some support for this theory, although it explained only a small proportion of the decision whether to have a child.

Social exchange theory has been adapted in several different forms in order to explain how couples decide whether to have a(nother) child. It seems that these theories could provide some insight into how a lesbian couple decides to have a child, but no existing studies have attempted to explain the additional decisions that a lesbian couple pursuing parenthood must face (e.g., if there is a partner with greater power, does she have more influence over the selection of the sperm donor).

Gender Role Orientation

Most research involving gender role orientation and fertility investigates the “sex role-fertility control hypothesis,” the relationship between traditional or modern/egalitarian gender role orientations and the number of children desired. Research into the
sex role-fertility control hypothesis has focused exclusively on desires and outcomes, without elaboration into the process that occurs within the couple.

For women, endorsing a traditional gender role orientation is positively correlated with the number of children intended; that is, less traditionally oriented women generally have fewer children (Beckman, 1979; Haas, 1972; Scanzoni, 1975; Van Loo & Bagozzi, 1984) and want fewer children (Beckman, 1979; Fox, 1977; Scanzoni, 1976a). Scanzoni (1976b) found significant negative correlations between equal partner status within the marriage and births desired and births intended, with a much stronger correlation among wives who worked fulltime. Additionally, Clarkson, Vogel, Broverman, Broverman, and Rosenkrantz (1970) found that women who consider themselves more feminine want more children. In contrast to the previously cited articles, Seccombe (1991) found no relationship between gender roles and intention to have a child for men or women.

Among heterosexual women, gender role orientation has been conceptualized as being either traditional or modern/egalitarian. However, a body of research has examined the gender roles of butch (masculine) or femme (feminine) among lesbian women. Although this is a rich body of research, this discussion will remain brief in order to maintain the current focus on lesbian couples decision making about parenting. Some of the research into butch and femme gender roles has revealed that butch lesbians have less interest in conceiving and giving birth to children than do femme lesbians (Loulan, 1990; Rubin, 1992; Singh, Vidaurri, Zambarano, & Dabbs, 1999), although Epstein (1999) stresses that butch lesbians do give birth to children, and they always have. Much of this research is dated, although not to the extreme of the above described research into the impact of gender role on the decision making of heterosexual couples.
As compared to the social exchange theories of fertility decision making, the assessment of the impact of gender role orientation has been more limited. The studies do offer a (partial) explanation for the number of children desired by married women in the 1970’s, but the lack of recent studies offers questionable utility for any couple currently. It is unclear to what degree gender role orientation might impact how lesbian couples make decisions about conception/adoptive.

Other Fertility Models

While social exchange theory and gender role orientation offer explanations of how heterosexual couples may decide to have a(nother) child, two models have been consistently applied to fertility decision making among heterosexual couples. Fishbein and Azjen’s (1975; Azjen & Fishbein, 1980; Fishbein, 1967) Theory of Reasoned Action describes how intentions become behaviors and has been applied to several relevant decisions. Miller, Severy, and Pasta’s (2004) Traits-Desires-Intentions-Behaviour (sic) Framework was developed to specifically address how couples make the decision to have a(nother) child. Each will be reviewed below.

Theory of Reasoned Action. Fishbein and Azjen’s (1975; Azjen & Fishbein, 1980; Fishbein, 1967) Theory of Reasoned Action states that the intention to perform a behavior is the direct precursor to that behavior. The Theory of Reasoned Action is both process and outcome focused, but it examines the process and outcome of only one partner, rather than including both partners. While this theory is not specific to only fertility decision making, this area has been a common focus of research into the Theory of Reasoned Action.
Fishbein, Jaccard, Davidson, Ajzen, and Loken (1980) further elaborated upon the original model by stating that intentions are determined by attitudes and subjective norms, which are determined by beliefs. Intentions are comprised of four elements: action, object, time, and situation (Fishbein & Jaccard, 1973). For example, Maria and Jen intend to inseminate (action) using sperm from anonymous donor 4323 (object) at 3:30 today (time) at their home (situation). While these components were all quite specific, any of them could have been broader; greater specificity equals a better chance of making an accurate prediction. The Theory of Reasoned Action has been studied in relation to heterosexual couples’ intention to practice contraception (Davidson & Jaccard, 1975; Jaccard & Davidson, 1972), intention to have two children in the family (Davidson & Jaccard, 1975), and intention to have a child within the next two years (Davidson & Jaccard, 1975; Vinokur-Kaplan, 1978). In their discussion of the Theory of Reasoned Action and “family planning behaviors,” Fishbein and his colleagues (1980) stress that behavior is a necessary mediator between intention and outcome; many families report having either fewer children or more children than they intended, as their behavior did not result in the desired outcome. This theory is focused on the beliefs, attitudes, intentions, and behaviors of the individual rather than the couple. Specifically, the model seems to be applied to women, with their husbands entering into the bottom left box, as an “other” whose beliefs must be considered.

In some aspects, the Theory of Reasoned Action may be more applicable to lesbians than heterosexuals in the realm of conception behavior. That is, while heterosexuals may become pregnant without intending to, this is impossible for lesbians who do not have sex with men. Thus, while heterosexuals can have both more and fewer
children than intended, lesbians will generally only have fewer. (Of course, giving birth
to multiples would increase the overall number of children, so perhaps it is pregnancies
that should be measured.) However, the relevance of this model to the current study is
limited since it focuses only on the intentions of one partner (the wife), while this study is
interested in how the couple makes decisions jointly. One unpublished dissertation has
studied the relevance of the Theory of Reasoned Action to lesbian couples; McCrohan
(1996) found that, among 163 lesbian women without children in Michigan, attitudes
toward parenting explained .87 of the variance in intention to parent, which explained .62
of the variance in behaviors that could lead to parenthood.

*Traits-Desires-Intentions-Behaviour Framework.* Miller and his colleagues
(2004) proposed a model of fertility motivation in heterosexual couples that integrates
their work over the preceding eighteen years (Miller, 1986, 1994; Miller & Pasta, 1993,
1995, 1996a, 1996b, 2001, 2002; Severy & Silver, 1993) with research conducted by
others (e.g., Bankole & Singh, 1998; Beach et al., 1982; Zabin, Huggins, Emerson, &
Cullins, 2000). Miller and his colleague’s (2004) model is based on Miller’s (1994)
Traits-Desires-Intentions-Behaviour (sic) framework (TDIB), which includes a four-step
sequence: “the formation of traits, the activation of traits to form desires, the translation
of desires into intentions, and the implementation of intentions in the form of behaviors”
(p. 228). This approach is also consistent with the Theory of Reasoned Action.

Miller and his colleagues (2004) expanded the original model to include the traits,
desires, and intentions of both partners; however, they conceptualize behavior as being
conjoint. *Traits* are the “dispositions that people have to react in a specific way under
certain conditions” and include personality traits, attitudes, and childbearing motivations
Desires are “psychological states that represent what someone wishes for or wants;” desires do not have to be constrained by reality (Miller, 1994, p. 228). Intentions are “psychological states that represent what someone actually plans to do;” having an intention to do something conveys a commitment to pursuing that course of action (Miller, 1994, p. 228). Fertility behaviors are any actions that either increase or decrease the likelihood of conceiving children, such as having heterosexual intercourse while the female is ovulating or using birth control pills. The TDIB framework includes primarily process elements.

In the original Miller (1994) model, traits flowed through desires and intentions to behavior, while in the Miller and his colleagues’ (2004) reformulation the perceived desires of the partner influence one’s own intentions and ultimately the behavior of the couple. They also describe five ways that actual and perceived desires are impacted. For the sake of clarity, the model will be described from the wife’s viewpoint. The first way that actual and perceived desires are impacted is apprehension, which states that the husband’s actual desires impact the way in which his wife perceives his desires; that is, the wife’s perception of the husband’s desires partially rely upon the husband’s actual desires. Attribution, the second factor, includes the bias in the wife’s perception of the husband’s desires due to her own desires. Third, acceptance indicates that the wife’s perceptions of the husband’s desires impact her own actual desires over time. The fourth factor, accommodation, states that the wife’s perceptions of the husband’s desires change his actual desires. The fifth factor is external events, which impact the husband’s actual desires, his perceived desires, and the wife’s actual desires. Miller and his coauthors
(2004) posit that the husband is undergoing the same process as he perceives his wife’s desires.

In order to address the possibility that the two members of a couple have different motivation, Miller and his colleagues (2004) suggest that there are three “effects” that govern the translation of two people’s motivation into one set of behavior. The first effect, the overall motivational effect, suggests that motivation is basically additive. It states that the greater the combined motivation of both members of the couple to have a child, the greater likelihood of behaving in such a manner as to conceive a child. Second, the sex-of-partner influence effect, involves the relative influence of each partner based upon his/her gender. This effect questions whether the actual behavior more closely matches the motivation of the male partner or the female partner. Finally, the disagreement effect, discusses whether the partner with the higher motivation or the partner with the lower motivation has a stronger relative influence on behavior. They suggest a mathematical formula to calculate the overall motivation of the couple by including all three effects, although the strength of each contribution is likely to vary greatly based on the couple. This formula is so complex that it may have limited utility for most applications, although it is an interesting concept.

This model has been developed through both theory and research, but the entire model has not been empirically validated. The following studies validated portions of the overall model. Miller and Pasta (2002) found that the strongest predictors of the partner’s perceived desire are the partner’s actual desire and the respondent’s actual desire. Additionally, Miller (1994) found that one’s own desires and the perception of one’s partner’s desires are the strongest predictors of intention. Miller and Pasta (1993) also
found that traits and desires operate through intentions and do not directly cause behavior. Miller (1994) also found support for the impact of external factors upon desire, as the influence of friends and family played a small but significant role in intention. The research into the Theory of Reasoned Action and fertility decisions discussed above (e.g., Davidson & Jaccard, 1975; Vinokur-Kaplan, 1978), as well as the research of Townes et al. (1980), seem to draw a strong link between the intention to have a(another) child and the outcome of having a(another) child, which assumes that the behavior was consistent with both the intent and the outcome.

While this model does appear to be promising in its description of fertility motivation among heterosexual couples, it has some limitations. Miller and his coauthors (2004) acknowledge that fertility behaviors can be “discordant,” and they briefly describe the concept of conjoint behavior being a latent variable. However, the model assumes that fertility behaviors are conjoint; in the mathematical formulas combining the motivation of each partner, behavior is denoted as “behav_c,” with the “c” standing for conjoint. Not only are individuals capable of becoming single parents, partners in a couple may be knowingly or unknowingly pursuing different behaviors. For example, the husband may be behaving without the intention of impregnating his wife, under the belief that she is taking contraceptive pills, while the wife has stopped taking the pills, with the hopes of becoming pregnant. While the act of conception may indeed be conjoint, this does not indicate that the traits, desires, and intentions of each partner contributed to the actual behavior and outcome.

I was unable to find any research applying the TDIB framework to lesbian couples (or single lesbian women) as they are making decisions about having children.
However, it seems that the TDIB framework can be applied meaningfully to lesbian couples by simply changing the labels to “partner 1” and “partner 2” or the like. In fact, the framework may actually apply more easily to lesbian couples than heterosexual couples, as fertility behaviors for lesbians are typically distinct from other behaviors (e.g., a heterosexual couple may have sexual intercourse for any number of reasons unrelated to conception and yet conceive, while a lesbian couple only undergoes alternative insemination with the goal of conception). Without empirical investigation it is impossible to determine how well this model would fit lesbian couples who decide to have children.

The theories and models reviewed above offer interesting perspectives into heterosexual couples’ decision making about having children that can inform the current study. However, only the TDIB framework includes process elements at the couple level. The theories based on social exchange theory and the gender role hypothesis are outcome focused, and the Theory of Reasoned Action is focused on the process and outcome of only one partner. Additionally, only the Theory of Reasoned Action has been applied to lesbian couples’ decision making about having a child.

*Decision Making among Infertile Heterosexual Couples*

Although there has been some debate over whether lesbian couples can/should be considered infertile (see Agigian, 2004; Cooper, 1997; Murphy, 2001), the literature regarding heterosexual couples with fertility challenges may be applicable to lesbian couples because infertile heterosexual couples are faced with a number of complicated questions that bear a similarity to the questions faced by lesbian couples. Both types of dyads are faced with a situation in which they cannot “naturally” conceive a child using
the genetic material of each partner, so both types of couples must consider what alternatives best meet their needs. While there are clearly vast differences that constrain each type of couple, each is faced with considering whether, and under what circumstances, adoption would be preferable. If they choose to use donor gametes (i.e., donated sperm and/or eggs), they must decide how to select a donor. There are also a number of additional decisions that both types of couples must face, many of which are difficult and emotion laden.

_Fertility Treatments_

For heterosexual couples, the decisions usually begin with a suspicion that they may be having unanticipated fertility problems. Heterosexual couples have several options to choose from when they discover that they are struggling with fertility challenges. They can choose to do nothing and let nature run its course. They can seek treatment for infertility, begin to pursue adoption, or both. Some couples decide to apply for adoption and try fertility treatments simultaneously, hoping for a greater likelihood of success (Daniels, 1990, 1994; Daniluk & Hurtig-Mitchell, 2003; Halman, Abby, & Andrews, 1992; Wendland, Byrn, & Hill, 1996). Treatment for infertility is known as assisted reproductive technology (ART) and includes a wide range of procedures including hormones, fertility drugs, alternative insemination, in vitro fertilization, egg donation, and surrogacy (Mundy, 2007).

Clearly, couples are faced with a series of difficult decisions, which they are unprepared to make, that must often be made without all of the relevant information, and that may have to change as the circumstances change (Mundy, 2007). For example, many couples begin treatment by setting a limit as to how far they are willing to go in fertility
treatments (e.g., “We will never do in vitro fertilization”), but as less expensive/invasive/experimental treatments fail, couples push their own boundaries (Cussins, 1998; Daniluk, 2001a; Mundy, 2007). Daniluk (2001a) found that couples set time, monetary, or procedure limitations easily because they never believed it would come to that anyway; however, as treatments fail and time passes, couples often decide to pursue previously unacceptable options. In fact, heterosexual couples facing fertility problems will generally do whatever they can to have a child that is biologically related to them, and they have a difficult time stopping treatment without a child (Dumit & Davis-Floyd, 1998; Leiblum, 1997; Mentor, 1998; Mundy, 2007; Spar, 2006). As Spar (2006) stated, infertile couples “are willing to try anything—repeated rounds of hormones, multiple surgeries, pregnancy right after cancer—and they are essentially unwilling to give up” (p. 48). The decisions that must be made are nearly endless.

The most basic decisions that couples face in regards to fertility treatments are whether/when to begin and end treatment, and a number of studies have examined these issues. Since research has shown that most couples do at least consult with a physician about infertility before beginning to pursue adoption (Daniluk & Hurtig-Mitchell, 2003; Schwartz, 2003; Spar, 2006; van den Akker, 2001), it seems that this step is nearly universal. While little research has addressed the process that couples undergo when determining whether to pursue infertility treatments, some data has emerged regarding gender differences in this process. Research has shown that almost exclusively it is the wife who initiates investigation and seeks medical assistance if she believes that the couple may be experiencing fertility problems (Daniluk, 2001a; McGrade & Tolor, 1981; Greil, Leitko, & Porter, 1988). However, the decision to actually begin treatment is more
often shared, approximately two thirds of the couples jointly agreed to pursue fertility treatment (61% in Pepe & Bryne, 1991) or in vitro fertilization (68% in Collins, Freeman, Boxer, & Tureck, 1992; 65% in Daniels, 1990). If the decision was made mostly or solely by one partner, it was almost always the wife who decided to pursue (the next stage of) treatment (Pepe & Bryne, 1991; Collins et al., 1992; Daniels, 1990). Gender seems to play an important role in the decision making processes of heterosexual couples seeking treatment for infertility.

Research into the process heterosexual couples undergo while deciding to terminate fertility treatments has revealed several patterns. In general, husbands are more willing to stop pursuing fertility treatments, regardless of whether they or their wives (or both) have the fertility problems (Daniluk, 2001a; Greil et al., 1988). Daniluk (2001a) found that the most common dynamic within couples was one in which the wife insisted on going for additional treatments, and the husband acquiesced although he wished to terminate fertility treatments. One additional study found that, while the decision to terminate treatment was shared for 61% of couples, if a decision was unilaterally made it was more frequently the husband who made the decision (Pepe & Bryne, 1991). Daniluk (2001a) stated that, while couples often make decisions before beginning treatment regarding when they will cease treatment, people cannot actually decide this in advance; they must make this decision in order to meet their own needs at the time.

While a couple may have any number of reasons for choosing to terminate fertility treatments, the research has advanced several common reasons. One of the most common reasons for deciding to stop pursuing fertility treatments is the associated cost; couples may continue trying treatments until they simply cannot afford to continue to do
so (Braverman, 1997; Daniluk, 2001a, 2001b; Mao & Wood, 1984). Couples may also discontinue fertility treatments due to the psychological impact of treatment; they may have withdrawn from family and friends during the process and wish to return to “normal” life (Benjamin & Ha’elyon, 2002; Braverman, 1997; Daniluk, 2001a, 2001b; Mao & Wood, 1984). In addition to the impact undergoing fertility treatments may have on each individual partner, many couples report that fertility treatments put such a strain on their relationship that they wish to terminate the treatment process (Braverman, 1997; Daniluk, 2001a, 2001b; Mao & Wood, 1984). Other couples cite medical problems or concerns resulting from continued invasive fertility treatments as a reason to stop treatment (Braverman, 1997; Daniluk, 2001b; Mao & Wood, 1984). Finally, some couples terminate fertility treatment due to having pursued a successful adoption (Daniluk, 2001b; Mao & Wood, 1984). While the research provides a number of reasons why a couple may decide to stop pursuing fertility treatments, it offers little explanation as to how the couple makes this decision. The current study explored how a lesbian couple made relevant decisions, which included a consideration of fertility treatments.

Little research has addressed the reasons why a couple may choose to use ART in general or more specific procedures that fall under the ART umbrella. An examination of the financial, physical, and emotional costs couples are willing to pay in order to have a biologically related child is potent evidence that most couples strongly prefer to have a child that is biologically related to (at least one of) them. However, this urge has rarely been examined more closely. The limited research has shown that couples prefer to use ART over adoption in order to give the wife the experience of being pregnant and giving birth (Daniels, 1990; Wendland et al., 1996), to allow time for bonding before the birth of
the child (Daniels, 1990), and to control the prenatal care the child receives (Wendland et al., 1996). Additionally, alternative insemination allows the couple to conceal the father’s infertility and is often cheaper and easier than adopting (Daniels, 1990). Most researchers have extolled the virtues of ART—now even couples in which the husband produces next to no sperm and the wife has no fallopian tubes can have a child that is genetically related to each of them. However, Wingert, Harvey, Duncan, and Berry (2005) describe the problems with ART that are often underemphasized to infertile couples; with ART there is a low probability of live births, a lack of clinical trials, a high cost for treatment, numerous health risks to the mother and fetus, and a lack of guidelines and standards for clinics. It is unknown how couples make decisions given the high financial and emotional stakes involved.

I was able to locate no research that illuminates the process heterosexual couples undergo when determining whether to pursue alternative insemination or egg donation. However, research has shown that men are especially reluctant to use donated sperm, while women are generally more accepting of using egg donors (e.g., Shapiro, Shapiro, & Paret, 2001). Research also shows that fewer heterosexual couples are choosing to use sperm donors than in the past because high tech forms of in vitro can be now successful even if the male has only one sperm (Mundy, 2007). It seems that many couples would rather undergo invasive expensive procedures in order to allow both parents to be genetically related to the child than use alternative insemination. Similarly, little research has addressed the process heterosexual couples use when selecting gamete donors, but the existing research seems to indicate that couples are looking for different characteristics in sperm donors versus egg donors. Heterosexual couples generally
prioritize selecting a sperm donor who looks like the husband, often in order to hide the fact that a donor was used (e.g., Mundy, 2007; Wendland et al., 1996). However, egg donors are often selected for being both intelligent and beautiful, instead of looking like the wife (Mundy, 2007). In terms of more process oriented research, one study found that 53% married couples chose their sperm donor together (Wendland et al., 1996). No other data exist regarding how the couples actually make these important decisions.

A few articles have revealed which resources heterosexual couples use to inform their fertility related decision making. Even if doctors do not offer full disclosure of the risks inherent in ART, many couples rely most strongly on their doctors when making decisions (Benjamin & Ha’elyon, 2002; Daniluk, 2001a). Many people, especially wives, are also proactive in seeking literature in order to consider their decisions (Daniluk, 2001a; Greil et al., 1988). Similar trends exist when considering the use of chat rooms and message boards; women increasingly use them in order to explore their options (Mundy, 2007; Wingert et al., 2005). Modern technology has also offered a new resource—some people use online Donor Sibling Registries to look at the offspring of sperm and egg donors before making their selection(s) (Mundy, 2007).

Adoption

The research does not offer any information about how heterosexual couples decide whether to pursue adoption, although there is information regarding why they may or may not choose to do so. Couples cite a large number of reasons they are reluctant to pursue adoption. The most common complaints seem to revolve around negotiating the difficult, time consuming, and invasive processes necessary for adoption (Daniels, 1994; Daniluk, 2001b; Mundy, 2007; Spar, 2006; van den Akker, 2001). Since this process
offers no guarantees, couples worry about the relevant adoption laws (Daniels, 1994; van den Akker, 2001) and fear that they will not get selected to adopt a child (Daniluk, 2001b; Daniluk & Hurtig-Mitchell, 2003). Many (White) couples express dissatisfaction at the low number of healthy White infants available for adoption (Daniels, 1990, 1994; Mundy, 2007; Spar, 2006). With the increasing attention given to the rights of birth parents, most couples express fear about the birth parents changing their minds about putting the child up for adoption (Daniluk, 2001b; Daniluk & Hurtig-Mitchell, 2003; Wendland et al., 1996). Similarly, couples may be displeased with the open adoptions that are now common in the United States (Daniluk, 2001b; Kaslow, 2003). Couples also worry about having problems bonding with a child they are not genetically related to and fear that the child may eventually prefer the birth parents over them (Daniluk & Hurtig-Mitchell, 2003). Finally, couples worry about the health of the child (Daniluk, 2001b; Daniluk & Hurtig-Mitchell, 2003) and the behavioral problems that are common among children who are adopted at an older age (van den Akker, 2001). The problems associated with general adoption are generally magnified when considering international adoption. Adopting children internationally is associated with the legal requirements of two countries, including long waiting periods (Kaslow, 2003; Lipton, Zack, Petrill, Flanagan, & Deater-Deckard, 2003), high cost (Kaslow, 2003; Lipton et al., 2003), and copious amounts of paperwork (Lipton et al., 2003; Morris & Jones, 2003).

While most couples consider adoption only after all other avenues have failed (Daniluk & Hurtig-Mitchell, 2003; Schwartz, 2003; Spar, 2006; van den Akker, 2001), one study found that one third of adoptive parents did not adopt due to fertility problems, so other motivation often exists (Lipton et al., 2003). The basic reason a couple would
pursue adoption is the desire to have a child (often in the presence of infertility). The additional reasons for choosing adoption include altruism (i.e., saving a child from worse circumstances) and having personally been adopted (van den Akker, 2001). Other couples cite the desire to be equally unrelated to the child, rather than having the biological asymmetry associated with using a sperm or egg donor (Halman et al., 1992; Schwartz, 2003). Additionally, some couples find that the problems associated with adoption are satisfactorily lessened through pursuing international adoption instead of domestic adoption. There are usually more babies and toddlers available internationally, international adoptions are generally closed adoptions (Kaslow, 2003), and birth parents are extremely unlikely to change their minds and attempt to claim the child (Schwartz, 2003). Finally, parents may feel that they are being altruistic in saving a child from life in a foreign orphanage (Kaslow, 2003; Schwartz, 2003).

Overall, very little is known about how heterosexual couples make decisions about fertility treatments and adoption, although these decisions impact a large number of people and are extremely important. The small amount of research that does address heterosexual couples’ decision making about ART and adoption focuses on outcome rather than process. This review of decision making among couples, with a focus on fertility related decision making and lesbian couples, was intended to provide a backdrop for the final section. That section will review the literature describing the decision making processes of lesbian couples as they pursue parenthood. This review will also reveal a lack of research into how decisions are made, thus creating a need for a study such as this.
Lesbian Parenting Decision Making

This final section of the literature review will provide an overview of the literature on the examining the processes lesbian couples undergo as they pursue parenthood, which is central to the current study. This overview will have a focus on decision making processes, as this is the framework under which most of these studies were conducted. Most studies that explore this issue examine only one specific decision (e.g., choosing a known versus unknown donor). Other sources, such as lesbian parenting handbooks, discuss a variety of decisions, but they are not research based. A major methodological critique of most of the studies reviewed below is a limitation common to studies of lesbian women. Many of the samples are largely White, middle class, and well educated. For more detailed information and commentary, see Table 5 at the end of this chapter.

Very few studies have addressed the process involved when a lesbian couple is pursuing parenthood—the how; instead they focus almost exclusively on the outcome of specific decisions—the what—or the reasons a particular decision might be made—the why. Since the current study is concerned with the how, this overview will attempt to emphasize any existing information about how this process unfolds.

The following literature review will begin with a brief overview of two studies that have broader perspectives on the decision making processes of lesbian couples pursuing parenthood. This discussion will be followed by a review of the literature that discusses specific decisions that lesbian couples face, including both research and relevant information from other sources, such as lesbian parenting advice books.
Broader Perspectives

While no comprehensive models exist to explain how lesbian couples go about becoming parents exist, two studies offer perspectives on the process of how conception/adoption decisions are made by lesbians. These studies are noteworthy because they offer the broadest perspectives on the processes lesbian couples undergo while pursuing parenthood. Both Mamo (2002, 2007) and Esterberg (2008) offer interesting perspectives that may be partial frameworks for the process lesbian couples undergo when pursuing parenthood.

In her sociological dissertation, portions of which were later published, Mamo (2002, 2007) conducted in-depth interviews of thirty-four lesbian mothers (most of whom were White, well educated, and middle to upper class) who used alternative insemination. Mamo (2002, 2007) proposed that lesbians use “hybrid-technological” practices to conceive. She stated that lesbian couples use procedures that range from no technology (e.g., observing cervical mucus, at home inseminations with fresh semen, etc.) to medium technology (e.g., ovulation detection kits, insemination by a doctor, etc.) to high technology (e.g., ultrasound of fallopian tubes, in vitro fertilization, etc.) for ovulation detection/prediction and insemination. Mamo describes the process as hybrid-technological because many of her participants combined low tech aspects with higher tech aspects; for example, they may combine measuring their basal body temperature with ovulation detection kits in order to determine when they are ovulating. Additionally, some participants made intrauterine insemination, a medical procedure, less technological by performing it at home. Mamo (2007) indicated that “As health care consumers, these women intentionally and deliberately maneuvered through biomedical landscapes” (p.
Using hybrid-technological procedures allowed lesbian couples to have the greatest chance of success with the least amount of invasive medical procedures. Mamo’s (2002, 2007) observations of the hybrid-technological process employed by her participants may be relevant to the processes of additional lesbian couples pursuing parenthood.

Esterberg’s (2008) review and critique of lesbian mothering advice literature, which appeared in the anthology *Feminist Mothering*, analyzes the prescriptions given by these advice books. Since this chapter is not research-based, it cannot speak to the actual processes involved as lesbian women pursue parenthood. Instead, Esterberg reveals how lesbian parenting guidebooks say lesbian women *should* make decisions as they pursue parenthood. She describes the major theme that lesbians must make an informed decision. “At the heart of the injunction to make an informed choice is the sense that the individual has multiple options, each of which must be weighed carefully before making a decision” (p. 77). Esterberg (2008) states that many of the relevant decisions can be considered “consumer” decisions, in which the parent(s) must use the resources within their disposal to select the “best” donor to use or the “best” child to adopt. Most notably, inseminating with cryobank sperm is clearly a commercial process; the couple must actually search through a catalog to pick a specimen to purchase for hundreds of dollars per cycle.

Esterberg (2008) states that “In line with a model of consumer choice and with self-help books more generally, the advice books stress making a choice that is right for you, given your own particular proclivities and life circumstances” (p. 78, italics in original). As of yet, no studies have addressed to what degree lesbian women pursuing parenthood follow the advice given in the books intended for them, so it is unclear whether they make informed, consumer based decisions.
Although Mamo (2002/2007) and Esterberg (2008) had very different goals in conducting their analyses, each offers a perspective that can inform the current study. Mamo’s (2002/2007) assertion that lesbian women make decisions based on balancing maximal chances of achieving pregnancy and minimal medical invasion may partially explain how lesbian couples make decisions as they pursue biological parenthood. If lesbian women pursuing parenthood perceive the same message that Esterberg’s (2008) claims is present throughout lesbian parenting advice books, they may place a lot of weight on educating themselves and making the right decisions. Each of these perspectives also has a “how” focus that makes them rather unique and applicable to the current study.

**Specific Decisions**

A large portion of the overall process lesbian couples pursuing parenthood undergo involves making specific decisions. The following will be a review of the specific decisions that a lesbian couple pursuing parenthood may face. The decisions discussed include the following: whether and when to parent, choosing adoption versus conception, the type of adoption, which mother will carry the child, selecting a donor, and choosing the location for the insemination. For each decision, the review will include any information on the process of decision making, although the bulk of the information available is on the outcome. For an overview of most of the decisions a lesbian couple may face when planning to have/adopt a child, see Appendix A. I developed Appendix A based on a review of literature (e.g., advice literature [e.g., Clunis & Green, 2003; Johnson & O’Conner, 2001], qualitative and quantitative studies [e.g., Johnson & O’Conner, 2002; Touroni & Coyle, 2002], anecdotes [e.g., Aizley, 2006], etc.) that
includes information about the decisions that lesbian women face when pursuing parenthood. It provides the framework for the discussion that follows.

**Deciding Whether and When to Parent**

The first decisions that lesbian couples must make about parenting are whether they actually want to be parents and, if so, when to pursue this goal. It must be noted that the majority of the participants in the studies reviewed below are White, middle class, and well educated; it is unknown how well their processes correspond to more diverse individuals. In her technical report on second parent adoption by same-sex parents written for the American Academy of Pediatrics, Perrin (2002) asserted that lesbians have similar motivations to become mothers as heterosexual women. The findings of Siegenthaler and Bigner’s (2000) empirical comparison of the value of children to (White middle class) lesbian and (White middle class) nonlesbian mothers support this assertion. The main difference in the motivation to become mothers seems to be that lesbians do not necessarily have the social pressure to become parents that heterosexual women do, instead they are more likely to choose to parent out of a strong desire to do so (Siegenthaler & Bigner, 2000). Indeed, lesbians are likely to report that they chose to pursue parenthood as a search for meaning, purpose, or integrity (Lewin, 1993; Siegenthaler & Bigner, 2000). According to Siegenthaler & Bigner (2000):

“it may generally be proposed that lesbian and non-lesbian mothers share similar values in having children in their lives because they: (1) achieve a sense of personal satisfaction in being a parent; (2) derive some measure of adult status and identity from being a parent; (3) find a major source of affection in their children; (4) perceive children as a source of pleasure; (5) derive a sense of
achievement and accomplishment by being a parent; (6) are able to exert influence in the life of another human being by being a parent; (7) believe children will help to provide for their security when they become older adults; and (8) achieve a sense of family by becoming a parent.” (p. 8)

Overall, it seems that the motivation to parent is more similar than different between lesbian and heterosexual mothers, although lesbian women may have to work much harder to actually have children.

While the members of a couple may have independent motivation to parent, the current research is concerned with how a couple makes decisions jointly. Limited research addresses the process lesbian couples undergo while deciding if and when to have a child, but it seems that the first step the couple must make in order to pursue parenthood together is to discuss the possibility. One study found that some lesbians reported that they were so intent on procreating that they required any potential partners to want children and thus discussed the possibility of having children immediately (Touroni & Coyle, 2002). In her unpublished dissertation Chabot (1998) found that other couples discussed the possibility of having children during the beginning of the relationship but did not necessarily make a decision whether to do so. Finally, there are couples who state that they never considered motherhood until the point within the current relationship that they felt they were ready to have a child (Chabot, 1998; Chabot & Ames, 2004).

The time span during which couples discuss parenthood varies greatly; Desmond (2000) reported that the participants in her unpublished dissertation began to speak about having a child within the relationship after 0-11 years, and they decided to have a child 1
month to 14 years into the relationship. A study of 107 German lesbian parents via AI found that couples discussed their decision about parenting for 0.2 to 9 years (mean=1.7 years) before beginning insemination (Herrmann-Green & Gehring, 2007). Anecdotal reports also indicate that couples may debate for years whether to have a child (e.g., DeRosier, 2006; McIntyre, 2006). In her anthropological qualitative examination of lesbian mothers, Lewin (1993) found that the actual timing of the pursuit of parenthood depends on such factors as the age of the partners, their financial stability, and the status of their relationship. Clearly, each couple varies in the amount of time and conversation that must pass as they move from having a motivation to parent to actually deciding to parent together.

McCrohan (1996) attempted to develop a predictive model of lesbian women’s decision to parent based on Fishbein and his colleagues’ (1980) Theory of Reasoned Action, which was discussed above. She surveyed 163 lesbians under the age of 45 who lived in Michigan and were not parents. Of these participants, 33.8% either “mostly desired” or did desire to parent, and 26.4% “mostly intended” or did intend to parent. Eighty-four percent of the variance in the intention to parent was explained by the attitude toward parenting, and 11% was explained by age (although this is a negative association). Fifty-nine percent of the variance in behaviors leading to parenthood was explained by intention to parent with 22% and 19% explained by length of partnership and affiliation with lesbian mothers, respectively. She was unable to find empirical support for other predictor variables (e.g., degree of expected support from others). While these results offer some information about factors that may influence behaviors leading to
parenthood among individual lesbian women, McCrohan did not explain how lesbian couples make decisions about parenthood.

In her multiracial feminist sociological analysis of the decision to parent among lesbian women, Mezey (2008) argues that this issue has been understudied as a result of classism and racism. That is, focusing “primarily on White, middle-class lesbians who face fewer social barriers than less privileged working-class lesbians and lesbians of color” (p. 10) has enabled researchers to ignore the impact of social processes and assume instead that intentional mothering is an option that arises solely out of free will. Through her focus groups with 35 lesbians, Mezey (2008) found that the decision to parent arises out of the desire to parent, which is generally established at a very young age, based on “their experiences as children, how they interpret their own mothers’ lives, their early experiences with childcare, and their experiences of racial or gender discrimination” (p. 47). Another study found that only 27% of lesbian mothers had always desired to have children; other factors that led to a desire to parent included the partner’s desire (23%), enjoyment of interactions with other people’s children (19%), the partner relationship (19%), “a desire for family life” (11%), meeting/learning about other lesbian mothers (9%), and age (3%; Herrmann-Green & Gehring, 2007, p. 364). This same study found that the biological mother most frequently developed the desire to parent first (46%), for 37% of couples both parents experienced the desire to parent simultaneously, and 17% of nonbiological mothers first desired parenthood (Herrmann-Green & Gehring, 2007).

A couple that is considering parenthood faces a number of considerations and decisions. Two discussions of the legal issues facing lesbian couples with children have
asserted that while the couple is deciding whether and when to have a child, they face many of the same concerns as heterosexual couples, including a consideration of the time, finances, and responsibilities involved in raising children (Kennedy, 2005; Perrin, 2002). However, Mezey (2008) states that “lesbians who are thinking about becoming mothers must consider what it means to be a lesbian, to be a woman, to be a mother, and the consequences of their decisions” (p. 8), indicating that the decision to parent may be strongly influenced by sexual orientation. Herrman-Green & Gehring (2007) found that the majority of couples discussed the following topics: plans for childcare, parenting styles, bonding between the nonbiological mother and the child, custody plans in case the couple were to break up, the power inherent in the biological mother role, and “the potential effect of family background on prospective parenting” (p. 365). Additionally, lesbian couples must face the realities of navigating becoming parents and raising a child in a heterosexist society (Perrin, 2002).

As is true of all types of couples, sometimes one partner has a strong desire to parent while the other has little to no interest in parenting. Couples adopt a variety of approaches when they encounter this situation. Some couples, despite an otherwise satisfying relationship, choose to end their relationship, so they can each pursue the option that feels most appropriate (Lev, 2004; Martin, 1993). Three parenting handbooks for lesbian couples state that other couples decide that they will purposely have unequal relationships with the child; one will serve as the mother, while the other is simply the mother’s partner instead of a parent (Lev, 2004; Martin, 1993; Toevs & Brill, 2002). Qualitative studies have found that sometimes the partner who begins the conversations more ambivalently changes her mind once she believes they are at the correct age and
stage of life to have children (Price, 2007; Touroni & Coyle, 2002). It seems that for many couples the decisions of if they want to parent and when they want to parent are intertwined and difficult to make.

*Adoption versus Conception*

The next major decision that a couple must make after they have decided to have a child and when to have the child is how they are going to pursue parenthood. Although lesbian couples may nurture children through foster care or temporary kinship care arrangements, the two methods by which women become permanent mothers are adoption and biological conception. Some data exists describing what choice lesbian couples make more frequently and why insemination and adoption each may be preferable or undesirable. Despite the fact that some data suggests what choices lesbian parents make and why they may make them, very little information exists regarding how lesbian couples make the decision of whether to adopt or conceive. Additionally, the samples that the data are drawn from are primarily White, middle class, and well educated, so these results may not generalize to other cultural groups.

The few data that exist regarding what decision lesbian couples make when determining how to become mothers seems to consistently favor alternative insemination. While the options technically consist of adoption, alternative insemination, and sex with men, the latter will not be considered due to the fact that current studies either do not include a discussion of sex with men or state that it is used very infrequently at this time (e.g., Morningstar, 1999). In her review of the literature on lesbian parented families, Tasker (1999) asserts that most children of lesbian mothers are conceived through alternative insemination. The very limited existing research does seem to indicate that
more lesbian mothers pursue biological conception than adoption. An unpublished dissertation by Blake (2005) reported that of 124 lesbian-parented families, 80% conceived their children, 19% adopted their children, and 2% used “other” methods to become parents. An unpublished dissertation by Desmond (2000) reported that of 35 planned lesbian families, 86% used donor insemination and 14% adopted their child. I was unable to locate any additional studies that provided this information. The limited research that exists seems to indicate that lesbian couples choose alternative insemination much more frequently than they choose adoption.

Alternative insemination offers a variety of benefits that likely are responsible for the frequency of use among lesbian couples. The most obvious benefit of alternative insemination is consistent with the literature regarding heterosexual couples with fertility challenges described above—most couples simply wish to have a child that is related to (one of) them. Many lesbian couples state that they want to experience pregnancy and childbirth (Herrmann-Green & Gehring, 2007). Alternative insemination is also often easier, quicker, and less costly than is adoption (Murphy, 2001). It is often chosen by lesbian couples due to the fact that sperm is generally readily available, the process is extremely simple (it requires only semen and a needleless syringe), and it can allow the couple to maintain a high level of control over the process (Almack, 2006; Chabot, 1998). Avoidance of the lengthy, invasive, and expensive adoption home study process described above is likely a strong motivation for many to undergo insemination. When planning a conception, the couple is not at the mercy of the legal system as it is when pursuing an adoption; at least one mother is automatically legally protected when the couple uses insemination in contrast to adoption (Ehrensaft, 2005; Martin, 1993).
Additionally, one study of lesbian parented families has found that extended families may be more likely to accept a child if he/she is biologically related to one of the parents (Martin, 1993). Parenting guidebooks (e.g., Ehrensaft, 2005) and qualitative studies (e.g., Hequembourg, 2007) most commonly cite the potential for a high financial cost if a sperm bank is used as the primary drawback to using alternative insemination. In general, alternative insemination offers lesbian couples a variety of choices, which will be discussed in greater detail below.

Even though alternative insemination is chosen more frequently than adoption, sources such as lesbian parenting handbooks (Toevs & Brill, 2002), personal anecdotes (Pagenhart, 2006), and qualitative studies (Sullivan, 2004) agree that adoption does offer benefits that are attractive to some couples. Goldberg (2010) makes the distinction that for some couples adoption is the method of choice for becoming parents, while other couples only consider pursuing adoption after attempts to conceive have failed. Reasons that couples choose to pursue adoption include having a child that is “neutral” and not biologically related to either mother (Pagenhart, 2006; Sullivan, 2004; Toevs & Brill, 2002), altruism (i.e., giving a child in need a family; Goldberg, 2010), and having personally been adopted (van den Akker, 2001). While the motivation to adopt may differ based on the couple’s expectations, it does offer the chance to have a child that can enhance a family without having biological connections to either mother.

The major reasons that lesbian couples often choose not to pursue adoption are the general bureaucratic difficulties combined with the heterosexist system—many couples wish to avoid interacting with this system. The most common complaints about adoption offered by (White) heterosexual couples, including the difficulty, the time
required to complete the process, and the invasiveness of the process, and the lack of healthy White infants (Daniels, 1994; Daniluk, 2001b; Mundy, 2007; Spar, 2006; van den Akker, 2001), likely have an impact on lesbian couples as well. These problems are magnified when both parents are women. Birth mothers may not select lesbian couples, adoption agencies may choose not to work with lesbian couples (Ehrensaft, 2005), and the courts may not allow the adoption to go through (Martin, 1993). As was stated above, joint adoptions are permitted only for married heterosexual couples in the state of Michigan, so a lesbian couple who undergoes this process must designate one partner to serve as the legal parent, which is often unappealing (Human Rights Campaign, 2008). Many lesbian couples wish to avoid dealing with a system that is difficult, time consuming, invasive, and heterosexist, and they thus do not pursue adoption.

The research indicates that lesbian couples choose alternative insemination more frequently than adoption, although this data is drawn primarily from only two unpublished dissertations. A further review of the literature reveals that alternative insemination is generally cheaper, quicker, and easier than adoption. However, adoption is preferable for couples who wish to maintain equivalent (nonbiological) relationships with the child. No information is available to indicate how lesbian couples actually decide whether to pursue alternative insemination or adoption.

Once a couple decides whether to pursue conception or adoption, they are faced with a number of remaining decisions. The following discussion will focus first on the decisions that a couple who chooses adoption must make, which will be followed by a discussion of the decisions that a couple who chooses conception must make.
What Type of Adoption

Every decision made by a lesbian couple regarding pursuing parenthood leads to more decisions. If a couple decides to pursue adoption, they are then faced with a number of additional decisions that they must answer. The questions include the following:

- Do they want to pursue an adoption through the government, an agency, or just a lawyer? (Daniluk & Hurtig-Mitchell, 2003; Spar, 2006)
- Do they want to pursue an international adoption or adopt a child locally? (Daniluk & Hurtig-Mitchell, 2003; Schwartz, 2003)
- What age of a child are they willing to accept? (Daniluk & Hurtig-Mitchell, 2003; Schwartz, 2003)
- Will they adopt a child with special needs? (Daniluk & Hurtig-Mitchell, 2003; Schwartz, 2003)
- Must the child be of a certain race or ethnicity? (Daniluk & Hurtig-Mitchell, 2003; Schwartz, 2003)
- Will they pursue an open or closed adoption? (Daniluk & Hurtig-Mitchell, 2003; Schwartz, 2003)

All of the preceding questions were drawn from the literature on heterosexual couples, since very little research focuses on adoption among lesbian couples. Although these questions are assumed to be relevant to lesbian couples, very little literature has addressed any of these questions.

The greatest amount of existing literature is focused on the reasons why a lesbian couple may choose to pursue a public adoption, private adoption, or international adoption; no research has addressed how this decision is made. Each option has different
costs, requirements, and waiting periods in order to adopt a child (Daniluk & Hurtig-Mitchell, 2003). The benefits and drawbacks of public adoptions, private adoptions, and international adoptions will be discussed next.

Undergoing a public adoption involves adopting a child from the foster care system, and is associated with both benefits and drawbacks. The major benefit associated with public adoptions is the fact that there are essentially no costs associated with this process (Boggis, 2001; Spar, 2006). Additionally, once the couple is approved as foster parents (a first step toward a public adoption), the wait for a child may be short. However, the children that are available via public adoption are generally children of color, older, in sibling groups, and/or “with physical, emotional, or mental impairments” (Department of Human Services, 2008), which are all apparently considered to be risks of which potential adoptive parents must be warned. The inclusion of children of color as less “desirable” (Spar, 2006) assumes that White children are somehow preferable or more worthy of adoption. However, this discussion is conspicuously absent from the literature discussing lesbian couples and adoption, with the exception of Lev’s (2004) commentary about race and adoption. Lesbian couples must consider whether they wish to and believe they are capable of parenting children who have medical issues, were born addicted to drugs, and/or have survived abuse (Boggis, 2001). Public adoptions are often faster and much cheaper than other types of adoption, but the types of children available are often more limited.

Private adoptions generally involve making an arrangement through either an adoption agency or directly with a pregnant woman in order to adopt an infant. The major benefit of arranging a private adoption is the ability to adopt a healthy infant of one’s
own race. However, the lack of healthy White infants available for adoption has lead Spar (2006) to describe the “market for newborns” as “vigorous and commercial” (p. 178).

The cost of private adoptions ranges from $6500 to $50,000, which the majority of them falling in the range of $10,000 to $20,000 (Spar, 2006). In addition to the cost associated with a private adoption, a couple may wait months to years before being matched with a baby, especially if the couple desires a healthy White baby and/or if the couple is of the same-sex (Spar, 2006). Since children of color are considered more difficult to place, the adoption fees are generally lower and the wait is often shorter (for a critique of this system, see Lev, 2004). Additionally, some lesbian couples are also reluctant to pursue private adoptions out of fear that birth mothers will not select them as adoptive parents, and they fear discrimination by adoption agencies (Goldberg, Downing, & Sauck, 2007). Some couples are willing to pursue this option if it is important that they adopt a healthy White infant, and they have the money to do so.

The third major option, international adoption, offers benefits such as a shorter wait, more infants, and increased security. International adoption may be the most viable route to adoption for lesbian couples, although they often must remain closeted throughout the process (Ehrensaft, 2005). There are usually more babies and toddlers available internationally than are typically available through public adoptions, and the wait is generally shorter than private adoptions (Kaslow, 2003). Additionally, the fact that international adoptions are generally closed adoptions arranged by agencies means that lesbian couples are not reliant on being selected by a birth mother, nor do they have to negotiate an open relationship with the birth families (Kaslow, 2003). Birth parents in international adoptions are also extremely unlikely to change their minds and attempt to
claim the child, so there may be an increased sense of security associated with international adoptions (Schwartz, 2003). International adoption allows lesbian couples to adopt an infant after a shorter wait, with fewer risks of the biological mother changing her mind.

The downfalls associated with adopting children internationally include limitations placed upon adoptions by lesbian women, high cost, and the bureaucratic process. In order to estimate the costs and requirements associated with international adoption, I reviewed the U.S. Department of State’s intercountry adoption information pertaining to the five countries from which the most children are adopted internationally (as of 2008): China, Russia, Guatemala, South Korea, and Kazakhstan (Biafora & Esposito, 2007). This review revealed that only married couples can adopt in China (U.S. Department of State, 2007b) and South Korea (U.S. Department of State, 2008c), and unmarried couples find it very difficult in practice to adopt in Kazakhstan (U.S. Department of State, 2008a). One member of a lesbian couple can adopt as a single parent in Russia (U.S. Department of State, 2008b) and Guatemala (U.S. Department of State, 2007a), but Guatemala reportedly requires an “affidavit of heterosexuality” from single adopters (Goldberg, 2010). When undergoing an adoption from Russia or Guatemala, the couple can expect to spend over $20,000 with an expected time frame of approximately six months to one year (U.S. Department of State, 2007a, 2008b). The fees associated with adopting children from China and South Korea are much lower, although the wait is generally longer (U.S. Department of State, 2007b, 2008c). The fees and expected time frame are more variable for Kazakhstan (U.S. Department of State, 2008a). Additionally, in order to adopt a child internationally, a couple must navigate the legal
requirements of two countries and complete copious amounts of paperwork (Lipton et al., 2003; Morris & Jones, 2003). International adoptions are associated with a high cost, tough legal requirements, and limited country selections for lesbian couples, but they do allow a greater likelihood of adopting an infant after a shorter wait.

While information does exist that illuminates why a couple may favor a public, private, or international adoption, no data describes what decisions are actually made or how couples make this decision. Additionally, no information exists regarding whether lesbian couples prefer open or closed adoptions, what age of children are typically adopted by lesbian couples, or whether lesbian couples typically adopt children of the same race as them, although there are studies addressed the openness of non-African American lesbian couples to adopting an African-American child (Goldberg & Smith, 2009), lesbian couples child gender preference in adoption (Goldberg, 2009a), and adoptive lesbian couples openness to transracial adoptions (Goldberg, 2009b). It is also important to note that absolutely no literature addresses the question of how lesbian couples choose the particular child to be adopted.

Conception Decisions

If a couple decides to pursue conception, they are faced with a number of specific decisions, including which mother will carry the child, decisions about obtaining sperm, insemination location, and donor selection (e.g., Mohler & Frazer, 2002). While this list is not exhaustive, these are the only decisions about which there is research. These decisions may be resolved in any order. Each of these issues will be discussed below.
Which Mother Will Carry the Child

When a couple decides to pursue alternative insemination, several decisions remain. A major decision involves which partner will serve as the biological mother of the child. As with most other information regarding the decision making processes of lesbian parents, the major focus of the research is on the outcome and the reasons why a couple might make a certain decision. Very little research focuses on the process involved when couples are making this decision.

Given its importance and centrality to the process, research and anecdotal evidence reveal that the decision about which mother will carry the child seems to be resolved surprisingly easily (Goldberg, 2006; Johnson & O’Connor, 2002; Mohler & Frazer, 2002; Silber, 1992). In the cases where both mothers want to conceive a child, the couple simply decides on who will conceive first (Johnson & O’Connor, 2002; Wendland et al., 1996). The decision as to who will carry the child (first) is based on a number of factors, both somewhat universal and idiosyncratic. In the theoretical, research-based, and anecdotal literature, three main variables seem to influence this decision: desirability of pregnancy and childbirth, age of partners, and the work situations of each partner (e.g., Chabot & Ames, 2004; Ehrensaft, 2005; Herrmann-Green & Gehring, 2007; Martin, 1993; Sullivan, 2004; Toevs & Brill, 2002). Additional factors considered by the couple may include health concerns (Chabot, 1998; Goldberg, 2006; Mohler & Frazer, 2002; Silber, 1992; Toevs & Brill, 2002), medical needs (Toevs & Brill, 2002), fertility (Chabot, 1998; Goldberg, 2006; Mohler & Frazier, 2002; Silber, 1992; Toevs & Brill, 2002), health coverage (Mohler & Frazer, 2002), finances (Herrmann-Green & Gehring, 2007; Toevs & Brill, 2002), and anticipated acceptance of the child by the extended
family (Chabot & Ames, 2004; Martin, 1993). Idiosyncratic reasons include choosing based on who decided she wanted a child first (McIntyre, 2006) and fear of childbirth (DeRosier, 2006). Finally, some couples state that one partner seemed like the most “natural choice” given the relationship and circumstances (Chabot, 1998; McManus, Hunter, & Renn, 2006).

Even if a couple has agreed to alternate conceiving, it is incredibly difficult when the designated partner is unable to conceive as the couple planned. While couples may not find it difficult to determine which mother will conceive (first), it is infinitely more difficult for couples to decide when to stop trying to conceive via that partner. Thus far what little has been written about lesbian couples struggling with fertility problems has largely been anecdotal (e.g., Miller, 2006; Morris & Jones, 2003; Reagler, 2006), but it seems consistent with the small amount of research that exists (e.g., Goldberg, Downing, & Richardson, 2009). Many couples seem to be willing to go to great lengths to conceive via the designated partner before pursuing a backup plan (e.g., Hequembourg, 2007; Miller, 2006; Morris & Jones, 2003; Reagler, 2006), but other couples set strict limits about what they are willing to try before abandoning plans of conception (Goldberg, Downing, & Richardson, 2009). One study has shown that lesbian couples struggling with infertility change their course from conception to adoption more easily than heterosexual couples (Goldberg, Downing, & Richardson, 2009).

The presence of two female partners often allows the flexibility to attempt conception with each of them rather than being more limited to pursuing only adoption, but one study of 30 lesbian couples who were pursuing adoption in reaction to infertility found that only three of these couples attempted to conceive with both mothers
(Goldberg, Downing, & Richardson, 2009). The remaining 27 couples only attempted conception with one partner due to the other partner’s lack of desire, age, health, work, etc. (Goldberg, Downing, & Richardson, 2009). If a couple in which one partner is found to be infertile attempts conception with the other partner, this can create additional emotional dynamics within the relationship. Some couples talk about undergoing a waiting period in order to grieve the loss of the opportunity for the original partner to conceive before beginning insemination with the other partner (Hequembourg, 2007; Miller, 2006; Reagler, 2006). Whether or not conception via the alternate partner was planned originally, the now nonbiological mother may experience emotions ranging from joy to loss to relief (Beckham, 2006; McIntyre, 2006). A decision that may originally be made easily (which mother will conceive) can become unexpectedly complicated upon an encounter with infertility (Goldberg, 2006).

While researchers have noted reasons why a lesbian couple may select a certain partner to serve as the biological mother of the (first) child, research does not speak to how the couples actually make this major decision. The same is largely true for the decisions that the couple faces in obtaining sperm.

**Obtaining Sperm**

After a couple decides which mother will conceive the child, several decisions remain. The couple must decide whether to use a known donor, an unknown donor, or an identity release donor. The couple may also have to choose a sperm bank and determine where to inseminate (e.g., at home, at a doctor’s office, etc.). Regardless of type of donor, the couple must choose the actual donor.
After making a decision to pursue alternative insemination, another major decision is selecting the type of donor to use. The three types of donors are known donors, unknown or anonymous donors, and identity release donors. A known donor is generally contacted directly by the couple, while an anonymous donor may be contacted by an intermediate known to the couple and the donor or may be available through a sperm bank. An identity release donor is generally conceptualized as a man who signs the appropriate paperwork through a sperm bank in order to allow them to release his information to the child when he/she turns eighteen, although an analogous situation could be arranged through an intermediate. As will be described below, there are clear benefits and drawbacks of each option, which must be weighed by each couple based on their needs and desires.

It is difficult to determine the percentages of lesbian couples who use each type of donor for a number of reasons. First, couples that pursue a certain option may be more likely to respond to calls for research participants. For example, couples who use unknown or identity release donors may be more accustomed to the process of sharing their personal information with others after negotiating the process of using a cryobank, so they may be more open to sharing this information with researchers. Similarly, couples who use cryobanks are likely more financially affluent and may be more accessible to researchers. Thus, these couples may be overrepresented in the literature. It is also difficult to determine the number of couples who use each type of donor since the trends change, as discussed above. Reviewing the literature also does not illuminate the issue much; after removing studies conducted in other countries, multiple studies drawn from the same sample, and samples selected due to their donor type, the researcher was able to
locate only five studies to review. For the details on each study, see Table 2. The aggregate data across five studies spanning twelve years reveals that 25% of the couples chose known donors, 66% chose unknown donors, and 9% chose identity release donors. Please note that some researchers may have included identity release donors in the category of unknown donors since they are unknown at the time of conception, so this information could be skewed.

This review of the research attempted to describe what decisions lesbian couples make regarding the donor type. Next, the literature will be reviewed in order to reveal why lesbian couples would make each decision, including a discussion of the benefits and drawbacks of known donors, unknown donors, and identity release donors.

Table 2

*Sperm Donor Choices*

<table>
<thead>
<tr>
<th>Article</th>
<th>Sample</th>
<th>Known donors</th>
<th>Unknown donors</th>
<th>ID release donors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chabot, 1998</td>
<td>10 couples living in the Midwestern and Northeastern United States</td>
<td>2/10</td>
<td>6/10</td>
<td>2/10</td>
</tr>
<tr>
<td>Desmond, 2000</td>
<td>29 American couples &amp; 1 Israeli couple; 60% lived in California</td>
<td>10/30</td>
<td>12/30</td>
<td>8/30</td>
</tr>
<tr>
<td>Gartrell, Hamilton,</td>
<td>84 American couples residing in Washington, DC, Boston, &amp; San Francisco</td>
<td>21/84</td>
<td>63/84</td>
<td>0/84</td>
</tr>
<tr>
<td>Banks, Mosbacher, Reed,</td>
<td>84 American couples residing in Washington, DC, Boston, &amp; San Francisco</td>
<td>21/84</td>
<td>63/84</td>
<td>0/84</td>
</tr>
<tr>
<td>Sparks, &amp; Bishop, 1996</td>
<td>84 American couples residing in Washington, DC, Boston, &amp; San Francisco</td>
<td>21/84</td>
<td>63/84</td>
<td>0/84</td>
</tr>
<tr>
<td>Goldberg, 2006</td>
<td>29 American couples living in all regions of the country</td>
<td>9/29</td>
<td>17/29</td>
<td>3/29</td>
</tr>
<tr>
<td>Suter, Daas, &amp; Bergen, 2008</td>
<td>16 couples from the Southwestern United States</td>
<td>1/16</td>
<td>13/16</td>
<td>2/16</td>
</tr>
</tbody>
</table>
Known donors. Using a known donor offers a couple five main benefits: selecting who exactly will provide the genetic material for a child, privacy, low cost, the ability to use fresh semen, and the opportunity to negotiate the type of relationship their child will have with the donor. The biggest risk associated with using a known donor is the threat that the donor will pursue paternity, although medical concerns and inconvenience may also be problems. Many of the risks associated with using a known donor can be decreased by freezing the sperm at a cryobank. A review of the benefits of using a known donor is followed by a discussion of the potential risks associated with a known donor.

When using a known donor, lesbian couples are able to select a specific donor that offers characteristics that they find appealing; a number of studies have had participants indicate that even purchasing all available information about a donor from a cryobank cannot compare to actually knowing someone (Almack, 2006; Brewaeys et al., 2005; Ehrensaft, 2005; Johnson & O’ Connor, 2001; Toevs & Brill, 2002; Wolf, 1982). Since many sperm banks screen out all gay donors, using a known donor is the easiest way to use an openly gay donor, which may be preferable for some couples (Johnson & O’ Connor, 2001; Wolf, 1982). In order to allow both mothers to have a genetic link to the child, some couples wish to use a relative of the nonbiological mother as a known donor (Ehrensaft, 2005; Pies, 1990). Using a known donor may also allow the child to have increased knowledge of his/her genetic origins, especially if the child has questions later in life (Almack, 2006). It seems that some couples simply feel more comfortable selecting an actual person as the donor rather than selecting a donor number.

Avoiding interacting with sperm banks allows couples to have increased privacy, decreased cost, and possibly fewer attempts at inseminating. Since insemination is
actually a very simple process (Hanscombe & Forster, 1987; Murphy, 2001), many women prefer to obtain sperm without the interference of the medical community. This can help decrease the amount of control outsiders have over the conception of the child and possibly decrease the amount of homophobia the couple must encounter (Hequembourg, 2007; Touroni & Coyle, 2002). Additionally, there are essentially no costs associated with insemination when fresh sperm from a known donor is used (Sullivan, 2004; Wolf, 1982). Ehrensaft (2005) also points out that the high cost associated with using cryobanks (see below) limits those who cannot afford to use a sperm bank to relying on known donors. Using fresh sperm from known donors may also be associated with fewer attempts before attaining pregnancy; fresh sperm is much more viable than frozen sperm (Morningstar, 1999; Sullivan, 2004). When using fresh semen, the couple has a larger sample with a higher concentration of longer living sperm than is available in a frozen sample purchased from a cryobank (Mohler & Frazer, 2002). Clearly, increased privacy, decreased cost, and fewer possible attempts at inseminating are benefits to consider.

The final benefit of using a known donor is the ability to choose the type of relationship their child will share with the donor, ranging from a total lack of a relationship to a family friend type of relationship to a relationship where the donor actually fulfills a “father” role on some level (Benkov, 1994; Herrmann-Green & Gehring, 2007; Morningstar, 1999; Sullivan, 2004; Touroni & Coyle, 2002). There are couples who, from the outset, want the donor to play an active role in the child’s life (Johnson & O’Connor, 2001). Some women want the “legal, financial, and parenting involvement” of a known donor, in order to share the responsibility for parenting (Mohler
& Frazer, 2002, p. 46). Similarly, some couples may not be able to financially support the family without the financial contributions of a known donor/father (Silber, 1992). Other couples are concerned about their children not knowing who their fathers are; they worry that the children will want to know more about their donors than the sperm bank will provide, so they prefer to have a known donor from the outset (Lewin, 1993). Many couples enjoy having the flexibility and benefits of choosing the relationship that their child will have will the donor.

While using a known donor offers the benefits described above, there are also serious risks associated with using a known donor. One research study and several lesbian parenting handbooks indicate that the risk of interference from the biological father most often deters couples from choosing a known donor (Clunis & Green, 2003; Johnson & O’Connor, 2001; Toevs & Brill, 2002; Sullivan, 2004). A known donor may pursue a legal relationship with the child at some point in the future, even if he initially agrees not to pursue paternity (McManus et al., 2006; Mohler & Frazer, 2002; Morningstar, 1999). Mohler and Frazer (2002) recommend that the couple and the donor “outline a sperm sale agreement, donor agreement, and parenting agreement,” although they can always be contested at a future date. Historically, the courts have frequently awarded parental rights to sperm donors, even if the donor has signed paperwork terminating parental rights (Almack, 2006; Brewaeyns et al., 2005; McManus et al., 2006). Lesbian women who use a known donor risk the donor asserting parental rights, usurping their lesbian partner’s role as the child’s other parent, court challenges regarding custody and visitation, curtailment of their and their partner’s ability to relocate their family, choose a religion and a
school, and sometimes even a name, and to decide who their child will regard as family (Boggis, 2001, p. 178).

Boggis (2001) goes on to state that, in spite of all of the risks both parties (the mothers and the donor) assume, known donor arrangements can and do work in some situations. Using a known donor has the potential to either put the inseminating partner and child at medical risk or strain the relationship between the mothers and the donor. Using fresh sperm from a donor necessitates asking personal questions about the donor’s health and medical history (Clunis & Green, 2003; McManus et al., 2006) and obtaining tests for sexually transmitted diseases and sperm viability (Clunis & Green, 2003). If the couple does not feel comfortable asking this of their donor, they are potentially exposing themselves to sexually transmitted diseases and/or inseminating with sperm that will not lead to conception. Serving as a known donor can be very inconvenient for the donor; he must be prepared to provide semen samples on demand. One parenting handbook stresses that insemination itself is potentially a one shot deal requiring little coordination between the donor and mothers (Ehrensaft, 2005); another insists that it can be difficult to find and negotiate with known donors, particularly if the process involves multiple attempts with fresh semen (Toevs & Brill, 2002). All of these factors can strain the relationship, which is mostly built on trust, between the couple and known donor.

Many of the problems associated with using a known donor can be resolved if known donors have their sperm frozen by a sperm bank. Despite the fact that this process carries the same drawbacks as using any frozen semen (e.g., lower sperm count, higher cost), the benefits of freezing semen are many. In some states, passing the sperm through a cryobank officially severs any parental rights the donor may have, eliminating the threat
that he may sue for paternity. The process of freezing the sperm can nearly eliminate the health risks associated with using known donors, as it is possible to retest the donor after six months in order to insure that he is disease free (Martin, 1993; Toevs & Brill, 2002). Also, this semen is available whenever it is needed; the couple does not have to actually contact the donor every time the biological mother is ovulating, which increases the convenience of using a known donor (Martin, 1993). Also, the same donor’s semen can be used to conceive a second child, even years later (Martin, 1993). The research does not indicate how common it is for lesbian couples to freeze the sperm of a known donor, but it appears to be a viable option for couples who wish to inseminate with a known donor.

Known donors offer couples the opportunity to select their actual sperm donor for a very low cost but with potential legal and medical complications. These factors likely influence whether a lesbian couple would choose to use a known donor to inseminate, although the process of making the decision is unclear.

Unknown donors. Finding an unknown donor can occur through two different processes: obtaining sperm through an intermediate that knows both parties but promises not to share their information with one another and through the use of a sperm bank. The focus of the following paragraphs will be on the latter since it seems to be more common currently, and it seems to be the common understanding of “unknown donor” within the existing research. The use of unknown donors from sperm banks offers a number of benefits for lesbian couples, which will be described below. The most cumbersome drawback associated with using an anonymous donor from a cryobank is the high cost, but there are a variety of other potential problems with this option.
Perhaps the biggest benefit of using an anonymous donor from a cryobank is the legal protection associated with the donor’s anonymity. There are few legal problems when using an unknown donor—at no point in time can he petition for parenthood (Benkov, 1994; Clunis & Green, 2003; McManus et al., 2006). Research has shown that many lesbian couples wish to be the only known parents of their child and have complete control over raising him/her without consulting with a man (Chabot, 1998; Herrmann-Green & Gehring, 2007; Pies, 1990). Personal anecdotes reveal that using an unknown donor can serve to legitimize the role of the nonbiological mother as a parent, even if the benefit is only psychological (Abrams, 2006; DeRosier, 2006). Lesbian couples often prefer the legal and psychological safety associated with being the only two known parents of their child, which can only occur with sperm from a cryobank.

The other major benefits associated with using unknown donors through a cryobank are the convenience and safety. Lesbian couples do not have to find a donor, communicate with men about their sperm, or even know who the donor is (Sullivan, 2004; Toevs & Brill, 2002). Customers can also browse sperm banks online for free and order more information with a credit card (Ehrensaft, 2005); frozen sperm can then be shipped anywhere (Sullivan, 2004). Obtaining frozen sperm can be very simple if a couple can afford it (Morningstar, 1999; Sullivan, 2004). Lesbian couples are assured that the sperm are vital and disease free, so there is little to no risk of inseminating with sperm that cannot lead to conception or sperm that can infect the mother or child (Almack, 2006; Herrmann-Green & Gehring, 2007; Sullivan, 2004). Rather than selecting a person that the couple wishes to serve as a donor, negotiating testing, and passing the semen samples monthly in hopes of conception, the mothers can sit at home browsing an online
catalog in order to select a donor. This process, more familiar to most Americans than actually choosing a person to serve as a donor, is preferable to some couples.

Research and parenting handbooks agree that the cost of frozen sperm is generally the biggest drawback for lesbian couples (Chabot, 1998; Clunis & Green, 2003; Herrmann-Green & Gehring, 2007; McManus et al., 2006). In order to determine the cost of alternative insemination, the researcher used a method similar to that described by Agigian (2004) to explore the fees of three cryobanks known to serve lesbians (Pacific Reproductive Services, 2007; Rainbow Flag Health Services, 2006; The Sperm Bank of California, 2008) and the top three sperm banks in the results of a Google search (California Cryobank, 2008; Fairfax Cryobank, 2008; Midwest Sperm Bank, 2008). The basic services cost $250-$825 per month when inseminating with one vial per month (see Table 3); however, in their book *A Donor Insemination Guide: Written by and for Lesbian Women* Mohler and Frazer (2002) recommend inseminating with two vials per month, which increases the costs quickly. Additional fees can accrue each month depending on the amount of advanced notice the recipients provide, the speed with which

### Table 3

<table>
<thead>
<tr>
<th>Basic Services</th>
<th>Cost</th>
</tr>
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<tbody>
<tr>
<td>Recipient registration</td>
<td>$100-$150</td>
</tr>
<tr>
<td>Anonymous donor vial</td>
<td>$180-$370</td>
</tr>
<tr>
<td>ID consent donor vial</td>
<td>$250-$470</td>
</tr>
<tr>
<td>Shipping (to Michigan)</td>
<td>$50-$290</td>
</tr>
<tr>
<td>Storage (monthly)</td>
<td>$20-$40</td>
</tr>
<tr>
<td>Specimen release</td>
<td>Free-$45</td>
</tr>
</tbody>
</table>
they return the shipping vessel, whether the recipient is being inseminated by a doctor or at home, etc. According to Agigian (2004), who examined the use of AI by lesbians, none of the costs associated with lesbian AI are usually covered by insurance, although some or all of the costs are often covered for heterosexual couples with fertility problems.

An array of additional services are also offered by individual sperm banks. Each cryobank offers a different variety of services, with some being offered by all sperm banks and others being offered by only one of the six surveyed banks. Each additional service adds to the overall cost (see Table 4), although many of the associated costs are one time fees. Shipping fees are not included in the costs associated with the additional Table 4

Cost of Additional Insemination Services

<table>
<thead>
<tr>
<th>Additional Services</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctorate donors (where available)</td>
<td>+$95 (per vial)</td>
</tr>
<tr>
<td>Medical profile</td>
<td>Free-$17</td>
</tr>
<tr>
<td>Personal profile</td>
<td>$5-$23</td>
</tr>
<tr>
<td>Audio interview</td>
<td>$16-$30</td>
</tr>
<tr>
<td>Childhood photo</td>
<td>$15-$35</td>
</tr>
<tr>
<td>Silhouette</td>
<td>$20-$22</td>
</tr>
<tr>
<td>Lifetime photo series</td>
<td>$75</td>
</tr>
<tr>
<td>Temperament report</td>
<td>$18-$19</td>
</tr>
<tr>
<td>Facial features report</td>
<td>$14</td>
</tr>
<tr>
<td>Donor sperm count research</td>
<td>$40</td>
</tr>
<tr>
<td>Photo matching</td>
<td>Free-$130</td>
</tr>
<tr>
<td>Donor selection consultation (per ½ hour)</td>
<td>Free-$540</td>
</tr>
<tr>
<td>Genetic consultation</td>
<td>$95-$100</td>
</tr>
</tbody>
</table>
information about the donors.

While paying hundreds of dollars for an insemination is a daunting prospect for many couples, conception often does not occur after the first attempt. One study found that the couples took an average of nine attempts at insemination before conceiving, with one couple taking thirty-three tries before they became pregnant (Goldberg, 2006). The cost associated with obtaining sperm from a cryobank is prohibitive for some couples and thus eliminates this option for some couples (Boggis, 2001; Esterberg, 2008; Murphy, 2001).

There are an assortment of other potential downfalls associated with using anonymous donor sperm from a cryobank. When a couple uses an anonymous donor, their child loses any knowledge of his/her history and family line, which can leave him/her with many remaining questions that can never be answered (Benkov, 1994; Herrmann-Green & Gehring, 2007; Morningstar, 1999; Pies, 1990). Frozen sperm is less fertile than fresh sperm, often necessitating additional attempts (Clunis & Green, 2003; Mohler & Frazer, 2002; Morningstar, 1999; Sullivan, 2004; Toevs & Brill, 2002). Lesbian participants have complained that if they travel to the actual sperm bank (versus ordering it online), the experience can feel “medical” instead of romantic or personal (Sullivan, 2004). An insemination guide for lesbians warns that sperm banks may refuse to knowingly inseminate a lesbian couple, and the bank may require that insemination occur in their facilities or at a doctor’s office (Clunis & Green, 2003). Similarly, using a cryobank necessitates a loss of autonomy as compared to acquiring semen through one’s own contacts (Lewin, 1993). Cryobanks also typically deny gay and bisexual donors, which may be desired by lesbian couples (Toevs & Brill, 2002).
Lesbian couples may choose to use anonymous donors because of the medical and legal security involved, or they may choose not to use anonymous donors because of the high cost and other difficulties associated with the process. Although any or all of these factors may impact the decision made by the couple, the actual process of making this decision has received no attention in the literature.

*Identity release donors.* Identity release donors provide a balance between the benefits and drawbacks of using known donors and anonymous donors, which many lesbian couples find appealing. The current general trend seems to be toward disclosure, largely due to a concern for the medical wellbeing of the children (Ehrensaft, 2005). Despite the possible medical importance of knowing the donor’s identity, Hequembourg (2007) discusses the irony involved when a lesbian couple, of which only one is related to the child, still stresses the importance of the biological ties to the donor. This commentary is particularly interesting in light of the sibling registries for biological children of the same donors.

Identity release donors can allow the child to have access to the donor’s identity upon adulthood without any possibility that the donor could attempt to pursue a legal relationship with the child (Sullivan, 2004; Touroni & Coyle, 2002). This may eliminate two sets of fears that the couple may have: first, that the child will always have unanswered questions about his/her donor, and second that the donor will seek a paternal relationship with the child. However, many of the drawbacks included in the description of anonymous donors are actually associated with using sperm from a cryobank; using the sperm of an identity release donor has the same decreased viability as anonymous donor sperm at an even higher cost. For many couples, identity release donors can be a
way to minimize the risks of known donors while maximizing the benefits of unknown donors, although it is unclear how couples make this decision.

Specific risks and benefits are associated with using each type of donor: known, unknown, and identity release. Unfortunately, the financial cost associated with unknown and identity release donors is so high that many lesbian couples may not actually have these options. Similarly, a couple’s options regarding insemination location, the topic of the next section, may be limited based on their ability to pay a doctor to perform the insemination.

*Insemination Location*

The lesbian couple must then decide where to undergo the insemination—at home or in a doctor’s office. While the literature offers no estimations of how many lesbian couples pursue each option, information does exist regarding *why* each option may be preferable. No information is available regarding *how* lesbian couples make the decision as to where they wish for insemination to occur.

Home inseminations are associated with greater comfort, lower cost, and lower efficacy. Inseminating at home allows the couple to be more comfortable and make the experience whatever they wish (Mohler & Frazer, 2002; Toevs & Brill, 2002; Wolf, 1982), including allowing the nonbiological mother to perform the actual insemination (Chabot, 1998). Home insemination also saves the cost of paying a doctor to implant the sperm (Mohler & Frazer, 2002). Many couples also wish to inseminate at home in order to minimize interference of medical personnel (McManus et al., 2006). Despite the benefits of home inseminations, couples may decide against this option because the likelihood of conception is lower with in home procedures (Murphy, 2001).
Conducting an insemination with a doctor’s assistance increases the likelihood of conception, but it can feel cold and impersonal. A guidebook to lesbian conception warns that performing inseminations in a clinic can be uncomfortable; in some cases the couple may not be open with the doctors and must suppress the expression of their shared emotions (Toevs & Brill, 2002). Even if the couple is out to the medical staff, many couples complain about the medical nature and sterile feeling of clinic implantation (Sullivan, 2004). However, attempts are generally more successful in a fertility clinic, so paying the cost of insemination may save money overall by necessitating fewer cycles (Mohler & Frazer, 2002; Sullivan, 2004). Of course, a couple’s desires and choices may change as their experiences change, but it seems that couples make their initial decision based on the option they believe best meets their needs at the time.

Additional Insemination Decisions

In their book, A Donor Insemination Guide: Written by and for Lesbian Women, Mohler and Frazer (2002) describe the variety of other decisions that must be made by the couple after they have decided to pursue insemination. Unless a couple is using fresh sperm from a known donor, they must select a cryobank based on criteria such as their physician’s preference, the requirements of the facility, the associated fees, and donor availability. Each couple must also decide whether to use intracervical insemination (ICI), which involves putting unwashed sperm near the cervix and can be done at home, or intrauterine insemination (IUI), which involves putting washed sperm directly into the uterus by a physician. Selecting the type of insemination will also impact the donors that can be used, as some samples are available only in washed or unwashed form. Finally, each couple must choose a doctor if they are going to inseminate in a doctor’s office;
Mohler and Frazer (2002) recommend finding a doctor that specializes in alternative insemination and will conduct weekend inseminations. No studies have explored how lesbian couples make any of the preceding decisions.

**Selecting the Donor**

Another major decision a couple must face when they are using donor insemination is selecting the actual donor. The process of selecting a donor likely differs based on whether the couple wishes to use a known donor or find a donor via a sperm bank, but Herrmann-Green and Gehring (2007) state that education level, skin tone, and ethnicity were the most important donor characteristics for their sample, which included both known and anonymous donors. Research into donor selection (e.g., Almack, 2006; Brewaeys et al., 2005) and insemination guidebooks (e.g., Clunis & Green, 2003; Ehrensaft, 2005; Johnson & O’Connor, 2001; Toevs & Brill, 2002) offer some insight into how donor selections are made for known and unknown donors.

When a couple is using a known donor, they are able to select a donor due to his sexual orientation (Johnson & O’Connor, 2001; Wolf, 1982), because of a genetic link to the nonbiological mother (Ehrensaft, 2005; Pies, 1990), or based on other specific characteristics (Almack, 2006; Brewaeys et al., 2005; Ehrensaft, 2005; Johnson & O’Connor, 2001; Toevs & Brill, 2002; Wolf, 1982). Despite the list of characteristics that a couple may wish for the donor to possess, the most difficult characteristic may be actually finding an individual that will agree to be the donor. Since lesbian couples may wish to have the donor be anywhere from “actively involved” to “purposely unknown” (Clunis & Green, 2003, 3p. 10), it may be difficult to find a man who will agree to the
conditions proposed by the lesbian couple. Little else is known about how lesbian couples select a known donor, but it may be a very idiosyncratic process.

Since the use of a donor from a sperm bank does not involve relying upon men the couple knows, they are likely to have a much larger selection of potential donors. In their insemination handbook, Mohler and Frazer (2002) recommend that lesbian couples first determine what is most important to them in a donor. They then state that couples should go through the catalog, narrow the list based on their personal beliefs and requirements, purchase the longer information on the most desired candidates, and rank the top four. Critics describe donor listings as “personal ads,” through which couples look for “evidence of upward mobility, intelligence, and social integration” (Schmidt & Moore, 1998, p. 30). In her book about reproductive technology, Ehrensaft (2005) stated that some couples may be involved in a search for the “right” donor in order to create the “perfect” child, while many couples are simply interested in finding a donor that matches their requirements well enough. Less is known about how couples actually select a donor, although one study found that 54% of 15 lesbian couples chose their donor together (Wendland et al., 1996). A research study (Chabot & Ames, 2004), a reproductive technology handbook for consumers (Ehrensaft, 2005), and a personal anecdote (Johnson, 2006) agree that that some lesbian couples select donors that share characteristics with the nonbiological mother. Beyond this information, the literature does not address how lesbian couples actually select the specific donor for insemination.

**Critique of Existing Literature**

Before concluding the literature review, an additional critique of the lesbian parenting literature is warranted. The samples from which the conclusions were drawn
were mostly White, well educated, and upper to middle class (see Table 5). This critique is consistent with Stacey and Biblarz’s (2001) warning that most lesbian parenting research had studied “white lesbian mothers who are comparatively educated, mature, and reside in relatively progressive urban centers, most often in California or the Northeastern states” (p. 166) and Goldberg’s (2010) report that “White, middle-class persons who are relatively ‘out’ in the gay community and who are living in urban areas” (p. 13) are highly overrepresented in the lesbian parenting literature. The studies listed below were selected because they were the most relevant to the current study. It is important to note that, even in samples with a higher percentage of non-White individuals, the sample size was so small that often there was only one person of each non-White racial/ethnic group. Any conclusions described above may be generalizable to 38-year-old White middle class college educated lesbian identified women, but assuming these results are relevant to a more diverse range of individuals should be done only with extreme caution.

Conclusions

This literature review covered four main areas. The first section discussed the terminology relevant to the study, including terms drawn from medical, legal, and sociological literature. This enabled a common understanding of the terms upon which the remainder of the study is built. The second section reviewed the history of lesbian parenting, the current context for lesbian mothers, and the history of research into lesbian parenting. The process that a contemporary lesbian couple undergoes as they are pursuing parenthood is likely informed by the history of lesbian parenting. Their process is also constrained by the impact of the current context and laws under which they operate. The
Table 5

*Participant Characteristics in Lesbian Parenting Research*

<table>
<thead>
<tr>
<th>Article</th>
<th>Age</th>
<th>Race</th>
<th>Income</th>
<th>Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blake, 2005</td>
<td>Range: 23-58</td>
<td>White: 93%</td>
<td>Less than $20,000: 2%</td>
<td>High school: 3%</td>
</tr>
<tr>
<td></td>
<td>Average: 38</td>
<td>Hispanic: 3%</td>
<td>$21,000-$40,000: 8%</td>
<td>Some college: 20%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Black: 2%</td>
<td>$41,000-$60,000: 14%</td>
<td>College degree: 22%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other: 2%</td>
<td>$61,000-$80,000: 17%</td>
<td>Some grad school: 4%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Asian: 1%</td>
<td>$81,000-$100,000: 19%</td>
<td>Graduate degree: 38%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$101,000-$150,000: 26%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$151,000-$200,000: 9%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$200,000+: 4%</td>
<td></td>
</tr>
<tr>
<td>Chabot, 1998</td>
<td>Range: 30-49</td>
<td>White: 90%</td>
<td>Range: $45,000-$70,000</td>
<td>Not reported</td>
</tr>
<tr>
<td>Chabot &amp; Ames, 2004</td>
<td>Average: 38</td>
<td>Native American: 5%</td>
<td>$70,000+</td>
<td></td>
</tr>
<tr>
<td>Desmond, 2000</td>
<td>Range: 29-52</td>
<td>White: 96%</td>
<td>Less than $50,000: 12%</td>
<td>“Relatively high...levels of education”</td>
</tr>
<tr>
<td></td>
<td>Average: 39</td>
<td>Chinese-American: 1%</td>
<td>$50,000-$75,000: 23%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Arab-American: 1%</td>
<td>$75,000-$100,000: 37%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Latina: 1%</td>
<td>$100,000+: 24%</td>
<td></td>
</tr>
<tr>
<td>Mamo (2002/2007)</td>
<td>Range: 31-48</td>
<td>White: 74%</td>
<td>“Mostly” middle or upper class</td>
<td>At least a bachelor’s degree: 97%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Jewish: 12%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Latina: 3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Native American: 3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Multiracial: 3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Italian: 3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Chinese: 3%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 5-continued

<table>
<thead>
<tr>
<th>Study</th>
<th>Range</th>
<th>White</th>
<th>Range</th>
<th>Not reported</th>
</tr>
</thead>
<tbody>
<tr>
<td>Price, 2007</td>
<td>27-54</td>
<td>75%</td>
<td>$25-100,000</td>
<td>Not reported</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Black/Filipino: 13%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mexican Latina: 13%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Siegenthaler &amp; Bigner, 2000*</td>
<td>Average:</td>
<td>100%</td>
<td>Mean: Middle class</td>
<td>Mean: 2+ years of college</td>
</tr>
<tr>
<td></td>
<td>35</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Touroni &amp; Coyle, 2002</td>
<td>Range: 30-54</td>
<td>100%</td>
<td>Not reported</td>
<td>Less than college</td>
</tr>
<tr>
<td></td>
<td>Average:</td>
<td></td>
<td></td>
<td>College degree: 22%</td>
</tr>
<tr>
<td></td>
<td>39</td>
<td></td>
<td></td>
<td>Postgraduate degree: 50%</td>
</tr>
</tbody>
</table>

*Siegenthaler and Bigner’s (2000) age, education, and income data include 25 lesbian participants and 26 non-lesbian participants. They do not provide separate statistics for lesbian participants.

third section provided an overview of decision making among couples, with a focus on lesbian couples and the decision making of heterosexual couples about having children. This information helped provide a theoretical grounding for the current examination of the processes that lesbian couples undergo while pursuing parenthood. The fourth section discussed the processes lesbian couples undergo while pursuing parenthood, which is central to the current study. This research considered as a whole reveals that little information exists regarding the processes lesbian couples undergo when they are pursuing parenthood for the first time, which was the focus of the current study.
CHAPTER 3

METHODOLOGY

This chapter discusses the methodology of the study. It begins with a brief discussion of the significance of the study, followed by the statement of the research question. The next section describes qualitative research and case study methodology, with inclusion of information regarding why they are suitable for the current study. Next, a pilot study is briefly described and discussed. These sections are followed by descriptions of participant criteria and recruitment, data collection, and data analysis. The final section discusses rigor.

Significance of the Study

As was illustrated in the prior chapter, the literature has not addressed the process involved as lesbian couples pursue parenthood; instead scholarship mostly had a narrow focus on decision making, including why couples may make a certain decision and what decisions they may make. Existing studies are also exclusively conducted retrospectively, and it is unknown how accurately respondents self-report years after they actually underwent this process. Finally, most previous studies generally focused on only one aspect of lesbian parenting decision making in isolation from other aspects, even though each decision may have an impact on the others. A study is needed to determine how lesbian couples undergo the entire process as they pursue parenthood.
Research Question

The primary research question for this study was: How does a lesbian couple undergo the process of pursuing parenthood for the first time? Within this broad question, there were four initial components that guided data collection and analysis:

- How does the couple utilize resources (e.g., books, websites, brochures) as they undergo their process?
- How do interactions with individuals outside of the relationship (e.g., medical professionals, friends, families, lawyers) influence the process of the couple?
- What process does each individual undergo as she and her partner pursue parenthood for the first time?
- What process does the couple jointly undergo as they are pursuing parenthood for the first time?

I originally planned to answer each of the component questions in order to provide information about the overarching question. As is described later in this chapter, I did not maintain these categories in the presentation of the results because they did not best fit the data.

Qualitative Research and Case Study Methodology

This section will describe qualitative research in general, with a focus on its utility for the current study. It will then discuss case study methodology and offer a rationale for using this methodology for the current study. This section will provide the methodological grounding for the current study.

Creswell (1998) defined qualitative research as “an inquiry process of understanding…[in which] the researcher builds a complex, holistic picture…and
conducts the study in a natural setting” (p. 15). Fischer (2006) indicated that “qualitative psychological research investigates the quality—the distinctive, essential characteristics—of experience and action as lived by persons” (p. 348). Rossman and Rallis (2003) state that all qualitative research shares the following five characteristics: it is naturalistic, uses multiple methods, focuses on context, is emergent, and is interpretive. Qualitative research has also been described as open (Krueger, 1998), descriptive (Smith, 2003), and “pragmatic, interpretative, and grounded in the lived experiences of people” (Marshall & Rossman, 2006, p. 2). Qualitative research remains close to the lived experiences of participants in order to allow the richness of people’s stories to be retained (Marshall & Rossman, 2006; Smith, 2003).

Creswell (1998) stated that a qualitative approach should be chosen only if a number of criteria are met. The first criteria is having a research question that begins with how or what, indicating that the study intends to describe something. Second, the topic must be in need of exploration. Third, there must be a need or desire to develop a detailed view of the topic. The remaining criteria are more specific to the researcher than the research (e.g., the researcher must have sufficient time and money to complete the study, the researcher must be interested in completing a qualitative study). The current study clearly met these criteria; it was intended to offer a detailed exploration and description of an understudied subject. I also had the level of commitment to the study that Creswell deemed necessary. Since both the study and I met the necessary criteria, a qualitative methodology was appropriate in this situation.

While various qualitative methodologies might have been able to effectively examine this issue, I elected to conduct a case study. Case study research has been
described as “the intensive study of a single case where the purpose of that study is—at least in part—to shed light on a larger class of cases” (Gerrig, 2007, p. 20) and as “an empirical inquiry that investigates a contemporary phenomenon within its real-life context, especially when…the boundaries between phenomenon and context are not clearly evident” (Yin, 2003b, p. 13). A unique strength of case study methodology is its focus on the context within which the case operates (Hammersley & Gomm, 2000; Merriam, 1998; Stake, 1995, 2006; Yin, 2003b); these contexts may include the “temporal and spatial, historical, political, economic, cultural, social, and personal” (Stake, 1995, p. 43). This holistic approach often remains closer to the actual experience of the participants than would a methodology that considers context to be an unfortunate contributor of random error (Gerrig, 2007; Merriam, 1998, Yin, 2003b). An additional strength of this methodology is its ability to utilize and accommodate many types of data (Yin, 2003b), while offering a level of “detail, richness, completeness, wholeness” that may be impossible via other methodologies (Gerrig, 2007, p. 29). Despite the fact that “case study research holds a long, distinguished history across many disciplines” including psychology (Creswell, 1998, p. 62), many researchers may look at case studies with suspicion or derision (Gerrig, 2007; Yin, 2003). This suspicion may largely arise from concerns about reliability and validity (Merriam, 1998; Yin, 2003b). However, many techniques can be utilized to increase both reliability and validity, as will be described below in the section entitled “Rigor.”

Merriam (1998) stated that “case study design is employed to gain an in-depth understanding of the situation and meaning for those involved. The interest is in process rather than outcomes, in context rather than a specific variable, in discovery rather than
confirmation” (p. 19). This quotation reveals the utility of this method for the current study. The literature needed an in-depth understanding of decision making among lesbian parents-to-be; the existing literature had offered limited information about decisions in isolation without fully considering the situation and meaning for those involved. The focus on process rather than outcomes was central to the current study, which was interested in how decisions are made, rather than what decisions are made. The interest in context rather than a specific variable was well suited for this controversial topic that could easily be influenced by such elements of context as current laws and prevailing opinions about lesbian parenting. Finally, any examination of this topic must be focused on discovery rather than confirmation since the body of literature was not developed enough to allow confirmation. While other qualitative methodologies might have been able to adequately address this topic, case study was especially well suited for an in-depth exploration of the processes lesbian couples undergo when they are pursuing first time parenthood.

Case study is a rather flexible methodology that can include one or more cases and utilize qualitative data, quantitative data, or a mixture of the two types (Yin, 2003b). Experts describe different types of case studies, such as Yin’s (2003b) exploratory, descriptive, or explanatory types, Stake’s (1995) intrinsic and instrumental types, and Gerrig’s (2007) descriptive, interpretive, and causal types. Although the nomenclature from each system may have different meanings, the current study is described as a single case exploratory/descriptive study because it explored and described the process of pursuing parenthood within one case.
Descriptions and rationales for use of a qualitative case study were just offered. Next, a pilot study will be briefly described, followed by the methodology that will guide the current study. The last section discusses rigor, as it is relevant to this study.

Pilot Study

I initially completed a pilot study of the decision making processes of lesbian couples pursuing parenthood during the summer of 2007, in order to meet course requirements for a qualitative research class. The pilot study was important to the current study in that it informed the decisions that I made for the current study. This study was designed as an abbreviated phenomenology, as the time requirements of the course did not allow for the development of a complete phenomenology. While a phenomenology would be an appropriate and effective way to explore the decision making processes of lesbian couples, I found that I would not be able to gain the depth of understanding that I desired through the use of this methodology. This realization contributed to the selection of case study methodology for the current study. For the pilot study, three lesbian couples consisting of members who never previously had children and were currently parenting their first child together were studied. I interviewed each couple jointly for 33 to 35 minutes on one occasion each. The interviews were focused on the processes each couple used when making decisions regarding having a child. Conducting the pilot study affirmed the need for non-retrospective research, since my results simply confirmed the existing retrospective literature. The process of completing the pilot study also allowed me to become familiar with the process of interviewing, audio recording, transcribing, and analyzing data since I was able to practice doing so. The focus of the current study was also narrower than that of the pilot study, which included such post-conception
decisions as selecting a last name and whether to pursue second parent adoption. Including such a breadth of decisions diffused the focus of the study and limited the amount of in-depth exploration that could occur on any given decision.

Conducting the pilot study influenced my decisions regarding conducting a case study rather than a phenomenology, maintaining a current rather than retrospective focus, and limiting my exploration to pre-birth process. I was also able to gain confidence and experience in designing and implementing a qualitative study. The next section discusses participant recruitment and selection.

Participant Recruitment and Selection

This section will begin by discussing the rationale behind case selection. Next, participant inclusion criteria will be included. Finally, the process of participant recruitment will be described.

There are no standard criteria for selecting a case for inclusion in a case study (Creswell, 1998), since there is a “large population of hypothetical cases, [but only] a small subpopulation of accessible cases” (Stake, 2003, p. 152). However, Stake (1995, 2006) stresses that the most important criterion when selecting a case is maximizing the opportunity to learn; thus, the criteria may differ from study to study. In order to best meet this criterion, the current study sought a case that was assumed to be typical or representative of the class of cases from which it was drawn (Gerrig, 2007; Merriam, 1998; Yin, 2003b). Since it is unknown exactly what would define a “typical” lesbian couple that is pursuing parenthood for the first time, I used my judgment to consider the contexts of potential participants for their typicality. For example, a couple that was under extreme financial strain and was of a very low socioeconomic status would have
such pronounced limitations in the options they could pursue that they could not allow me to fully explore how they make decisions. Conversely, a couple that was of an extremely high socioeconomic status could potentially experience very few barriers if they could essentially pursue any and all options in which they may be interested. Thus, I assert that a couple falling somewhere between these extremes would be more “typical” and allow me to learn more about how they make decisions. Determining if a couple is “typical” is the type of discretion that is not easily articulated without a consideration of the specific contexts of each potential participant.

Stake (1995, 2006) discusses the importance of selecting an accessible case, while admitting that the cases that are most accessible may not be the most diverse cases. I had originally planned to recruit two cases in order to include more diversity, but this plan was ultimately not feasible (for more information about the original plan to conduct a multiple case study, see Appendix T). Instead, I selected a case based on its accessibility and relevance. The couple met the following criteria, which were specified in advance:

- Each member of the couple considered this relationship to be her primary romantic relationship,
- The couple was planning to begin the process of having/adopting a child together within one year after interviews began,
- Neither partner had ever been pregnant, had custody of any children, or raised any children,
- Each partner was a U.S. citizen, and
- The couple resided together in the state of Michigan.
Rather than developing and providing a definition of “lesbian,” this couple qualified as a “lesbian couple” since both partners self-identified as lesbians. I hoped to find a couple that was early in the process of pursuing parenthood, since the focus of the study was on conception/adoption decisions rather than the motivation to parent, and my participants met this expectation.

I located the participants through the use of informants. The informants for this study met two criteria: I personally knew them, and they were trained in mental health or medical service related fields. The latter criterion was important, as the informants were requested to refer only well-adjusted individuals for possible participation in this study. For information about the contact with informants see Appendix B. Over the course of one month, I provided 221 potential informants with electronic letters (see Appendix C) to distribute to potential participants. Some of the potential informants responded that they did not know any couples that met the criteria, and a few of the potential informants indicated that they had distributed the flyer. I did not get a response from the vast majority of potential informants.

As I will describe in more detail below, three couples (potential participants) emailed me after being referred by an informant in order to express interest in the study, and I subsequently called each of them. See Appendix U for the script for this conversation. Given that the time demands upon the participants in this study were extensive, I wanted to allow the potential participants to contact me in order to increase the likelihood that they had a strong enough motivation to participate fully in the study. All couples who expressed interest were then given the opportunity to discuss the
specifics of the study with me. Couples were informed of my plans for the study and
given time to consider participation in the study.

Two days after I sent the first emails to potential informants, I received an email
from the first potential couple. Later that day I talked to one partner from this couple, but
I was unable to make contact with the other partner until one and a half weeks had
passed. Both partners seemed interested in participating in the study, and I called them
back approximately one week later to see if they were interested in scheduling the
screening interview (see Appendix V for the script I would have used). They did not
respond to two voicemails and one email over the course of six days, so I stopped
contacting them with the assumption that they were not interested in participating in the
study. I have not heard back from them since my conversation with the second partner.

Approximately two weeks after I sent the first round of emails to potential
informants, I received an email from a second couple expressing interest in the study. The
next day I was able to talk to one partner from this couple via phone, and she indicated
that they were planning on discussing the process of having children approximately six
months later. I was hoping to begin interviews much sooner than that, so she and I agreed
that I would call them in six months if I was still looking for participants. We did not
communicate again because (as explained in Appendix T) I had already changed my plan
to include only one couple, and I had already recruited my actual participants.

I did not hear from any other potential participants at this time, so I submitted
revisions to my recruitment process to the HSIRB. I began a different form of
recruitment, which did not result in any contact from any potential participants. (For
more information about this process, see Appendix W.) Then I received an email from a
third couple that had learned of the study two months earlier from the first round of recruitment. I called Jane, one member of this couple, the day after receiving the email, and I was ultimately able to speak with both her and Ann, her partner. Jane said that she learned about my study through a professor/mental health professional with whom I am only casually acquainted. She and Ann reported that they had the flyer for several weeks before Jane ultimately contacted me. The initial plan involved allowing potential participants one week after speaking with me to consider participating before following up with them, although participants were able to contact me sooner to accept or decline, should they choose to do so (see Appendix X for the script for the follow-up conversation). When I informed Jane and Ann of this plan, they said they had plenty of time to consider participating in the screening interview, and they wanted to schedule it soon. We met two days later.

With an invasive data collection format such as a case study, there was increased potential to upset the equilibrium of a fragile individual or couple, so I was diligent to include a stable couple in which each partner was relatively well-adjusted. In order to decrease the likelihood of creating harm by repeatedly questioning participants about personal events and feelings, I started with well-adjusted participants and monitored their reactions throughout the process. The first step in assuring that potential participants were stable involved asking informants to refer only stable couples and individuals. The second step was the screening interview. I had planned to meet with every couple who was interested in participating in the study in order to conduct the informed consent process (Appendix Z) and screening interview, which focused on gathering demographic information and conducting mental health assessment (see Appendix D). Ultimately, I
only conducted the screening interview with Jane and Ann, as they were the first (and only) couple to schedule a screening interview and meet the inclusion criteria.

Jane and Ann filled out the participant contact form (Appendix AA) at the end of the screening interview, and I told them I would contact them within one week to let them know whether I had selected them to participate in the study. I had to consult with my dissertation chair and the HSIRB due to Ann’s previous suicide attempt (which was initially an exclusion criteria), and everyone agreed that Ann was stable and qualified to participate in this study. I emailed each of them exactly one week later to inform them that I had selected them to participate in the study if they were still interested in participating (see Appendix X). They were offered $10 gift certificates to a local store of their choosing on a monthly basis during the period during which they participated in biweekly interviews, and they agreed to receive gift cards to Babies R Us.

Data Collection Procedures

This section will begin by broadly describing the process of data collection. Then, I will undergo the process of bracketing and reveal my position to the current research. Finally, the process of data collection will be discussed for each data source.

A principle element of case study methodology is the use of multiple sources of evidence (Yin, 2003b). Only through the use of multiple data sources can the researcher triangulate her findings (Yin, 2003b) and develop the level of depth and breadth that are hallmarks of case studies (Merriam, 1998). While Merriam (1998) indicates that “Any and all methods of gathering data…can be used in a case study” (p. 28), she states that the three main methods of data collection include interviewing, conducting observations,
and analyzing documents. This study involved a number of data sources, each of which will be described below.

**Bracketing**

In all qualitative research, the researcher must undergo the process of bracketing by revealing and setting aside any preconceived notions regarding the topic of study before data collection begins (Creswell, 1998; Marshall & Rossman, 2006). Experts on case study methodology also stress the importance of making one’s position in regard to the study explicit (e.g., Merriam, 1998; Stake, 1995), although they do not refer to this process as *bracketing*. For example, Stake (1995) says that revealing the beliefs, attitudes, and experiences of the researcher allows the researcher to remain aware of them while allowing the reader to make his/her own decisions about their impact. Further, Merriam (1998) states that revealing the investigator’s biases increases the validity and reliability of the findings. However, simply revealing the biases is no guarantee that they will not impact the research process at some future point (e.g., during analysis). The researcher must first be aware of this possibility and, should it occur, engage in further bracketing. Marshall and Rossman (2006) state that the researcher should consider bracketing to be an ongoing process rather than a one-time event. For the present study, further bracketing occurred through the development of memos, which will be discussed below. If the bracketing process had not allowed me to dispose of the urge to present biased information, I would have consulted with my dissertation committee. Only through removing my biases from the study (as much as possible) could the participants speak for themselves. The following is the revelation of my beliefs, attitudes, and experiences before my dissertation proposal.
I am a White lesbian woman in my late twenties. I have no children and am currently single, although I have a strong desire to have children with a partner in the future. I love children and include them in my life through friendships, family relationships, and through providing care for other people’s children. The process of conducting the literature review and the pilot study allowed me to develop opinions about how I would (likely) prefer to go about having children, although these opinions could change when theory becomes reality. My preference would be to find a partner who wishes to give birth to a child and use an identity-release donor to inseminate her. Hopefully I will have the opportunity to obtain a second parent adoption in order to be the full legal parent of our child. I do not wish to include a “father” in my child’s life, although I would want him/her to have close male involvement with the opportunity to meet the donor upon reaching adulthood. I would also like to adopt in the future. Despite these current preferences, my experiences will probably be shaped by my (currently unknown) partner. Having children is a primary goal in my life, so I may need to be flexible in order to realize this dream.

My initial beliefs and biases about lesbian parenting seem to be strongly impacted by the period in which I came of age. I was 16 when Ellen DeGeneres came out on her sitcom, and I came out 5 years later with few negative consequences. I did not know any out lesbians until I entered college at the age of 17, but I never believed that being a lesbian would impact my “ability” or “right” to have children. Before beginning this research, I had the assumption that lesbian couples can and do raise happy and healthy children (which is also supported by the research). However, my parents still question “how” I will have children and openly express doubt that I will do so. Despite this, I
believe that they will openly embrace my children as their grandchildren, regardless of
whether the children are biologically or legally related to me. Before beginning my
research I additionally assumed that most lesbian couples generally parent without the
active involvement of men as fathers.

I additionally assume that most couples make decisions about parenthood in a
thoughtful, deliberate, and planful way. However, it is possible that other methods may
prevail. For example, one member of the couple may enter the relationship with a plan to
which the couple adheres. Alternatively, the couple may not deliberately consider each
option and may instead rely more upon chance and circumstance to shape their decisions
(e.g., a couple who is already considering having a child learns of a specific adoptable
infant and decides to pursue this since it may be easier than any other option). While the
research protocol is largely constructed around the assumption that these decisions will
be made deliberately, the methodology should allow each couple’s actual process to be
revealed.

This concludes my initial bracketing, although I underwent a similar process
through the development of memos during data collection. The following will describe
the actual data collection procedures for each type of data that was included in the study:
interviews, tape recorded conversations, thought, conversation, and event logs, and
additional data sources.

Interviews

Beginning approximately three weeks after the screening interview, I interviewed
Ann and Jane for one hour every other week over the course of eight months. These
interviews satisfied Marshall and Rossman’s (2006) recommendation that, in a case
study, the researcher must engage in “close, personal interactions” with the participants “over long periods of time” (p. 56). Fifteen of the interviews occurred on Sundays, beginning between 10am and 4:30pm. Most often, we met around 11am or 12pm. We met at their house for every interview, except interviews number seven and fourteen. For our seventh interview, we met in a hotel room near Jane’s parents’ home, as the couple was visiting for the weekend. For the fourteenth interview, we met via iChat due to the fact that I was ill. I audio recorded all interviews with two different devices.

The first official interview (not including the screening interview) was semi-structured (Merriam, 1998) and was used to determine where Jane and Ann were in their process of pursuing parenthood (see Appendix E). I asked questions about what decisions they had already made and how those decisions were made. I also inquired as to what decisions they believed that they needed to make next. Later meetings consisted of receiving updates since the prior meeting and collecting more information about previously discussed topics (see Appendix F). These interviews were unstructured (Merriam, 1998). All interviews were very open-ended and involved a number of prompts that encouraged the participants to describe their experiences. The interviews focused on the process of pursuing parenthood, with an effort to follow up on previous discussions. My interview questions were also guided through the recursive process of data collection and data analysis, as I describe more below in the section about data analysis. I attempted to gather information about each component of the process that was included as an aspect of the overall question in this study: the utilization of external resources, the influence of others, the individual processes, and the couple’s process.
I interviewed Jane and Ann jointly, which allowed me to “obtain a negotiated account…in which partners could contribute their individual recollections to the construction of an agreed upon version of events,” consistent with one prior research study (Touroni & Coyle, 2002, p. 196) but atypical when compared to the overall body of research since most studies included only one partner. Only through hearing the negotiated account of events could I gain an understanding of the actual processes that the couple endured while pursuing parenthood. Since the interview process was lengthy and intrusive, I monitored their reactions to the process. As a mental health professional, at no point was I concerned that participating in this research was harming Ann or Jane, so I did not follow any of the relevant steps in my protocol (e.g., providing crisis counseling, providing referrals to local counselors/therapists [see Appendix Y], consulting with my dissertation chair, lessening their involvement in the study, ceasing to collect data from them, or taking a break from data collection with them).

Throughout the data collection process, I was cognizant of my role as a researcher, not a counselor or friend. As I was interviewing Ann and Jane biweekly about personal and emotional events and monitoring their mental health, I was sure to stay out of the counselor role through my use of memos and through consultation. Writing memos allowed me to consider my reactions to participants, including any impulse to react to them as I may react to a client. Consultation with my chair helped me gain additional insight into my negotiation of this balance. I was particularly aware of this potential conflict when I was being supportive to Ann and Jane as they divulged sensitive personal information. I used my counseling skills in order to properly conduct interviews without allowing my behavior to cross the line and become counseling. I did not have any marked
difficulties maintaining this balance. The other time in which my professional role as
counselor could have become particularly relevant is if the couple would have revealed
information that would have forced me to break their confidentiality. Fortunately, nothing
of this nature occurred during my interactions with Ann and Jane.

I was also deliberate to avoid entering a friendship-type relationship with Jane and
Ann. Since we were interacting so frequently over such a long time period, they could
have begun to make gestures such as inviting me for dinner. Jane and Ann did not
attempt to initiate additional interactions with me, so maintaining this boundary was not
difficult. Finally, I was concerned that I might have needed to be conscientious about
entering the role of consultant at times. They could have asked me for advice as they
were pursuing parenthood, since they could have perceived me as an expert on the topic.
However, Jane and Ann did not ask my advice at any stage in their process.

Audio Recorded Conversation

Between the seventh and eighth interviews, I requested that the participants
discuss their first visit to the OB/GYN in the presence of an audio recorder (see
Appendix G). I had originally planned that the conversation they recorded would be
about a specific decision that they were frequently discussing, but I ultimately selected
this topic due to the timing and the fact that they had been anticipating this visit for the
entire time I had been interviewing them. The audio recorded conversation was a
modified form of observation, in which the members of the case went about their normal
activities with as little interference from me as possible (Stake, 2006). In order to
decrease my interference, I was not present. I asked them to record up to one hour of
conversation, and Jane and Ann chose to record approximately fifteen minutes of
conversation when they were in the car after their doctor appointment. I explicitly gave them “permission” to record only what portions of their conversation they wished to share with me, and they recorded from when they left the doctor’s office until they stopped to get gas. The audio-recorded conversation helped reveal the process within the couple.

*Thought, Conversation, and Event Logs*

In order to gain a greater understanding of the processes that Jane and Ann underwent between interviews, I requested that each of them maintain a “Thought, Conversation, & Event Log” (TCE Log), which was considered a “researcher-generated document” (Merriam, 1998). See Appendix H for more information about discussing the logs with the participants and for a copy of the log. I developed the logs as a way to collect more information about the decision making process as it occurred, as a goal of the research was to remain as non-retrospective as possible. Each participant was encouraged to fill out the log daily in order to provide information about the amount of time spent thinking and talking about the decisions she was making regarding the process of pursuing parenthood. The logs also included information about which individuals outside of the relationship had an influence on the couple’s process. I collected these at each interview and provided the participants with new logs to complete before the next interview.

*Additional Data Sources*

I attempted to obtain access to resources that the couple used to inform themselves as they pursued parenthood. I determined which sources to include based upon Ann and Jane’s comfort level. Document review combined with the information
from the interviews helped clarify how the participants utilized resources; questionnaires, along with the information from the interviews, could have helped reveal how external others influenced the couple’s process. There were essentially two types of additional data sources, documents and human sources, each of which demanded a different approach.

**Document Review**

Experts have described document review as both “important” (Stake, 1995) and “underused” (Merriam, 1998), and I accessed a variety of documents that were vital to Jane and Ann’s process. The key focus of the document analysis involved examining how the document impacted the case. I reviewed four books that informed Ann and Jane as they were pursuing parenthood: a legal guide for same sex couples (Clifford, Hertz, & Doskow, 2007), a guide to conception, pregnancy, and birth for lesbian couples (Brill, 2006), *What to Expect When You’re Expecting* (Murkoff, 2008), and a book with photos and text documenting the daily and weekly development of the baby in utero (Nilsson & Hamberger, 2003). I additionally reviewed their donor insemination document and materials from their OB/GYN. Finally, I reviewed websites, television shows, and videos that they referenced during the interviews. I additionally reviewed one artifact, a DVD of Ann and Jane’s wedding/commitment ceremony, in order to gain additional grounding in their lives.

**Human Data Sources**

I developed a questionnaire for Ann and Jane’s known sperm donor (see Appendixes I-L for information about discussing this with Ann and Jane, the informed consent, and the actual questionnaire), with the hope that his responses would enhance
my understanding of Jane and Ann’s process and guide me in future information gathering. This protocol was approved by the HSIRB, and the couple assisted me by signing a letter for the donor and providing me with his address. However, he chose not to return the questionnaire, so I do not have any information from the donor’s perspective.

I also developed a questionnaire for sixteen of Ann and Jane’s friends and family members (see Appendices M-P for information about discussing this with Ann and Jane, the informed consent, and the actual questionnaire). My goal in developing and disseminating this questionnaire was two-fold: to understand Jane and Ann’s overall process, and to understand the impact of significant individuals to their process. This protocol was approved by the HSIRB, and the couple assisted me by signing letters for the potential participants and providing me with their addresses. Unfortunately I received only 2 questionnaires back, so my ability to use the information provided is limited because a condition of the questionnaires was that if too few questionnaires were returned to allow me to present aggregate data, I would not use the data directly.

Observations

As I describe more extensively in Appendix BB, I had initially planned to conduct observations of events that were relevant to Jane and Ann’s process. However, I did not conduct any observations. They never mentioned any events from which I thought I would develop unique insights upon observation, so I never initiated this process with them.
Field Notes and Memos

As a researcher, it is essential to keep detailed records (Stake, 2006). It seems that the value of record keeping cannot be understated: “Writing notes, reflective memos, thoughts, and insights is invaluable for generating the unusual insights that move the analysis from the mundane and obvious to the creative” (Marshall & Rossman, 2006, p. 161). Experts on qualitative methodology recommend a variety of types of notes and memos, including observational notes, methodological notes, theoretical notes (Schatzman & Strauss, 1973), analytic memos (Maxwell, 1996), methodological memos, thematic memos, and theoretical memos (Rossman & Rallis, 2003). For this study, two of these types of documentation were maintained: field notes and memos. Field notes were taken during and directly after interviews (Merriam, 1998), and I strove to be as objective as possible when writing them. They included information about the physical setting, the participants, their activities and interactions, conversations that occurred, nonverbal behavior, and my own behavior (Merriam, 1998). My field notes also included information about emerging themes if such an insight occurred during a data collection activity.

Rather than attempting to maintain various types of memos (e.g., methodological, thematic, theoretical, analytic), I developed only general memos that included notes to myself about my thoughts and reactions to the process and the data. These memos strove to fulfill all of the functions that Jeffrey (1999) stated memos should:

They develop and generate insights and understandings, create a series of dialectics as they are contrasted with each other, bring a crucial edge to the process of analysis, are a form of intellectual inquiry and debate, bring more
concentrated activity to the construction of reality, widen the field of vision, bring bias into the open, engage the researcher’s general life interests and enthusiasms, [and] develop self-understanding and consciousness. (p. 180)

These memos enabled me to undergo continued bracketing, which was discussed above, and begin the process of data analysis, which will be discussed next.

Data Analysis Procedures

This portion of the chapter includes two sections. The first section discusses the process of theme development, including a detailed description of the data analysis process for each type of data source. The second section contains information about the organization and presentation of my results, including the member check.

Theme Development

Experts on case study methodology state that data collection and data analysis occur simultaneously and are recursive, even though there is generally a period of time devoted to analysis after data collection has ended (Gerrig, 2007; Merriam, 1998; Stake, 1995). This study conformed to this standard. Much of the literature on case study methodology offers only broad suggestions about how data analysis should proceed. The general analytic procedure for this study thus followed the tradition of Merriam (1998), who writes broadly about qualitative research and specifically about conducting case studies. This process involved first transforming the material into a usable form if necessary (e.g., transcribing the interviews and audio recorded conversation). In accordance with Merriam’s recommendation, for each discrete piece of datum, I began by reading/reviewing the entire document in order to get a sense of the whole. I then began breaking the text into meaning units. Merriam (1998) indicates that “at the beginning of
In the study the researcher is uncertain about what will ultimately be meaningful” (p. 179),
but the meaningfulness becomes more apparent as the lists of meaning units from each
source of datum were compared.

My process of developing the themes was based on Merriam’s recommendations,
and it was consistent with Stake (1995) and Yin’s (2003b) approaches. I compared the
meaning units and combined them into categories or themes, in accordance with
Merriam’s statements that these themes “should reflect the purpose of the research” (p.
183, italics in original) and should be exhaustive, mutually exclusive, and conceptually
congruent (Merriam, 1998). Additionally, I followed Stake’s (1995) injunction that the
researcher much search for patterns and consistencies, as well as things that stand out
when developing “assertions,” which he defines as “a researcher’s summary of
interpretations and claims” (p. 169, italics in original). Finally, in accordance with Yin’s
(2003b) recommendations, I attended to all evidence (data), addressed rival explanations,
addressed the most significant aspect of case study (the process involving in pursuing
parenthood), and used my own prior expert knowledge. I wrote up the themes as memos.
In order to increase the confidence that I developed the most accurate and meaningful
themes, I constantly compared the themes to the data sources from which they were
derived. Additional strategies for increasing the meaningfulness of my results will be
discussed in the section below on rigor.

Before I developed any themes, I completed the analytic process for each piece of
datum (excluding the member check, which is discussed later below). As I collected and
analyzed each data source, I made notes about possible themes and wrote a memo to
myself in order to inform the next data collection activity. Since each type of data (e.g.,
interviews, logs, documents, and memos) was slightly different, next will be a discussion of the analytic procedures for each type of data. As I describe below, the interviews and audio recorded conversation are the primary sources from which the themes arose, and the other data sources provided additional confirmatory evidence, disconfirmatory evidence, and information about saliency.

*Interviews and Audio Recorded Conversation*

I recorded and transcribed verbatim all interviews and the audio recorded conversation. I then roughly followed Merriam’s (1998) procedures. My procedure was as follows:

1. After completing the transcript, I read over the entire transcript.
2. I broke the text into meaning units using the Maxqda qualitative data analysis computer program (Belous, 2007), and I wrote memos to myself about possible themes. I used this information to guide future data collection activities.
3. After I finished data collection, I went through and coded all of the interviews again based on the four original subquestions to the overall research question (i.e., use of resources, impact of others, each individual’s process, and the couple’s process). For each area, I picked out the main areas on the printed transcripts, picked out the main areas via Maxqda (Belous, 2007), and compared the two to ensure that I did not miss any meaning units. I then coded these meaning units into more specific codes and compared these codes to the original meaning units that I developed during the period of data collection (described in step 2 above), in order to refine the codes and be thorough.
4. I then organized the codes into themes through considering which codes appeared to address the same (or a very similar) topic. After I grouped the codes, I considered which potential themes seemed to have the most evidence. For codes that did not fit into any of the themes, I considered whether they could be condensed into any of the existing themes, whether they were disconfirmatory evidence for any existing themes, or neither. If possible, I did subsume them into themes. However, I was unable to triangulate some codes, so I determined that they were not central to understanding their process and did not include them as results. (For more information about the process of combining codes into themes, triangulating, and being unable to triangulate codes, see Appendix CC).

This process was identical regardless of the type of interview.

Thought, Conversation, and Event Logs

The thought, conversation, and event logs allowed a glimpse into the day-to-day process the participants’ underwent as they pursued the conception of their child. After I collected each new log at every interview I reviewed it for patterns and general information, such as to whom they were talking, what types of decisions they were making, etc. I used that information to guide further data collection activities. After I finished collecting data, I followed these steps:

1. I entered all of the information from the logs into a spreadsheet.

2. I used the spreadsheets to analyze Jane and Ann’s separate processes and compare their processes. For example, to whom did each of them talk about this process, how often did they talk to each other, who spent more time thinking about this process, etc.
3. I compared the information in the logs to their statements in the transcripts from the interviews and audio recorded conversations.

4. I read over the spreadsheets again after I had emerging themes from the interviews and compared the information from the logs with the potential themes from the interviews. This process helped guide my conceptualization of themes and helped me determine the saliency of certain codes from the transcripts.

The information contained in the logs did not offer many unique contributions to the results, but they offered more insight into the day-to-day process for the participants and helped confirm the emerging results from other sources.

Document Review

The process of document review differed somewhat based on the type of document. I reviewed the following documents during this process: a DVD of Jane and Ann’s wedding/commitment ceremony, four books that they used, their known sperm donor agreement, materials from their OB/GYN, and television shows, movies, and websites they used. Although the first item and the last three items may not be strictly considered “documents,” I have elected to include them in this section since I essentially used them in the same manner that I used the documents. I will describe below how I analyzed each type of document.

The first “document” that I reviewed was better considered to be an artifact of their case: a DVD of Ann and Jane’s wedding/commitment ceremony. Although their ceremony was not the focus of the current research, they asked me several times if I would like to borrow it, and I ultimately decided to do so because I thought it would provide me with some grounding in their relationship. I watched the DVD between the
second and third interviews and then returned it to the couple. Watching the DVD, which included the ceremony, much of the reception, and recorded messages from friends and family, was a great way to get to know Jane and Ann as a couple. I cannot explicitly state how viewing this video impacted my process of data analysis, but I do believe it provided me with a more nuanced understanding of Ann and Jane than I would have had otherwise. It also helped me conceptualize them as a couple and guided my data collection activities.

I reviewed four books that Ann and Jane used as they were pursuing parenthood: a legal guide for same sex couples (Clifford, Hertz, & Doskow, 2007), a book for lesbian couples that discusses conception, pregnancy, and birth (Brill, 2006), *What to Expect When You’re Expecting* (Murkoff, 2008), and a book with photos and text documenting the daily and weekly development of babies in utero (Nilsson & Hamberger, 2003). I followed these steps when analyzing the books that they utilized:

1. I was actually able to borrow their copies of the first two books between two early interviews, so I looked in these books for any writing, highlighting, or other evidence of how they used them. (I was unable to borrow the second two books because they purchased them during the period of data collection, and they were actively using them.)

2. With all of the books, I read the portions that were relevant to their process during the period of data collection. That is, I read about aspects of pursuing parenthood up to the midpoint in the pregnancy.

3. I then compared information from the transcripts with the actual source to see how they compared and how Ann and Jane were using them. This process
occurred throughout the interviews, which guided future interviews, and it also happened more intensely after the period of data collection ended.

4. After data collection was completed, the previous information was compared to the emerging themes from the interviews in order to provide confirmatory or disconfirmatory evidence and help me consider which codes were most salient. I included an additional step with the legal guide, as discussed in the next paragraph.

After receiving a copy of Ann and Jane’s sperm donor agreement during the second interview, I used the following steps to analyze it:

1. I reviewed it for general information (e.g., when did they sign it, what information does it contain) and determined where this fit into the verbal timeline of their process that they provided me.

2. I typed a copy of the agreement and placed it in a table along with the sample document located on the CD-ROM that accompanied the legal guide (for this comparison, see Appendix DD; Clifford, Hertz, & Doskow, 2007). I noted similarities and discrepancies.

3. I took a copy of that table to an interview with Ann and Jane, and we discussed why they chose to include or omit some portions of the sample agreement.

4. After data collection was complete, I compared their statements about the donor agreement with information included in the sources that they referenced as using in their process (i.e., Brill, 2006; Clifford et al., 2007).

I also used information from the donor agreement to guide questions I included in the interviews to further clarify the themes.
I also reviewed materials that Ann and Jane received from their OB/GYN’s office when they attended an informational class after conceiving. In order to obtain these materials and gather additional information about the policies and procedures at their physician’s office, I had a brief phone conversation with an administrative assistant at their OB/GYN’s office. She provided me with information about their general office procedures and faxed me copies of all of the materials that her office distributes to patients during the informational class. As with other documents, I compared the brochures and informational sheets with Jane and Ann’s statements about the materials. I also used the general information about the OB/GYN’s office to provide me with more context about Ann and Jane’s process.

Finally, I reviewed websites, television shows, and videos that they referenced during the interviews in order to compare them to the statements Jane and Ann made about them. This process was similar to the general analytic procedure for documents, in that I compared their statements about the sources and how they used them to the actual source. This process provided little additional information, beyond context for their statements.

**Questionnaires**

My data analysis process for the questionnaires that I submitted to Ann and Jane’s known sperm donor, friends, and family members would have been consistent with the data analysis processes described above. However, I did not receive the questionnaire back from the donor, and I received only two questionnaires from their friends and family members. I stated in the protocol and on the questionnaire (see Appendix P) that I would present the results of the questionnaires only in aggregate form, and if I was unable to do
so, I would only use the information to guide future data collection. Thus, I did read the questionnaires that were returned to me, which were informative, and I considered this information during later interviews. I did not undergo any more strict process of data analysis with the questionnaires since I cannot include the results directly.

Field Notes and Memos

Jeffrey (1999) recommended that the researcher treat field notes and memos as she would any other form of data. Merriam (1998) further states that field notes and memos are “essential” to the process of data analysis. I performed content analysis on these data sources much as I did with the interview transcripts. However, it was not necessary to develop meaning units from memos that already contained preliminary themes, as that would be a regression rather than progression. The review of field notes and memos was also useful to help maintain a record of the context in which the case operates.

Organizing and Presenting the Results

In order to present my results in a manner that is easily understandable to the reader and consistent with Creswell et al.’s (2007) recommendations, my results chapter (chapter 4) has two sections. The first section is a “detailed description” of the case (Creswell et al., 2007, p. 248), which includes only “relatively uncontestable data” (Stake, 1995, p. 123). This description includes an overview of my interactions with Jane and Ann, basic information about them and their relationship, and chronology of the events of their pregnancy. The second section contains a discussion of the themes, about which I will discuss more in the next paragraph.
I initially planned to structure the discussion of the themes around the four subquestions that guided the process of data collection, but the process of data analysis changed the four areas somewhat. First, I initially conceptualized the “utilization of resources” and the “influence of people outside the relationship” as two separate factors that would impact Jane and Ann’s process, but data analysis has revealed that they are better classified as one factor. Thus, I combined research questions 1 and 2 into one Area: External Processes. Second, question 3 initially included the individual processes of both partners, but for clarity, I have broken it into two Areas: Ann’s Experiences and Jane’s Experiences. Question 4, the process of the couple, is now Area 4: Jane and Ann’s Joint Process. Thus, this section of Chapter 4 contains 15 themes that fall under the four areas.

After I developed a draft of Chapter 4 that contained both of the previously described sections, I underwent the member check, which experts agree is an important component of conducting good case studies (Merriam, 1998; Yin, 2003b). (See Appendix Q for more information about the member-checking procedure for the within-case analysis.) I had three main goals as I underwent the member check. First, I wanted Ann and Jane to evaluate how well I balanced authenticity in representing their stories while protecting their confidentiality. I was willing to make revisions in order to further obscure their identities or place details back into the case study in order to more accurately represent their stories. Second, I wanted them to consider the interpretations I made about their decision making processes; I was willing to consider their feedback, although I did not guarantee that I would make revisions based on the feedback. Finally, I wanted to hear any reactions and questions about the case study in order to (a) consider making the
relevant revisions and (b) provide Jane and Ann with the opportunity to be heard, help construct knowledge, and gain a sense of closure at the end of the research process.

As I will describe more in Chapter 4, Ann and Jane offered me very little constructive feedback beyond two typos and one minor factual error. Instead, they found it interesting—Ann noted that she read the entire document (almost 80 pages) immediately after receiving it. They also laughed when commenting on how accurately I had described them. They also provided me with additional information and an update on events that had occurred after the end of interviews. I made the decision to integrate additional confirmations, updates, and corrections into the existing structure of Chapter 4. I did not see any need to restructure the results of my study since Jane and Ann basically confirmed the results I had initially posited. After I completed the final version of my case study, I provided a copy of the results to my participants (see Appendix R for information about disseminating the results to the participants).

This section contained information about the process of data analysis, including the process of theme development and information about the presentation and organization of results. The actual results are contained in Chapter 4. The final section of this chapter, which begins below, discusses rigor.

Rigor

The last methodological issue is ensuring that I designed a study that was rigorous, which I did. Experts agree that issues of rigor, defined by Morrow (2005) as a “standard of quality” (p. 250), are of utmost importance. However, there is little agreement as to how to conceptualize rigor within qualitative research and case study methodology. For example, Merriam (1998) includes internal validity (“how research
findings match reality,” p. 201), reliability (“the extent to which research findings can be replicated,” p. 205), and external validity (“the extent to which the findings of one study can be applied to other situations,” p. 207), and Yin (2003b) adds construct validity (“establishing correct operational measures for the concepts being studied,” p. 34).

Morrow (2005) refers to social validity (which is a standard of trustworthiness that refers to conducting research that matters), subjectivity and reflexivity (which can include limiting, controlling, managing, or using the researcher’s subjectivity), adequacy of data (including such elements as amount and variety of data), and adequacy of interpretation (during data analysis, interpretation, and presentation). In contrast, Stake (1995) describes all types of rigor as triangulation, although he divides triangulation into data source triangulation (“see if the phenomenon or case remains the same at other times, in other spaces, or as persons interact differently,” p. 112), investigator triangulation (which involves having other researchers examine the same evidence), theory triangulation (purposely viewing the data from different theoretical positions), and methodological triangulation (comparing the data garnered through multiple methods of data collection).

Rather than selecting a system to subscribe to, I will describe the overlapping methods/techniques of enhancing rigor that are described by the experts. There will also be a specific discussion of external validity/generalizability, as it is especially pertinent to consider in case studies.

Methods of Increasing Rigor

Triangulation, “using multiple investigators, multiple sources of data, or multiple methods to confirm the emerging findings” (Merriam, 1998, p. 204), is perhaps the most universally recommended technique to enhance rigor. Triangulation has been cited as a
technique to increase reliability and internal validity (Merriam, 1998), construct validity (Yin, 2003b), and adequacy of the data (Morrow, 2005). In this study, I triangulated through several methods. I used methodological triangulation (Stake, 1995) by using and comparing the results obtained from multiple data collection techniques (i.e., interviews, an audio recorded conversation, logs, document review, interview with a staff member at the OB/GYN’s office), which should satisfy Morrow’s (2005) recommendation that the researcher achieve adequate variety in types of evidence. I also used data source triangulation (Stake, 1995) by comparing the results that arise from each data source and followed Morrow’s (2005) encouragement to achieve an adequate amount of information by repeatedly interviewing my participants throughout an eight month period.

Although each expert may use slightly different terminology, the recommendation to engage in member checking is also universal. Member checking involves providing a draft of the analysis to participants and encouraging their input (Merriam, 1998; Morrow, 2005; Stake, 1995, 2006; Yin, 2003b). Member checking has been described as a technique to increase construct validity (Yin, 2003b), enhance internal validity (Merriam, 1998), and control for subjectivity and reflexivity (Morrow, 2005). I underwent member checking during the case analysis, as described above and in Appendix Q.

As was discussed above in the description of bracketing, it is important that I revealed my own biases and relationship to the topic being studied. Merriam (1998) stated that bracketing increases reliability and internal validity, while Morrow (2005) indicated that bracketing and writing in a self-reflective journal are important techniques to control for subjectivity and reflexivity. Stake (1995) stresses that, by stating one’s own beliefs, attitudes, and experiences, the researcher allows the reader to draw his/her own
conclusions about the inferences. I engaged in bracketing in two ways: I wrote the preliminary statement located above in the bracketing section, and I engaged in further bracketing through the development of memos.

Several experts write about the importance of including input from others in the process of data analysis. For example, Merriam (1998) states that peer examination, allowing input from colleagues, increases internal validity; Morrow (2005) indicates that consulting with a research team helps control for subjectivity and reflexivity; and, Stake (1995) describes having other researchers “take a look at the same scene or phenomenon” (p. 113) as investigator triangulation. My dissertation chair, a gay White man in his early fifties, served as an auditor for my study. Throughout the process of data collection and analysis I consulted with him approximately biweekly to discuss my progress and interpretations. He provided me with feedback on all aspects of the data analysis procedure, with the exception of checking the results against the bulk of the raw data. This process allowed me to consider and remove the impact of my biases on the interpretation.

Experts also recommend a variety of other methods for increasing rigor, which will were utilized in the current study. Morrow (2005) recommends immersion in the data and balancing interpretations and quotes in order to assure adequacy of interpretation, which I satisfied. Merriam (1998) and Yin (2003b) both state that the researcher must develop an audit trail or chain of evidence in order to increase reliability, which I did through maintenance of all records associated with this study. I fulfilled Yin’s (2003b) suggestion to increase reliability by using a case study protocol through the development of my dissertation proposal. Finally, Yin (2003b) and Morrow (2005) both stress that the
researcher must search for and address rival explanations and disconfirmatory evidence, which I did during the case analysis.

Generalizability

A specific discussion of external validity is warranted since it is a particular concern for those considering case study methodology. External validity, also referred to as generalizability (e.g., Donmoyer, 2000) or transferability (e.g., Lincoln & Guba, 2000), refers to issues regarding applying the current results to additional cases (Gerrig, 2007). In fact, concerns about external validity in case studies are so central that Gomm, Hammersley, and Foster’s (2000) anthology on case study method includes five chapters on generalizability. Experts seem to agree that the goal of case study methodology is to first understand the case(s) included in the study before attempting to generalize the results to a class of cases (Hammersley & Gomm, 2000; Stake, 1995). Additionally, Stake (2006) states that “the responsibility of making generalizations should be more the reader’s than the writer’s” (p. 90), although this statement does not absolve the writer of the responsibility to provide the most accurate results possible. Lincoln and Guba (2000) and Merriam (1998) agree that it is important to properly describe the case in order to allow the reader to consider to which other cases the results might generalize. Schofield (2000) and Merriam (1998) also state that generalizability can be increased by using a “typical case.”

Consistent with the recommendation that readers should be allowed to consider the generalizability of results (e.g., Stake, 2006), I am not focused on determining to which cases these results generalize. I included a “typical” case, and I included a detailed
description of the case in Chapter 4. The reader is encouraged to consider if and how the results of the current study might transfer to another case.

This chapter discussed the methodology of the study. It began with a brief discussion of the significance of the study and a statement of the research question. The next section defined and described qualitative research and case study methodology, with inclusion of information regarding why they are suitable for the current study. Next, a pilot study was briefly described and discussed. This section was followed by descriptions of participant criteria and recruitment, data collection, and data analysis. The final section discussed rigor, with a focus on techniques to increase rigor and generalizability.
As I stated in previous chapters, the purpose of this study was to provide a unique contribution to the body of literature about lesbian parenting through conducting a case study about the process one couple (Ann and Jane) underwent as they pursued parenthood for the first time. This study was designed to fulfill Merriam’s (1998) description of the utility of case study research: “case study design is employed to gain an in-depth understanding of the situation and meaning for those involved. The interest is in process rather than outcomes, in context rather than a specific variable, in discovery rather than confirmation” (p. 19). I attempted to discover how Ann and Jane made meaning of their experiences and how they were impacted by their context as I sought to gain an in-depth understanding of Jane and Ann’s process as they pursued parenthood. As is standard in case study methodology (e.g., Creswell et al., 2007; Merriam, 1998; Stake, 1995), I collected various types of data (e.g., interviews, audio recorded conversation, logs, documents) over an extended period of time in order to gain an in-depth understanding of their process. The primary research question was: How does a lesbian couple undergo the process of pursuing parenthood for the first time? As I described in Chapter 3, the overarching question had four components that guided data collection and analysis: the influence of external resources, the impact of individuals outside the relationship, each partner’s individual process, and the joint process of the couple.
As I stated in the first chapter, Creswell et al. (2007) described four alternative meanings of case study: a methodology, a qualitative design, an object to examine, and a product of inquiry. This chapter contains the product of the inquiry, a case study of Jane and Ann’s process of pursuing parenthood during an eight month period. Creswell et al. (2007) recommend four sections in the presentation of a case study: a “detailed description” of the case, a discussion of the themes, a “broad interpretation” of what was learned from the case, and “lessons learned from the case,” which includes generalizations for the field (p. 248). This chapter will include the first two of these areas, and the latter two areas will be included in Chapter 5. The first major section in this chapter, the detailed description, includes only “relatively uncontestable data” (Stake, 1995, p. 123). This description includes an overview of my interactions with them, basic information about them and their relationship, and chronology of the events of their pregnancy. The second major area will consist of a discussion of themes I developed based on the data analysis, as described in Chapter 3.

Before my discussion of the first area, a “relatively uncontestable” description of the case, I want to provide the following notes in order to enhance understanding:

- All quotes are verbatim, except I removed stuttering and the phrases “like” and “you know” in order to enhance the clarity of the quotes. An ellipsis indicates that I omitted a portion of the quote to increase clarity and/or decrease length.
- When I provide portions of the interviews, the initial “J” indicates that Jane was talking, “A” refers to Ann, and “R” is for researcher (myself). I would have used my first initial, but as I was already using J for Jane, I decided to use R for myself.
After some direct quotes, I provide the name of the speaker in parentheses. This notation is not meant to imply that the other partner does or does not feel the same way but just to attribute the quotes to the correct partner.

When I refer to the small human growing inside of Ann, I refer to it as a baby, rather than differentiating among the various stages (i.e., zygote, embryo, fetus) for two reasons. First, it is consistent with the terminology that Ann and Jane used. Second, I believe that switching terminology would distract from the content I am presenting. Further, if I use a pronoun to refer to the baby, I will use “it” unless I am discussing something that occurred after Jane and Ann learned that the baby was a girl. Again, this terminology is consistent with the language they used during interviews.

Whenever I refer to someone by name (all are pseudonyms), I will attempt to state who this person is in relationship to this case. However, I am providing a “cast of characters” in Appendix EE in case a person’s identity is unclear at some point.

I will now begin with the “relatively uncontestable” description of Jane and Ann’s case, in order to provide context for the remainder of the case. The second section will include a discussion of themes.

A “Relatively Uncontestable” Description of the Case

This section contains a “relatively uncontestable” description of Jane and Ann’s case, in order to introduce the reader to the participants and provide context for the remainder of the case study. This section is intended to be free of my interpretations and assertions. I will first talk about my interactions with Ann and Jane, including general information about their styles of interacting with me. I will then describe their
demographics and background. The third section includes information about their personalities, as they described themselves and one another. Finally, I will include a chronology of the events that occurred as they were pursuing parenthood.

*My Interactions with Ann and Jane*

This section is intended to provide information about my interactions with Jane and Ann. (For more information about the methodology involved, please see Chapter 3.) I interviewed Ann and Jane every other week for eight months (not including the initial screening interview, which was about three weeks before the first standard interview, and the member check, which was about eight and a half months after the last standard interview). Most often, we met around noon on Sundays at their house. However, for our seventh interview, we met in a hotel room near Jane’s parents’ home, and for the fourteenth interview, we met via iChat. Their two dogs barked every time I rang the doorbell, and Ann usually answered the door. Generally she and I would sit at the dining room table and make small talk, while Jane got the dogs settled, finished whatever she was doing in another room, got herself something to drink, etc. For all interviews conducted at their house, we all sat at the dining room table. Jane and Ann were typically dressed very casually and often drank water, coffee, or hot chocolate during the interviews. They often offered me a beverage, which I typically declined. Their small dog (Eddie) was almost always in someone’s lap and spent some time on my lap during most interviews; the larger dog (Trixie) was sometimes restrained to the couch and sometimes roamed around freely. During most interviews, the dogs were outside for some portion of time.
Both women seemed engaged in the interview process, but they had different styles of interacting with me. Jane would often get up at some point during the interview to let the dogs out, fill her drink, or walk around, while Ann very rarely got up. Ann spoke more frequently during all of the interviews but two—56% of participant statements were made by Ann. In contrast, Jane spoke for a longer time when she did speak; she said 54% of the total words and had the longest statement in every interview except one. When I checked their perceptions of their styles during interviews, they immediately guessed that Ann spoke more often and that Jane had longer responses. Each of them answered any question I posed, and they often interrupted one another and finished each other’s sentences, which Jane indicated was “so very true with every conversation.”

Jane sent me the initial email expressing interest in the study, and she emailed me an additional 13 times over the course of the interviews in order to schedule our meetings. Ann also emailed me 13 times, called me twice, and exchanged text messages with me to arrange interviews. Ann additionally emailed me between two of the interviews to tell me that they were pregnant, and two days after the last interview, she emailed me a picture from their ultrasound, with the text “it’s a girl!!” Approximately 19 weeks after interviews ended Jane emailed me to inform me that Ann gave birth to their daughter Morgan earlier that day. Approximately 8 months after the last interview, I emailed them to arrange the member check. Ann emailed me back, and I met with them about one and a half weeks later. During the member check I was also able to meet and hold Morgan.
Demographics and Background

Jane and Ann are both in their mid-twenties, both identify as White, and Jane also identifies as an Italian-American. Both women identify as lesbians, and neither identifies with any other labels, such as butch, femme, or androgynous, although they do refer to themselves as “gay.” Both women have been out as lesbians in all realms of their lives since they were about twenty years old, except that Ann is not out in her current work position. Jane has been pursuing her master’s degree in the mental health field part time for the past several years, and she estimated that she had two years remaining. She currently works for a major financial institution. Ann has completed some college coursework, but she was not currently enrolled and did not indicate that she was planning on completing a degree. Four months before interviews began she received a promotion at the major telecommunications company where she is employed. Jane was raised Catholic and began to identify as a Presbyterian when she was in high school; Ann was raised Christian. Each of them currently identify as a “non practicing Christian.”

Neither has any disabilities, addictions, or history of legal problems. Jane has never been diagnosed with or treated for mental or emotional concerns or problems, but Ann has been diagnosed with both anxiety and mood disorders. She is on anti-anxiety medication, which she takes on an as-needed basis (except during the pregnancy), and she has received counseling in the past. Additionally, when Ann was struggling with her same-sex attraction as a teenager, she was hospitalized for attempting suicide. She said that receiving counseling and learning to accept her own sexual orientation helped her overcome her thoughts of suicide. At the time that she began participating in this study,
she said that her mental health was good overall, although she had occasional “panic

attacks.”

Jane and Ann had been together for four and half years at the time that I met
them. They met several times through mutual friends before Jane asked Ann to date her. They both indicated that they fought a great deal during their first year together; as Jane described it, “Ann was really carefree and really party mode, and I was focused on school and determined with sports, so we just did not see eye to eye.” They said working through that gave them confidence that they can have a successful relationship.

Approximately three years after beginning to date, they formalized their relationship through an event, which they refer to as both a wedding and a commitment ceremony. The service was performed by an ordained minister in front of 150 of Jane and Ann’s friends and family, and it was followed by a reception. Although they are not legally married (due to Michigan law), they refer to themselves as being married, and both refer to the other as her “wife.” After their ceremony, Ann legally changed her last name to match Jane’s last name.

When I met them, Jane and Ann owned two homes, one of which they rented out. They sold this home between the last interview and the member check. They live in a quiet new subdivision in a small town located outside of the largest city in this area of Michigan. They have a “Beware of Dogs” sign in a front window and a well maintained home and yard. They had an approximate combined income of $100,000 during the year before I met them, and they anticipated that their income would be greater during the year I was interviewing them.
Ann, According to Ann and Jane

Ann referred to herself as “having anxiety” and said she is able to “cry at commercials.” They both agreed that Ann (before becoming pregnant) was a “partier,” and Ann said she is “more of the social one.” Further, she said “I can carry conversations with people I don’t really know…when we’re around our friends, my friends, usually I carry the conversation.” Ann said that in previous romantic relationships, she “always ran the show,” but this was not the case with her relationship with Jane. Finally, Ann and Jane agreed that Ann is “more of the girl in the relationship.”

Jane, According to Jane and Ann

Jane and Ann both describe Jane as “not very emotional,” “practical,” “laid back,” and “easy going.” Jane described herself as not having “a lot of friends,” and they described her interpersonal style in the following way:

A: She’s like a wallflower. She kind of blends in. She doesn’t always necessarily like to be part of the conversation, but she likes to be around…

J: …I don’t have a real dominant personality. I’m mostly known for being funny, throwing in inappropriate comments (Ann laughs), and taking things too far. You gotta wait for those opportunities. You can’t just be talking the whole time.

They indicated that when they spent time with friends before Ann was pregnant, they were often drinking, and Jane did not drink much. Instead, she would “usually monitor the situation” and serve as the designated driver. Jane also described herself as “athletic,” and Ann said Jane would be “the rough and tough kind of parent.” They both agreed that Jane would be “like a dad.”

Chronology of the Pursuit of Parenthood

Although this study is intended to be concurrent in focus rather than retrospective, events that occurred before interviews began are essential parts of Ann and Jane’s overall
process, so I have chosen to include them as the first steps in the chronology. This chronology thus begins with them deciding to have children approximately ten months before interviews began and continues through the eight months of interviews. The chronology concludes with the member check, which occurred approximately eight and a half months after the interviews concluded. I have included 5 time frames in the chronology: before beginning inseminations, during the period of inseminations, finding out about the pregnancy, the first half of pregnancy, and after interviews concluded. These time frames serve as the sub-sections of the chronology.

**Before Beginning Inseminations**

The decision that spurred this entire process, whether or not to have a child, was a challenging decision for Ann and Jane, as they entered the relationship with completely different viewpoints. Even when they were growing up, Ann “never wanted kids,” and Jane “always wanted kids,” and this is where they stood when they got married. According to Ann, “it was something we always discussed along the way because she would always make comments, and I’m like ‘I don’t think so,’ ‘it’s not going to happen,’ ‘don’t hold your breath.’” Ann continued to feel that she did not want children until approximately one year after they got married, but her position changed dramatically after spending time with her best friend’s son, AJ. “That’s when it hit me, like ‘holy cow, I kind of get it now.’ I can see why people want to have kids and just that bond that they have, and I just always wanted to be around him.”

AJ’s instrumental role in their process continued—babysitting him for a weekend solidified Ann and Jane’s desires to have a child. According to Ann, “we actually saw what it would be like for us to have a family, and how well we worked...as a team.” Jane
added, “we were like, ‘we’ll take AJ, and we’ll see what it’s like to have a kid,’ and then…it was just like, yep, it’s a done deal. I can do this. I want kids. I want my own. I want to raise my own.” At that point they both knew they wanted to raise children together. However, this experience also demonstrated that their house was too small for raising children, so they quickly bought and moved into a larger house in a better school district.

Soon after Jane and Ann decided that they wanted to have children together (but before moving), Ann’s teenage half-brother Matt approached them with an unanticipated request. Before the birth of his daughter Elizabeth, he asked them if they would adopt her. It seems that, up to this point, Ann and Jane had never seriously considered adoption and instead assumed they would conceive a child. In fact, they may have considered adoption to be a last resort for them (e.g., “I think we’d do adoption if it got to the point where you couldn’t have kids, and I couldn’t have kids” [Jane]). They preferred to conceive a child because that would offer them “the advantage of going through this whole…gestation process, seeing my wife pregnant and talking about baby stuff, not just having a day when we know we’re getting a baby” (Jane). However, they did consider Matt’s request. Ann and Jane decided not to pursue this opportunity for several reasons, including the fact that they still lived in their previous, smaller house, fear of a “media spectacle” (Jane) if Elizabeth’s biological mother was to change her mind, and concerns about over involvement of the biological relatives. Despite their reasoning, they later stated that they wished they had more seriously considered this option. From their comments, it appears that Ann and Jane never actually thought of adoption as a choice for
them until they were faced with the possible adoption of a specific baby, and their
cconcerns stopped them from adopting Elizabeth.

Since Jane and Ann had agreed on conception (as opposed to adoption), they
began to research options for inseminating. They reported that they initially considered
using an unknown donor from a sperm bank, but they were deterred from this option
based on three factors. First, frozen sperm from a sperm bank is associated with a higher
financial cost. Second, frozen sperm is less potent than fresh sperm. Finally, they found
that local sperm banks would not knowingly work with lesbian couples. After deciding to
use fresh sperm from a known donor, Ann and Jane easily agreed to inseminate at home,
in order to have a “more intimate” experience (Ann) and avoid working with a “system
[that] doesn’t wanna work with us” (Jane). After deciding to inseminate at home using
fresh sperm, they were initially unsure whom to approach as a potential donor.

Jane and Ann considered asking various men, including Ann’s half-brother (not
Matt), to serve as a donor, but they determined that none of the potential donors were a
good match for them due to their concern about having a suitable degree of “separation”
between their family and the donor. They feared that if a close friend served as their
donor, he might see himself as an “uncle” or “father,” which they did not want. They
were unsure what step to take next when Ronda, an acquaintance of Ann’s, told them
about a potential sperm donor named Danny. “One day she just kind of threw it out there,
and was like, ‘oh, you should meet my friend Danny. He’s totally great, and I’m sure he
would do it’” (Ann). Ronda then answered Jane and Ann’s “basic questions” about
Danny and introduced them on Facebook (www.facebook.com).
Four months before data collection began, Ronda introduced Danny to Ann and Jane in person at a party to celebrate Ann’s promotion. Jane and Ann both knew after meeting Danny for the first time that they wanted him to be their sperm donor. “We kinda looked at each other like…okay, this is the one, and then we knew” (Jane). Ann listed a variety of reasons why they were drawn to Danny: “his personality,…he’s wonderful, intelligent, an artist, and a really really nice guy,” and he has “a lot of the same interests, and he’s a…good-looking guy.” Ann and Jane decided quickly that Danny was a good fit for their family, and I never heard them express any doubt or regret about their decision.

From the point when Ann and Jane agreed to have children together until after selecting Danny as the donor, they planned for Jane to serve as the biological mother. As Jane explained, “I always saw myself carrying the child. Ann saw me carrying the child, and it was just not really all that discussed.” They initially determined a time frame for insemination based on their anticipation of Jane’s workload in her master’s program. However, when Jane learned more about her program’s requirements, she began to feel that it would be “a little bit too stressful” for her to carry the child during the agreed upon time frame. They then decided to delay their plan to inseminate Jane. Soon after making this decision, Jane suggested that Ann carry their first child and she carry a subsequent child since Ann did not have any “restrictions”:

J: I threw it out there. I’m like, ‘if we want to have kids sooner, you’re going to have to carry them.’ And that was the first time it had ever entered her mind, ‘oh, that’s right.’

A: ‘That is an option.’ (laughing)

J: ‘I can carry a kid too.’ So that’s kind of where it started off…

A: And for three days, it just sat and like…
J: That’s all she thought about. She was weird. She was not being herself.

A: Jane could tell. She was like, ‘you’re really thinking about this, aren’t you,’ and I was like, ‘well, it just seems like it’s something you really want to do, and I don’t want to take that away from you’ and…she kept saying, ‘I’ll have my turn. I’ll have my turn. If this is something you want, then let’s talk about it.’

They ultimately agreed that Ann would carry their first child as soon as they were ready logistically (e.g., the known donor agreement was signed, they determined that she was ovulating, etc.). Soon thereafter, Ann scheduled an appointment with a new OB/GYN that was referred by her best friend and changed her diet and exercise habits to prepare for pregnancy.

Approximately three months after their first meeting, Ann, Jane, and Danny all signed a known sperm donor insemination agreement that Ann developed based on a sample document from the CD-ROM that accompanied *A Legal Guide for Lesbian and Gay Couples* (Clifford, Hertz, & Doskow, 2007). In fact, Jane, Ann, and Danny had their signatures witnessed by a notary public on the day before Jane emailed me to inquire about the study. At this time, Jane and Ann also gave Danny the first half of his compensation for serving as the donor, as stipulated in the donor agreement. (See Appendix DD for more information about the donor agreement.) After signing the known donor insemination agreement, Ann and Jane ordered medical supplies for insemination (i.e., specimen cups and needleless syringes). They also began charting Ann’s ovulation. Finally, Danny was screened for STD’s, sperm motility, and sperm count on the day of and day after my screening interview with Ann and Jane.

One of the last events that occurred before they began to inseminate was when Jane and Ann went out to dinner with Danny, and they “finalized [their] plans” (Ann). They were fortunate to have had this meeting because Danny had thought that he would
be meeting them at a doctor’s office for the insemination, so they were able to correct his misconceptions. Ann said that he was “awesome” about responding to their requests, and Jane agreed that he “seemed really comfortable” making arrangements to coordinate his sperm donation.

Around the time that they were to begin inseminating, Ann and Jane encountered the first ongoing conflict of their relationship—whether or not to keep their larger dog Trixie after she charged at Ann’s best friend’s toddler son, AJ, and bit him for the third time. Ann and Jane both agreed that this was serious and had strong, differing gut reactions. Ann described her reaction as: “we are getting rid of the dog because AJ is not gonna be able to come over anymore…I don’t like the idea of having to lock Trixie up every time there’s people around, and I’m always gonna be uneasy when we have our own children around.” In contrast, Jane thought “it’s [not] fair for us to have to get rid of our dog because a kid comes over to our house every once in awhile…We need to have the responsibility of saying, ‘well, our dog needs to learn how to act, and we need to be able to control that.’” A few weeks later Ann “felt really bad about wanting to get rid of Trixie,” and Jane agreed that they “got through” the disagreement. Their agreement that Trixie had improved lasted until after they began inseminating and Ann conceived (see the section “The First Half of the Pregnancy” for more information).

Throughout the period of time leading up to beginning inseminating, Jane and Ann began to tell people in their lives about their plans. Jane’s family had the most negative reactions; they were vocal with their opinion that Ann and Jane are “too young” and “keep rushing into all of these decisions.” Her father, Tony, seemed especially displeased when he learned that they were inseminating at home, and her older sister
Megan refused to talk about their plans. Ann’s parents (Lynn and Steve) initially had opposite reactions. Steve was positive and excited, but Lynn had a negative reaction because she believed that Jane had “manipulated” Ann into giving birth to their child. Lynn’s feelings evolved before they started inseminating, especially after she had a discussion with Ann and Jane about her feelings, and they explained that they mutually decided that Ann would carry this child. Many of their friends had mixed reactions, as will be discussed more below.

*During the Period of Inseminating*

After having the final pre-insemination meeting with Danny, Jane and Ann were just waiting for Ann to ovulate, which occurred a week later than they had anticipated. During this first round of insemination, Danny brought his semen to Ann and Jane’s house on three consecutive days, which they appreciated, despite the awkwardness they felt. Ann described the process of their first insemination in the following way:

You have to keep the cup with the stuff in it at body temperature, so he keeps it under his armpit while he is driving, and then he would hand it off, and Jane would instantly put it under her armpit, and then of course, we would do our thing, and I’m sitting there with it under my armpit, and it’s just like there’s nothing romantic about this whole scenario…We definitely reached a new level in our relationship (laughing).

While Ann and Jane both indicated that they felt closer to each other after the first insemination, neither described it as a romantic situation (Jane: “It just stopped from being romantic to being like a science experiment, just like 0 to 1, boom”). They were instead focused on their goal of conceiving a baby.

After the first round of insemination, Ann vigilantly scrutinized her every physical and emotional sensation for evidence of pregnancy, and Jane researched these possibilities, as described in the following conversation:
A: I think at this point, I’m so much inside of my head. I think I’m pregnant, so the other day I wasn’t feeling well, and I was like, ‘I’m getting morning sickness.’ (All laugh).

R: Wow, that’s fast!

A: Even though you don’t typically get it until the second or third month (laughing).

J: …I did read in one of the books and online…that some women…react to the hormones, cause there’s a surge of hormones as soon as the egg implants…[that] can make anyone nauseous.

Even though they knew that any sensation Ann felt at that time was unlikely to be indicative of pregnancy, they were very excited about the possibility. They were so eager to be pregnant that they took the first pregnancy test one week after inseminating and followed it up with five more tests over the following two weeks. Although they were both disappointed that they were not pregnant, as Ann said, “we didn’t take it as bad as we thought we would.” They both felt optimistic that they would achieve pregnancy soon and shifted their attention to anticipating the next round of insemination.

Between the first and second rounds of insemination, Jane and Ann discovered that they disagreed about whether to undergo prenatal testing, and if they underwent testing, what to do if the results demonstrated a genetic abnormality. Jane’s position was as follows: “If it would just be up to me, and I was carrying the child…., I would probably want to lean towards having…an abortion.” Ann, however, felt very differently: “abortion is not even an option for me…I don’t feel right, I guess, playing God. If my child’s not gonna make it, then it’s supposed to be that way.” Although they had never previously discussed this topic, they both assumed that the other felt the same way about the issue. Rather than insisting on coming to a decision about what to do if the child had a problem, Jane and Ann were able to much more easily agree that they would undergo any
prenatal testing that their OB/GYN recommended (and no additional testing). They both seemed satisfied with their decision to undergo any recommended prenatal testing and discuss any problematic results with their families and possibly a therapist in order to come to a decision.

Ann and Jane did not talk more about prenatal testing at this point and instead focused on achieving pregnancy. During the second round of insemination, Jane met Danny halfway between their houses for the “handoff” of the semen on three consecutive days. With the exception of this change, they said that the process of insemination was basically the same; however, Ann’s emotional reaction after the insemination differed from the first experience. She said she was not “so much in [her] head,” and she was “proud” that they “waited the full time that we were supposed to wait” to test for pregnancy. Although Ann felt better following the insemination, she reacted to the two negative pregnancy tests much more negatively. Jane said she was “okay” but “disappointed.” They seemed surprised that they were not yet pregnant, and they began to talk about the possibility of switching back to Jane as the biological mother, but they did not come to any conclusions about when they would make this change.

At this point, Ann and Jane became concerned that the sperm potency could be the cause of their difficulties. That is, they thought that the time that passed between Danny’s ejaculation and their insemination might be causing the sperm quality to degrade. Although Ann repeatedly stated that Danny “went above and beyond” their expectations (e.g., he independently researched vitamins and foods that increase male fertility and changed his diet accordingly), she still felt nervous when she approached Danny with their concern about the timing. However, he said that he had the same
thought, and he agreed to ejaculate at their house while they walked their dogs. They
followed this process on three consecutive days during their third round of insemination.

At this point Ann and Jane were both becoming impatient to conceive, and Jane
described the novelty of insemination as having worn off:

I’ve gotten over the whole [idea that] this is his sperm he ejaculated in this cup,
these are his swimmers, all of the little things that go through your mind. Now I
don’t even think twice, but the first time we were like, ‘oh, it smells funny’
(laughs). Now it’s like, ‘well, okay, (snaps fingers twice) let’s get down to
business.’

Luckily, the monotonous cycle of waiting for insemination, inseminating, waiting to test
for pregnancy, and receiving negative test results was broken by their first appointment
with Dr. Phillips, their OB/GYN. Ann had scheduled the appointment approximately five
months earlier, before beginning insemination, and Jane and Ann eagerly awaited it. The
doctor seemed to live up to their expectations by being willing to answer their questions
and offer reassurance, but unfortunately they experienced heterosexism and homophobia
from Dr. Phillips and other office staff, as will be explained below in the discussion of
themes.

During their first visit Dr. Phillips expressed concern that Ann might have
polycystic ovarian syndrome (PCOS), which decreases fertility, and she ordered blood
work to test for this disorder. Interestingly, when Ann called for the results a “tech” told
her that she did not have PCOS, but Dr. Phillips called her several days later and told her
that she did. Dr. Phillips wrote Ann a prescription for a fertility medication and caused
concern that they would have a “rough road” (Ann) ahead of them. News of the diagnosis
caused Ann to “freak out,” but they both felt hopeful that the fertility medication would
enable Ann to conceive quickly. After their appointment with Dr. Phillips, Jane and Ann
had little confidence that the third round of insemination could have resulted in pregnancy, so they were unsurprised when they had two negative pregnancy tests. They were just waiting for Ann to menstruate, so they could fill her prescription and plan the next round of insemination.

Finding out about the Pregnancy

Two weeks after they were at the OB/GYN Ann was travelling for work, and “every night” Jane would ask Ann, “‘did you start your period yet?’” Every night Ann would say no. At this point it had been almost three weeks since Jane and Ann had inseminated, and Jane began to wonder, “‘Ann, what if you didn’t start your period because you’re pregnant?’” Ann discounted this possibility. After all, they had “already taken two tests, and they both came out negative,” and she had “this serious syndrome” (Jane). The process then unfolded as follows:

A: [Jane’s] like, ‘when you get home, just take a pregnancy test, just to double check. Just humor me,’ and I’m like, ‘do you really want me to do it without you?’ because we’ve always done it together. We don’t do it separately, and she’s like, ‘just go ahead and do it. I don’t really think you’re pregnant but just to double check,’ and so I came home—

J: I said, ‘it’d be nice to get a surprise.’

A: Yeah, so I came home, and…I couldn’t even walk away because it immediately popped up two lines instantly, and I just looked at it, and I was like, ‘oh my gosh,’ and so I didn’t even wait for it to finish, and I called Jane…and I go, ‘Jane,’ and she goes, ‘what?’ I go, ‘can you leave work?’, and she goes, ‘you’re pregnant, aren’t you?’ (laughing), and I’m like, ‘yeah,’ and I’m crying but not crying [and] screaming, but I didn’t know how to feel because…I did not expect this, and she couldn’t leave work. Her boss wouldn’t let her out, and so there was two hours where I was here freaking out by myself, and she was at work freaking out by herself, and we couldn’t be together…It was the longest two hours of my life. I just sat on the couch and was like, ‘holy shit’ (laughing).

Each partner was initially left with her own feelings and experiences since Ann was at home and Jane was at work.
After calling Jane, Ann “immediately called the doctor” and scheduled several appointments, and she was then left with two hours alone to think. She thought about how she had “started feeling things” (i.e., tender breasts and bloating) during the week but had attributed them to her menstrual cycle and how she felt guilty for “boozing it up all week.” (She had initially quit drinking alcohol when they started inseminating, but that was “too stressful” for her. Then, Dr. Phillips said it was safe for her to drink before they received a positive pregnancy test, so she had resumed drinking until she discovered she was pregnant.) She had a sense of shock and disbelief. After an hour, Jane told her that she could tell her parents about the pregnancy. Ann was relieved because the first person she wanted to tell (after Jane) was her mom Lynn, who was “excited.” She then called her biological father Steve, and he was “extremely excited” and could not “wait to be a grandpa again.”

In terms of Jane’s reaction upon finding out that Ann was pregnant, she was angry with her supervisor for not letting her leave work early. She had missed Ann during the week they were apart, and she especially wanted to be with her in the hours after they found out they were expecting a child. Additionally, she was “shocked” and “happy.” She told her coworkers, who were all happy and excited for them. On her way home from work she called her parents, who “didn’t think twice about saying” they were “thrilled to be grandparents.”

After Jane got home, they called their “really close friends” who started spreading the news to other people until they “finally just sent out a massive text message and just told everybody what was going on.” They said that everyone was “really happy” for them. They also emailed me later that day and told me that they were pregnant. That
evening they took another pregnancy test to confirm the results of the first test, and it also immediately indicated that Ann was pregnant. The couple then celebrated that evening by baking a cake and opening a bottle of champagne from a friend, which only Jane drank; they posted pictures of their celebration on their Facebook profiles (www.facebook.com).

*The First Half of the Pregnancy*

Approximately two and a half weeks after Jane and Ann found out that they were expecting, they attended an “introductory class with tons of information [about] things that you can expect and a checklist of things that we need to take care of on our end too” (Ann) at their OB/GYN’s office. The following day Ann and Jane were back at the doctor’s office for Ann’s blood work and an information gathering appointment with a nurse, and later in the week Ann got a flu shot. Again they appreciated the information and advice, but they experienced heterosexism and homophobia, as will be explained below.

Overall, everything was going well for Ann and Jane since discovering that Ann was pregnant. This happiness was undermined, however, when Trixie bit Ann on one occasion and knocked her over on another occasion. She was angry and frustrated and began to cry when describing her feelings during an interview. She began to sound more desperate at this time:

“If something does happen, then what happens to our relationship? What happens to our kid? What is it gonna be because if she does snap and something happens, whether she just lunges at the baby or she actually bites the baby, then what?...If something happens to the baby, she’s gonna have a pissed off wife. Then what happens? What happens to our marriage? What happens to this excited moment?

Ann still wanted to get rid of Trixie, but Jane remained committed to rehabilitating the dog. After many discussions and heated arguments, the issue was left equally unresolved.
They essentially agreed that Trixie would remain in the home (until/unless she bit any child) at Jane’s insistence, despite Ann’s unhappiness with this arrangement.

Five weeks after attending the informational class, Ann and Jane had their first appointment with Dr. Phillips since learning that they were pregnant. At this appointment Ann had a full gynecological exam and got a shot for the H1N1 flu. They also heard the baby’s heartbeat for the first time, which Ann considered “the confirmation that we needed to really know that there was a baby in there.” Although they were happy that they were able to hear the heartbeat, the experience was not what they had hoped for because Dr. Phillips did not give them any “warning” (Jane). As Jane explained, “in my mind I pictured myself holding Ann’s hand, but no, I was on the other side of the room.” They both said that they wished the doctor had explained what she was doing. Instead, “all of the sudden, she pulls something out, walks toward Ann, and you don’t know what they do during those tests…She just started rubbing it on Ann’s stomach while she was talking and then she settled on the heartbeat.” This experience with Dr. Phillips was consistent with their other experiences in her office—there were positive aspects, but it was not what they had hoped for.

Around one week after hearing the baby’s heartbeat, Jane and Ann met with Danny in order to give him the remainder of his compensation for serving as their sperm donor. For the first time, he came over to their house and watched a movie with them. They used this opportunity to ask him more about how he was feeling and what he was expecting for the future. Ann felt reassured after Danny told them that although “he’s not really sure how he’s gonna feel in the future,” at that point he was “fine with the way that everything is. He’s very excited for us, and even though this is all in motion now, he
doesn’t feel any differently as what he did to start with.” This meeting helped alleviate any concerns Jane and Ann had that his feelings would change after the conception of the baby. They enjoyed spending time with Danny, but they made no future plans to see him, in order to keep the “separation” they wanted in their relationship with him.

Several days after meeting with Danny, Ann first felt the baby kick, which caused an emotional shift for her. She said that, prior to feeling the baby move, she did not feel as connected to the baby: “we haven’t seen the baby. We haven’t had an ultrasound yet. We’ve only heard the heartbeat, and seen what’s happening to me physically.” Feeling the baby move caused her to feel more of a connection with the baby. Weeks later, when Jane was able to feel it move, the emotional impact was not as great. During this time period, Jane was working to connect with the baby through playing music on Ann’s belly, shining a light at her uterus region, and “talking to” it.

Four weeks after their first doctor’s appointment Ann and Jane had another doctor’s appointment and again heard the heartbeat, which was less exciting this time. At this point they also completed the quad screening (“a blood test that measures the levels of four substances [related to fetal abnormalities] produced by the fetus and passed into the [biological] mother’s bloodstream” [Murkoff & Mazel, 2008, p. 63]). They had agreed to complete whatever prenatal testing Dr. Phillips recommended, and this was her only recommendation. In contrast to their anxiety (especially Ann’s) about the results of the PCOS test months earlier, they forgot that they were anticipating these results, until days later. The quad test did not screen positive for any type of problem with the baby.

During the last month of interviews, few concrete events occurred. They were looking forward to the upcoming ultrasound and discussing how they would decorate the
nursery. Ann was still anxious about Trixie, and they talked about how both of their families were responding as the pregnancy progressed.

*After the Interviews Concluded*

I heard from Jane and Ann twice after the end of interviews (before I contacted them for the member check). Two days after the last interview, Ann emailed me a picture of the ultrasound along with the text, “it’s a girl!!!” Four and a half months after the last interview, Jane emailed me and told me that their daughter Morgan was born earlier that day, on her exact due date.

As I stated earlier, I emailed Jane and Ann about 8 months after the last interview and arranged the member check. During the member check, they both affirmed that the case study represented them well. They offered no critical feedback beyond two typos and one minor factual error, and they both indicated that they enjoyed reading it and laughed at times. They additionally commented on how “detailed” it was and that they appreciated the number of direct quotes. Most of the interview consisted of them providing updates about the preceding 8 months and general discussion about their baby. They said that the most noteworthy aspect of reading the case study was their consideration of how much their circumstances had changed since the last interview. Ann and Jane provided me with the following update during the member check.

The first way their circumstances had changed since the conclusion of interviews involved Trixie (the dog who had bitten the child). Ann and Jane explained that as the pregnancy progressed, Ann continued to feel uncomfortable having Trixie in their home, and eventually she and Jane came to the mutual decision to give her to a rescue. Ann said that she cried after dropping Trixie off, and both women acknowledged that it was a
difficult decision since she was “part of the family” (Ann). They both said they thought it was the “right decision” for their family.

The second major change occurred in Ann and Jane’s relationships with Ann’s mother (Lynn) and stepfather (Robert). When Ann was 8 months pregnant, she and Jane had a “major blowup” with Lynn and Robert. Jane and Ann said this argument started because they no longer felt comfortable with Lynn providing childcare at Lynn and Robert’s home due to the fact that Robert, whom they described as “an alcoholic,” had resumed drinking daily and was also raising medical marijuana. Lynn and Robert did not respond well to this feedback, and after the argument Ann and Jane did not communicate with Lynn and Robert for over one month. At the time of the member check, Lynn was watching Morgan for only 90 minutes per week, at Ann and Jane’s home, and Ann reported continuing to feel hurt by comments Lynn and Robert made during the argument.

The final major change in circumstances that Jane and Ann noted involved their interactions with Dr. Phillips and her staff. They reported that they had been very pleased about their relationship with Dr. Phillips as time progressed. As I describe immediately below, Ann had a difficult experience with childbirth, and she and Jane found the entire staff to be supportive. They both indicated that all staff members recognized and acknowledged Jane as Morgan’s “other mom.”

As part of the update, Jane and Ann also told me about Morgan’s birth. Although Ann had no problems during her pregnancy, when Jane took her to the hospital on her due date because of her contractions, she was found to be quite ill. She was diagnosed with preeclampsia (“pregnancy-induced hypertension” [Murkoff & Mazel, 2008, p. 548])
and HELLP (hemolysis, elevated liver enzymes, and low platelet count [Murkoff & Mazel, 2008]). The medical staff thus induced labor for hours before conducting a caesarian section. Ann then had a negative reaction to the anesthesia, which caused her to remain unconscious for several hours and created concerns in the physicians that she may have suffered a stroke. However, she awoke five hours after surgery confused but healthy. Jane described being scared during this time, but Ann has few memories of her first day in the hospital. Many of their family members and friends gathered at the hospital before and after Morgan’s birth. They said that Morgan was healthy, but she and Ann remained in the hospital for five days. Ann said she is still sore from the surgery but has no remaining health complications.

After Morgan’s birth, Jane was granted two weeks of “paternity leave” from her financial institution, and Ann had six weeks of maternity leave. Both have since returned to work, but Ann is often able to work from home and spends a great deal of time with Morgan. Ann’s mother and stepfather have had limited involvement with Morgan, but her father has been their primary childcare provider. Jane’s parents have fully embraced Morgan as their grandchild and often arranged visits to see her. Jane’s older sister is “in love” with Morgan, and they have designated her as Morgan’s guardian if Ann and Jane were both unable to parent. Danny, the donor, has met and held Morgan on one occasion, and he has thus far honored all of Jane and Ann’s wishes. They reported no concerns in this realm. However, they did express a great deal of disappointment that many of their friends have shown no interest in meeting Morgan or socializing with them since her birth. Overall, both mothers report enjoying their experience and describe Morgan as
having a very easygoing temperament. They are planning to begin inseminating Jane with Danny’s sperm approximately five months after the member check.

Summary of “Relatively Uncontestable” Description

I just provided a “relatively uncontestable” description of the case in order to provide the context for the section that follows. Descriptions of my interactions with Ann and Jane, information about their demographics and background, brief introductions to their personalities as they described them, and the chronology should provide the reader with some grounding in Jane and Ann’s lives. Next, I will discuss the themes that appear in this case.

A Discussion of Themes

In accordance with Creswell et al.’s (2007) recommendation, the following section contains the themes that I developed through the data analysis process (described in Chapter 3) to explain Jane and Ann’s case. As described in Chapter 3, I collected and analyzed the data based on four subquestions (i.e., impact of resources, influence of other people, the individual processes of each partner, and the joint process of the couple). Rather than maintaining these four subquestions as a structure for this section, I have organized the discussion of themes into the following four areas: external processes, Ann’s experiences, Jane’s experiences, and Jane and Ann’s joint process. I have selected this organizational structure because it best explains the 15 themes. Two themes fall under each of the first three areas, and the last area is comprised of eight themes. The areas and themes are as follows:

Area 1: External Processes

Theme 1. Homophobia and Heterosexism
Theme 2. Evolving and Conflicting Reactions of Others

Area 2: Ann’s Experiences

Theme 3. An Emotional Process for an Emotional Person

Theme 4. Pregnancy is No Fun

Area 3: Jane’s Experiences

Theme 5. Rational Approach to Her Emotions

Theme 6. Less Intense Connection to the Baby

Area 4: Jane and Ann’s Joint Process

Theme 7. Interactions between Jane’s Rationality and Ann’s Emotionality

Theme 8. Seeking, Evaluating, Accepting, and Rejecting Input

Theme 9. Psychologically Preparing for Parenting

Theme 10. Impatience and Its Benefits and Risks

Theme 11. Managing Their Relationship with Danny

Theme 12. Easy Agreement and Compromise

Theme 13. Immense Trust in One Another and Ann’s Parents

Theme 14. Comparing Themselves to Others

Theme 15. Inclusion of Both Partners

Every theme contributes to the overall understanding of Jane and Ann’s process as they pursued parenthood for the first time.

Each theme will be presented as follows:

Theme Number. Theme Name: “Quote from the participants that characterizes the theme” (Name of the participant who said the quote).
The paragraph(s) directly following the heading will be a description of the theme, which will be based in the data and integrated with my interpretations. The explicit inclusion of my interpretations differentiates this section from the previous section since the prior section was intended to include only “relatively uncontestable” information. That is, it was as free of my assertions as possible, given that I cannot truly be an objective observer of this case and these participants. In contrast, the current section purposely includes my assertions about what various pieces of data mean. See Figure 1 for a visual representation of the continuum from “raw data only” to “my interpretations only,” along which all portions of chapter 4 fall. It is important to remember that, while I attempted to stay as close to the data as possible, these are my interpretations, my organizational structure, my assertions about what is important, etc. I have been rigorous in my development of this case study (as I described in chapter 3), but other researchers may have made different interpretations, selected a different organizational structure, described the themes differently, etc. I will attempt to be as clear as possible about the origins of various pieces of information (e.g., directly stated by a participant, my observation during an interview, my interpretation).

After the description of the theme, I will provide discussion about the theme. The

![Figure 1: Continuum from Raw Data Only to My Interpretations Only](image-url)
transition from the description to the discussion will be noted with the heading, “Discussion of ‘Theme Name.’” This discussion will be one step further removed from the raw data than the theme description, as it is comprised of my reflections, reactions, assumptions, projections, etc. They have arisen through the processes of data collection and analysis, but I often do not have the data to directly support these assertions. Instead, they may be informed hypotheses, based on the data I collected, the literature I reviewed in Chapter 2, my knowledge of human nature from studying Counseling Psychology, etc.

\textit{Area 1: External Processes}

The first area, External Processes, includes processes that occurred with people they know (i.e., families, friends, OB/GYN) and institutions (e.g., sperm banks, fertility specialists, laws) that impacted Jane and Ann’s process. In this section there will be some discussion of Ann and Jane’s reactions, but their reactions to these processes are not the major focus of this area. Instead, I will focus more on the actual processes that occurred.

The two themes that fall under the area of External Processes are as follows:

\textit{Theme 1. Homophobia and Heterosexism:} Ann and Jane talked about encountering personal and institutional homophobia and heterosexism throughout their process.

\textit{Theme 2. Evolving and Conflicting Reactions of Others:} Jane and Ann described receiving two types of mixed (positive and negative) reactions about them becoming parents; one type involved both positive and negative reactions that were concurrent, while the other type was marked by reactions evolving to become more positive.

I will discuss each of these themes in depth below.
Theme 1. Homophobia and Heterosexism: “It doesn’t matter whether we’re gonna be good parents or not. It’s, ‘well, you’re gay, and your kid’s always gonna have all these problems because you’re gay’” (Ann).

The first theme refers to the homophobia and heterosexism that was imposed upon Ann and Jane by persons they knew and through various institutions in their environment. According to the Merriam-Webster online dictionary (2010), homophobia is “irrational fear of, aversion to, or discrimination against homosexuality or homosexuals,” and as I stated in Chapter 2, “Heterosexism is more than the belief that only heterosexual behavior and sexuality are of value; the term describes the significant and systematic social and cultural ethos that structures our social arrangements and shapes our views of lesbianism” (Spalding, 1999, p. 12). Thus, individuals are homophobic, and individuals and institutions are heterosexist. Jane and Ann primarily talked about receiving heterosexism and homophobia from their parents, their OB/GYN and her staff, and various institutions, each of which is discussed below.

Of all the people with whom they interacted, Ann and Jane most frequently talked about hearing homophobic and heterosexist responses from their families. As Ann explained when they were talking about their feelings of being judged for wanting to “bring a child into this world” as a lesbian couple, “we…constantly feel like we have to prove ourselves to our family and our friends [and] all of the outside world too.” This feeling that they needed to defend themselves was especially true with Jane’s parents (Gabriella and Tony), who had a history of openly disapproving of Jane and Ann’s “lesbian lifestyle.” They continued to display their disapproval through such acts as placing a daybed with a trundle in the room where Ann and Jane stay when they visit,
while they put a full size bed in the room where Jane’s younger sister and her boyfriend stay. Jane’s parents (and Ann’s mom to a lesser extent) were also very vocal about their belief that it was too soon for Jane and Ann to become parents. Although the criticism was not directly focused on sexual orientation per se, Ann and Jane agreed that Jane’s parents would not be so critical if they were a heterosexual couple:

If we were a straight couple, it would be like, boom, you’re married, when are you having kids? They wouldn’t look at a lot of the other things in the mix like they are now. ‘Well, you just moved,’ or ‘You just changed jobs,’ ‘You’re not done with school,’ all these different things…Part of us wants to just say, ‘Well, the only reason you are saying this is because we’re gay, and if we weren’t gay, and we…wanted to have kids right after marriage, or even before marriage,…we wouldn’t have to talk to anybody about it.’ (Jane)

Jane and Ann indicated on several occasions that receiving criticism from Jane’s parents based on their sexual orientation made the process of pursuing parenthood more difficult and less joyful.

Ann and Jane also described experiencing heterosexism and/or homophobia from every clinician they interacted with at their OB/GYN’s (Dr. Phillips) office. First, when they met Dr. Phillips, Ann felt she was “taken back” and “seemed a little weird,” about “the gay thing,” and Jane felt “judged” by her, as “these lesbians…[who] don’t know what they’re doing.” Dr. Phillips later referred to “‘the old turkey baster method,’” which Jane especially did not appreciate. The nurse who facilitated their informational class referred to “mom and dad” throughout the class, without any recognition of the lesbian couple sitting in the room. The nurse at their first visit after conception showed interest in their situation, which made them happy, but her interest was “surface-y” (Jane), and she made assumptions about their choices (first, that they used an anonymous donor and second, that their donor was a “good friend”), which frustrated Jane. The cumulative
effect of their experiences at Dr. Phillips’ office led Jane to ask, “Which is worse in their mind? Having a gay couple who are trying to have a family or some single girl who’s in high school who got knocked up? What’s really worse here? Apparently it might be us.”

Although the research reviewed in Chapter 2 revealed that institutional heterosexism creates a variety of constraints for lesbian couples pursuing parenthood, I will only briefly list some ways in which Ann and Jane explicitly talked about being impacted by institutional heterosexism. First, one reason they decided not to use an unknown donor was because, according to their research, the nearest sperm bank that would work with them as a couple was approximately 200 miles away. They found that any nearer sperm banks would only work with “single women” or heterosexual couples. Second, they asked a friend’s mom (who worked at a fertility clinic) and Dr. Phillips about local infertility specialists, and both said there were none in their local area who would knowingly work with lesbian couples. Ann found this to be “disappointing” and “hard to believe.” Third, Jane’s rights as a parent are severely restricted by Michigan’s homophobic/heterosexist laws; they discussed the fact that Ann’s parents will have more rights upon the birth of their child than Jane will, and they feared that Danny could assert that he is a parent to their child.

In contrast to the many instances of institutional heterosexism, Jane and Ann did discuss two institutional policies that were not heterosexist. Specifically, they said that both of their workplaces offered domestic partner benefits, which enabled Jane to be on Ann’s health insurance plan and allowed Jane to take “paternity leave” after the birth of the baby. They expressed thankfulness that they were allowed equal access to these benefits.
Discussion of “Homophobia and Heterosexism.” It can be very difficult to determine how accepting specific people, places, institutions, etc. will be toward a lesbian couple pursuing parenthood. Although different taxonomies exist, I have chosen to classify potential reactions into three categories: affirmative, tolerant, and intolerant (collapsed from Sears’ [2002] five category taxonomy). Heterosexism and homophobia are present in both tolerant and intolerant environments, but oppression is generally more overt in intolerant settings than tolerant settings. I have separated them into three distinct categories for the sake of clarity, but I actually conceptualize them as existing on a continuum from affirmative at one end to intolerant at the other end. See Table 6 for hypothetical examples of affirmative, tolerant, and intolerant behaviors toward a lesbian couple pursuing parenthood by three groups relevant to this study: parents of lesbian women, fertility specialists, and sperm banks. I created this table based on the research I included in Chapter 2. Considering the range of responses a lesbian couple pursuing parenthood might receive raises two questions: first, how does a lesbian couple determine how accepting of lesbian parenting a particular person/institution is, and second, how much oppression is a couple willing to accept from a particular source? As an example, Jane and Ann expressed interest in working with a fertility specialist, so they asked a friend’s mother (who works at a fertility clinic) and Dr. Phillips about affirmative providers. Both sources said that local fertility specialists “won’t work” with them as a couple. It is unclear if these physicians explicitly refuse to work with lesbian couples or if they might work with a lesbian couple but make them feel uncomfortable and unwelcome there. Jane and Ann were understandably unwilling to endure either of these options, so they concluded that they would not work with any local fertility specialists. There is a
### Table 6

**Hypothetical Examples of Affirmative, Tolerant, and Intolerant Behaviors**

<table>
<thead>
<tr>
<th></th>
<th>Parents</th>
<th>Fertility specialists</th>
<th>Sperm banks</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Affirmative</strong></td>
<td>Express excitement about</td>
<td>Openly &amp; intentionally value lesbian parents,</td>
<td>Openly value working with lesbian couples, market</td>
</tr>
<tr>
<td></td>
<td>having a new grandchild,</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>proudly share the news with</td>
<td>advertise in venues that</td>
<td></td>
</tr>
<tr>
<td></td>
<td>other people, acknowledge</td>
<td>attract lesbian women,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>both women as parents</td>
<td>ensure their staffs are aware of pertinent issues</td>
<td></td>
</tr>
<tr>
<td><strong>Tolerant</strong></td>
<td>Accept the child as part of</td>
<td>Willing to work with lesbian couples, but without any specific commitment to prospective biological mother as a “single mother” instead of acknowledging them as a couple</td>
<td></td>
</tr>
<tr>
<td></td>
<td>the family but not “out” to</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>others about being the</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>grandparent of a child of</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>lesbian parents</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Intolerant</strong></td>
<td>Refuse to accept the grandchild as a family</td>
<td>Refuse to work with openly lesbian women or openly express the belief that</td>
<td>Refuse services for lesbian couples, perhaps by requiring that all customers be heterosexually married</td>
</tr>
<tr>
<td></td>
<td>member, refusal to</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>acknowledge both partners as</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>parents</td>
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possibility that Dr. Phillips and their friend’s mom were both incorrect, but this is difficult to determine. If no local providers have chosen to include themselves on online lists of affirmative providers, Ann and Jane would have to contact fertility specialists and inquire into their policies about treatment of lesbian couples, which could be an arduous process and could expose them to overtly homophobic and heterosexist feedback. Jane
and Ann also talked about how difficult it can be to determine how accepting someone is during interactions with them, which will be discussed more in the discussion of microaggressions in chapter 5.

The legal options available to lesbian parents in Michigan (and many other states) are equally difficult to discern. According to the Human Rights Campaign (2009), in the state of Michigan there is no “explicit prohibition” against second parent adoption by a same-sex partner when the other partner is a legal parent of the child. Instead, the decision is made by each individual county or judge (Human Rights Campaign, 2009; National Center for Lesbian Rights, 2010a). After living in Michigan and interacting with a variety of lesbian parents there (including the participants in the pilot study discussed in Chapter 3), I am aware that it is very difficult (but possible in some situations) to obtain a second parent adoption there. Due to the fact that pursuing a second parent adoption is a difficult process with a likelihood of a negative outcome, it is not uncommon for lesbian women (including Ann and Jane) to mistakenly believe that second parent adoptions are never permitted in Michigan. In fact, Jane and Ann do have the option of investing the considerable time, money, and energy necessary to pursue a second parent adoption, but it is impossible to predict whether the judge who happens to hear their case would choose to grant the adoption. The lack of clarity about the level of homophobia and heterosexism espoused or enacted by various individuals and institutions makes the impact of homophobia and heterosexism even greater.

Theme 2. Evolving and Conflicting Reactions of Others: “They seem excited, but it’s just kinda hard to tell with them just because we knew how they felt before we even started this process” (Ann).
The second theme includes the external process whereby most people in Jane and Ann’s lives provided mixed (both positive and negative) reactions to them becoming parents. As will be apparent throughout this theme, the negative reactions were often, but not always, instances of homophobia and/or heterosexism. There were two major ways that people gave reactions that were mixed. First, there were people whose feelings seemed to evolve from more negative to more positive over time, which are best characterized by Ann’s mom (Lynn), Jane’s parents (Tony and Gabriella), and Jane’s older sister (Megan). Second, there were people who simultaneously provided mixed reactions, including their OB/GYN (Dr. Phillips) and some of Jane and Ann’s friends. I will discuss both types of mixed responses.

The first type of mixed reaction involves several of their family members, whose feelings about Jane and Ann having a child seemed to change over time. First, Lynn had a very negative reaction when she learned that they were going to begin inseminating, due to her belief that Jane had “manipulated” Ann into carrying the child. However, after discussing her feelings about their decision making process, she became more accepting, involved, and excited. Second, as I stated above, Tony and Gabriella offered what Jane and Ann believed to be homophobic feedback about it being too soon for them to become parents. Tony also indicated that he was “grossed out” that they were inseminating at home. However, after conception, Jane’s parents’ attitudes shifted; they began to consider themselves to be grandparents and planned to provide some childcare. Although their responses became more positive, Ann and Jane still felt that Gabriella and Tony would have reacted differently (e.g., by attending the ultrasound appointment) if Jane had been pregnant. Finally, Megan was so displeased with their plans that she initially refused to
discuss the baby or the pregnancy, and Ann and Jane attempted to get her more involved through various techniques (e.g., talking to her about her feelings, inviting her to paint the nursery). Her feelings did change some around the end of the first trimester, as she began to show an interest in the baby and offered to knit items for it, but they were unsure what to expect from her in the future. In these examples, Ann and Jane’s family members seemed to provide more positive reactions as their process progressed, but Jane and Ann still wished that Jane’s family was more accepting of their plans.

The second way in which reactions were both positive and negative involves people who simultaneously provided mixed reactions to them becoming parents, including Dr. Phillips and some of Jane and Ann’s friends. First, Dr. Phillips provided invaluable information, hope, and reassurance (as will be discussed more later), but she acted “taken back” (which Ann and Jane attributed to “the gay thing”) and joked about the “‘old turkey baster method.’” These conflicting responses occurred in every interaction Jane and Ann had with her during data collection, but they indicated during the member check that Dr. Phillips and her staff did become more accepting later in the pregnancy. Second, many of Ann and Jane’s friends gave mixed reactions of excitement and hesitation about the baby, which Ann thought was because “they are worried about where our friendship is going to stand” after the baby was born. Ann and Jane agreed that Ann had always been a “partier” who often made the plans for their group of friends, and they acknowledged that it is “gonna be different” (Jane) once they have an infant. They were still in the process of renegotiating their friendships at the end of data collection, and during the member check they indicated that many of their friends had shown little interest in meeting Morgan. Dr. Phillips and some of Ann and Jane’s friends
simultaneously provided mixed reactions, which were confusing and unresolved at the end of data collection.

Discussion of “Evolving and Conflicting Reactions of Others.” Some of the examples of negative reactions (i.e., Tony, Gabriella, and Dr. Phillips) were examples of homophobia and/or heterosexism, while other negative reactions were more idiosyncratic (e.g., Lynn believed Jane had “manipulated” Ann, their friends were possibly worried about their friendships). However, the degree to which Ann and Jane perceived reactions to be homophobic and/or heterosexist did not seem to be the most important factor in determining their level of distress. Instead, I believe that Ann and Jane were more impacted by negative reactions from their parents, as illustrated in the following quote where Jane compared the importance of her sister Megan’s reaction to the importance of her parents’ reaction (which was less negative):

If my sister was up in arms against it, it’d be like, forget you. If my parents were up in arms about it, it’d make it a lot more difficult…You still want your parents to approve of what you’re doing and your life, so it’d just be a lot more difficult like for…my parents to disagree versus Megan.

Although Jane’s sister responded much more negatively than her parents (e.g., leaving the room every time anyone discussed the pregnancy), Ann also indicated that Tony and Gabriella’s reactions had a strong impact on them: “It makes it very hard for us to…feel like we can talk to them because…they’ll lecture, and they’re judging, and it’s frustrating because it’s very exciting for us…That’s supposed to be an exciting topic, and it’s not for anybody basically.” I believe that the negative reactions they received from their parents felt more hurtful to Jane and Ann than the negative reactions they received from other sources.
Summary of Area 1 Themes

My analysis of the external processes relevant to Jane and Ann’s process as they pursued parenthood indicated that, in many ways, the environment was much more negative than would be desired. Although they did receive positive responses and feedback from many people, most of these people also provided negative reactions, some of which were homophobic and heterosexist. The broader environmental context of heterosexist laws and institutions provided constraints upon their process that are objectively evident (e.g., Ann’s parents will have greater rights upon the birth of the baby than Jane will, Jane and Ann’s research indicated that they could not go to a local fertility specialist as a couple, etc.), but the long term impact of these discriminatory laws and policies remains uncertain. Although heterosexist laws could have a devastating impact on their lives, during data collection Jane and Ann seemed to be most strongly impacted by the homophobic/heterosexist and negative reactions they received from their families, as they had hoped to receive more support from them.

Area 2: Ann’s Experiences

Although “Ann’s Experiences” could include any number of processes, two relevant themes arose due to the frequency with which Ann and Jane discussed these topics as being relevant to how Ann experienced the process of pursuing parenthood for the first time. The two themes are as follows:

Theme 3. An Emotional Process for an Emotional Person: Ann, who was described by both partners as an “emotional” person, experienced a range of emotions before and after conception.
Theme 4. Pregnancy is No Fun: Ann described the physical experience of pregnancy as unpleasant and said she did not wish to repeat her experiences as the biological mother.

I will describe each of these themes in more detail.


As I stated above, Ann and Jane both described Ann as an emotional person who could “cry at commercials,” and her emotionality seemed to be exacerbated by the hormonal experience of pregnancy. She experienced a wide range of emotional reactions to this process, including sadness, anxiety, and hopefulness. I will describe Ann’s experiences of difficult emotions and positive emotions throughout her experience of pursuing parenthood, including a brief discussion of how she coped with her feelings.

Before she conceived their child, Ann experienced many difficult emotions, and she continued to describe negative emotions after conception. The experience of inseminating and not conceiving for the first two months was saddening, disappointing, and surprising for her. After the second attempt failed, she said it was “a shock,” she was “a mess,” she was “devastated,” and she was “recovering from this letdown.” After conceiving, she was sensitive to the hormonal changes of pregnancy—her perceived emotional unpredictability caused her to refer to herself as “hot and cold;” Jane called her “moody.” I observed her emotionality during one interview after she was pregnant when they were discussing whether or not they were going to keep Trixie (the dog who bit the child); Ann spoke in a raised voice, talked about being “pissed,” and became tearful.
Of all the emotions she described, Ann most frequently discussed her experiences with anxiety. In the screening interview, Ann described herself as “having anxiety,” and this anxiety was evident throughout the interviews. During the interviews, she and Jane used a variety of words (e.g., “panicked,” “nervous,” “anxious,” “stressed,” “worried,” etc.) to describe Ann’s feelings about many situations. In fact, they used these terms over 70 times when referring to Ann. For example, Ann made the following statement about inseminating: “I just need to relax because me being so worried and so stressed out about it is not gonna help my situation. So I am trying my hardest to just be relaxed, to not stress myself out or freak myself out.” Ann reported anxiety about every step as they pursued parenthood, including tracking ovulation properly, coordinating insemination with Danny, potentially having a miscarriage, etc. During the member check, Ann said she was concerned that she sounded like a “basket case,” but she agreed that her process was often characterized by anxiety. Jane agreed, “that’s my wife.”

Although Ann’s experience of pursuing parenthood was fraught with emotional challenges and anxiety, she also expressed positive emotions, such as hopefulness and excitement, throughout this process. Before she conceived, she maintained hope that they would be able to create their family, which helped her cope: “we know that it will happen eventually, however it happens. If it’s me, or it’s her, or if we end up having to adopt,…it will happen someday for us.” In addition to hopefulness, Ann maintained a high level of excitement in anticipation of becoming a parent that helped her through the difficult times. Unsurprisingly, she was also “very excited” when she discovered that she was pregnant. She was additionally excited to hear the baby’s heartbeat and feel it move, and
she found that her connection to the baby became “more intense” in response to these events.

Ann did not explicitly describe herself as coping with her emotions, but I noticed several ways that she coped, which allowed her to avoid becoming overwhelmed by her anxiety or other emotions. First, she talked about her feelings with Jane, which seemed to help her process and accept her emotions. Neither of them seemed particularly distressed by her “mood swings,” and both partners seemed to recognize that this was simply part of who Ann is. They both had additionally anticipated that she would be more emotional in response to the hormonal changes of pregnancy, so her emotionality was expected. Second, Jane helped reassure Ann, as I will discuss more in Theme 7. Third, Ann received reassurance from other people and resources, as discussed below in Theme 8. Fourth, Ann seemed to be able to use positive self-talk in order to reduce her own anxiety (e.g., when she was anxious that she would be unable to conceive, she reminded herself “at least we’re lucky enough to have two women that if one can’t have one, maybe the other one can”). Finally, Ann was taking anti-anxiety medication before conceiving, but she indicated that she discontinued this before conception. Again, describing these behaviors as coping mechanisms is my language, based on Ann and Jane’s statements.

Discussion of “An Emotional Process for an Emotional Person.” Although Ann did identify as being “emotional,” it seems that this aspect of her identity may have been magnified through comparison with Jane’s personality (e.g., “I am the stressful one in the relationship” [Ann]). This identification exists only in comparison to Jane’s role in the relationship, so it is impossible to truly consider Ann’s reactions without a consideration of Jane’s reactions. Thus, it might be impossible to gain a more “objective”
understanding of Ann’s emotionality. What I mean by this is that the degree to which she experienced/recognized/ expressed both positive and negative emotions might be “normal” as compared to the “average” biological mother of the first child of a lesbian couple, especially as “emotional instability” (Brill, 2006) and “mood swings” (Murkoff & Mazel, 2008) are common among pregnant women. Her emotionality may only appear to be extreme in comparison to Jane (of course, the same could be said of Jane’s lower level of emotionality). My inability to “objectively” evaluate Ann’s anxiety matters little for the purposes of this study, as I am primarily interested in their subjective processes as a couple. The ways in which their personalities interact around this topic will be discussed further in Theme 7.

Theme 4. Pregnancy is No Fun: “I’m glad you’re carrying the next baby” (Ann).

The other topic that came up most frequently as being specific to Ann’s experiences involved her disliking but not regretting her pregnancy. She was undoubtedly excited and happy that she and Jane were becoming parents, but she did not enjoy the process of conception and pregnancy the way she seemed to expect. She made lifestyle changes to accommodate conceiving and gestating a baby (e.g., ceasing coffee intake, abstaining from alcohol, and eating a healthy diet), some of which were a struggle before conception. She also experienced the physical changes associated with pregnancy, including breast tenderness, food aversion, nausea, bloating, frequent urination, exhaustion, and pain, all of which distressed her. When she was 12 weeks pregnant, she made the following statement:

If we were to do this again, I don’t know if I’d (laughs) really wanna do it again. It kinda sucks…people always say when [you] have the kid, you just forget about all the crap that you went through during your pregnancy, but it sucks not feeling good. I sleep all the time. I can’t do anything because I’m sleeping all the time.
Eating is a chore now because [I] can’t let [my] stomach get empty because [I] get sick, and…food doesn’t taste the same.

Although she did not wish to repeat the experience, at no point did she express any regret or disappointment that she had chosen to conceive this child; she was still happy that she and Jane were creating the family of their dreams.

Discussion of “Pregnancy is No Fun.” I believe that Ann might have felt more comfortable talking about how being pregnant “sucks” since they had already planned for Jane to carry the next child. Ann may not have felt the same freedom to talk negatively about her experiences with pregnancy if she were in a situation where she would have to be pregnant again in order to have additional biological children (e.g., if she were partnered with a man or if this couple planned for Ann to carry subsequent children). It is also possible that Ann’s perspectives on pregnancy have changed significantly since the last interview. Since data collection ended when Ann was 20 weeks pregnant, Ann’s perspectives on the latter half of pregnancy, during which most women experience fewer unpleasant effects from pregnancy (Murkoff & Mazel, 2008), were not included in the original analysis. It was possible that, as Ann said about other biological mothers, in the months after having the baby she might have “[forgotten] about all the crap that [she] went through.” During the member check, however, she affirmed that she does not want to repeat her experiences as a biological mother, and the couple planned for Jane to conceive the next child.

Summary of Area 2 Themes

In many ways, Ann’s experience was dominated by her emotional reactions to various aspects of their process. She expressed a great deal of anxiety but also described many other positive and negative emotions. Ultimately, the physical and emotional
reality of gestating a baby was unpleasant for her, and she found that she did not wish to repeat it. However, I do want to stress again that she never said or implied that she regretted conceiving this baby—it seemed that she was happy that she had this experience, and she was also happy that they planned for Jane to conceive their next child.

Area 3: Jane’s Experiences

The third area, which covers Jane’s experiences as she and Ann pursued parenthood, is parallel to the previous area. Again, two themes have arisen based on the aspects of Jane’s experiences that seemed the most salient based on the frequency with which they were discussed:

Theme 5. Rational Approach to Her Emotions: Jane, who described herself as “not very emotional,” seemed to approach her emotions in a rational way.

Theme 6. Less Intense Connection to the Baby: Although Jane worked to connect with the baby during the first half of the pregnancy, she was unable to form as deep of a connection to the baby as Ann formed during that time.

Each of these themes will be described in greater depth below.

Theme 5. Rational Approach to Her Emotions: It’s “not that I’m not upset, but I just figured that it’s gotta take time” (Jane).

Theme 5 describes what appears to be Jane’s method of rationally managing her emotions. Jane said she is “not very emotional,” she “[thinks] more realistically about [her] feelings,” and she does not “like to show emotions until [she knows] what’s going on.” She “like[s] to keep an eye out for things” and “monitor the situation,” and she seems to value responding rationally to challenging situations. However, the experience
of anticipating becoming a parent for the first time, which is likely a complicated emotional situation for many people (e.g., many people likely feel excited and scared in the months before their child is born), is even more challenging in the context of her situation. That is, she is about to be a parent without a biological or legal connection to the baby upon its birth. Since the focus of this study is on lesbian parenting, I will discuss two examples where she tried to rationally control her emotions that are relevant to this topic—her perspective regarding the donor’s biological relationship to her child (and her lack of a biological relationship to her child) and her perspective on Ann serving as the biological mother.

One aspect of Jane’s experience where she seemed to be taking a rational approach to her emotions was being biologically unrelated to her child, while a man who is in the local area is biologically related to her child. (In addition to the legal concerns that are discussed in Theme 10 and elsewhere, Jane described many potential implications of this situation, including the following: “[Danny] could run across his biological son or daughter” in town, “this kid might come out looking just like him,” or people “might stop us in the mall and be like, ‘aww, it’s Danny’s baby.’”) In response to questions about her feelings regarding Danny’s biological connection to their child/her lack thereof, Jane responded rationally, stating that it is “a nonissue,” “it really doesn’t bother me,” and she does not “care.” She admitted that she thinks about it, but “in the grand scheme of things, it’s what we had to do to have a family...I knew this before, so I knew it couldn’t be a factor or problem for me, and I don’t really feel that it has been.” These statements sound like Jane is trying to rationally manage her emotions—since she knew she was not going to be biologically related to the child, it could not be a “problem”
for her. Despite this logical argument, she did express hopes that the baby would look “a little bit” like her, which may reveal some of her feelings. She might have experienced a wider range of emotions in reaction to this aspect of her situation, but she did not share these emotions with me.

Another aspect of Jane’s experience where she seemed to want to rationally manage her emotions was the emotionally ambiguous situation of Ann serving as the biological mother (especially after they had originally planned for Jane to carry the child). However, in this situation she more overtly hinted that there might be some conflict between her rational side (i.e., recognizing that her goal of parenthood is being achieved) and her emotional side (i.e., feeling jealous that Ann is experiencing pregnancy first) in the following statement:

I think that when she is pregnant, I might feel [a] little jealous because it was what I wanted to do, but…she’s going to give me a son or daughter, and that’s amazing, so either way we are gonna have a child. We’re gonna have a family that we want to have, and she can give it to me sooner than I can give it to her, and so I think that it’s really an amazing sacrifice that she is doing…so I think I’ll be a little jealous, but…when it comes down to it, and she’s in pain and whining [I won’t be jealous].

She later said that she had not been jealous or wished she was pregnant, partially because she told herself “this is just a fraction of us being parents…so we might as well just enjoy this as much as we can.” She further said that going through this process with Ann was “more important” than “having [her] biology being passed on.” Again, Jane seemed to want her rational side to govern her emotions.

Discussion of “Rational Approach to Her Emotions.” First, I want to reiterate a portion of my discussion from Theme 3—while Jane appeared to be a fairly rational person who is in a complex, emotionally ambiguous process, it is impossible to know
how she compares to the “average” nonbiological mother in a lesbian couple pursuing parenthood for the first time. Instead, Jane’s emotional experiences in this process can be best understood in relation to Ann’s emotional experiences; I will discuss the interaction of their personalities in Theme 7. Second, I want to note that Jane’s method of approaching this situation could have both positive and negative aspects. A rational approach to various stressors and potential stressors could be positive because it can enable persons to endure difficult situations more easily and avoid ruminating about factors that cannot be changed. However, rationally controlling emotions could be negative because persons could try to simply avoid or deny painful emotions through talking themselves out of them, which is typically not helpful. Finally, I want to note that this theme is slightly more interpretative than the previous themes, in that Jane did not ever explicitly describe rationally controlling her emotions. Instead, she described a more rational approach to their entire situation, including aspects that involved emotions, and I am asserting that she rationally controlled her emotions. During the member check Jane acknowledged that rationality is a valuable coping mechanism that enables her to function more calmly during such emotionally ambiguous situations as Ann’s health complications during Morgan’s birth.

Theme 6. Less Intense Connection to the Baby: “I don’t think I love the baby yet” (Jane).

The sixth theme discusses Jane’s experiences of feeling less intensely connected to the baby than Ann was during the first half of the pregnancy. After conception, Jane made many efforts to connect with the baby—talking to Ann’s belly, playing music for it, and shining light through her abdomen—with hopes of developing a relationship with it. Jane compared her connection to the baby with Ann’s connection to the baby by asking
Ann how much she loved their baby (e.g., “Do you love the baby” enough to “jump in front of traffic?” “Do you love the baby more than Eddie [their non-biting dog]?”) throughout their process. Both times we discussed this during interviews, Jane reported in a matter of fact tone that she did not “love the baby” the way Ann did, although she did say she would be “devastated” and “sad” “if something happened” to the baby. At the time that interviews ended, they had not yet learned that the baby was a girl, they had not decorated the baby’s room, they had no names picked out, and Jane had only felt it move on a few occasions. As she put it, the baby had “no presence” at that point. It seemed like the baby was not as real for her since her body was not changing. She did not seem especially distressed by this situation, as she seemed to have anticipated having a different connection to the baby pre-birth than Ann would have.

Discussion of “Less Intense Connection to the Baby.” It is possible that this is another area where Jane was rationally controlling her emotions. She may have felt some sadness or disappointment that she was less connected to the baby but tried to minimize these feelings due to her expectation that Ann would have a “completely different” experience than her. Jane’s interest in tracking Ann’s “love” for the baby served to highlight her own less intense feelings, which may have created more internal conflict for her. Unlike other aspects of her experience that were more specific to her context of lesbian parenting (e.g., the biological relationship between the known sperm donor and her child), Jane might have been able to find support for and understanding of this aspect of her experience (e.g., expecting a child without being pregnant) more easily. I believe many other non-gestational parents (including nonbiological mothers, biological and nonbiological fathers, and adoptive parents) may have similar experiences of having less
intense connections to their babies before birth or adoption. (Murkoff and Mazel [2008] comment on the difficulty some [presumed heterosexual biological] fathers have in feeling connected to their babies both before and after birth.) Jane did not know any other expectant nonbiological lesbian mothers (and only knew one current nonbiological lesbian mother), but she likely knew many other people (mostly heterosexual fathers) who had similar experiences and may have been able to provide her with support through this aspect of her process, but I do not know whether she wanted, had access to, or sought this support. Jane did not discuss this during the member check.

Summary of Area 3 Themes

Jane seemed to value approaching life from a rational standpoint, but that perspective seemed difficult to maintain at times, especially as she underwent this emotionally ambiguous situation. She was anticipating becoming a parent to a child whom she did not gestate, to whom she has no biological connection, and over whom she will have no legal rights upon its birth. She additionally felt less connected to the baby than Ann did. Rather than perseverate on these potentially negative factors, Jane seemed to approach the situation calmly, reasonably, and with a sense of humor, which helped make the experience more enjoyable for her and Ann.

Area 4: Jane and Ann’s Joint Process

The final area addresses the process that Ann and Jane jointly experienced as they pursued parenthood. These are the nine themes have arisen based on the frequency with which these topics were discussed:
Theme 7. Interactions between Jane’s Rationality and Ann’s Emotionality: Jane’s more rational personality and Ann’s more emotional personality mutually influenced one another throughout their process.

Theme 8. Seeking, Evaluating, Accepting, and Rejecting Input: Jane and Ann sought input from people and resources, evaluated whether it fit for them, accepted that which fit for them, and rejected that which did not fit for them.

Theme 9. Psychologically Preparing for Parenting: Ann and Jane psychologically prepared for co-parenting their child through observing other parents and caring for babies.

Theme 10. Impatience and Its Benefits and Risks: Ann and Jane were both individually impatient people, so they moved quickly through several portions of their process, which could be both beneficial and risky.

Theme 11. Managing Their Relationship with Danny: Due to their fears about the inherent risks with using a known donor, Jane and Ann considered and adjusted their approach to their relationship with Danny over time.

Theme 12. Easy Agreement and Compromise: In almost every situation Jane and Ann effortlessly agreed or easily reached a compromise.

Theme 13. Immense Trust in One Another and Ann’s Parents: Ann and Jane both trusted that the other would fulfill their parenting agreements, and they trusted that Ann’s parents would not interfere with Jane’s role as a parent.

Theme 14. Comparing Themselves to Others: Ann and Jane compared themselves to other people in their lives and in the media, which shaped their conversations, influenced their emotional experiences, and informed their expectations.
Theme 15. Inclusion of Both Partners: Jane and Ann both wanted to share in all possible aspects of their experience, and they both valued including one another in this process.

I will expand on each of these themes below.

Theme 7. Interactions between Jane’s Rationality and Ann’s Emotionality: “She’s the one that keeps me grounded because if it was just me, I would be off in my own world” (Ann).

As I discussed above, Ann was more emotional, Jane was more rational, and both of these characteristics are best understood in relation to one another. Although they simultaneously influenced one another, conceptually these processes can be broken into two components: Jane acting on Ann, and Ann acting on Jane. I will first discuss how Jane’s rationality influenced Ann’s emotionality, as Jane provided Ann with some “grounding” through putting “reins” on her and taking care of her. Secondly, I will discuss the ways in which Ann’s emotionality probably positively influenced Jane’s rationality.

The first way that Jane helped “ground” Ann was through putting “reins” on her. Ann wanted to do a number of things (e.g., decorate the nursery, purchase a baby gate, prepare space in the bathroom for the baby’s things) before she was pregnant, and Jane would set limits on what Ann could do because Jane feared being prepared for a baby that never came. As Jane explained, “if there was no reins on you right now, that room would be painted and…slowly it would become furnished without a kid.” Ann expressed appreciation for Jane’s limits, and they both joked about how far Ann would go without Jane’s restraint. They both laughed as they imagined the possibilities: “this house would
have a second story being built,” “the swing set will be built,” “the turtle [sandbox] will be filled with sand,” “everything would be child proofed.” Rather than appearing controlling, this dynamic seemed to be adaptive for both partners.

Jane also helped “ground” Ann through taking care of her physically and emotionally. As Ann said, “Jane’s always been the protector, and she takes care…of me…(to Jane) I know you are gonna take good care of me.” Physically, Jane “pampered” Ann through such acts as providing massages and preparing dinner for her (e.g., “I told her every [day] she is pregnant, I will rub her feet, and I will rub her back. I will rub whatever she wants” [Jane]). This type of caretaking also extended to Jane reminding Ann of advice from parenting guides and/or their physician. Emotionally, Jane frequently asked Ann how she was feeling “to make sure that [Ann] is doing okay too because Ann gets stressed easy.” One specific way that Jane helped Ann manage her anxiety was by doing most of the research and telling Ann “the important stuff” because Ann became overwhelmed by the available information (e.g., “[it’s] too much information” “my brain was fried from [reading] all this stuff, “there’s just so much information that I’m like, ‘okay, enough’”). Jane then used information from various resources to reassure Ann and help reduce Ann’s anxiety.

Jane and Ann generally discussed only the ways in which Jane’s relative rationality impacted Ann, but I assert that Ann’s relative emotionality also positively influenced Jane. First, I believe Ann’s ability to “dream” about their baby helped Jane feel more excited and connected to the process. Additionally, Ann’s excitement to track the development of their baby, decorate the nursery, buy baby clothes, etc. may have given Jane implicit permission to acknowledge her own eager anticipation as they
pursued parenthood. I also think Ann’s emotionality may have also helped Jane recognize/experience/express her own emotions. The list of ways that Ann’s emotionality positively influenced Jane’s more rational personality is probably more extensive than this, although Jane and Ann did not offer examples of such.

Discussion of “Interactions between Jane’s Rationality and Ann’s Emotionality.”

As in many relationships, Ann and Jane both had roles that they fulfilled—Ann was the “emotional” person, and Jane was the rational person. Jane and Ann indicated that these were their typical roles in their relationship, but Brill (2006) stated that it is common for the prospective biological mother to show “vulnerability and emotional expression,” while the nonbiological mother is “strong and supportive” (p. 328). Although they did operate from the emotional versus rational perspectives at times, this dichotomy greatly oversimplifies their relationship and reduces each of them to one-sided caricatures. This has the danger of implying that Jane was emotionless or Ann was unable to behave rationally, while both of these extremes are far from the truth. Both partners provided emotional and rational perspectives to their process, and they both had positive and negative impacts on one another (e.g., Jane’s “grounding” of Ann could provide welcome limits or potentially inhibit Ann’s ability to enjoy their process). Each of their styles of responding to this complex situation seemed to work for them and was well within the bounds of normative behavior.

Theme 8. Seeking, Evaluating, Accepting, and Rejecting Input: “If the doctor....said, ‘well, I don’t recommend it. I don’t think there is a need for it,’ and that was the doctor’s recommendation, I would take their recommendation” (Jane).
The eighth theme describes how, throughout their process, Jane and Ann sought input from people and resources, evaluated whether it fit for them, accepted that which fit for them, and rejected that which did not fit for them. They referenced a wide variety of resources, including at least 7 websites, 8 television shows, 3 movies, 4 books, and information sheets and brochures from their doctor. They also talked about receiving advice and information from their parents, their doctor, their dog trainer, and various friends, classmates, and coworkers. (For a list of all resources Ann and Jane mentioned and all people that they described as providing advice, reassurance, information, etc., see Appendix S.) I will describe how Jane and Ann sought, evaluated, accepted, and rejected input.

One type of input that Jane and Ann sought was reassurance, which typically came from their OB/GYN (Dr. Phillips) and the book *What to Expect When You Are Expecting* (Murkoff & Mazel, 2008). Dr. Phillips first provided reassurance during their initial appointment when she told them that Ann would likely be able to conceive despite possibly having polycystic ovarian syndrome. Throughout the pregnancy Dr. Phillips provided additional reassurance, which reduced Ann’s anxiety level: “every time she sees us, she’s like, ‘Everything looks perfect. Everything sounds really [good].’ She made it seem like everything was going so well…I guess that put [my] mind at ease…I didn’t feel like I had to worry about it.” They also looked to *What to Expect When You Are Expecting* (Murkoff & Mazel, 2008) for reassurance that what Ann was experiencing was typical. Murkoff and Mazel’s (2008) explanations of everything from spotting at conception to increased saliva production to doubts about the veracity of the pregnancy tests were cited by Ann and Jane as evidence that their experiences were within the norm.
The reassurance Ann and Jane received was especially useful in that it helped Ann and Jane manage their worries and concerns.

One example of how people and a book informed a practical portion of their process is the development of their known sperm donor agreement. A lesbian couple that they know recommended that they purchase *A Legal Guide for Gay Couples* (Clifford, et al., 2007) and provided Ann and Jane with a copy of their own donor agreement, both of which Ann used to develop their donor agreement. (I will describe more about how they used and rejected relevant information about the donor agreement in the theme about impatience.) Jane and Ann expressed gratitude that their friends provided them with this input, as they were unsure where to begin. They seemed to especially value gathering input from a variety of sources, such as when they researched diapering options by talking with “a couple moms on Facebook (www.facebook.com) that [Ann] used to be friends with,” Ann’s best friend, Jane’s coworkers, and Ann and Jane’s parents. It seemed that they made the most informed decisions through obtaining input from numerous sources, but they did not undergo this process for every decision.

Whenever Jane and Ann received input, they evaluated it to determine whether it fit for them. First, they evaluated input based on whether it was solicited or unsolicited, and they often rejected unsolicited advice, such as Jane’s family’s (heterosexual) “thoughts on us waiting” to pursue parenthood (which Jane included in her Thought, Conversation, and Event Log). Second, they evaluated whether they could trust the input. They were especially rejecting of information from the internet and especially accepting of input from other people based on the person’s experiences (e.g., information about infertility specialists from a friend’s mom who works at a fertility clinic, information
from a friend who recently had a baby about her experiences with prenatal testing) or professional training (i.e., their doctor and the dog trainer). As Ann said, “instead of getting 10 different answers from 5 different websites, I’d rather just hear from my doctor [and] know for sure.” Third, they evaluated input based on idiosyncratic factors. One example of this was when Ann’s aversion to eating before brushing her teeth led her to reject advice offered in What to Expect When You Are Expecting (Murkoff & Mazel, 2008) and in an information sheet from Dr. Phillips to decrease morning sickness by eating crackers before getting out of bed.

Discussion of “Seeking, Evaluating, Accepting, and Rejecting Input.” Although Ann and Jane did not explicitly frame it as such, I believe many aspects of their process of seeking and evaluating input are directly related to the fact that they are lesbian parents pursuing parenthood for the first time. In her analysis of lesbian parenting advice literature, Esterberg (2008) describes how this literature provides the “injunction” that lesbian couples must “make an informed choice” throughout each stage of the pre-parenting process (p. 77), which was consistent with Ann and Jane’s desire to “research the hell out of everything” (Jane). Jane and Ann collected a great deal of input, including through conversations with their families. They stated that they valued the opinions of their families, but Ann said that ultimately “we’ve always just done what we thought was right for us.” This process (gathering input, evaluating it, and rejecting much of it) has led to Ann and Jane’s reputation among their families of doing “whatever [they] want,” regardless of their families’ opinions. Again, this ties back into their status as a lesbian couple because their families seemed to feel more entitled to offer advice to them than they would a heterosexual couple. Jane’s mom made the following major new realization
during the period of data collection: “‘you guys are trying to include us in everything...but really you guys don’t have to do that because you’re in a relationship, and it doesn’t need to be involved with everybody.’” Jane and Ann expressed appreciation that Jane’s mom recognized the role of heterosexism/homophobia (although she did not label it as such) in this process, especially since she had previously offered frequent unsolicited homophobic/ heterosexist advice about their timing in pursuing parenthood.

Theme 9. Psychologically Preparing for Parenting: “They always say you are never prepared, but we’re trying to be as ready for this as we can” (Ann).

The ninth theme refers to Ann and Jane’s process of psychologically preparing for co-parenting their child, including imagining themselves in various situations with their baby and making parenting decisions about topics such as discipline and communication with children. This preparation started based on research Jane did in books and online for a class project, which led to Jane and Ann to discuss their potential “family dynamic,” “family goals,” and “family mission statement.” Instead of continuing to base their preparation solely on Jane’s readings, they then learned more about how they wished to parent together from observing other parents and babysitting children, which I will discuss below.

After Ann and Jane decided that they were going to have a child, they began to observe parents around them in order to learn about how they wanted to parent together. This was especially useful because it gave them the opportunity to imagine themselves in various scenarios and discuss their perspectives on a variety of topics. As Ann said, “we try to put ourselves in that situation. If that was our kid, how would [we] handle that?”
They agreed about nearly every instance and developed an abundance of examples of parenting behaviors by those in their social sphere with which they did not agree, ranging from dangerous and neglectful behaviors (e.g., taking an infant in a boat without a life jacket, drinking and driving with a baby in the car, and abusing heroin while caring for a newborn) to variations in parenting approaches (e.g., not teaching a child a second language, letting adult children live with parents rent free, and letting a child sleep in the parents’ room/bed). In addition to their own opinions about these behaviors, Ann indicated that they also consider the reactions of other people who are present during various situations (e.g., friends, family members): “when you get to hear everyone’s [negative] reactions...., you’re like, ‘yep, we [won’t] do that.’” These conversations helped Jane and Ann clarify how they wished to raise their child, which seemed to help them feel more prepared to parent together.

Babysitting Ann’s best friend’s son AJ and their niece Elizabeth also allowed Ann and Jane to gain experience caring for children together and discover what they want to do as parents. During the period when I was interviewing them, Jane and Ann frequently spent time with AJ, and they babysat Elizabeth for three separate weekends. These experiences taught Ann and Jane practical lessons about childcare and enabled them to see how they worked “as a team.” As Ann stated, “we’re definitely learning things by being able to have [Elizabeth] for extended periods of time, like the different things that we will do and won’t do, and, yeah, it’s a nice little training for us.” They talked about learning that their previous house was too small for children, discovering what type of supplies they want to use, and getting practice controlling their dogs around babies. These experiences appeared to help them feel more ready for their own child.
Discussion of “Psychologically Preparing for Parenting.” Ann and Jane seemed to embody the exuberant idealism that is sometimes exhibited by first time parents. They described themselves as “snobs” when discussing their judgments of other parents, but I believe their reactions are fairly typically of parents expecting a highly planned first child. It is possible that no one would choose to take on the task of parenting, with all of the inherent uncertainties, if they allowed themselves to truly acknowledge the magnitude of the task they are undertaking. As Brill (2006) stated, “Choosing to parent isn’t a rational decision. It’s a choice to enter the unknown, jump off a cliff, [and] commit to a lifelong relationship with someone you’ve never met (your child!” (p. 49). Different parents-to-be likely have different methods of managing their fears in order to moved forward with their processes. For Jane and Ann, critiquing other parents, babysitting children, imagining various scenarios involving them and their baby (e.g. family vacations, social outings), reading about parenthood, etc., allowed them to feel psychologically prepared for parenting and thus undergo this process with more excitement than fear.

Theme 10. Impatience and Its Benefits and Risks: “We feel like we’ve just been waiting and waiting, and we met Danny,...and he was okay with us pushing it ahead so it was kind of like, ‘alright, let’s get going’” (Ann).

The tenth theme describes the impact of impatience on Jane and Ann’s process. They both classified themselves as being generally “impatient” and provided examples to support this assertion (e.g., Ann said, “We do Christmas in November”). Ann and Jane’s impatience was apparent throughout their process, as the following examples illustrate:
● “The waiting game is the hardest part. I don’t deal well with waiting.” (Ann, when they were waiting to conceive)

● “We’re not very patient.” (Jane, when they were deciding when to take pregnancy tests)

● “We’re very impatient people. We can never wait, so obviously one of the main reasons that we switched that I was gonna carry was because…we didn’t want to wait.” (Ann, about switching biological mothers)

Their impatience seemed to play out in a variety of scenarios where they moved the process along as quickly as possible and/or become frustrated at the slow pace of a process. Examples of this dynamic abound, such as when they decided that they wanted to move before having children—they looked at “4 or 5 houses” in the span of one day, selected one that day, purchased it, and moved into it within three months of deciding to move. Jane and Ann did not seem to make value judgments about impatience being either positive or negative; they talked about it in a very matter of fact way. However, the process of data analysis has led me to conclude that their mutual impatience has both positive and potentially negative aspects, which I will discuss below.

Jane and Ann’s mutual impatience was positive in that it enabled them to move forward with their process. It is easy to imagine a scenario where a lesbian couple becomes so overwhelmed by some aspect of the process (e.g., the possible dangers of using a known donor, the list of all potential donors, weighing the various adoption options) that they essentially become immobilized by indecision. Ann and Jane did not seem to be in danger of being immobilized, as they were both too impatient to spend too long on any given stage, unless it was unavoidable. It was also beneficial that Jane and
Ann were both impatient, as it could be very problematic if there was a large disparity in the patience levels of the partners. Additionally, there are likely to be many situations throughout the process of parenting in which being able to quickly make and implement decisions will be vital, so Jane and Ann will be well prepared for these situations.

Impatience may have impacted their donor agreement in ways that might have the potential to be less than optimally protective of them in the future. As I mentioned above, they used a legal guide for same sex couples (Clifford, et al., 2007) to develop their known sperm donor agreement. In order to allow me to examine how they used the information in the legal guide, Jane, Ann, and I compared their donor insemination agreement to the sample agreement on the CD-ROM accompanying the legal guide (for more information see Appendix DD; Clifford, et al., 2007). For much of the agreement, Jane and Ann stayed close to the wording from the sample agreement, and it is apparent that they did not add any information that was not included in the sample. However, they did omit portions of several clauses and chose not to include several of the optional clauses. Jane and Ann explained most of these omissions as either (a) it did not “pertain as much” to their situation, (b) they trusted Danny without including it in writing, or (c) they did not know how he would feel, so they did not broach the subject.

While they had good rationale for omitting some of the items (e.g., the option of freezing the sperm, paying for his transportation expenses), choosing not to include items since they had not discussed them with Danny is directly opposed to statements in the legal guide (Clifford, et al., 2007) and the lesbian parenting guide (Brill, 2006) and has the potential to be problematic in the future. For example, they did not clarify whether they could tell the child Danny’s name, whether Danny could tell people in his life that
he was donating sperm to Jane and Ann, and if/when/what contact would occur between Danny and the child. Instead of taking the time to discuss and clarify all of these items, Ann and Jane’s impatience might have caused them to rush through this process. As Ann explained:

This was…before we really even got to know Danny…Maybe we should have put some of these things in, but we really needed to get just the basics…basically him saying that he’s not gonna try and be a parent. That was what was really important, so [we tried] to throw together just the important stuff, so that we had something to go on, so that we could basically get this rolling.

Although neither of them explicitly classified this as impatient when speaking to me, it is consistent with their general approach of moving the process along as quickly as possible.

Discussion of “Impatience and Its Benefits and Risks.” This theme about impatience is interesting when considered in juxtaposition to the theme about seeking, evaluating, rejecting, and accepting input. Obviously, impatience could serve to limit the amount of time spent seeking and evaluating input, and this did seem to happen at times. Despite the possible tension between these aspects of their process, Ann and Jane did not seem to struggle with any incongruence between these themes.

Again, the heterosexist legal system is the underpinning for much of this theme. Much of my discussion about Ann and Jane’s impatience would simply be irrelevant if federal or state laws existed to protect their family. For example, with heterosexually married couples in Michigan, the husband’s name is automatically placed on the birth certificate for a child conceived by his wife using a sperm donor, thus transferring parental rights from the donor to the (nonbiological) father (Estates and Protected Individuals Code). However, Michigan laws place lesbian parents in a very unfair situation where they must undergo a much more costly and extensive process (e.g.,
known sperm donor agreement, the donor terminating his parental rights, pursuing second parent adoption) with no guarantee that their family will be protected. Thus, no amount of patience and planning would guarantee a favorable legal outcome for Jane, Ann, and their child (i.e., Jane and Ann are the two legal parents of their child), which might serve to discourage lesbian parented families from taking all possible legal precautions.

**Theme 11. Managing Their Relationship with Danny:** “It just could evolve into this huge thing that, at this point, [we] could never foresee coming” (Ann.)

An important process for Jane and Ann was managing their relationship with Danny and negotiating their dichotomous views of him—the generous sperm donor who enabled them to have a child together versus the biological genitor who could jeopardize their family arrangement. Through the end of interviews (and as of the member check), Danny complied with every request they made and gave no indication that he would abuse his role, and Ann and Jane were very appreciative that he helped them pursue their dream of having a baby. However, his role as the known sperm donor in the state of Michigan means that he has the legal potential to negatively impact Jane, Ann, and their baby in a variety of ways. In this section I will discuss more about how Ann and Jane are at risk, and I will discuss their approach to managing their interactions with Danny.

Danny has the potential to negatively impact Jane, Ann, and their baby for two major reasons: (a) Michigan law dictates that he might be granted parental rights if he were to pursue them (Estates and Protected Individuals Code), and (b) Ann and Jane did not fully clarify their hopes, plans, and expectations with Danny. Their known sperm donor agreement says “Danny agrees that he won’t try to become a legal parent of any
child born from these inseminations, or ask for custody or visitation rights at any time. Danny understands that he will have no parental rights,” but Michigan law is ambiguous about honoring the intentions delineated in known donor agreements. If Danny were to refuse to terminate his parental rights after the child is born and instead asserted that he is a parent to this child, Michigan courts would probably consider the known donor agreement, but they could award him shared custody if they deem him a fit parent (Brill, 2006; Clifford et al., 2007). (There is little legal precedent in Michigan, but in states like Michigan with unclear laws regarding lesbian parenting issues, courts have generally prioritized parenting relationships based on biological relationships.) This uncertainty is further complicated by the fact that Ann and Jane did not clarify with Danny what type of contact, if any, he would have with the child. This uncertainty means that, even if he does not breach the donor agreement by seeking a legal relationship with the child, he could create problems in their lives through desiring involvement with the child in ways that Jane and Ann do not wish him to be involved.

Ann and Jane’s approach to managing their relationship with Danny changed as their situation progressed. From the beginning, they felt they “used good enough judgment” (Jane) in selecting a donor that they would be unlikely to encounter serious problems. However, they also acknowledged throughout this process that “babies do crazy things to people” (Jane). This acknowledgement explains why Jane and Ann consistently feared that Danny’s feelings could change after the baby was born, and he could begin to consider himself a parent. Before Ann was pregnant, they believed they would invite Danny to “milestones” in the child’s life and allow him to have some discretion about how involved he would be with the child. However, after she conceived,
their plan changed significantly to the following position:

I would allow him to have one initial meeting with the kid if he wanted to. I don’t know if it would be the best thing, or if it would be a bad thing, but I think we owe him that much if he would like to, but then going forward,…that’s it. (Jane)

They decided that cutting off his access to the child as an infant would decrease the likelihood that he would see himself as a parent, which seemed to make them feel safer.

Although they made plans to limit the likelihood of problems with Danny, Jane and Ann worried about the longer-term impact that his decisions could have on them and their child. The unanswerable questions (e.g., “Is he gonna tell” his possible future wife about their child? “What’s his wife gonna say?” “Would he tell his kids?”) were numerous and seemed to weigh heavily on their minds at times. Ann and Jane coped with this by attempting to trust their judgment in selecting a donor and preparing themselves in case Danny did attempt to intervene in the future. In a discussion about what would occur if Danny were to attempt to have more involvement with the child than they wanted him to, Jane said “his needs and his wants” are “not part of the deal,” and Ann said they would “just do whatever we have to do to resolve” “a dispute between us and Danny.” They sounded willing to pursue legal recourse against him to protect their family, although they did not believe that would be necessary.

Discussion of “Managing Their Relationship with Danny.” When lesbian couples choose to inseminate with the sperm of known donors, they are embarking on a complex, difficult, and risky process, especially in states like Michigan that do not have clear laws relating to lesbian parenting. (As a contrasting example, California law dictates that when a lesbian couple has a child via AI, the rights of the sperm donor are terminated, and both partners are legal parents to the child upon its birth.) There are a number of steps that
lesbian couples in Michigan can take to “prove” that the donor was never intended to be a “father,” which provide them with more legal security (Brill, 2006; Clifford et al., 2007). Ann and Jane took some of these steps, including having all parties sign a known donor agreement and paying the donor, but they did not take other steps, including depositing the sperm in a sperm bank and having a doctor perform the insemination. Lesbian couples are also generally well served by discussing all of their expectations (e.g., whom they can tell about him, whom he can tell about them, what and when the child will be told, what type of contact will occur between the donor and the child, etc.) with the donor and ensuring that he agrees to them (Brill, 2006; Clifford et al., 2007). In addition to the concrete steps they took (and perhaps instead of the steps they chose not to take) Jane and Ann also placed a great deal of value on their “judgment” of Danny as a “perfect match” for their family—personal interactions with Danny helped them feel more secure that he would not disrupt their family.

Theme 12. Easy Agreement and Compromise: “We really surprisingly agreed on everything, even how we want to raise our children and the values that we have and stuff like that” (Jane).

The twelfth theme involves Jane and Ann’s ability to easily agree or compromise about most aspects of their process. They seemed to effortlessly agree on many topics without any discussion, such as whether Ann should take fertility medication: “as long as there was an answer for us,…we didn’t really discuss it, I don’t think. We were just kind of like, ‘alright, well, I guess we’ll just do it.’” (Ann). However, if they initially disagreed, they could usually compromise and arrive at a mutual decision. Near the beginning of interviews I asked them if there had been anything about pursuing
parenthood they had disagreed about, and they both denied any disagreements, beyond the process of naming the future child. (Neither of them was worried about naming the baby at that point, so this was not a serious concern for them.) Jane also said that throughout their relationship “there’s always been a compromise” if they disagreed about something. The following paragraphs provide an example in which Jane and Ann were able to compromise after initially disagreeing and an example in which they were unable to truly compromise.

An example of a situation in which they were able to compromise is the previously discussed issue of prenatal testing. They initially disagreed about whether to pursue prenatal testing, but they quickly arrived at a compromise—they would do any testing that was recommended by their physician (and no testing she did not recommend) and then discuss any positive results (if relevant) with their families in order to determine how to proceed. Although this compromise did not resolve the potential question of what to do if the child has a genetic abnormality, this compromise provided them with enough direction to continue with their process.

The major exception to this general trend of easy agreement and compromise was Jane and Ann’s inability to agree about whether to keep Trixie (the dog that bit the child) during the period of biweekly interviews. They both indicated that they had never had such a difficult time arriving at a joint decision. Since discussion-less agreement and easy compromise generally classified their joint decision making style, they were very shaken and unsure how to proceed when they were unable to agree about Trixie. In this case they were unable to truly compromise, and they instead reached an uneasy agreement (to keep Trixie unless/until she bit another child) that left a great deal of tension in their
relationship. (As I noted above, I found out during the member check that they were later able to come to a mutual agreement to give Trixie away, but I am unaware of the process involved in making that decision after the end of interviews.)

Discussion of “Easy Agreement and Compromise.” Jane and Ann seemed to place a great deal of emphasis on agreement and compromise in their relationship. These values are likely espoused by many couples, but they might feel more important within Ann and Jane’s context. As they embarked on first time parenthood, Ann and Jane received homophobia and heterosexism from various people and institutions in their environment, and they initially got negative responses about them pursuing parenthood from almost everyone in their lives. Receiving critical feedback from persons outside the relationship could have the effect of drawing a romantic relationship closer together, as Spencer and Brown (2007) described in their literature review about lesbian couples: “These women were united…in their rejection of homophobic responses from family and friends” (p. 258). It is possible that a couple in this situation (especially a couple consisting of two women) could overstate agreement and understate disagreement in order to maintain harmony in the relationship, which could contribute to unspoken conflict, or lead to the fusion that stereotypically characterizes lesbian couples (e.g., Hill, 1999) and may or may not impact Ann and Jane now or in the future.

Theme 13. Immense Trust in One Another and Ann’s Parents: “We’re really trusting in each other” (Jane).

The thirteenth theme includes the trust Jane and Ann extended toward one another and Ann’s parents during the process of pursuing parenthood, within the context of a heterosexist legal system that fails to protect their family. (They actually talked about
having “faith” in both of their families, but I am only discussing Ann’s parents because, as I will discuss below, they will have a stronger legal connection to the child than Jane will, and Jane’s parents have no analogous power.) Ann and Jane both exhibited a level of trust in each other that Ann characterized as “just a little naïve,” and they said that their parents cautioned them against putting so much trust in one another. Their high trust level was evident in their discussions about the possible fallout that could result from their relationship ending, where they acknowledged that Ann could say “‘you can’t see my child’” (Ann) or Jane “could douche it up and completely abandon the family” (Jane). Despite these possibilities, Ann said, “If anything were to happen…I think we would be able to work it out…[because] no matter how resentful we might be for whatever reason, I don’t think that’s any reason to put a child in that situation or fair to the other person at all.” Jane agreed that she trusted Ann because “there’s no question, at least in my mind, that this is something that we both decided. If it wasn’t for me, Ann wouldn’t be even considering children right now.” She further stated, “Ann and I are just so close that if anything was going on, we would automatically know. There’s nothing that we’ve been able to keep from each other.” Despite the risks, they both indicated that they trusted one another completely.

The trust that Jane and Ann have toward one another is also extended to Ann’s parents. This is especially relevant when considering how Michigan’s prejudicial laws recognize Ann’s parents as her next of kin since Ann and Jane cannot marry. If Ann were to die before Jane was able to legally adopt their child (which might not ever be possible), Ann’s parents would likely be awarded custody of the child. Despite Jane’s legal vulnerability, both were confident that Ann’s parents “have a good mutual respect
for us and our relationship” (Ann) and would never do anything to interfere with Jane’s role as a parent at any point in the child’s life. Jane explicitly said she was not worried about what would happen if Ann died as the only legal parent of the child: “even in the case that something did happen to Ann,…they would say, ‘okay, well, rights go to…Ann’s parents,’ and they would go, ‘well, no, they go to Jane,’ and that would be that.” (As a legal side note, it is also possible that custody would be awarded to Danny at this time if he were to pursue it. However, they did not speak about this possibility.) It was clear that, during the period of interviews, Jane trusted that Ann’s parents would not take advantage of Michigan’s discriminatory laws to assume custody of her child if Ann were to die. Ann did express some concerns during the member check, however, due to her falling out with her mother and stepfather.

Discussion of “Immense Trust in One Another and Ann’s Parents.” Although most romantic and parenting relationships are based in trust, this is especially pertinent to Ann and Jane (and other gay and lesbian parents in most states) since Michigan law does not provide Jane with the rights and responsibilities of legal parenthood unless/until she successfully pursues a second parent adoption. (Again, it is unclear if she would be able to obtain a second parent adoption even if she does choose to invest the time and money in pursuing one.) Unless she obtains a legal relationship to her child, Jane has to trust that Ann and/or her family will not attempt to keep her from having a parental role with her child, and Ann has to trust that Jane will not abandon her and the child without providing financial and parental support (Clifford et al., 2007). Without a legal relationship between Jane and her child, trust is the only bond holding this family together. Ann and Jane both
felt confident that their trust in one another will indeed enable them to continue to thrive as a family.

*Theme 14. Comparing Themselves to Others: “I think in the same situation we probably would have done the same thing” (Jane).*

The fourteenth theme describes the process by which Ann and Jane compared themselves to other people in their environment and in the media. They did not explicitly discuss their process of comparing themselves to other people; instead, these comparisons seemed to occur naturally during the course of other conversations (e.g., they compared themselves to a family with a child with a disability as part of discussion about prenatal testing and abortion). These comparisons had three outcomes—informing their conversations, influencing their emotional experiences, and impacting their expectations—each of which I will discuss below.

First, Jane and Ann’s comparisons with others informed their conversations about parenthood. One example of this involves their consideration of prenatal testing and abortion, during which they compared themselves to families in various situations in order to discuss what they might do under those circumstances. (Although these comparisons may appear to overlap with the comparisons in Theme 9, I am actually describing different processes. In the comparisons from Theme 9 Ann and Jane literally observed and then discussed various parenting decisions, while the comparisons in this theme involved Jane and Ann drawing relevant examples from their memories during the course of a conversation.) During this discussion they referenced a family that was featured on *Oprah* and in the video *99 Balloons*, Shiloh Pepin (a 10-year-old girl with sirenomelia, or Mermaid Syndrome) from *Mermaid Girl* (Douglas, 2007), a character...
from *The Real World*, a friend’s wife, and Jane’s cousin’s cousin. For example, Jane said about Shiloh Pepin:

That girl had some quality of life. She still could laugh. She could still joke around. She had a really good attitude…I don’t see why there would be a reason to abort with that, like a physical abnormality. You’d just cope with that, but…if they can’t think, and they can’t function that way, I think it’s a different story.

These comparisons allowed Jane and Ann to consider under what type of circumstances, if any, they would wish to terminate a pregnancy. Considering these actual situations was conducive to discussing various challenges they might face in the future and envisioning the choices they might make.

Second, Jane and Ann’s comparisons with others appeared to influence their emotional experiences, such as when comparing themselves to other people alleviated or exacerbated their anxiety. Comparing themselves to one of Jane’s coworkers, who was earlier in her pregnancy but had experienced multiple ultrasounds due to concerns about fetal well being, alleviated some anxiety about the health of their baby. As Jane explained, “at first we were kinda jealous that she already had an ultrasound,…but I think it just kinda hit us. If we don’t need to be going to the doctor, [that’s good].” However, they also compared themselves to a lesbian couple they knew who had a full-term stillborn baby, which Ann frequently referenced with the realization that “at any point things could change,” thus increasing their anxiety about the health of their baby. These comparisons served opposite functions—comparing themselves to Jane’s coworker alleviated some of their anxiety about the health of their baby, while comparing themselves to the other lesbian couple aroused a similar anxiety.

Finally, Ann and Jane’s comparisons to others seemed to impact their expectations, such as when they compared themselves to a fictional lesbian couple on a
popular lesbian-themed show, which impacted their expectations about their OB/GYN. “We were just kind of hoping that...[our doctor] was gonna be like Bette and Tina’s doctor [on The L Word]...She was so cool and laid back about everything...We had that in our mind that that was the way it was gonna be, but it’s not really like that” (Ann). Jane and Ann did not seem to have much experience with OB/GYN’s, so this recurring fictional character was especially influential in informing their expectations. The image of the “cool and laid back” doctor clashed with their actual experiences of Dr. Phillips, as homophobic, heterosexist, and “taken back,” which might have made her seem worse than she would have without the comparison.

Discussion of “Comparing Themselves to Others.” These comparisons with other people seemed especially important since neither Ann nor Jane had any personal experience making decisions about prenatal testing, being pregnant, interacting with an OB/GYN, etc. This theme also has parallels to the theme about seeking input, as there were aspects of these comparisons that involved first time parenting, some of which were specific to their unique experience of being a lesbian couple pursuing parenthood. It was likely much more difficult for them to find an appropriate comparison group for lesbian specific issues. While several American television shows have included storylines about lesbian mothers, including ER (Crichton, 1994-2009) and Queer as Folk (Davies, 2000-2005), this topic is still relatively rare, and Jane and Ann only talked about The L Word. Additionally, they only knew one lesbian couple that had achieved conception through alternative insemination, but this couple was not as available as Ann and Jane hoped, possibly due to the fact that their baby was stillborn. (Interestingly, the characters on The L Word and Jane and Ann’s lesbian friends both chose to inseminate at home with a
known donor, which might indicate an influence on Jane and Ann’s decisions.) It is likely Ann and Jane would have benefited from having more available and accessible lesbian parent figures.

Theme 15. Inclusion of Both Partners: “This was an experience that we wanted for both of us to be able to share” (Ann).

The fifteenth theme describes another aspect of Jane and Ann’s joint process—their desire for both of them to share in as many of the experiences as possible as they pursued parenthood, which limited some options for them. As I mentioned above, they were unable to locate any sperm banks or fertility specialists in their area who would knowingly work with a lesbian couple. Their understanding was that working with one of these institutions would have necessitated that Ann (as the prospective biological mother) either pretended to be single or lied about being in a heterosexual relationship. As Ann explained, “I don’t want to have to go and do something by myself and then make this big lie about me getting pregnant with my husband. It’s a big deal for both of us, and we want to be able to experience it together.” I will discuss some of the ways that they were both included, two examples of processes in which they were not equally involved, and one technique that Jane used to feel more included.

Ann and Jane were both included in almost everything. Examples of joint involvement include the following: they met Danny together, Jane performed the inseminations, Jane attended all of the doctor’s appointments with Ann (except one that only involved a flu shot), Jane was there for every pregnancy test except one that they believed would be negative, etc. They planned for Jane to attend all future appointments with the OB/GYN and to be in the delivery room during the birth of their child. They also
talked about both being involved in childcare after the birth of the baby and discussed ways to facilitate bonding between Jane and the baby.

Despite their value of including both partners in all aspects of their experience, there are at least two examples where Jane and Ann were not equally involved. First, Ann created the known donor agreement without Jane’s input. Second, Jane wanted Ann to make all decisions in regards to the birth: “if you wanted to have a water birth or a home birth or whatever you felt comfortable with, I would support it because it’s your birth.” Both examples are interesting because (as was discussed in Theme 7) Jane typically conducted most research on different options and provided her opinion as they came to a decision. It seems that Jane might have felt some tension between being equally involved and allowing Ann sufficient autonomy as the biological mother, and in these two areas she decided to allow Ann to make the decisions with less of her input.

One technique that Jane used to feel more included in Ann’s experiences as the biological mother was “always” asking questions like, “What’s it feel like?” and “What’s going on?” As she said, “I’m always asking Ann because she’s the one carrying it, so she must be going through a completely different experience than me, so I always just ask her a lot of questions.” It seemed that Jane wanted to understand what it was like to be the biological mother in order to share more completely in the experience. This dynamic of Jane asking Ann questions about her experiences was evident from the beginning of insemination through the end of data collection.

Discussion of “Inclusion of Both Partners.” Ann talked about their commitment to involving both partners throughout the process much more frequently than Jane. I believe that Ann more frequently made these statements because, as the biological
mother, she had to be involved in most aspects of this experience (e.g., Ann had to be present for the insemination, she had to take the pregnancy tests, she had to go to the OB/GYN appointments), while Jane’s presence was not required. Additionally, Ann is in a more powerful position as the biological and legal mother of their child. I believe that Ann thus attempted to equalize the situation by reassuring Jane that she would be equally involved in this process and then making every effort to include her throughout the process. This desire to stress equality may be especially true, given the research findings that lesbian partners tend to expect and value equality and shared decision making (Johnson, 1990; Kurdek, 1993, 1995a, 1995b, 2004; Mackey et al., 1997; Peplau & Cochran, 1990; Reilly & Lynch, 1990; Wilkes & Laverie, 2007).

**Summary of Area 4 Themes**

In general, Ann and Jane seemed to work together well as a couple. They had similar beliefs and values, which enabled them to (typically) come to joint decisions easily and trust one another completely. Their personalities were complementary in their similarities (e.g., impatience, valuing being informed, desire to include both partners) and their differences (e.g., Jane is more rational, and Ann is more emotional). They were both excited to expand their family, and they did everything they could think of to prepare for this experience. As a couple, they were able to traverse this emotionally challenging process—conceiving a child with a known donor—fairly easily together.

**Themes Conclusion**

As was recommended by Creswell et al. (2007), the previous section contained a list and description of the themes I developed based on Jane and Ann’s case. Although I discussed each of the themes independently and separated the themes into four areas, all
of these themes and areas are interconnected, as illustrated in Figure 2. It is important to note that each of the arrows in this figure is bidirectional; the influence does not flow in any one direction. Every area influenced every other area.

As an example, I will discuss one way that the couple’s process impacted external processes, since I largely discussed these areas as though Jane and Ann were only influenced by their environment and did not exert influence upon their environment. I believe that one reason Jane and Ann’s family members had “Evolving Reactions” (rather than simply maintaining their initial negative reactions) is because Ann and Jane showed interest in their perspectives by “Seeking Input” from them. I think that, as their families came to see that Jane and Ann were planning to include them as grandparents, aunts, etc.

Figure 2: Interconnectivity of the Areas
to this child and wanted them to be involved in this process, their feelings began to change. This is just one example of the many ways that each of the areas influenced each of the other areas.

Jane and Ann’s process had elements that were general to being first time parents, specific to being first time lesbian parents, and idiosyncratic to their specific case. As with all lesbian parents, they were impacted by heterosexism and homophobia (e.g., openly homophobic comments, questionable reactions from people, heterosexist laws) throughout their process, which will be discussed in greater depth in Chapter 5. Despite the barriers created by these oppressive forces, Ann and Jane were deeply committed to one another and to their dream of having a child together, and they were ultimately able to achieve this goal with the birth of their daughter. Morgan was born to parents with a strong relationship (e.g., trusting, complementary personalities, able to compromise) who had prepared themselves practically and psychologically and were excited to welcome her into their lives. Fortunately, she also had two sets of invested grandparents and other extended relatives who welcomed her into the world. Hopefully all of these factors will serve as a buffer against the homophobic and heterosexist forces she will encounter as the daughter of a lesbian couple.

Chapter 4 Summary

This chapter consisted of the first two sections recommended by Creswell and his colleagues (2007): a detailed, “relatively uncontestable” description of the case and a discussion of the themes. The detailed description of the case, a hallmark of case study research, provided the context necessary to make sense of the themes. Each of the 15 themes fell into one of four areas (i.e., external processes, Ann’s experiences, Jane’s
experiences, the couple’s process), but they are interconnected and interrelated. Only a simultaneous consideration of the context and themes can provide the best understanding of Ann and Jane’s process.
CHAPTER 5

DISCUSSION

This study was a qualitative case study that explored the process of one lesbian couple (Jane and Ann) as they pursued parenthood for the first time. The current study arose within the contemporary context of greater exploration of lesbian parenting, joining such studies as the USA National Longitudinal Lesbian Family Study (Bos et al., 2008; Gartrell et al., 1999; Gartrell et al., 2000; Gartrell et al., 2005; Gartrell et al., 1996; Gartrell et al., in press; Gartrell et al., 2006; Van Gelderen et al., 2009). This newer wave of affirmative studies is especially notable as compared to the historically defensive literature that focused on “proving” that children of lesbian mothers are indistinguishable from children of heterosexual mothers on such characteristics as IQ scores (Flaks et al., 1995; Green et al., 1986; Kirkpatrick et al., 1981), grade point averages (Wainright et al., 2004), peer relationships (Golombok et al., 1983; Green et al., 1986; Johnson & O’Connor, 2002; Tasker & Golombok, 1997; Wainright et al., 2004), and psychological adjustment (Flaks et al., 1995; Gershon et al., 1999; Golombok et al., 1983; Huggins, 1989; Kirkpatrick et al., 1981; Tasker & Golombok, 1997; Wainright et al., 2004).

Many existing studies have shared many of the same methodological characteristics, including having a retrospective outcome focus (e.g., Chabot & Ames, 2004; Desmond, 2000), including only one decision about parenting (e.g., identity release vs. unknown donor) in isolation from others (e.g., Breweys et al., 2005), using a cross sectional design, and involving only one member of a family (Goldberg, 2010). In
contrast, this study has the opposite qualities; it is present oriented, process focused, broad in scope, somewhat longitudinal, and includes both partners. Over a period of over eight months, I collected several types of data, including biweekly interviews, an audio recorded conversation, resources Ann and Jane used during their process, an interview with a staff member at their OB/GYN’s office, and thought, conversation, and event logs that they completed daily. I originally had four subquestions (i.e., impact of resources, influence of other people, the individual process for each partner, and the joint process of the couple) that guided data collection and data analysis. Through the process of data analysis, I developed 15 themes that fell under 4 areas, which are described in detail in Chapter 4: External Processes, Ann’s Experiences, Jane’s Experiences, and Jane and Ann’s Joint Process.

As I stated in Chapter 4, Creswell et al. (2007) recommended four sections in the presentation of a case study: a “detailed description” of the case, a discussion of the themes, a “broad interpretation” of what was learned from the case, and “lessons learned from the case,” which includes generalizations for the field (p. 248). The previous chapter included the first two of these areas, and the latter two areas will be included in this chapter. Thus, the first section of this chapter will include the “broad interpretation” of what was learned from the case, which involves comparing my results to and expanding the existing literature. The second section, “lessons learned from the case,” discusses the implications of this study for counseling psychologists, in both the applied and research arenas.
“Broad Interpretation” of What Was Learned from the Case

In addition to the specific themes that I listed and described in Chapter 4, there are “broad” lessons that can be learned from the current study by comparing the results to the existing literature and ultimately expanding the body of literature. The results of this case could be compared to each of the bodies of literature discussed during Chapter 2 (e.g., reproductive decision making literature, general couple decision making literature). The most relevant line of research is the lesbian parenting decision making literature. In fact, a comparison of the reasons Jane and Ann made specific choices as they pursued parenthood was largely consistent with the lesbian parenting decision making literature. For example, Jane and Ann stated that they chose conception over adoption for reasons including the following: the advantage of going through the “gestation process” (Jane), fear that “it’d be pretty difficult for us to” adopt “with everybody who can’t have kids [but] want kids” (Jane), and fear of a “media spectacle” (Jane) with the biological parents. These reasons are consistent with those advanced by the literature: the desire to experience pregnancy and childbirth (Herrmann-Green & Gehring, 2007), lower cost, a quicker process (Murphy, 2001), an easier process, and a higher level of control over the process (Almack, 2006; Chabot, 1998). However, simply comparing each of their decisions with the literature I discussed in that section of Chapter 2 offers little to the field. The knowledge that one particular couple made a specific decision for certain reasons does not advance the body of literature.

Instead of reviewing how each decision Ann and Jane made compares to the literature or comprehensively comparing each of the themes from Chapter 4 to the literature, I have selected a much more narrow focus. I have elected to limit my scope to
one overarching process—the impact of heterosexism and homophobia upon their experience. I have chosen to consider only the impact of oppression based on sexual orientation due to its centrality and pervasiveness. Although homophobia and heterosexism were explicitly included as a distinct theme, aspects of oppression were also interwoven throughout the additional themes. In fact, I would assert that most aspects of their process were negatively impacted by the oppression that they faced. In this section I will include a brief overview of the literature that discusses heterosexism and homophobia as it relates to lesbian parenting; I will then discuss this study within the context of the best conceptual model I could find in the existing literature: Sue’s (2010b; Sue et al., 2008) microaggression process model.

Before data collection and analysis, I was aware that my (yet to be recruited) participants would be negatively impacted by heterosexism and homophobia, but I underestimated the breadth and depth of oppression they would face. My level of awareness in the beginning is documented in chapter 2, which I wrote before data collection. In that chapter, I provided a definition for heterosexism and asserted that heterosexism may be more salient for lesbian mothers and mothers-to-be (than lesbian non-mothers), as they may be forced to interact with a greater variety of institutions (e.g., the heterosexist legal system, the heterosexist medical system). I also criticized the heterosexist research, the heterosexist legal system, and the heterosexist medical profession. All of these elements show that I had some level of awareness of the impact of oppression on lesbian mothers-to-be. However, my underestimation of the impact of oppression is obvious in that I failed to specifically review the studies examining the impact of heterosexism/homophobia upon lesbian parents-to-be in that chapter (although
heterosexist and homophobic elements exist throughout the literature that I did include). Since this research was omitted in chapter 2, I will now provide a brief summary of relevant results here, with a focus on heterosexism and homophobia from families of origin and medical professionals since these populations were the most oppressive toward Ann and Jane (with the exception of the legal system, which is discussed elsewhere in this study).

The existing research seems to indicate that it is common for lesbian parents and parents-to-be to experience homophobic feedback from their families of origin, most often their parents. Similar to Jane and Ann’s experiences, a number of studies have found that it is not uncommon for lesbian couples to receive homophobic feedback from their families of origin that evolves to become more positive during the course of the pregnancy or after the birth of the child (e.g., Almack, 2008; Friedman, 1999; Kranz & Daniluk, 2006). However, some lesbian parents do report that their families of origin are persistently homophobic/heterosexist even as the child ages (Gartrell et al., 2000; Touroni & Coyle, 2002). One study found that over one third of grandparents did not acknowledge both lesbian mothers as parents to the child and/or did not recognize the child as their grandchild, even at the age of 5 years (Gartrell et al., 2000). Despite the consistent findings of heterosexism and homophobia among families of origin, I was unable to locate any additional studies beyond those included here that have examined this topic.

Heterosexist treatment of lesbian parents-to-be by medical professionals has also been well documented. Lesbian mothers have described receiving several types of heterosexist/homophobic treatment during their prenatal care, including refusal to
acknowledge the non-biological mother (Gartrell et al., 1999; Goldberg, 2006; Ross, 2005; Wilton & Kaufmann, 2001; Zeidenstein, 1990), assuming the biological mother is heterosexual (Chabot & Ames, 2004), refusing to inseminate, and refusing to use affirmative terms (Goldberg, 2006). Consistent with Jane and Ann’s experiences, participants in at least four studies have also described medical practitioners repeatedly using the terms “mother and father” in the presence of openly lesbian couples, indicating that this type of oppression may be relatively common (Larsson & Dykes, 2009; Renaud, 2007; Röndahl, Bruhner, & Lindhe, 2009; Wilton & Kaufmann, 2001). One study of 50 biological lesbian mothers (65 total pregnancies) in England included reports of “ignorance of their needs, assumptions that made them feel excluded or marginalized, moral disapproval or even, albeit rarely, outright hostility and negligence” (Wilton & Kaufmann, 2001, p. 210). Participants in Wilton and Kaufman’s (2001) study described a wide range of negative behaviors by medical professionals, from assumptions of heterosexuality to performing vaginal examinations in an unnecessarily painful manner.

The heterosexist and homophobic reactions Ann, Jane, and the participants of the previously cited studies described can be best conceptualized as microaggressions, which are “brief and commonplace daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative…slights and insults” toward a member of an oppressed group (Sue, Capodilupo, Torino, Bucceri, Holder, Nadal, & Esquilin, 2007, p. 271). Consistent with the findings of the previously discussed studies, microaggressions range “from overt anti-LGBT sentiments to invisible heterosexism” (Sue, 2010b, p. 188). The term microaggression was initially conceptualized as a form of racism, but it has since expanded to include
other types of oppression, including oppression based on sexual orientation (Sue, 2010a, 2010b; Sue et al., 2007). Sue (2010b) states that coping with chronic microaggressions can “cause physiological distress, depress the immune system, increase susceptibility to infections and diseases, decrease subjective well-being and life satisfaction, and increase anxiety, depression, and all forms of mental disorders” (pp. 105-106). This perspective is consistent with Brill’s (2006) statement about the common invalidation of nonbiological lesbian mothers, “The slights of well-meaning people can seem subtle to the unobservant eye; when the slights are daily, however, they add up and may cause a great deal of resentment and pain” (p. 459). Microaggressions are thus very harmful to members of oppressed groups.

Sue and his colleagues (Sue, Capodilupo, & Holder, 2008) developed a five-phase model of microaggressions, which he expanded further in his book *Microaggressions in Everyday Life: Race, Gender, and Sexual Orientation* (Sue, 2010b). Sue (2010b) described how individuals move through five phases (“Incident → Perception → Reaction → Interpretation → Consequence” [p. 82]), each of which I will briefly describe here and expand upon in the following paragraphs. (The model is also visually represented by the flow chart I designed as Figure 3.) In the first phase, “The Potential Microaggressive Incident or Event” (p. 69), the person from the oppressed group experiences or witnesses a situation that might be microaggressive. In the second phase, “Perception and Questioning of the Incident” (p. 72), the individual considers whether the event was motivated by bias. The third phase, “Reaction Processes” (p. 73), involves the individual’s immediate cognitive, behavioral, and emotional reactions to the event. In the fourth phase, “Interpretation and Meaning” (p. 77), the individual makes meaning of the
event. The fifth phase, “Consequences and Impact” (p. 80), involves the long-term behavioral, cognitive, and emotional outcomes of the microaggressive incident.

I believe that Sue’s (2010b; Sue et al., 2008) model of microaggressions best explains the elements of Jane and Ann’s process that were characterized by heterosexism.

![Figure 3: Visual Representation of Sue’s (2010b) Microaggression Process Model](image-url)
and homophobia. I will thus apply this model to their experiences, which is a new application of this model in several ways. First, as I will describe more below, little research involving any aspect of sexual orientation microaggressions has been conducted. Second, I am unaware of any research where the model of microaggressions has been applied to various aspects of one case (involving any oppressed group). I am thus extending Sue’s (2010b; Sue et al., 2008) model by applying it to the results of my case study. Although the focus of this study is on Ann and Jane’s process as they pursued parenthood, I will include some more general examples from their lives in order to illustrate the impact of microaggressions upon their lives and provide additional context for the discussion.

I believe Sue’s (2010b; Sue et al., 2008) microaggression process model is the best theory to explain the impact of heterosexism/homophobia upon Ann and Jane’s process, but this model is not without weaknesses. As with all phase/stage models, individuals do not always pass through each stage in a linear fashion. As Sue (2010b) states, “these phases may occur in a different order, overlap with one another, be cyclical, and/or interact in a more complex manner” (p. 82). This complexity is apparent in my application of this model to Jane and Ann’s process when, similar to the participants in Sue and his colleagues’ (2008) study, they did not describe the phases in the order that the model proposes. Additionally, I did not have an exclusive focus on heterosexism/homophobia and had not considered the microaggression process model during data collection and the initial analysis, so I am essentially applying this model post hoc. My application of the model is more interpretative than other points in the process of data
analysis, and the inherent ambiguity of phase models is reflected in the complexity of the following discussion.

*Phase 1*—“The potential microaggressive incident or event”

The first phase in the process of microaggression is the “potential incident or event” (Sue, 2010b, p. 69) that occurs to the person from the oppressed group. These events may be verbal, nonverbal/behavioral, or environmental, and they may be directed toward the recipient or may be observed more passively. I will offer examples of verbal, nonverbal, and environmental microaggressions inflicted upon Jane and Ann.

**Verbal Microaggressions**

Jane and Ann described receiving verbal microaggressions from Jane’s parents (Tony and Gabriella) throughout the 6 years that Jane had been out to them. Although the focus of this study is on the events that occurred as Ann and Jane were pursuing parenthood, I will briefly describe how Jane’s parents reacted when she came out to them because Jane said she “still carr[ies] part of that.” Jane stated that “when they found out that I was gay, they were just so disappointed,” and Gabriella told Jane “not to act on” her feelings in case she would discover that she was “no longer attracted to women” twenty years later. Ann said that every time they visited Gabriella and Tony prior to their commitment ceremony “they had such an issue and,…it was never really an enjoyable time. It was always a discussion, and it was always guilt and disappointment.” For Ann and Jane, every visit to Tony and Gabriella’s house became an additional opportunity for microaggressive incidents.

Jane and Ann agreed that Jane’s parents had become more accepting over time, but Gabriella and Tony continued to inflict microaggressions upon Ann and Jane,
including “push[ing] religion on us a lot. They ask me all the time about what church we go to, if we go to church, or [if we are] reading the word, and all that stuff, and she [Gabriella] sends me Focus on the Family emails” (Jane). This microaggression is consistent with the theme of “sinfulness” described in Sue’s (2010b) taxonomy of microaggressive themes about LGBT individuals, especially forwarding emails from Focus on the Family. Focus on the Family is a conservative Christian organization that promotes the viewpoint that “homosexuality is a sin” via multiple routes, including statements by the founder (e.g., Dobson, 2000, 2006), “resources for those who desire to leave homosexuality” (Focus on the Family, n.d.), selling books such as A Parent’s Guide to Preventing Homosexuality (Nicolosi & Nicolosi, 2002) and Coming Out of Homosexuality (Davies & Rentzel, 1993), and promotion of conversion therapy (see www.focusonthefamily.com for more information). Gabriella’s choice to forward these emails to Jane is sending the microaggressive messages that Jane’s sexual orientation is sinful, Jane can and should change her sexual orientation, and Jane should not be in a relationship with Ann.

Another type of microaggression provided by Tony and Gabriella involved feeling especially entitled to provide Ann and Jane with a great deal of advice that did not seem to respect their autonomy as a couple, which Jane, Ann, and eventually Gabriella recognized as resulting from heterosexism. I described one example of Tony and Gabriella feeling entitled to provide advice—criticizing their timing of pursuing parenthood—in Chapter 4. Another example involves Gabriella’s concerns about their future child’s wellbeing:

It seemed that she was more concerned that our kid would get the idea that boys are bad. If we had a son, then they would feel less than. Or if we had a daughter,
she would either become a lesbian hating men or just not ever able to have a healthy relationship with a man…I don’t know if she just thinks that we’re not thinking about all of this stuff. We’re also both White, but we want our kid to have African-American friends and Korean friends or people in their lives so that they know other cultures, but she didn’t ask about that. She asked about men. I think that’s a little ignorant on her part. (Jane)

Jane was offended that Gabriella seemed to assume that she and Ann had not considered the role of men in the child’s life and that Gabriella was only concerned about exposing the child to men instead of also showing concern for exposing the child to other types of diversity.

The final type of verbal microaggression I will discuss at this point involves when ostensibly well-intentioned people automatically assume that a pregnant woman is married to a man (especially when she is wearing a wedding ring), and Ann cited several experiences of this nature. Most of these examples involve interactions with Ann’s coworkers and supervisors. She was out to all of her coworkers in her previous position, but she was not out in the new position she had held for about four months before beginning interviews. “When people see me now and they find out that I’m pregnant, they immediately start asking me about my husband and what my husband does and how my husband feels about me being on the road all the time” (Ann). It seems unlikely that the microaggressors in these examples are purposely invalidating her relationship with Jane or their choice to have a child together, which is consistent with Sue’s (2010b) assertion that “countless examples of microaggressions are delivered daily without the awareness of perpetrators” (p. 15). However, even without the microaggressors having a conscious awareness of the impact of their statements, these comments are based in bias and invalidate Ann and Jane’s family.
*Nonverbal/Behavioral Microaggressions*

Nonverbal/behavioral microaggressions can range from the vague sense that Dr. Phillips “seemed a little weird” (Ann; which I will describe more in my discussion of Phase 2 below) to more explicit events, two of which I will describe here. The first incident occurred when (at Jane’s professor’s invitation) Ann and Jane spoke to one of Jane’s classes about their lives as a lesbian couple (shortly after the first round of insemination), and one of Jane’s classmates committed a nonverbal microaggression that was worsened when she was encouraged to verbally engage. This classmate “wouldn’t look” at them and instead “she just was sitting there with her arms crossed and her eyes up…or looking down at something” (Jane). When she did speak, “she said something [homophobic] about religion” then shut down with the comment that “‘it doesn’t really matter what my opinion is.’” The second event involves a misunderstanding with Jane’s dad that escalated into a nonverbal microaggression. As Jane stated, “My dad…thought we were going to a hospital and [Danny would] make the donation, and they’d turn around and inseminate Ann. It’s like, ‘no we’re doing it at home,’ and he just kinda dropped his head and…put his head in his hands and was like…oh, god.’” These microaggressions sent messages such as, *you are not worth my attention* and *I am disgusted by you* (Sue, 2010b), which are obviously harmful.

*Environmental Microaggressions*

Sue (2010b) defines environmental microaggressions as “the numerous demeaning and threatening social, educational, political, or economic cues that are communicated individually, institutionally, or societally to marginalized groups.” He also offers examples, including physical surroundings, symbols, mascots, educational
curriculums, and the absence of individuals from underrepresented groups in positions of power. In this discussion, I am going to focus on the broad environment in with Jane and Ann’s case is grounded. More specifically, I will discuss the microaggressive heterosexist laws in the state of Michigan. Although there are a number of ways that heterosexist laws could impact a lesbian couple pursuing parenthood, I will limit my discussion to the ways that the absence of same-sex marriage and the difficulty of obtaining a second parent adoption impact Jane and Ann.

As I discussed in Chapter 2, the absence of same-sex marriage in Michigan (indeed, in most of the United States) is the root of the legally vulnerable climate for lesbian parented families. This environmental microaggression is one way that lesbian couples are “confined to existing on the margins of our social, cultural, political, and economic systems” (Sue, 2010a, p. 5). For residents of the Michigan county in which Jane and Ann live, a marriage license costs $20 (official from county clerk’s office, personal communication, June 8, 2010), and a marriage ceremony at the courthouse costs $10 (official from the district court’s criminal division, personal communication, June 8, 2010). If Ann and Jane were allowed to spend the $30 to get legally married, Jane would automatically be a legal parent to their child since parental rights automatically transfer from the sperm donor to the nonbiological parent in married couples (Agigian, 2004; Murphy, 2001). Without a legal relationship between Jane and the child, there are a number of negative consequences (each of which would be another microaggression), some of which were described by Jane: hospital officials could “push me out of the hospital room and just say that no decision can be made;” “a school [could say] you can’t be a part of this,” “in the case that something did happen to Ann…they would say rights
go to Ann’s parents.” Ann and Jane also talked about how they are both vulnerable if their relationship were to end; Ann could refuse to allow Jane custody and/or visitation with the child, or Jane could refuse to pay child support, and the courts are unlikely to compel either of them to do otherwise (e.g., Bennett & Gates, 2004; Hequembourg, 2007; Kennedy, 2005; Patterson, 2009).

The microaggressive climate for lesbian couples is further exacerbated through the current legal adoption options in Michigan. Jane and Ann do have the option of undergoing an intrusive family assessment, spending $4000 to $6000, and waiting an average of 10 months in order to pursue a second parent adoption (Dalton, 2001). However, according to the interpretation of Michigan law provided by the Human Rights Campaign (2009), it will be difficult for Jane to obtain a second parent adoption, as the decision is left to the discretion of the judge who receives the case, and Michigan judges do not have a history of awarding many second parent adoptions. Some legislators have shown interest in passing a bill to legalize second parent and joint adoption for two unmarried adults, but identical versions of this bill stalled on the house floor after passing a house judiciary committee in 2007 and 2009 (Coalition for Adoption Rights Equality, 2009). Additionally, in a highly publicized 2010 case, a Michigan appeals court denied custody or visitation to a nonbiological lesbian mother after her relationship with the biological mother ended (Ashenfelter, 2010; Campbell, 2010; Weaver, 2010). Jane and Ann did not refer to any of these microaggressions (and the 2010 court case occurred after the end of biweekly interviews), so I do not know if they are aware of these developments. However, I would surmise that, since they both lived in Michigan throughout 2007-2010, and they are personally invested in the outcomes of these events,
they are likely to have some level of awareness about some or all of these proceedings. They are thus aware that if Jane is unable or unwilling to complete a second parent adoption (e.g., Danny does not terminate his parental rights, they cannot financially afford it, they do not wish to expose their family to additional microaggressions from potentially homophobic and heterosexist social workers and judges, the adoption is not granted), Jane’s rights and responsibilities as a parent will remain severely restricted.

*Phase 2—“Perception and questioning of the incident”*

The second phase in the process of a microaggression involves questioning whether the incident was motivated by bias or not. This phase can be difficult since "microaggressions are often ambiguous, filled with double meanings, and subtle in their manifestations” (Sue, 2010b, p. 72). In this section, I will discuss the questioning stage of two incidents that I discussed in Chapter 4—their parents’ statements that they should wait to have children and Dr. Phillips’ presentation of the baby’s heartbeat.

In Chapter 4 I discussed the advice Jane and Ann received from their parents (especially Jane’s parents) that it was “too soon” for them to have a child. It was evident from Ann and Jane’s statements that they spent time questioning whether this advice was motivated by heterosexist/homophobic bias. Consistent with Sue’s (2010b) theoretical assertions that individuals consider their “relationship[s] to the perpetrator” and the “thematic content of the microaggression” (p. 77), Ann and Jane considered the past behaviors of their parents in similar situations. As Jane described, “It happens in your family. It happens in my family, where it’s just like, they’re pregnant now, and nobody says anything.” After they weighed the evidence (e.g., Ann’s cousin is not married and has a one-year-old son), they came to the conclusion that their family’s comments are
“just because we are gay” (Ann). In this example, Jane’s mother actually confirmed their suspicions and stopped the offensive behavior (as I discussed in Chapter 4), which is an infrequent occurrence by perpetrators.

In another example, Jane and Ann were not able to definitively arrive at a conclusion about whether the event was bias motivated, which Sue (2010b) stated is a common outcome of the questioning stage. As I mentioned above, Ann said that Dr. Phillips “seemed a little weird” around them, which she believed might be due to their sexual orientation. Ann and Jane described the situation when they first heard the baby’s heartbeat in the following way:

A: It was crazy. She just kinda did it, and we weren’t really expecting it.

J: Yeah, we were going through the regular appointment,…and all of the sudden she pulls something out, walks toward Ann, and [we] don’t know what they do during those tests….She just started rubbing it on Ann’s stomach while she was talking, and then she settled on the heartbeat and was like, ‘that’s not you,’ and we were like, ‘oh, no warning.’ Get us ready, ‘heartbeat time,’ none of that, so we just looked at each other. In my mind I pictured myself holding Ann’s hand, but no, I was on the other side of the room.

Ann described how she was unsure whether Dr. Phillips’ behavior was driven by bias:

“it’s kind of hard to gauge how comfortable she really is with us. I don’t know if she’s just like that with everybody, or maybe she was just uncomfortable with us because we’re a same sex couple. That’s kind of hard to gauge.” They were often left confused about their interactions with Dr. Phillips since most of the (potential) microaggressions from her were vague. Unfortunately, LGBT individuals and couples often receive such ambiguous reactions from others, and spending time speculating about the motivation of others can be draining, as further described below.
Phase 3—“Reaction processes”

In the third phase, “a more integrated response of the [oppressed] person becomes central in dealing with the offending event, the emotional turmoil, and the needs for self care,” which “represents an inner struggle that evokes strong cognitive, behavioral, and emotional reactions” (Sue, 2010b, p. 73). Ann and Jane described a wide range of reactions to various microaggressions, including the incidents discussed above. For my discussion of phase 3, I am going to describe their cognitive, emotional, and behavioral reactions to two examples of microaggressions.

The first example involves Ann receiving questions and comments from her coworkers that assume that she is heterosexually married. Rather than continuing to question whether the comments are microaggressions (as in phase 2), Ann discusses her cognitive, emotional, and behavioral reactions to the event. The following is her description of the event and her immediate reactions:

You never know how people are gonna react, especially in my position. I’m all over the place, and I’m meeting with all sorts of people, and it’s a professional environment. It’s not really anybody’s business, or I don’t necessarily have to share that right now…They ask me a lot, ‘oh, how’s the baby? How’s your husband doing with everything?’ And it’s just awkward…I’ve never met these people because they’re from all over the country, so it makes it easier for me I guess to lie, but at the same time I don’t like having to lie. It’d be nice to just be open about that.

Ann’s thoughts about these microaggressions include: I do not “know how people are going to react,” “It’s not really anybody’s business,” and “I don’t necessarily have to share that right now.” Ann explicitly described feeling “awkward,” which would be very uncomfortable to experience over and over as different colleagues ask similar questions based in similar biases. It is also reasonable to assume that she might also feel fearful of receiving a negative response if she were to come out and guilty for lying. Ann’s
behavioral reactions when hearing these questions are to “lie” and pretend that she is married to a man in order to avoid further possible negative reactions.

The second example involves an incident several years earlier when Jane and Ann received explicit homophobic feedback around issues of children from a stranger:

A: It was pretty late at night, and we were walking through [a store] and holding hands, and this guy had two or three younger children, he looked at us and said, ‘oh, some role models you guys are,’ (laughs) and we just kind of looked at each other and laughed—

J: …He continued on with his kids, and we were laughing out loud. He must have heard us, and the rest of the time in Meijer it bothered us so much that we were making jokes about…if we were gonna turn around and say something like, ‘oh, good role model, how about you?’ because this was some overweight, dirty guy with his kids in [store] at 1[am]…It wouldn’t have been that hard to school this guy in front of his kids, but I don’t know. We kept saying what to say—

A: But at that point, do you really want to stoop to that level just to make a point? You know what I mean? And it’s gonna go in one ear and out the other, so why even bother?

In this exchange, Ann and Jane do not talk about phase 2 (questioning). Instead, they describe the actual incident (phase 1) and their cognitive, emotional, and behavioral reactions (phase 3). Jane and Ann had a range of thoughts in response to this situation, including believing that they were better role models than the offender, thinking that confronting him would be “stoop[ing]” to a level beneath them, and believing that talking to him would not help anything. The only emotional reaction they described in this segment was being “bothered,” but later in the conversation Ann said, “you just think that our world has come a little bit farther than that, but people can still surprise you,” which seems to convey sadness and shock. Their behavioral responses to this situation involved “laughing” with each other and generating possible statements they could use to confront the offender.
There are several similarities between these two scenarios, the most noteworthy of which is the decision not to correct or confront the offender, which Sue (2010b) stated is the most frequent outcome of microaggressions. Sue (2010b) lists several reasons why victims of microaggressions most frequently “[do] nothing” (p. 55), several of which seem relevant in these examples. The first example involves elements of “impotency of actions” (p. 56), as exemplified by Ann’s statement that “it’s not even worth correcting people” and “fearing the consequences” (p. 57) if the outcome of disclosing her sexual orientation at work is negative. The second example also involves “impotency of actions” (p. 56), as Ann said, “it’s gonna go in one ear and out the other, so why even bother?” The example in the store also involves the difficulty of “time-limited responding,” as the man who made the offending remark had likely already passed before they were able to formulate a response.

Phase 4—“Interpretation and meaning”

In the fourth phase, “meaning is construed to a microaggressive incident,” including “its significance, intentions of the aggressor, and any social patterns related to it” (Sue, 2010b, p. 78). Individuals in this phase move beyond reacting to question why events occurred and what the aggressor intended by his/her actions. Nadal, Rivera, and Corpus (2010) proposed the following nine themes of microaggressions against the LGBT population:

(1) use of heterosexist terminology, (2) endorsement of heteronormative culture/behaviors, (3) assumption of universal LGBT experience, (4) exoticization, (5) discomfort/disapproval of LGBT experience, (6) denial of societal heterosexism/transphobia, (7) assumption of sexual pathology/
abnormality, (8) denial of individual heterosexism, and (9) environmental macroaggressions (p. 226).

It is notable that the theme of sinfulness, which is included in Sue’s (2010b) overlapping taxonomy, is missing from Nadal et al.’s (2010) themes. I will describe one incident in which Jane attempted to make meaning of a microaggression to illustrate this phase.

In this example, Jane described questioning the meaning of her dad’s nonverbal microaggression (described above in the discussion of Phase 1) when he learned that they were going to be inseminating at home. She said that he put his head in his hands and said “‘oh god,’” which made her think “I don’t know….I think it just means that he’s either he’s grossed out about it, or he might even think it’s perverse, the way that we’re going about it and that we’re comfortable doing it that way because we’re playing with another man’s sperm, or I don’t know.” It’s clear that, even after thinking about the incident, she was not certain how to make sense of this microaggression, but she believed that he was disgusted by them. Her dad’s response might fit into Nadal et al.’s (2010) themes of discomfort/disapproval of LGBT experience or assumption of sexual pathology/abnormality.

Another example of Ann and Jane making meaning of microaggressions involves Jane’s mom, Gabriella. As I described elsewhere, she felt entitled to provide Ann and Jane with a great deal of advice and inflicted extra oppression upon them, including sending them religious emails. While their explanation may not fall into any of Nadal et al.’s (2010) themes, Jane and Ann were able to make meaning of Gabriella’s actions. As Jane explained, Gabriella told her “not to act on” her attraction to women because she had “feelings for women, and it took her 20 years to get over those feelings” (Jane). Jane
and Ann thus interpreted many of Gabriella’s microaggressions to mean that “because she overcame it,” Jane should too (Ann). This idiosyncratic explanation seems to accurately describe the meaning behind Gabriella’s actions and words. This process of meaning-making helps inform the final stage, which will be discussed next.

*Phase 5—“Consequences and impact”*

Although he asserts that the consequences and impact of microaggressions occur throughout the phases, Sue (2010b) describes the final stage as “covering more thoroughly how the microaggression impacted the individual’s behavioral patterns, coping strategies, cognitive reasoning, psychological well-being and worldview over time” (p. 80). Since this impact can be collectively as a result of numerous microaggressions, I will not discuss additional specific situations here. Instead, I will discuss examples of each of the three aspects of consequences—cognitive, emotional, and behavioral.

The collective impact of experiencing microaggressions about Jane and Ann becoming lesbian parents (including broader societal messages to which they were exposed) included a strong cognitive dimension. One example of a cognitive reaction involved their expectation that other people consider them to be bad parents by virtue of their sexual orientation, although they cited no incidents in which anyone directly gave them this feedback. This belief was exemplified by statements such as, “they might think that we’re bad parents just because we’re same-sex parents and that we’re exposing our kids to that” (Jane) and “it doesn’t matter whether we’re gonna be good parents or not. It’s, ‘well, you’re gay, and your kid’s always gonna have all these problems because
you’re gay”” (Ann). Ann and Jane did not buy into the notion that they were bad parents, but it seemed as though they had to work at countering this automatic thought.

Ann and Jane expressed a multitude of emotions in response to the various microaggressions that were inflicted upon them. They talked about various oppressive situations being “depressing,” “hurtful,” “disappointing,” and “frustrating,” and they described feeling “sad,” “guilty,” and “afraid of the disappointment.” As an example, the following (previously included) quote exemplifies the impact of the microaggressions Ann and Jane received from Jane’s parents: “It makes it very hard for us to…feel like we can talk to them because…they’ll lecture, and they’re judging, and it’s frustrating because it’s very exciting for us…That’s supposed to be an exciting topic, and it’s not for anybody basically” (Ann). This quote includes only two explicit emotions—frustration and excitement—but Ann hints at other emotions, possibly including sadness, hurt, and disappointment.

Consistent with Sue’s (2010b) model, Ann and Jane’s behaviors were also impacted by the microaggressions that were inflicted upon them. I will describe several examples of behavioral consequences of microaggressions. First, they prepared extensively as an attempt to avoid receiving negative feedback from others (“we just do a lot of groundwork with everything…because we wanna do it right, and we don’t want anybody to look at us and have there be a failure or a situation where [we] could have put a little more thought into this ” [Jane]). Second, they overtly defended their situation in response to real or hypothetical criticism (“We’ve been together for 4 ½ years. We’re a solid couple. We’re married. We have good jobs…It’s like it’s not right because [we] are gay, but at least I am not 17 and knocked up. The situation could be so much different”
Third, they chose not to disclose their sexual orientation to some individuals, including Ann’s coworkers, in order to avoid any possible negative reactions.

*Additional Comments on Privilege, Power, and Oppression*

Although Ann and Jane were both negatively impacted by microaggressions based in heterosexism and sexism, they are relatively privileged among lesbian mothers. Both women are White, in their mid-twenties, and able bodied. Both present as feminine enough that a casual observer is unlikely to assume that either is a lesbian, which could protect them from some homophobia/heterosexism. Ann has some college education, and Jane is pursuing a master’s degree. Between the two of them they made $100,000 in the year before I interviewed them, and they anticipated that each of them would earn more in the year I interviewed them. They owned two houses, and they received additional income from renting the second property. I did not gather full demographic information about their families of origin, but I know that at least one of them attended a private school growing up, at least one of their parents is a college professor, at least two of their parents had well paying union jobs, at least one of their parents owns a business, and at least one of their siblings is in a graduate program. (I have aggregated this information in order to make Jane and Ann less identifiable.)

A consideration of the areas in which Jane and Ann have relative privilege reveals that they are immune from receiving microaggressions based on their race, age, or ability status. They have a high enough income that they could afford to pay Danny $1000 without making major sacrifices, and they could likely afford to pursue a second parent adoption if they choose to do so. Since they both come from middle or upper middle class backgrounds, they have some access to the formal power structure. That is, they have a
considerably good chance of successfully navigating the complex legal system in order to secure some type of legal rights for Jane (even if they are unable to successful achieve a second parent adoption, they may be eligible for a legal guardianship or some other type of legal protection), especially as compared to individuals from lower or lower middle class backgrounds. The lack of legal protection for lesbian parents and the confusing laws that do exist create a number of barriers that all lesbian parents in Michigan (including Ann and Jane) must face, but Jane and Ann have a greater chance of circumventing this discrimination than many other lesbian couples due to their otherwise privileged statuses. However, the fact that they have areas of relative privilege does not invalidate the numerous examples of oppression Ann and Jane faced throughout their process.

Conclusions about Ann and Jane’s Case as Compared to the Literature

Sue’s (2010b; Sue et al., 2008) microaggression process model provides a useful framework for understanding the impact of heterosexism and homophobia upon Jane and Ann as they pursued parenthood. Classifying many of the oppressive elements of their experiences as parents-to-be as microaggressions is useful since it does not necessitate that the oppressor inflict intentional harm upon the recipient. It is additionally useful to consider that the recipient of microaggressions does not need to be directly targeted to experience the negative consequences.

When considering the impact of sexual orientation microaggression on Jane and Ann, it is difficult to limit my discussion to only those microaggressions that are related to parenting. That is, the pursuit of parenthood was the topic of this study, but sexual orientation microaggressions have long been a negative aspect of Jane and Ann’s experiences. The detrimental impact of microaggressions is especially evident when
considering that Ann attempted suicide when she was grappling with her same-sex attraction. This means that there was a period of time where death appeared a better alternative than living as a lesbian woman in this society. Although this occurred years before data collection began, this illustrates the power of heterosexism and homophobia in this society.

Lessons Learned from the Case

The final section includes “lessons learned from the case,”—the implications of this study, including future directions for the field of counseling psychology. Again, I am focusing largely on microaggressions. Sue (2010b) provides four broad suggestions for individuals wishing to overcome their heterosexism, including the following: “Keep yourself free of heterosexist assumptions by becoming aware of the ethnocentric heterosexist language and vocabulary in everyday use…Educate yourself…Become a valuable and powerful ally of the LGBT community…[and] Help educate others that homosexuality is not a mental disorder” (p. 205-206). Aspects of these suggestions are interwoven throughout my recommendations for four professional activities that are frequently performed by counseling psychologists—teaching, clinical work, advocacy, and research. I have included a number of recommendations, which range from relatively simple (e.g., writing a politician) to much more complex (e.g., considering and addressing one’s own biases).

Teaching

Counseling psychologists have a responsibility as they educate the next generation of mental health professionals. Professors, instructors, and teachers must first strive to avoid inflicting any microaggressions upon lesbian students dealing with
parenting. They also must select textbooks and readings that are inclusive of LGBT parents and their families; the absence of this population may send the implicit microaggressive messages that they do not exist, should not exist, or are unimportant. Additionally, in-class examples and test questions can include same-sex parents and their children; mere visibility speaks volumes about the value of this group. Educators must also disseminate accurate information about LGBT individuals and their families, including data about intra-group diversity. Students should have the opportunity to learn about various types of families that include LGBT parents and/or individuals. It is important that none of this material contain the common microaggressive pathological slant (e.g., homosexuality is a mental illness, LGBT individuals are inherently less well-adjusted than heterosexuals). Issues relevant to LGBT individuals can and should be interwoven throughout almost any course taught by counseling psychologists, and educators should do so thoughtfully, in order to avoid any implicit or explicit microaggressions.

**Clinical**

As I described above, many lesbians who are pursuing pregnancy report having negative experiences with health care providers (e.g., Chabot & Ames, 2004; Ehrensaft, 2008; Gartrell, 1999; Goldberg, 2006; Ross & Steele, 2006; Ross, Steele, & Epstein, 2006; Wilton & Kaufmann, 2001). Counseling psychologists have ample opportunities to provide lesbian parents and parents-to-be with more positive experiences. For general implications for practitioners wishing to avoid inflicting microaggressions upon LGBT individuals, please see Nadal and his colleague’s (2010) chapter about sexual orientation
microaggressions. I developed the following suggestions, which are specific to issues around lesbian parenting:

- Counseling psychologists should acquaint themselves with the basic issues facing lesbian parents. They should learn the relevant laws in their area, attend professional development workshops, and read about these issues. A good primer on lesbian parenting (written for lesbians) is Brill (2008).

- Counseling psychologists need to actively consider their biases about lesbians and lesbian parents and work to overcome any biases that could negatively impact lesbian women with whom they work (e.g., it is best for all children to be raised by their biological mother and biological father).

- Counseling psychologists must work to avoid making heterosexist assumptions. Examples include assuming that a pregnant woman wearing a wedding ring is married to a man, assuming that lesbians are not mothers and/or mothers are not lesbians, or making assumptions about how a child came to be a member of the family. Each of these examples could be classified as microaggressions. Instead, counseling psychologists should ask open questions in order to fully understand the experience of the individual client and her family.

- Counseling psychologists should ensure that their paperwork includes inclusive language (e.g., partner instead of spouse) and that their space is welcoming to lesbian parents.

While this list could be extended, if every counseling psychologist developed a basic understanding of issues facing lesbian parents, challenged their biases about lesbian
parents, worked to avoid making heterosexist assumptions, and provided inclusive spaces, the world would be much more affirming for lesbian parents.

**Advocacy**

Consistent with Sue’s (2010b) recommendation, I believe counseling psychologists need to serve as outspoken advocates for LGBT equality. As I have discussed several times before, the microaggressive absence of same-sex marriage in Michigan (indeed, in most of the United States) creates a legally vulnerable climate for lesbian parented families. Although counseling psychologists cannot directly change this system, they can serve as advocates for same-sex couples and their children. According to the editors of *The Handbook for Social Justice in Counseling Psychology*, “social justice has been a fundamental guiding principle of the field of counseling psychology from the beginning” (Fouad, Gerstein, & Toporek, 2006, p. 12). Several authors have gone farther and suggested that counseling psychologists are especially well suited to pursue greater social justice for LGB populations (Kashubeck-West, Szymanski, & Meyer, 2008; Moradi, Mohr, Worthington, & Fassinger, 2009; Whitcomb & Loewy, 2006). These sources further stress that counseling psychologists need to do more to advocate for LGB persons in society.

In their chapter on LGB social justice work by counseling psychologists, Whitcomb and Loewy (2006) describe a variety of ways that counseling psychologists can serve as advocates for same-sex couples and their children in order to reduce microaggressions, including “community organizing” (p. 218), “influencing social policy and legislation” (p. 219) through such acts as conducting quality research and working within APA to pass resolutions, and “influencing public opinion” (p. 220) through
speaking at community events or interacting with the media. Each of these types of advocacy is applicable to the issue of protecting families with same-sex parents. For example, counseling psychologists could take an active role in organizing community events that are inclusive of all families and/or help develop community groups that specifically reach out to same-sex couples with children. Counseling psychologists could influence social policy and legislation by calling legislators, joining political action committees, and demanding that their employers offer domestic partner benefits. Additionally, counseling psychologists can influence public opinion by speaking with administrators and employees at hospitals, schools, and other public services about the needs of gay and lesbian parented families. The opportunities to reduce sexual orientation microaggressions are truly limitless.

Counseling psychologists can also serve as advocates by working for and donating to professional organizations that advocate for the rights of LGBT individuals and their families. For example, the American Psychological Association (APA) has taken an active stance in advocating for LGBT rights in a variety of realms, including parenting issues (American Psychological Association, 2010). Important advocacy work for this population is also being done by the Michigan Project for Informed Public Policy (MPIPP), “an initiative to convey accurate psychological and social science information about lesbian, gay, bisexual and transgender (LGBT) issues based on cumulative scientific research rather than competing political ideologies” (Michigan Project for Informed Public Policy, 2010, n.p.). MPIPP is affiliated with the APA and funded through the Michigan Psychological Association.
Research

My research recommendations differ somewhat from my teaching, practice, and advocacy recommendations, as they are sometimes closer to being an explicit comparison of my research to the existing literature than the previous recommendations. While this is similar to the content in the first major section of this chapter (“Broad Interpretation” of What Was Learned From the Case), I have elected to include this content here. Dividing the comparison of the current and existing literature from the recommendations arising from this comparison into different areas of the chapter would be unnecessarily cumbersome. I will begin by describing the methodological recommendations, including brief discussions of the methodological contributions and limitations of the current study. I will then include some recommendations of specific research topics (which are more similar in form to the recommendations in the teaching, clinical, and advocacy areas).

Methodological Recommendations

These methodological recommendations arise most explicitly from the contributions and limitations of the current study. First, I will discuss recommendations resulting from the contributions of this study, including using case study methodology and addressing the consistent methodological limitations of existing research. Second, I will discuss recommendations resulting from the limitations of this study, including issues about participant diversity and various techniques for improving rigor.

Recommendations from contributions. One way that this study made methodological contributions that could be duplicated in future studies was through the use of case study methodology. As I described in previous chapters, case study methodology has been underutilized within counseling psychology. This underutilization
is especially true when considering that most counseling psychology case studies have involved presenting clinical case material rather than using case study as a research methodology. Thus, this study is unique in its utilization of all four of Creswell et al.’s (2007)’s meanings of case study: a methodology, a qualitative design, an object to examine, and a product of inquiry. This use of case study enabled me to provide a richer exploration of Ann and Jane’s process than could be presented in any other format, and I believe case studies hold promise for future lesbian parenting research.

Additionally, the current study uniquely addressed many of the consistent limitations in the relevant subset of studies that examined decision making about planned lesbian parenting. First, I focused on the process Ann and Jane underwent as they were making decisions rather than the outcomes (e.g., “how did they decide whether to use a known or unknown donor” instead of “what type of donor did they use”). Second, rather than conducting a retrospective interview with Jane and Ann after the birth of their baby, I conducted interviews with them on a biweekly basis, and they completed daily logs in order to collect data concurrently with a significant portion of their decision making process. Third, I allowed Ann and Jane to talk and write about their general process instead of examining one decision in isolation from others, which allowed me to consider their decisions within the context of their experiences and consider how the various decisions are interrelated. Fourth, this study was somewhat longitudinal; I was afforded the opportunity to collect data for four months before they discovered they were pregnant and four months after, a much richer experience than a study involving one or two interviews. Fifth, I explicitly included the voice, experiences, and processes of both partners, rather than examining only one partner in isolation from the other.
The benefits of making the methodological decisions described in the previous paragraph include the development of the themes from Chapter 4 and my discovery of the impact of heterosexism/homophobia upon Jane and Ann’s process. If I had focused on discrete decisions, I would have likely missed out on any overarching themes. If I had spoken with only one partner, I would have probably not learned of all incidents of microaggressions that I learned about during this process. I truly believe that my focus on heterosexism and homophobia as the most salient and overarching aspect of Jane and Ann’s process arose directly from my methodological decisions. I did not begin or undergo data collection with the expectation of concentrating on microaggressions. In fact, this focus developed organically near the end of data analysis. I think I was only able to be open to discovering the impact of microaggressions on Ann and Jane’s process because case study methodology allowed this. Since I was not “looking for evidence” of homophobia/heterosexism and instead I allowed Jane and Ann’s experiences to guide data collection, I was able to ascertain the pervasiveness of microaggressions, even for this relatively privileged lesbian couple. I would thus recommend that future research into lesbian parenting include such methodological elements as a process orientation, concurrent focus, inclusion of all relevant decisions, longitudinal decision, and incorporation of both partners.

Recommendations from limitations. The first recommendation that arises from the limitations of the current study involves participant demographics. In Chapter 2 I critiqued the existing literature examining decision making about parenting by lesbian couples for its relative homogeneity—the samples were all largely White, well educated, upper to middle class women in their 30’s. This critique is consistent with that offered by
other scholars (e.g., Stacey & Biblarz, 2001; Goldberg, 2010). Unfortunately, my study largely conforms to this biased sample. For example, Ann and Jane both identify as White (although Ann indicated that her maternal grandfather is “Hispanic”), Jane is pursuing a Master’s degree, and they made $100,000 last year. Additionally, they live in a suburban area and are very out to those in their surroundings. (Although Ann is not out to her coworkers, Jane receives her domestic partner benefits, so she is out to the corporation.) However, they differ from the average participant in the existing studies in two ways. First, they are in their mid-twenties instead of late thirties, which could leave them with very different generational experiences (e.g., they could be more reliant upon their parents, few of their same-aged friends had children). Second, they are from the Midwest, in contrast with most other participants, who live in more politically progressive areas. I had hoped to include participants from other groups that have been underrepresented in the existing literature (e.g., racial/ethnic minorities, families with lower socioeconomic status, less educated individuals), but I was ultimately unsuccessful. I stated in Chapter 2 that any conclusions in the existing literature “may [only] be generalizable to 38-year-old White middle class college educated lesbian identified women.” When people ask themselves critical questions about applying the current results to other people, the same limitations—with the exception of age—apply to this study.

The biggest problem with the previous samples is their unspoken Whiteness. I am not asserting that researchers should not study White lesbian women. In contrast, I am stating that it is imperative that when researchers study only White lesbian women, they must do so explicitly. That is, the title and content of the article should reflect the sample. As an example, studies that exclusively include White lesbians often have titles
describing the participants solely as *lesbians* (e.g., Siegenthaler & Bigner, 2000; Touroni & Coyle, 2002). However, studies that exclusively include Black lesbians generally describe their participants as *Black lesbians* (e.g., Bowleg, Craig, & Burkholder, 2004; Moore, 2008), and the same is true of other racial/ethnic minority groups (e.g., Lehavot, Walters, & Simoni, 2009). This communicates two racist messages. First, White is the norm that is assumed unless the presence of a different racial/ethnic group is explicitly stated. Second, describing White lesbians as lesbians (without a race modifier) implicitly transmits the message that the experiences of White lesbians are (or should be) the universal experiences of all lesbians.

In addition to explicitly describing all participants, future studies of lesbian parents must include a wider variety of participants. However, this mandate will be difficult to fulfill due to the many ways that racism is embedded in much psychological research. While one issue is participant recruitment, which I will discuss more below, a plethora of other issues are interwoven into the entire process of conducting psychological research. For example, who is doing the research? As a White researcher with a White committee in a department headed by a White chair, do I have the cultural competence or right to explicitly seek out participants of color and define their experiences through my own cultural lens? What is the priority of the researchers? Is it most important to complete the research quickly with whatever participants are recruited first, to recruit a diverse sample (potentially higher external validity), or to recruit a more homogenous sample (potentially higher internal validity)? How do researchers interpret and present results that are based on samples that are primarily White but include a few participants from racial/ethnic minority groups? Researchers who are interested in
studying lesbian women must be more thoughtful about the decisions they make throughout the process of a research study, including who is on the research team, what questions are asked, and how participants are recruited, which is discussed in the next paragraph.

Participant recruitment is a notoriously challenging issue for research involving lesbian, gay, bisexual, and transgender participants (Meyer & Wilson, 2009), and this is compounded when researchers are interested in studying sexual minorities from racial/ethnic minority groups. As Moore (2008) stated “traditional methods” of participant recruitment “are not appropriate for generating a sample of black gay people” (p. 340), and this may be extended to other ethically/racially diverse lesbian participants. In order to target groups that have traditionally been underrepresented in lesbian parenting research, researchers must use less traditional methods of participant recruitment.

A number of recent studies describe innovative participant recruitment techniques that were successful in recruiting lesbians (and bisexual women in some cases) of color, including Black lesbians (Bowleg, Craig, & Burkholder, 2004; Moore, 2008), low SES Black and Hispanic lesbian and bisexual women (Sanchez, Meacher, & Beil, 2005), and “Lesbian, Bisexual, and Two-Spirit American Indian and Alaska Native Women” (Lehavot, Walters, & Simoni, 2009). Less traditional methods of recruiting participants of color include recruiting at a Black lesbian retreat (Bowleg et al., 2004), “spending two to four days each week at a variety of public social events that had a largely black lesbian attendance” (Moore, 2008, p. 340), conducting randomized street interviews with patrons outside lesbian bars (Sanchez et al., 2005), and “targeted sampling within a respondent-
driven sampling approach” involving “seeds” who distribute coupons to other possible participants (Lehavot et al., 2009, p. 277). These studies offer valuable insights into recruiting a non-White sample of lesbian participants. For an overview of general LGB sampling issues and methods, see Meyer and Wilson (2009).

The second area in which the limitations of the current study inform my recommendations involves select issues of rigor. The first technique for increasing rigor would be to include more data sources. As Merriam (1998) stated “Any and all methods of gathering data” can be integrated into case studies. Including multiple data sources also increases the ability to conduct data source triangulation (Stake, 1995), which enhances rigor. As described in Chapter 3, I used participant interviews and an audio-recorded conversation in the initial conception of potential themes, and further clarified these themes through the analysis of thought, conversation, and event logs, an interview with a staff member at the OB/GYN’s office, and document review. Despite the breadth of data sources used in this study, additional data sources would improve the study. As such, I attempted to gather information from Ann and Jane’s known sperm donor, friends, and family members, but this was ultimately unsuccessful due to the low response rate. I had also hoped to conduct observations (as described in Appendix BB), but I ultimately did not due to a lack of opportunity. Other possibilities include interviewing other individuals connected to the participants, administering one or more measures (e.g., a scale measuring perceived parenting readiness), and conducting individual interviews.

The second technique for increasing rigor would be to include more cases. Even with two cases the possibility of replication of findings across cases exists (Yin, 2003b), which could increase the generalization of the findings. As described in Appendix T, I
had originally planned to include two cases, but this plan was changed, which decreases the generalizability of my results. Determining how many cases to include can be a challenging issue since increasing the number of cases generally decreases the amount of depth for each case. This question evokes the common methodological “trade-off between depth and breadth” (Gerring, 2007, p. 77). For commentary on the tension between the case and the set of cases, see Stake (2006). Due to this complexity, I am unable to provide prescriptive advice about the ideal number of cases to include in studies about lesbian parenting beyond the injunction that future researchers must be careful in weighing the costs and benefits of adding additional cases to each specific study.

Recommendations of Specific Research Topics

Although lesbian parenting research began over two decades ago, the field is still rich with opportunities for exploration, especially when considering that this chapter is the only research linking the microaggressions literature to the lesbian parenting literature. In fact, I was only able to locate 6 publications explicitly linking sexual orientation and microaggressions (Boysen, Vogel, Cope, & Hubbard, 2009; Nadal, 2008; Nadal et al., 2010; Sue 2010a, 2010b; Sue & Capodilupo, 2008), although other researchers have studied heterosexism/homophobia without using the concept of microaggressions. None of the previously cited authors researched microaggressions directed at lesbian parents or parents-to-be, but one chapter does mention bans on adoption by same-sex couples as a microaggression (Nadal et al., 2010). There are many potential directions for literature about microaggressions and lesbian parenting; for example, studies could examine how the mental health of lesbian parents and/or children of lesbians is impacted by microaggressions, research could lead to a taxonomy of
microaggressions specifically faced by lesbian parents and prospective parents, or researchers could investigate the resilience of lesbian parents and their families in the face of microaggressions. The intersection of microaggressions research and lesbian parenting research is a new and exciting area that is rich with unexplored questions.

In addition to studying microaggressions, other important areas of exploration within lesbian parenting research remain. A multitude of research has shown that children of lesbians fare just as well as children of heterosexuals, so this question does not need further exploration. In addition to no longer wasting valuable research resources on this question that has already been answered, no longer can lesbian parents be (implicitly) studied as a homogenous group; White middle class urban lesbians who are out about their sexuality and in committed relationships cannot continue to represent all lesbian parents. Instead, counseling psychologists must additionally study a more diverse array of lesbian parents. I do not wish to imply that White middle class lesbian parents have been over studied; studies of this population can and should continue, but researchers must be clear about whom they studied, both in the title and body of the article. An additional task for counseling psychologists is to research unique constellations of lesbian parents (e.g., intentional single lesbian mothers, lesbian couples using known donors, families in which the lesbian parents have ended their romantic relationship, etc.). An example of the level of specificity I am recommending is Moore’s (2008) study of Black lesbian stepfamilies. This type of nuanced focus is necessary to push the body of research in fruitful directions, which will ultimately help improve the lives of these parents and children.

This section has provided a number of recommendations for counseling psychologists who wish to reduce the number of microaggressions committed against
lesbian parents and their children. Although I have broken them into four different professional activities, my hope is that each of these activities informs the others. Ideally, the body of research should drive educational efforts, clinical work, and advocacy. Similarly, clinical work leads to research questions, informs teaching, and provides opportunities for advocacy, and so on. Counseling psychologists are in powerful positions and have a responsibility to improve the world for individuals from oppressed groups, and these are just some of the ways in which they can do so.

Chapter 5 Conclusion

This chapter included two major sections—a “broad interpretation” of the case and “lessons learned” from the case. The former section tied the current results into the existing literature, and the latter section provided recommendations for counseling psychologists. This fulfills Creswell and his colleague’s (2008) recommendations for case studies.

As I final note, I would like to provide a few of my own reflections on my experiences with this case. First, although Ann and Jane’s process was shaped by their experiences with heterosexism and homophobia, I do not consider them to be victims. They bravely embarked on an ambiguous process in order to fulfill their dreams, and I think they are stronger for having done so. Second, I feel extremely honored to have received the opportunity to get to know Jane and Ann and tell their story. They were very kind, gracious, and accommodating during the almost seventeen months from the initial contact through the member check. Throughout this process I have striven to represent them honestly and fairly, and I hope I have lived up to this ideal. Finally, I would like to note that I am thankful that my use of case study methodology enabled me to discover the
pervasive impact of sexual orientation microaggressions upon Jane and Ann’s process, which is a first step toward eradicating such treatment of future lesbian parents.
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Appendix A

Decision Map for Lesbian Couples Choosing Parenthood
Decision Map for Lesbian Couples Choosing Parenthood

Whether to have a child

Yes (When?)

Adopt

Type of child (e.g., age, race, special needs?)
- International
- Domestic

Type of adoption
- Closed
- Open

Who legally adopts (if only one can)
- Known
- Unknown

What agency/lawyer

Obtaining sperm

Which mother?

Insemination
- Doctor’s office
- Home

Conceive

No

Intracervical insemination
Intrauterine insemination

Obtain sperm

What bank (if applicable)
Appendix B

Recruitment Guidelines for Informants
Recruitment Guidelines for Informants

(Written from the perspective of the student-researcher.)

(These guidelines will be provided to informants who may refer potential participants for participation. Informants must meet the following criteria: they must be personally known to me and they must be trained in mental health or medical service related fields. My contact with the informants may occur in person, by telephone, or by email, and they may contact potential participants however they wish, as I will strive to provide them with both physical and electronic copies of the letter for potential participants.)

Key information to include during contact with informant:

- General information including the student investigator and primary investigator’s names, affiliations, degrees, and credentials
- Brief introduction to the study including the focus and purpose of the study and general information about the process of the study
- Information regarding the inclusion criteria for the study (e.g., each member of the lesbian couple considers this relationship to be her primary romantic relationship; the couple is planning to begin the process of having/adopting a child together within the next year; neither partner has ever been pregnant, had custody of any children, or raised any children; each partner is a U.S. citizen; the couple resides together in the state of Michigan; neither member of the couple has serious mental health or substance abuse problems; and, the couple is well-adjusted and stable)
- Request for the informant to contact potential participants to provide information about the study and refer them to contact me directly by telephone or email
- In this contact I will ask them to provide this information to potential participants on one occasion without any further encouragement to participate, as I would not want their actions to be perceived as coercive

I will then respond to any questions regarding the study and thank the informant for her time and assistance.
Appendix C

Letter/Email for Informants to Provide to Potential Participants
Hello! This is a notice seeking participants for the dissertation research of Jessica Manning, MA, which will be supervised by James Croteau, Ph.D., both of Western Michigan University. The title of this study is “The Processes Lesbian Couples Undergo When Pursuing Parenthood for the First Time.”

I am searching for lesbian couples that meet the following criteria:
- Each member of the couple considers this relationship to be her primary romantic relationship.
- The couple is planning on beginning the process of having/adopting a child together within the next year.
- Neither partner has ever been pregnant, had custody of any children, or raised any children.
- Each partner is a U.S. citizen.
- The couple resides together in the state of Michigan.
- Neither member of the couple has serious mental or emotional concerns (e.g., experiencing thoughts of suicide, currently addicted to drugs or alcohol).
- The couple is stable.

At this time, I am not searching for individuals; both members of the couple must be willing to participate.

Since I wish to gain an in-depth understanding of the processes lesbian couples undergo when pursuing parenthood, while they are actually undergoing this process, your participation would include a variety of elements. I would get information from you through biweekly interviews over up to an eight month period, and I would ask to you to complete several short forms over the course of the research. I may also request to observe events in which you participate, although this would be solely at your discretion.

You would be able to withdraw from the study at any time without prejudice or penalty.

If you contact me, I will provide you with more information about the study in order to allow you to consider whether you are interested in participating. If you are still interested, I will then conduct an initial screening interview in order to assure that you meet the criteria for the study.

Your participation may help advance understanding of the processes lesbian couples undergo while pursuing parenthood. This information may be useful to therapists, lesbian couples, and other professionals.

As a gesture of gratitude, couples who participate in the study will receive a $10 gift certificate to a local bookstore, coffee shop, or grocery store of their choosing on a monthly basis while they are participating in biweekly interviews.

If you are interested in participating, please contact Jessica Manning by phone (260-229-1206) or email (jessica.l.manning@wmich.edu) for more information.

Thank you,
Jessica L. Manning, MA, Student Researcher
James M. Croteau, Ph.D., Principal Investigator
Appendix D

Informed Consent Process and Screening Interview
Informed Consent Process and Screening Interview

(Written from the perspective of the student-researcher.)

(This interview will take place at a private location convenient to the participants. The following script is designed to serve as a template rather than a script to which I will strictly adhere. This interview will begin with the signing of the consent form, followed by initial interview questions and a brief mental health assessment.)

(If the couple fails to present for the interview, I will call them fifteen minutes after the scheduled appointment. If they are running late and indicate they are on their way, I will wait for them and conduct the screening interview when they arrive. If they have forgotten or are unable to make it to the appointment, I will allow one reschedule of the screening interview per couple. If they indicate at this time that they are no longer interested in participating, I will thank them for their time.)

(Since this will likely be my first time meeting the participants, I will begin by introducing myself and beginning to build rapport upon entering the environment. I will also set up the recording equipment, although I will not begin recording at this time. I will also indicate at this time that I am not currently recording.)

Hello! It is very nice to meet you both. Thank you so much for agreeing to meet with me today. I would like to begin by giving you an idea what to expect from our meeting today. I am going to start by discussing these consent forms with you. If you both sign these forms, we will proceed from there. I will be asking you a number of personal questions about your background, your relationship, and your overall wellbeing. You have the right to refuse to answer any questions. At the end of our interview, I will tell you what you can expect to occur next. Do you have any questions before we get started? (I will respond to any questions.)

Okay, I would like to begin by discussing these consent forms. Although I am going to give you an opportunity to read over these in their entirety, I would like to stress a few points. First of all, if you decide to participate, undergoing this interview does not guarantee your full participation in this study. Since I am striving to include diverse participants, you may not be selected for participation. Second, if you decide to participate, you are free to withdraw from participation at any point throughout the process, without any negative consequences. Should you choose to withdraw, you will be able to choose whether information I have collected from you will be included in the final study. Third, should you decide to participate, all information about you will be anonymous, as is described in more detail in the consent form.

At this time I would like each of you to read over these forms. (I will allow the participants to read over the consent forms. Each individual participant will read a consent form. I will be as non-intrusive as possible while they review the consent forms. Once they both appear to have finished, I will continue with the script.) Do you have any questions about the consent form or anything contained within it? (I will answer any
questions. I will also observe their body language in order to assess if they seem to be experiencing any reluctance. If they seem to have reservations, I will address these reservations with the participants. If necessary, I will ask them if they need time to consider their participation, and I will reschedule the remainder of the interview. I will also end the interview at this point if the couple does not wish to continue. As long as they agree to continue their participation, I will continue with the script.) Would you like to participate in this study? (If they agree, I continue with the script. If they do not wish to participate, I will thank them for their time and leave.) Okay, I would like each of you to sign two copies of the form, and I will do the same. (All parties sign consent forms.) This copy (give participants each one copy signed by themselves and me) is for your records, and I will keep this copy.

Okay, I am going to start the tape recorder now if that is okay with both of you. (Start the recorder.)

My first question for each of you is kind of a fun one. I would like for each of you to select a pseudonym that I will use on all written and electronic materials in place of your real name. If you have a name in mind now, I will go ahead and note that. If not, I would like for you to select one by the end of this interview.

At this point I would like to begin by asking questions of you individually. I would like to proceed through a list of questions with one of you and then go through the same list with the other of you. (I will then proceed through this list of questions with each of the participants. I will use minimal encouragers and prompts throughout the process as necessary.)

- How old are you?
- How do you identify your race/ethnicity?
- How do you identify your sexual orientation (e.g., lesbian, bisexual, etc.)?
- How long have you identified as such?
- Do you identify with any labels such as butch, femme, or androgynous?
- With whom have you shared your sexual orientation?
- How long have you been out to these individuals/groups?
- Please describe your educational background.
- If you work outside the home, please describe your current occupation and work setting.
- Please describe your religious background and current religious/spiritual beliefs and practices.
- Do you consider yourself to have any disabilities? If so, please describe the nature of the disability/disabilities.
- Do you have any history of emotional or mental concerns or problems? (As I am asking the questions about mental health, I will use my clinical skills to assess the level of seriousness of any concerns. This portion of the interview may be somewhat similar to a diagnostic interview that I would undertake when conducting an intake at the counseling center. However, I will also be cognizant of my role as a researcher, not a counselor. However, should the need for crisis
counseling arise, I will be prepared to provide it, along with a referral to counselor/therapist.)

- *(If yes)* Please describe these concerns or problems.
- How did you deal with or handle these concerns?
- How would you describe the impact of these concerns on your current functioning?

*(If the potential participant has any history of severe mental health concerns, such as psychosis or diagnosed personality disorders, she will be excluded from participation. Additionally, any potential participant who indicates that psychological problems are having a moderate to severe impact on her daily functioning will not be included as a participant.)*

- Do you have any current emotional or mental concerns or problems?
  - *(If yes)* Please describe these concerns or problems.
  - How are you dealing with or handling these concerns?
  - How would you describe the impact of these concerns on your current functioning?

*(If the potential participant is experiencing moderate to severe psychological problems [e.g., moderate depression, moderate anxiety, or more serious concerns], she will not be included in this study. Moderate problems could be worsened through the repeated interviews involved in this study. Additionally, any potential participant who indicates that psychological problems are having a moderate to severe impact on her daily functioning will not be included as a participant.)*

- Have you ever felt suicidal? *(If yes, I will conduct a risk assessment, determining when she had these feelings, the seriousness of these feelings, if she ever acted on these feelings, her current feelings, etc. The focus of this assessment will be dual purpose: to insure the safety of the potential participant regardless of her inclusion in this study and to determine whether she is well-adjusted and stable enough to participate in the study. While I am conducting the suicide risk assessment, I will use the skills I gained through working on the Western Michigan University Suicide Prevention Program for two years and through my graduate training. If the potential participant has any history of attempting suicide, she will be excluded from participation in this study since that is the greatest risk factor for completing suicide. Additionally, any potential participant who is currently experiencing any suicidal ideation beyond fleeting thoughts will not be included in the study.)*

- Do you have any concerns about your use of alcohol or other drugs?
  - *(If yes)* Please describe your concerns. *(If the potential participant is concerned that she is addicted to or abusing alcohol or other drugs, I will not include her in this study for her protection and to maintain the integrity of the study.)*

- Have you ever been in trouble with the law?
  - *(If yes)* Please describe the nature of this trouble.
  - What is your legal situation currently?
(If the participant has ever had serious legal problems [e.g., being tried for any violent crimes] or if she has legal issues still pending that could lead to time in jail or prison, she will be excluded from participating in this study.)

(After I finish the individual questions with each potential participant, I will check in with her about the process thus far. I will assure that she is feeling okay with the process before I move forward with the interview.)

Thank you both for your honesty in answering all of those personal questions. I know that can be difficult. Now I have a few questions that I would like to ask the two of you together.

- How long have you been together?
- Please describe how you met and began dating.
- Have you had any type of marriage or commitment ceremony?
- What is your approximate combined household income?
- Where are you currently in the process of pursuing parenthood?
- Is there any history of violence within this relationship?
  - (If yes) Please describe this. (If yes, I will conduct a risk assessment, determining when the violence occurred, the seriousness of the violence, etc. The focus of this assessment will be dual purpose: to insure the safety of the potential participants regardless of their inclusion in this study and to determine whether they are well-adjusted and stable enough to participate in the study.)
  
(Potential participants will be excluded if there is any history of moderate to severe physical violence or if there has been any physical violence within the past year.)

Thank you for answering those questions. How was this experience for each of you? (Respond to their statements. I will be sensitive to the fact that they just shared a great deal of personal information with me, and I will attempt to convey this to the potential participants.) Let me tell you what will happen now. I will call you within one week to let you know whether I have selected you participation in this study. I will tell you one of three things at this time: you have been selected to participate, you have not been selected to participate because I do not feel that you are a good fit for this study, or I am delaying making this decision. I may delay making this decision because I am interested in selecting diverse participants; I may have to determine who else is interested in participating before making a final decision. In that case, I will let you know within six weeks whether you have been selected to participate. Do you have any questions for me before we wrap up? (Answer their questions.)

While I am packing up my stuff here, I would like for the two of you to fill out this contact form. If you have any questions as you go through it, please feel free to ask me. (I will give them a copy of the contact form. I will pack up my equipment.) Are you finished? Great! Thank you. Do you have any questions about it? (Answer questions.) Thank you for answering all of my questions today. I will look forward to talking to you again soon.
(At this point I will say goodbye to the participants.)
Appendix E

Protocol for the First Regular Interview
Protocol for the First Regular Interview

(Written from the perspective of the student-researcher.)

(The goal of this interview is to determine where the couple is in their decision making process about having children. This interview will last approximately one hour.)

(When I enter the interview environment, I will begin by exchanging pleasantries and setting up my equipment.)

I am very excited that you are participating in this study, and I hope you are too! This is the first of the interviews that will now occur every other week for up to eight months. This interview will differ slightly from those that will follow, however, because I first need to gain an understanding of where you are in the process of pursuing parenthood. Do you have any questions before we get started? (Respond to any questions.)

Okay, I am going to ask you a few questions now. I want both of you to provide your input about this situation, as I am interested in how couples undergo this process together. (These questions will provide the general structure for the interview. However, I will use my interviewing skills to encourage the participants to describe their experiences in depth.)

- When did you first begin to discuss having children within this relationship?
- Please describe how these conversations played out.
- What decisions have you made thus far in regards to having a child?
- How were these decisions made? Examples of how decisions are made include how people become aware that they need to make a decision, how they gather information about the decision, and how they discuss the decision with their partner. I am interested in any of these components or any other information about how made these decisions.
- What resources have you used as you have been considering having a child?
- What other decisions about having a child have you begun to discuss?
- What decisions about having a child do you think will need to be made next?
- How do you plan to make these decisions?

At this point, I have no more formal questions, but I am wondering if there is anything I did not ask about that you think is important for me to know at this point. (Respond to their statements.) Okay, do you have any questions for me at this time? (Respond to their questions.)

Okay, can we schedule the next interview at this time? I would like for it to be in about two weeks. (Proceed to schedule the interview if possible. If not, make plans to call to schedule it.) Great! Thank you so much for your time today, and I am looking forward to seeing you again on ________________.

(Pack up recording equipment and say goodbye.)
Appendix F

Follow-Up Interviews Protocol
Follow-Up Interviews Protocol

(Written from the perspective of the student-researcher.)

(This protocol will guide all follow-up interviews with participants (interviews 2-16). These interviews will be much less structured in order to allow me the flexibility to follow-up on what I deem to be relevant to the study.)

(When I enter the interview environment, I will begin by exchanging pleasantries and setting up my equipment.)

It is nice to see the two of you again.

(Say this part only for the first follow-up interview.) The remaining interviews will be a little different from the first interview. They are less structured because I want to basically understand what has happened over the past two weeks.

Okay, I want to go ahead and get started. I would like for the two of you to tell me about any decisions and events that have occurred in the past two weeks that are relevant to your process as you are pursuing parenthood. (I will use prompts and minimal encouragers in order to allow the participants to describe their experiences and feelings in detail.)

(It may be difficult for participants to focus on their process as they pursue parenthood, as this may require that they mentally remove themselves from their own process in order to describe it. During the interviews, I will make every effort to acknowledge the thoughts and feelings that the participants share with me, but I will also need to be diligent to redirect them in order to learn the most possible about how they are undergoing this process. I will attempt to gather information about each component of the process included in this study: the individual process, the couple’s process, the influence of others, and the utilization of external resources.)

(Examples of questions that probe each component follow.)

The individual process: How did you individually decide what you wanted to do [about this specific situation]?

The couple’s process: Since you started out wanting to pursue different courses of action, how did you agree to…?

The influence of others: How did [the doctor, your mother, the lawyer, etc.]’s comments influence your decision? What impact have others had upon your process?

The utilization of external resources: Did you read any books or look at any websites about this issue before you came to a decision?
(I may also use more specific prompts such as the following, based on information from previous interviews.)

- Last time you mentioned that you were thinking about…, have you been thinking about that more?
- You said that you were planning on…, did you do that?
- Have you thought any more about…?

(I will wrap up with questions such as the following.)

- Is there anything else that we have not covered?
- What do you see happening in the next two weeks?

Do you have any questions for me at this time? (Respond to questions.)

Okay, can we schedule the next interview at this time? I would like for it to be in about two weeks. (Proceed to schedule the next interview if possible. If not, make plans to call to schedule it.) Great! Thank you so much for your time today, and I am looking forward to seeing you again on ________________.

(Pack up recording equipment and say goodbye.)
Appendix G

Audio Recorded Conversation Protocol
Audio Recorded Conversation Protocol

(Written from the perspective of the student-researcher.)

(This protocol will guide the audio recorded conversation. This event will occur only once for each couple. The timing of this data collection technique will depend upon how each case unfolds. I will determine when to undergo this based on each individual couple. I will wait until it seems that the couple seems to be frequently discussing a certain decision because I want this recording to be salient to their actual process, rather than imposed upon their process.)

(The following script will occur at the end of a follow-up interview in order to re-introduce the topic of the audio recorded conversation to the participants.) As you may remember, one way that I am planning to collect information about your process is through the use of an audio recorded conversation between the two of you. What I would like to do is schedule a time before our next interview in which the two of you will discuss a decision that you are currently considering. While you are free to discuss whatever decision seems relevant, I am proposing this right now because I have noticed that you seem to be frequently discussing the decision about ___________. What I will do is come over and set up the recorder. I will then leave because I want the two of you to discuss this decision much the same as you would normally. I will plan on returning approximately one hour later to retrieve the recorder. What questions do you have about this? (Answer any questions.) Okay, can we schedule the audio recorded conversation at this time? I would like for it to occur within the next two weeks if possible. (Proceed to schedule the audio recorded conversation if possible. If not, make plans to call to schedule it.) Great! (At this point, I will wrap up the interview as originally planned.)

(The following script will guide the conversation when I arrive to set up the recording equipment. I will begin with pleasantries. I will then demonstrate use of the equipment to the participants. I will start the recorder myself.) After I leave, I would like for the two of you to discuss a decision that you are currently considering. As I told you before, you are free to discuss whatever decision seems relevant, but I proposed doing this right now because I have noticed that you seem to currently be frequently discussing the decision about ___________. What I will do is leave in a moment because I want the two of you to discuss this decision much the same as you would normally. I will plan on returning in approximately one hour to retrieve the recorder. If you finish this discussion before that time or wish to stop recording at any time, please feel free to turn off the recorder like I showed you. Do you have any questions about this right now? (Respond to questions. I will then say goodbye to them and leave.)

(The following script will guide the conversation when I return at the end of the audio recorded conversation. I will begin with pleasantries. If the machine is still recording, I will allow it to continue. If it is not recording, I will not start it at this time.) How was this experience? (Listen and respond appropriately.) Okay, thank you for doing this. Are we still on for the interview on ______________? (Details will be set for the next
interview. I will then pack up the recording equipment, say goodbye, and leave at this time.)
Appendix H

Thought, Conversation, and Event Log Protocol
Thought, Conversation, and Event Log Protocol

(Written from the perspective of the student-researcher.)

(This protocol will describe the entire process of introducing, collecting, and discussing the logs with the participants.)

(The following will guide the introduction of the logs to the participants. It will occur at the end of the first interview.) As you may remember, I am also asking you to complete a brief log of your thoughts, conversations, and events relevant to your process on a daily basis. This is the log (I will give them a double sided copy of the log at this time.) that I was referring to. As you can see, this should require less than five minutes per day. I am asking you to do this because I am interested in the day-to-day process as you are pursuing parenthood, and I obviously cannot interview you every day! I am just asking that you jot down this information at the end of the day. In the first column, place the date. In the second, state the amount of time you spent thinking about this process; this should not include the time that you spent talking to others about this process. The third column is designed to address conversations you have with others about this process, so please indicate with whom you spoke, for how long, and what you talked about. As you can see, there is not much space, so I am just asking for a few notes about these conversations, rather than a detailed description. The fourth and fifth columns will probably not be relevant very often, as they are asking only about major events. Of course, you can use your best judgment in determining what is “major.” Again, I am just trying to get a sense of your day-to-day process. Do you have any questions about this? (Answer questions.) I also want you to be aware that we are going to discuss these during our interviews, so please do not place any information in them that you are not willing to discuss in front of your partner. Okay, when I come back for our next interview, I will collect these and provide you with new ones. Thank you in advance for your time and attention to these.

(The following script will provide the guidelines for collecting the logs and providing new logs. This will occur at the beginning of each follow-up interview, except I will not provide a new log during the last interview. Conducting this at the beginning of the interview, rather than the end, will allow us time to address the logs, should the need arise.)

Do you have the logs I gave you to fill out daily? (At this point, I will collect the logs and glance at them.)

(If the logs are complete, I will say the following.) Great. I see you both had a chance to fill these out. I really appreciate that because it gives me a much greater sense of your day-to-day process than I would have otherwise.

(If the logs are partially complete, I will say the following.) Okay, I see that you were able to complete some of this, and I appreciate the effort that you put into this. However, I would really appreciate it if you were able to complete it next time. Without these logs,
I do not have a very good sense of your day-to-day process. *(At this time, I will allow the participants to process why the logs are not complete.)*

*(If the logs are incomplete, I will say the following.)* I see that you were not able to complete the logs this time. I know that doing these is an extra inconvenience for you. However, I would really appreciate it if you were able to complete it next time. Without these logs, I do not have a very good sense of your day-to-day process. *(At this time, I will allow the participants to process why the logs are not complete.)*

*(I will process the logs with all participants, especially when I feel that there is valuable information to be gained from doing so. This processing will involve talking about filling out the logs and reviewing the information on the logs. The following prompts will guide this processing.)*

- What was it like to fill out these logs?
- Were there any surprises as you filled out the logs?
- I see that on ____________, you…Please tell me more about that.
- It looks like you often talk to ____________ about this process. Please tell me more about that.

*(In general, the information contained in the logs will guide the prompts that I give about the logs.)*

*(After talking about the log completion, I will then provide new logs, unless the previous logs are completely blank. The following will guide that portion of the conversation.)*

Great. Here are new logs to fill out over the next two weeks. I will plan on collecting these during our next interview. Do you have any questions about that? *(Answer questions.)*

*(Please see the next page for a copy of the actual log that will be provided to the participants.)*
Name: ___________________________

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<thead>
<tr>
<th>Date</th>
<th>How much time did you spend thinking about this process?</th>
<th>To whom did you speak today about the process you are undergoing as you pursue the conception/adoption of your child? How much time did you spend in these conversations? What did you discuss?</th>
<th>Were there any major events regarding your decision making process today? For example, did you make a certain decision? Please describe this briefly.</th>
<th>Were there any other major parenting events today? For example, did you inseminate? Please describe this briefly.</th>
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Appendix I

Script for Discussing Administration of Questionnaire to Known Sperm Donors with Current Participants
Script for Discussing Administration of Questionnaire to Known Sperm Donors with Current Participants

(This script will guide all conversations with a lesbian couple currently participating in my study about administering a questionnaire to their known sperm donor. This script may not be followed word for word, but I will include all of the information in the conversation. In particular, I will refer to the donor using the language that the couple uses [e.g., I will call him by name]. The timing of these conversations will depend, in large part, to the process of each individual couple who uses a known donor.)

(The following will guide the introduction of the topic to the participants.) As you may remember, I indicated that I may be interested in contacting people in your lives in order to collect more information about the process you are undergoing. If you and the donor both agree to this possibility, I would want to send him a questionnaire about his role as a known donor. I will share with you whether or not he completes the questionnaire, but I will not discuss his answers with you, nor will they be reported in the final case report. I am wondering how you would feel about me administering a questionnaire to your donor? (I will respond based on their initial feelings toward the idea of me interviewing the donor.)

• (If they are opposed) Okay, it sounds like you are not comfortable with me administering a questionnaire to your donor. That is fine with me. If you change your mind after you think about it more or if you have questions about what that would look like, please feel free to bring this up in the future.

• (If they have reservations) I am wondering what questions you have for me about this possibility. (Answer any questions.) If it is okay with you, I would like to give you a chance to think more about this, and I will bring it back up at our next interview. Would that be okay? (At the next interview, I will go through a very similar process as what is described here. If they are not comfortable, I will use the above “opposed” text, and if they are comfortable, I will use the text below. If they continue to have reservations, I will not bring up the subject with them again; I would explore the topic with them again in the future if they bring it up.)

• (If they express that they are comfortable with this) I’m glad you are willing to consider this possibility. What questions do you have for me as you think about this? (Answer any questions.) Of course, your donor would have final say in whether he chooses to complete the questionnaire. I want to inform you that it is possible that completing the questionnaire and reflecting on his experiences could cause your donor to consider things that he has never previously considered. This could have an impact upon your relationship with him, and it could change the process you undergo. For example, reflecting upon this process could cause him to think more about some aspect of being a sperm donor, which could cause him to potentially rethink being a donor or wish to renegotiate your plans with him. I do not consider this to be a likely outcome, but it is a possibility. In order to minimize any potential risk, I want you to have a chance to look over the questionnaire that I would like to send him. I would be happy to remove any items from the questionnaire that you do not want me to include. (Give the participants a copy of the questionnaire to look at together.) Now that you have had a chance
to review the questionnaire, are there any items that you would like me to remove?

(If the couple does not wish for any changes to be made to the questionnaire, I will proceed at this time. If they request changes, I will submit the revised version to the HSIRB before proceeding, and I will finish the process during the next interview with the couple.)

(After the questionnaire has been approved by the HSIRB and the couple, we will continue the script.) I’m glad we were able to find a questionnaire that will work well for all of us. Now I want you to review the Known Sperm Donor Recruitment Letter from Participants (Appendix J)

We will then begin the process of recruiting the donor. They will be free to change their mind about allowing me to mail their sperm donor a questionnaire at any point in the recruitment, but if they continue to assent, we will follow these steps:

- They will have a chance to review the Donor Recruitment Letter [Appendix J] and sign it. They will also retain a copy of the letter as a reminder to avoid pressuring the donor to participate.
- I will then ask them to address the outside of the envelope with the donor’s address and include their return address.
- I will tell them again not to initiate any follow-up with the donor, although they can speak with him about it if he initiates follow-up.
- I will then place the envelope in a mailbox to send it to the donor.
Appendix J

Known Sperm Donor Recruitment Letter from Participants
Hello,

As you may know, we have been participating in a research study about the processes lesbian couples undergo when pursuing parenthood for the first time. We would like to extend to you the opportunity to participate in this study. As far as we are concerned, it is completely up to you whether you choose to participate. In order to insure that you do not feel pressured to participate, we will not be asking you any more about your desire to participate.

Sincerely,
Appendix K

Known Sperm Donor Informed Consent
Western Michigan University
Department of Counselor Education and Counseling Psychology
Principal Investigator: James Croteau, Ph.D.
Student Investigator: Jessica Manning, MA

You have been invited to participate in the dissertation research of Jessica Manning, MA, which is being supervised by James Croteau, Ph.D., both of Western Michigan University. The title of this study is *The Processes Lesbian Couples Undergo When Pursuing Parenthood for the First Time*.

Your participation will consist of completing the attached questionnaire, which includes questions about you as well as a general query about the lesbian couple for whom you are serving as a known sperm donor. As will be described in more detail below, the lesbian couple for whom you are serving as a known sperm donor will not know what you said about them, but they will know whether you choose to participate in the study. If you are interested in participating, please read and sign the copy of this consent form that is attached to the questionnaire. You can keep the other copy for your records. If you decide to sign the consent form, you can then complete the questionnaire. You can then mail the signed consent form and questionnaire back to us in the included envelope.

As with any research, there are possible risks to participants. While harm is not anticipated, answering the questions could potentially cause you to become upset. Jessica Manning is prepared to provide referral information for counselors that you can contact at your own expense if you contact her at the number below. It is also possible that reflecting on your experiences could change the process you are undergoing. The main benefit to you may be the knowledge that you are contributing to an increased understanding of the phenomenon of parenting by lesbian couples, which has been understudied and may be useful to mental and medical health professionals, other lesbian couples, and possibly other sperm donors.

The strictest measures will be taken to protect the confidentiality of all participants. Each participant will select a pseudonym, which will be used on all study related documents. Any written materials that include identifying information about participants will be stored separately from the other materials. The pseudonyms will be written on the top of the consent forms and will be cut off after the dissertation is submitted to the graduate college. During the duration of the study, physical materials will be locked in a filing cabinet in the student-researcher's home. All electronic documents will be password protected on the student-researcher's laptop computer. Data will also be backed up on a jump drive that is password protected and/or stored in a secure location.

Any identifying information you provide will be removed. Removing identifying information is especially important due to the small size of the lesbian community and those affiliated with the
lesbian community. For example, names will be replaced with pseudonyms, and other identifying information such as workplace, town name, etc. will be removed or replaced. Specific details (e.g., exact age, exact occupation) may also be changed in order to protect the participants’ confidentiality.

The lesbian couple for whom you are serving as a known sperm donor will know whether you decide to participate in the study, but they will not know what you say about them. The information you provide about them will not be reported to them, either verbally or in writing, nor will it be included in the final case report. Instead, your responses may influence the researcher’s understanding of the couple’s process and guide the researcher in future information gathering.

After the study is completed, study materials will be maintained in locked filing cabinets in the office of the principal researcher and in the home of the student researcher for a minimum of three years. They will then be destroyed. Any publications or presentations resulting from this study will not include any identifying information about any participants.

Your participation in this study is entirely voluntary. You may choose to withdraw from participation at any time without prejudice or penalty by not returning the questionnaire. You also have the right to refuse to answer any questions and leave them blank.

You are encouraged to keep a copy of this consent for your records. Should any questions or concerns arise, you are encouraged to contact Jessica Manning at (269) 229-1206 (email: jessica.l.manning@wmich.edu) or Dr. James Croteau at (269) 387-5111 (email: james.croteau@wmich.edu). You may also contact the chair of the Human Subjects Institutional Review Board (HSIRB) at (269) 387-8293 or the Vice President of Research at (269) 387-8298 if questions or problems arise during the course of the study.

This consent document has been approved for use for one year by the Human Subjects Institutional Review Board (HSIRB) as indicated by the stamped date and signature of the board chair in the upper right corner. Do not participate in this study if the stamped date is older than one year.

Your signature below indicates that you have read the purpose and requirements of the study and that you agree to participate.

Signature

Date
Appendix L

Questionnaire for Known Sperm Donors
Please select a pseudonym that will be used on all study related documents in place of your name. _______________________ How old are you? ______

How do you describe your race/ethnicity? (Please mark as many as apply.)

[ ] White/Caucasian/European-American
[ ] Black/African-American
[ ] Latino/Hispanic-American
[ ] Asian-American/Pacific Islander
[ ] Native American/American Indian
[ ] Biracial/Multiracial
[ ] Other, please specify ______________________________

How do you describe your sexual orientation? (Please mark one box.)

[ ] Gay
[ ] Bisexual
[ ] Heterosexual
[ ] Other, please specify ______________________________

What is your relationship status? (Please mark one box.)

[ ] Not currently in a relationship
[ ] In a committed relationship, not living together
[ ] Living with partner
[ ] Married/domestic partnership
[ ] Other, please specify ______________________________

If you are currently in a relationship, what is the gender of your current partner? ______

What is your educational background? (Please mark the box of the highest level you have obtained.)

[ ] Less than high school diploma
[ ] High school diploma
[ ] Some college, no degree
[ ] Associate’s degree
[ ] Bachelor’s degree
[ ] Master’s degree
[ ] Advanced degree (e.g., Ph.D., M.D., J.D., etc.)
[ ] Other, please specify _________________________________

If you received a college degree, what was your field of study? _________________________

If you work outside the home, please briefly describe your current occupation/work setting.
Which of the following, if any, describes your religious/spiritual background and current religious/spiritual beliefs? (Mark one each column to describe your religious/spiritual beliefs up to age 18 and currently.)

<table>
<thead>
<tr>
<th>Up to age 18</th>
<th>Current</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Christianity</td>
<td>[ ] Islam</td>
</tr>
<tr>
<td>[ ] Hinduism</td>
<td>[ ] Buddhism</td>
</tr>
<tr>
<td>[ ] Judaism</td>
<td>[ ] Agnostic</td>
</tr>
<tr>
<td>[ ] Atheistic</td>
<td>[ ] Other, please specify ________________</td>
</tr>
</tbody>
</table>

Please check all of the following that apply to you.

- [ ] I have fathered a child (not as a donor) for whom I do not serve as a parent.
- [ ] I have fathered a child (not as a donor) who does not live with me, but for whom I serve as a parent.
- [ ] I have fathered a child (not as a donor) for a child who lives with me at least part of the time, and I serve as a parent for this child.
- [ ] I have adopted a child for whom I serve as a parent.
- [ ] I have served as parent/am currently serving as a parent for a child for whom I am not the biological or adoptive parent.
- [ ] I have served as a sperm donor in the past through a sperm bank.
- [ ] I have served as a sperm donor in the past for a lesbian couple, and I have no relationship with the child.
- [ ] I have served as a sperm donor in the past for a heterosexual couple or a single woman, and I have no relationship with the child.
- [ ] I have served as a sperm donor in the past for a lesbian couple, and I have a role in the child’s life, but I am not considered a parent for this child.
- [ ] I have served as a sperm donor in the past for a heterosexual couple or a single woman, and I have a role in the child’s life, but I am not considered a parent for this child.
- [ ] I have served as a sperm donor in the past for a lesbian couple, and I serve as a parent for this child.
- [ ] I have served as a sperm donor in the past for a heterosexual couple or a single woman, and I serve as a parent for this child.
You are being asked to help increase understanding of the process (partners’ names) are undergoing as they are pursuing parenthood. Your responses will not be given, either verbally or in writing, to the couple or anyone else. Your responses will not be written up directly in the case report. Instead, your responses may influence the researcher’s understanding of the couple’s process and guide the researcher in future information gathering. Please feel free to write about whatever feels the most important to you concerning the process (partners’ names) are undergoing as they are pursuing parenthood. You may include information about any of the following if you like:

- What have you observed about the way they interact with one another in regards to pursuing parenthood?
- What have you observed about the way they interact with others in regards to pursuing parenthood?
- How did their conversations with you about you serving as the donor unfold?
- From your experiences with them, how would you describe the way they make decisions about pursuing parenthood?

Please mail this survey, including the attached consent form, to the researchers in the included envelope.
Appendix M

Script for Discussing Administration of Questionnaire to Friends or Family Members with Current Participants
Script for Discussing Administration of Questionnaire to Friends or Family Members with Current Participants

(This script will guide all conversations with a lesbian couple currently participating in my study about administering a questionnaire to their friends or family members. This script may not be followed word for word, but I will include all of the information in the conversation. The timing of these conversations will depend, in large part, to the process of each couple.)

(The following will guide the introduction of the topic to the participants.) As you may remember, I indicated that I may be interested in contacting people in your lives in order to collect more information about the process you are undergoing. I would like for you to consider the possibility of me sending a questionnaire to some of your friends and family members. If you agree to this, I will not discuss anyone’s answers with you, nor will they be reported in the final case report in a manner that will link responses to individuals. I am wondering how you would feel about me administering a questionnaire to some of your friends and family members? (I will respond based on their initial feelings toward the idea of me administering a questionnaire to their friends or family members.)

- **(If they are opposed)** Okay, it sounds like you are not comfortable with me administering a questionnaire to some of your friends or family members. That is fine with me. If you change your mind after you think about it more or if you have questions about what that would look like, please feel free to bring this up in the future.

- **(If they have reservations)** I am wondering what questions you have for me about this possibility. (Answer any questions.) If it is okay with you, I would like to give you a chance to think more about this, and I will bring it back up at our next interview. Would that be okay? (At the next interview, I will go through a very similar process as what is described here. If they are not comfortable, I will use the above “opposed” text, and if they are comfortable, I will use the text below. If they continue to have reservations, I will not bring up the subject with them again; I would explore the topic with them again in the future if they bring it up.)

- **(If they express that they are comfortable with this)** I’m glad you are willing to consider this possibility. What questions do you have for me as you think about this? (Answer any questions.) Of course, your friends and family members would have final say in whether they choose to complete the questionnaires. I want to inform you that it is possible that completing the questionnaire and reflecting on their experiences could cause your friends and family members to consider things that they have never previously considered, and this could have an impact upon your relationships with them. I want you to have a chance to look over the questionnaire that I would like to send them. I would be happy to remove any items from the questionnaire that you do not want me to include.

The risk of a negative impact upon your relationship with your friends and family members will be minimized by the fact that I will not directly report what your
friends and family members say. Their individual responses will not be given, either verbally or in writing, to you. If their responses are included in the case report, they will not be linked to any individual’s identity or contextual information. I will be aggregating the data when possible, and if there is something that is highly specific and likely to be identified by you, I will be much more general in my report. If too few questionnaires are returned to allow me to present aggregate data, I will not use the data directly, but I will instead use it to guide my future data collection activities. Despite these safeguards, there is a chance that you may be able to identify the response of a particular individual, so I will not be including any data from a friend or family member that is insulting or particularly inflammatory. Do you have questions about this?

(Give the participants a copy of the questionnaire to look at together.) Now that you have had a chance to review the questionnaire, are there any items that you would like me to remove?

(If the couple does not wish for any changes to be made to the questionnaire, I will proceed at this time. If they request changes, I will submit the revised version to the HSIRB before proceeding, and I will finish the process during the next interview with the couple.)

(After the questionnaire has been approved by the HSIRB and the couple, we will continue the script.) I’m glad we were able to find a questionnaire that will work well for all of us. I would like for each of you to select 6 people, who are either friends or family members, for me to send this to. I am going to initially mail out only 8 of these, but I am not going to tell you which 8. I may or not mail out more of the packets in the future. The reason I am doing this is to protect the confidentiality of your friends and family members. This way you will not know who I have contacted.

I want these individuals to be people with whom you have discussed your process as you are pursuing parenthood and also people that you feel comfortable including. Do you know whom you would like to include? (After they come up with a list of 12 people [6 people each], we will proceed.) Now I want you to review the Friends and Family Recruitment Letter from Participants (Appendix N).

We will then begin the process of recruiting their friends and family members. They will be free to change their mind about allowing me to mail their friends and family members questionnaires at any point in the recruitment, but if they continue to assent, we will follow these steps:

- They will have a chance to review the Friends and Family Recruitment Letter [Appendix N] and signing 6 of them each. They will also retain one copy of the letter as a reminder to avoid pressuring their friends and family members to participate.
- I will then ask them to address the outside of the envelope with their friend’s and family member’s addresses and include their return address.
• I will tell them again not to initiate any follow-up with their friends and family members, although they can speak with them about it if they initiate follow-up.
• I will then place 6 of the envelopes in a mailbox to send them to their friends and family members.
Appendix N

Friend and Family Member Recruitment Letter from Participants
Hello,

As you may know, we have been participating in a research study about the processes lesbian couples undergo when pursuing parenthood for the first time. We would like to extend to you the opportunity to participate in this study. As far as we are concerned, it is completely up to you whether you choose to participate. In order to insure that you do not feel pressured to participate, we will not be asking you any more about your desire to participate.

Sincerely,
Appendix O

Family Member and Friend Informed Consent
Western Michigan University
Department of Counselor Education and Counseling Psychology
Principal Investigator: James Croteau, Ph.D.
Student Investigator: Jessica Manning, MA

You have been invited to participate in the dissertation research of Jessica Manning, MA, which is being supervised by James Croteau, Ph.D., both of Western Michigan University. The title of this study is *The Processes Lesbian Couples Undergo When Pursuing Parenthood for the First Time*.

Your participation will consist of completing the attached questionnaire, which includes questions about your interactions with as well as a general query about *Participant* and *Participant*. As will be described in more detail below, they will not know what you said about them. If you are interested in participating, please read and sign the copy of this consent form that is attached to the questionnaire. You can keep the other copy for your records. If you decide to sign the consent form, you can then complete the questionnaire. You can then mail the signed consent form and questionnaire back to the researchers in the included envelope.

As with any research, there are possible risks to participants. While harm is not anticipated, answering the questions could potentially cause you to become upset. Jessica Manning is prepared to provide referral information for counselors that you can contact at your own expense if you contact her at the number below. It is also possible that reflecting on your experiences could change your relationship with *Participant* and *Participant*. The main benefit to you may be the knowledge that you are contributing to an increased understanding of the phenomenon of parenting by lesbian couples, which has been understudied and may be useful to mental and medical health professionals, other lesbian couples, and possibly other friends and family members.

The strictest measures will be taken to protect the confidentiality of all participants. If necessary, you will be assigned a pseudonym, which will be used on all study related documents. Any written materials that include identifying information about participants will be stored separately from the other materials. The pseudonyms will be written on the top of the consent forms and will be cut off after the dissertation is submitted to the graduate college. During the duration of the study, physical materials will be locked in a filing cabinet in the student-researcher’s home. All electronic documents will be password protected on the student-researcher’s laptop computer. Data will also be backed up on a jump drive that is password protected and/or stored in a secure location.

Any identifying information you provide will be removed. Removing identifying information is especially important due to the small size of the lesbian community and those affiliated with the lesbian community. For example, names will be replaced with pseudonyms, and other.
identifying information such as workplace, town name, etc. will be removed or replaced. Specific details (e.g., exact age, exact occupation) may also be changed in order to protect the participants' confidentiality.

The risk of a negative impact upon the relationship between you and Participant and/or Participant will be minimized by the fact that the researchers will not directly report what you say about them. Your individual responses will not be given, either verbally or in writing, to them or anyone else. If your responses are included in the case report, they will not be linked to your identity or contextual information. The researchers will be aggregating the data when possible, and if there is something that is highly specific and likely to be identified by Participant and Participant, the report will be much more general. If too few questionnaires are returned to allow the researchers to present aggregate data, they will not use the data directly but will instead use it to guide future data collection activities. Despite these safeguards, there is a chance that Participant and Participant may be able to identify the response of a particular individual, so the researchers will not be including any data from anyone that is insulting or particularly inflammatory.

After the study is completed, study materials will be maintained in locked filing cabinets in the office of the principal researcher and in the home of the student researcher for a minimum of three years. They will then be destroyed. Any publications or presentations resulting from this study will not include any identifying information about any participants.

Your participation in this study is entirely voluntary. You may choose to withdraw from participation at any time without prejudice or penalty by not returning the questionnaire. You also have the right to refuse to answer any questions and leave them blank.

You are encouraged to keep a copy of this consent for your records. Should any questions or concerns arise, you are encouraged to contact Jessica Manning at (269) 229-1206 (email: jessica.l.manning@wmich.edu) or Dr. James Croteau at (269) 387-5111 (email: james.croteau@wmich.edu). You may also contact the chair of the Human Subjects Institutional Review Board (HSIRB) at (269) 387-8293 or the Vice President of Research at (269) 387-8298 if questions or problems arise during the course of the study. This consent document has been approved for use for one year by the Human Subjects Institutional Review Board (HSIRB) as indicated by the stamped date and signature of the board chair in the upper right corner. Do not participate in this study if the stamped date is older than one year.

Your signature below indicates that you have read the purpose and requirements of the study and that you agree to participate.

Signature   Date
Appendix P

Questionnaire for Friends or Family Members of Participants
You are being asked to help increase understanding of the process Participant and Participant are undergoing as they are pursuing parenthood. The researchers will not directly report what you say about them. Your individual responses will not be given, either verbally or in writing, to them or anyone else. If your responses are included in the case report, they will not be linked to your identity or contextual information. The researchers will be aggregating the data when possible, and if there is something that is highly specific and likely to be identified by Participant and Participant, the report will be much more general.

What is your relationship to Participant and/or Participant?
[ ] Parent of Participant or Participant
[ ] Sibling of Participant or Participant
[ ] Other family member of Participant or Participant
[ ] Friend of Participant and/or Participant

In order to help the researchers understand the overall decision-making process Participant and Participant are undergoing as they are pursuing parenthood, please write about whatever feels the most important to you concerning their process. You may write as much or as little as you would like. You may include information about any of the following if you like:

- What have you observed about the way they interact with one another in regards to pursuing parenthood?
- What have you observed about the way they interact with others in regards to pursuing parenthood?
- From your experiences with them, how would you describe the way they make decisions as they are pursuing parenthood?
In order to help the researchers understand the decision-making process Participant and Participant are undergoing as they are pursuing parenthood, please write about the ways in which you may have had an influence or impact on their process. You may write as much or as little as you would like. You may include information about any of the following if you like:

- What is your role as they are considering decisions?
- How has your input, advice, or support helped with their decisions?
- What thoughts, feelings, or opinions have you shared with them about their process?

Please mail this survey, including the attached consent form, to the researchers in the included envelope.
Appendix Q

Within-Case Member Checking Protocol
Within-Case Member Checking Protocol

(Written from the perspective of the student-researcher.)

(This protocol will guide the entire process of the within-case member checking.)

(The following script will occur at the end of the last interview in order to introduce the within-case member checking to the participants.) As you know, this is our last regular interview. I want to let you know what to expect from here. I will be analyzing the information you have shared with me over the next few months. In approximately one to four months, I will have a draft of your case report that I would like to share with you. What I will do is call you to inform you that I am sending it. I will mail it as certified mail in order to protect your confidentiality. After you receive it, I would like for you to review it in order to insure that it sounds accurate to you. While I cannot guarantee that you will agree completely with my analysis, I want to hear your reactions to it. I also want you to feel confident that I have maintained your anonymity. I would like to meet with you both together in order to discuss your reactions to the case report. I will try to schedule that meeting with you when I call you to tell you that I have mailed the case report. What questions do you have about this process? (Respond to their questions.) Okay, great. Well, plan on hearing from me in about one month.

(After I have developed a case study for the couple, I will contact the couple however they have indicated that they prefer I do so. If, however, I do not receive a response within approximately two days, I will try an alternative method. For example, I will try calling or emailing the partner. I will try a total of two methods of contacting the couple, and if I do not hear back from the couple within one week, I will follow this process again using every method of contacting them possible, including home and cell phones and emails. I am making extra attempts to contact them because I believe this portion of the analysis is important both for the study and as closure for the participants. However, if they do not respond to any of the messages, I will still mail the case study via certified mail. I will include a different letter if this event occurs.)

(The following is the script that will guide the phone conversation.) Hello, _______________. This is Jessi Manning. How are you? (Respond appropriately.) Is this a good time for you to talk? (If she indicates that it is, I will continue with the script. If she states that it is not a good time, I will inquire as to a more convenient time for me to call, and I will continue the script during that conversation.) I am really excited to be calling to tell you that I have finished a draft of your case report. I am planning on sending it to you via certified mail, and I would like to first confirm your address. (Confirm that the mailing address I have is correct.) Great. Right now I would also like to schedule a time in about one or two weeks for the three of us to meet for about an hour in order to discuss your reactions to the case report. Can we schedule this now? (If possible, we will proceed to schedule the interview. If not, I will make plans for a time to call back to schedule this interview.) Okay, great, I am looking forward to seeing you both on ________________.
(I will then mail two drafts of the case report to the couple via certified mail in order to protect their confidentiality. The following will guide the letter that will accompany the case reports, provided that I have been able to get in contact with the couple as described above.)

Dear _______________ and _______________

I hope this finds you doing well. I am very pleased to be sending you each a draft of your joint case report. I want you to each read over a draft of the case report, looking for several things. While you are doing this, please feel free to write on the drafts. I will be providing you with a final version once it is completed.

First, I want you to make sure that I have represented your story accurately. Please remember that I have changed some details about you in order to protect your anonymity. While you are checking for accuracy, please consider the level of detail I have included. If you think that I have left too many identifying details, I would be happy to further obscure your identity. I am attempting to balance keeping your story authentic with protecting your anonymity, and I would appreciate your input on how I have negotiated this balance.

Second, I would like for you to consider any interpretations I have made about your process. I am interested in your reactions to my interpretations. While I cannot guarantee that I will make major changes in my interpretations, I will consider your reactions as I develop the final case report.

Finally, I would like to hear any general reactions or questions about the case report. Any input you have is appreciated, as it helps ensure that my results are accurate. Without including this step in the process of analysis, the results of this study would be much less reliable.

I am looking forward to hearing your reactions at our meeting on _________________.

Thank you,

Jessica L. Manning, MA

(The following will guide the letter that I will include with the drafts of the case report in the event that I was unable to reach the participants via phone after leaving at least four messages.)

Dear _______________ and _______________,

I hope this finds you doing well. I have left you several messages regarding your case report, and I regret that I have been unable to get in touch with you. However, I am very
pleased to be sending you each a draft of your joint case report. I am hoping that you will each read over a draft of the case report in order to provide me with your input. While you are doing this, please feel free to write on the drafts. I will be providing you with a final version once it is completed.

First, I want you to make sure that I have represented your story accurately. Please remember that I have changed some details about you in order to protect your anonymity. While you are checking for accuracy, please consider the level of detail I have included. If you think that I have left too many identifying details, I would be happy to further obscure your identity. I am attempting to balance keeping your story authentic with protecting your anonymity, and I would appreciate your input on how I have negotiated this balance.

Second, I would like for you to consider any interpretations I have made about your process. I am interested in your reactions to my interpretations. While I cannot guarantee that I will make major changes in my interpretations, I will consider your reactions as I develop the final case report.

Finally, I would like to hear any general reactions or questions about the case report. Any input you have is appreciated, as it helps insure that my results are accurate. Without including this step in the process of analysis, the results of this study would be much less reliable.

I would like to meet with you to discuss your reactions and receive your input, if possible. Please call me at 260-229-1206 in order to schedule this meeting. However, if you do not wish to meet with me, please feel free to mail me any comments at the address above. You may also reach me via email (jessica.l.manning@wmich.edu) if you would like. I wish you both the best.

Thank you,

Jessica L. Manning, MA

(The following protocol will be used to guide the meeting with the participants to discuss their reactions to their case studies.)

(When I enter the interview environment, I will begin by exchanging pleasantries and setting up my equipment.)

It is nice to see the two of you again. I am anxious to hear your reactions to the case report that I sent you. I would like to just start by giving you both a chance to provide any general reactions to reading this. (I will listen, take notes, and respond appropriately. I will probably need to use counseling-type interview skills in order to respond to their feedback. I will also have to remain as objective and non-defensive as possible in the
event that they are not pleased with my interpretations.) Okay, I would also like to ask you more specifically about what I alluded to in the letter I sent with the case reports. When I was writing the report, I attempted to balance keeping your story authentic with protecting your anonymity, and I would appreciate your input on how I have negotiated this balance. (Respond to input. For the next part, I will assume that they have already given some reactions to my interpretations when I asked for their general reactions.)

I know you already stated that you (this will be something like “felt...,” “thought....,” “were surprised that....,” etc. This will be personalized based on what they said at the beginning of the interview.), but I am interested in hearing even more about your reactions to my interpretations. (At this time, I will use prompts such as the following. I will follow up on any of them that seem to offer meaningful information. The purpose of this will be two-fold. First, I am checking the accuracy of my interpretations in order to insure rigor. Second, I want to insure that the participants feel heard throughout this process. I would not want to leave their feelings and reactions unaddressed.)

- What did you think about my interpretations generally?
- Was there anything in the case report that surprised you?
- Did you think that any of my interpretations were wrong or offensive to you?
- Did you think that any of my interpretations were accurate?

Are there any other reactions, comments, or questions that you have that we have not yet addressed? (Respond appropriately.)

I want you to know that elements of this case report may be changed or shortened due to the requirements of my dissertation committee and/or publication editors. However, no more identifying information will ever be included than that which you have seen.

Thank you for sharing your reactions with me. This is an important part of the process of analysis that helps me make sure that I am writing a high-quality study that will have a positive and meaningful impact.

Let me tell you what to expect next. As you know, this is our last meeting. In approximately one to three months (I will probably have a more accurate figure at the time that this meeting occurs.) I will call you to inform you that I will be sending a final version of both the individual case study and the cross-case study. I will then send them certified mail. Do you have any questions for me? (Respond to questions.) Okay, well, plan on hearing from me in about one to three months. Thank you again for all of the time and energy you put into this study. It was great getting to know the two of you, and I appreciate all of your assistance.

(At this point I will pack up my equipment and say goodbye to the participants.)
Appendix R

Disseminating Results to Participants
Disseminating Results to Participants

(After I have developed the final version of the within-case and cross-case reports, I will contact the couple however they have indicated that they prefer I do so. I will not undergo additional attempts to reach the participants at this time, as I do not need to schedule a meeting with them. The purpose of the call is simply to inform them that I am mailing the reports and to confirm their address, which is probably not likely to have changed since the previous mailing.)

(The following is the script that will guide the phone conversation.) Hello, _____________. This is Jessi Manning. How are you? (Respond appropriately.) Is this a good time for you to talk? (If she indicates that it is, I will continue with the script. If she states that it is not a good time, I will inquire as to a more convenient time for me to call, and I will continue the script during that conversation.) I am really excited to be calling to tell you that I finished my study. I am planning on mailing you the final results via certified mail, and I would like to first confirm your address. (Confirm that the mailing address I have is correct.) Great! I also want to thank you and your partner again for all of your participation in this study. It was great getting to know you.

(I will then mail two copies of the results to the couple via certified mail in order to protect their confidentiality. The following will guide the letter that will accompany the case reports.)

Dear _____________ and _______________,

I hope this finds you doing well. I am extremely pleased to be sending you each a copy of the final results of my study. I hope you find the results to be interesting, informative, and true to your experiences. I am extremely appreciative of all of the time and energy you spent with me. This study truly would not have been the same without you.

I wish you both the best!

Jessica L. Manning, MA
Appendix S

Resources and People Who Impacted Their Process
Resources and People Who Impacted Their Process

Websites:
www.babiesrus.com www.wikipedia.com
www.craigslist.com www.whattoexpect.com
www.facebook.com www.youtube.com
www.google.com

Television shows:
Mermaid Girl (Douglas, 2007)
Modern Family (Levitan & Lloyd, 2009)
The Brady Bunch (Schwartz, 1969-1974)
The L Word (Chaiken, Abbot, & Greenberg, 2004-2009)
The Oprah Winfrey Show (Winfrey, 1986-2009)
The Office (Gervais & Merchant, 2005-2009)
The Real World (Bunim & Murray, 2004)
16 and Pregnant (Freeman & Sokol, 2009)

Movies:
Baby Mama (McCullers, 2008)
The Birds (Hitchcock, 1963)
99 Balloons (Mooney, 2009)

Books:
A Legal Guide for Lesbian and Gay Couples (Clifford, Hertz, & Doskow, 2007)
From Conception to Birth: A Life Unfolds (Tsiaras & Werth, 2002)
The New Essential Guide to Lesbian Conception, Pregnancy, and Birth (Brill, 2006)
What to Expect When You’re Expecting (Murkoff & Mazel, 2008)

Information sheets and brochures from their doctor:
A brochure on the quad test
“A check list of things that we need to take care of on our end” (Jane)
“A list of all the classes that they offer” (Ann)
“A list of all these things to help with morning sickness” (Ann)

People:
A lesbian couple who conceived via AI with a known donor and had a stillborn baby
Ann’s best friend, Misty (A.J.’s mother)
Ann’s mom, Lynn
Their OB/GYN, Dr. Phillips
Jane’s classmates
Jane’s coworkers
Jane’s parents, Tony and Gabriella
The dog trainer
Appendix T

Original Plan of Multiple Case Study
Original Plan of Multiple Case Study

This appendix includes information about my original plan to include two cases in my study, along with the rationale for changing the protocol. Also included are two original appendices: Follow-Up Conversation for Participants I Have Put on Hold (original Appendix D) and Cross-Case Member Checking Protocol (original Appendix Q).

As stated below in the original wording, Chapter 3 of my dissertation proposal stated that I would include two cases:

I have elected to include two cases rather arbitrarily, which is not an uncommon occurrence (Yin, 2003b). I have chosen to include two cases in order to balance the benefits of including multiple cases with the potential strain of including multiple cases. Even with two cases the possibility of replication of findings across cases exists (Yin, 2003b), which could increase the generalization of the findings. However, including more cases increases the amount of time and money that must be devoted to the study. Each additional case also lessens the amount of in-depth focus on each case, which is a hallmark of case study research. Pragmatically, the inclusion of two cases lessens my reliance on each case; if one couple would elect to discontinue their participation, I would still have a couple engaged in participating.

The following information was included in my original dissertation proposal in the discussion of participant recruitment and identification:

Stake (1995, 2006) discusses the importance of selecting accessible cases, while he also recommends that, in multiple case studies, cases are diverse in their context. He goes on to articulate that these criteria may compete with one another—the cases that are most accessible may not be the most diverse cases. I will attempt to balance these criteria by attempting to recruit demographically dissimilar couples (e.g., different ages, races, religions), while ultimately selecting couples based on their accessibility and relevance. That is, I will make an extra effort to select a second couple that differs from the first, but I remain aware that this may not be feasible. This process, which will be described in greater depth below, involves selecting the first couple that meets the inclusion criteria while attempting to locate a couple that differs from the first. However, in the interest of actually completing the study, I may ultimately have to select two similar cases based on accessibility…

I will automatically select the first couple that meets the inclusion criteria, although I will follow my protocol for all couples. Since I want diverse cases, I will attempt to select a second couple that differs from the first case. After the screening interview, I will call participants within one week in order to inform them if they have been selected to participate. If I screen a case that I deem to be too similar to the first case to automatically include them, I will inform the couple that I will contact them within six weeks to inform them as to whether they have been selected to participate (see below). If, after up to two months of searching after confirming the first case, I am unable to locate a couple that differs from the first case, I will select the couple who is earliest in their
decision making process. Once I have selected the second couple, and they agree to participate, recruitment will be complete.

The following paragraphs, which were in Chapter 3 of my proposal, provide information about the process of conducting the cross-case analysis:

The experts recommend that the researcher begin the cross-case analysis only after gaining an understanding of each individual case (Merriam, 1998; Stake, 2006; Yin, 2003b). Stake (2006) offers the clearest description of the process involved in cross-case analysis, so I will follow his recommendations. He states that the researcher must begin by becoming familiar with each of the cases by starting with a thorough immersion in the case studies. Then the investigator should review each for themes, including a consideration of the prominence of the themes. Themes can be developed in two ways: they can come from the literature on the topic, or they can arise directly from the data. From the cases, the researchers should look for points to develop the themes by gathering the findings for each theme. These themes can then develop into tentative assertions, which are “a researcher’s summary of interpretations and claims” (Stake, 1995, p. 169). If there is enough evidence, tentative assertions can develop into “petite generalizations” about a single case and eventually “grand generalizations” about the topic in general (Stake, 1995).

For the current study, I will begin by reading each case study. Of course, I will already be extremely familiar with each case since I will have conducted both case studies personally. I will then list the themes from each case, including an assessment of the prominence of each theme. My themes will be developed through the data analysis process; they will not be forced upon the data from the literature. I will look for areas of overlap and divergence in order to list extremely tentative assertions. This cross-case analysis will remain extremely tentative since it will be based on only two cases. Any assertions will be considered preliminary; only tentative grand generalizations will be developed through the course of this study. I will also provide the participants with a draft of whatever portion of the cross-case analysis is completed when I complete the within-case analysis member check. See below for more information about the member-checking procedures for the cross-case analysis.

About eight months after my proposal was accepted by my committee, I changed the protocol from a multiple case study to a single case study. After completing three interviews with Ann and Jane, I reviewed my progress with my dissertation chair. At that point I had already changed my recruitment protocol once and contacted almost 300 informants, but only three couples (including Jane and Ann) had contacted me. My difficulty recruiting participants, combined with Ann and Jane’s high engagement level, led me to reconsider my original plan. My committee agreed to change my protocol to the following: if Ann and Jane participated in the study for at least eight months, I would not recruit a second couple; if they participated for less than six months, I would recruit a second couple; if they participated six to eight months, I would negotiate the recruitment of another couple with my chair. This change increased efficiency while sacrificing generalizability, but I insured that I had adequate depth across time by building in the
plan that I would recruit another couple if I did not have a long enough period of data collection with Jane and Ann.

Follow-Up Conversation for Participants I Have Put on Hold (Original Appendix D)

(Written from the perspective of the student-researcher.)

(This script will guide the conversation for potential participants that I have put on hold before determining whether or not to select them as participants.)

(I will contact the couple however they have indicated that they prefer I do so. If, however, I do not receive a response within approximately two days, I will try an alternative method. For example, I will try calling or emailing the partner. I will try a total of two methods of contacting the couple, and if I do not hear back from the couple within one week, I will follow this process again. If they do not respond to the total of four messages over a twelve day period, I will assume that they are not interested in participating.)

(The following is the script that will guide the conversation if I have selected the couple to participate in the study.) Hello, ____________. This is Jessi Manning calling about the lesbian mother research study. Is this a good time for you to talk? (If she indicates that it is, I will continue with the script. If she states that it is not a good time, I will inquire as to a more convenient time for me to call, and I will continue the script during that conversation.) Thank you for allowing me to put you on hold over the past few weeks. I am calling to inform you that I have selected you to participate in this study. Just to remind you, participation includes biweekly interviews over up to an eight month period, filling out paperwork on a daily process, participating in an audio recorded conversation, and perhaps allowing me access to other events and people in your life, at your discretion. To the best of your knowledge, are you and your partner still interested in participating? (If she says no, thank her for her time and conclude the interview. If she says yes, continue with the script.) Great! I need to confirm that your partner is also interested in participating. Is she available? (If she says yes, I will thank her and ask to speak to her partner. If she says no, I will ask if she knows the best time and way to reach her partner. I will repeat the previous portion of the script with the partner. If she declines to participate, I will thank her for her time. If she states that she is interested in participating, I will continue the script.) Great! I would like to schedule our next interview now if that’s possible. This interview will take approximately one hour. (I will then proceed to schedule the interview at a mutually convenient time.) Great! I look forward to seeing you both then. Thank you!

(The following is the script that will guide the conversation if I not have selected the couple to participate in the study.) Hello, ____________. This is Jessi Manning calling about the lesbian mother research study. Is this a good time for you to talk? (If she indicates that it is, I will continue with the script. If she states that it is not a good time, I will inquire as to a more convenient time for me to call, and I will continue the script.)
during that conversation.) Thank you for allowing me to put you on hold over the past several weeks. Thank you also for participating in the initial interview; I appreciate the time you spent with me. At this time, however, I will not be able to include you in the interviews. I have selected a small number of participants with diverse backgrounds, experiences, and characteristics. I regret that I cannot interview everyone who expressed interest, but am eager to complete the study so that I can share the findings with others. I wish you and your partner the best in this stressful and exciting experience. (I will respond to any statements made by the individual.) I would also like to talk to your partner about this. Is she available? (If she says yes, I will thank her and ask to speak to her partner. If she says no, I will ask if she knows the best time and way to reach her partner. I will repeat the previous portion of the script with the partner.) Thanks again to you and your partner. I truly appreciate your time and interest.
Appendix U

Initial Contact Script
Initial Contact Script

(Written from the perspective of the student-researcher.)

(This script is intended to provide guidance for the initial contact with a potential participant. While it may not be followed word for word, all information will be included in the actual contact. I will use this script to communicate with each partner of each potential couple.)

(If the individual/couple emailed me and provided a phone number, I will call them. If they did not provide a phone number, I will send the information included in the script below in an email and also request their phone number. If they called me, I will not answer initially, and I will return their call at my soonest convenience. I will not answer the call because it is unlikely that I will be in a position to speak with the participants [e.g., being in a quiet private location where I have access to the script and time to talk to the participants]. I will initially call a home phone, if available, in order to avoid selecting which partner to call. If I do not have a home phone number for the couple, I will first call the partner who initially contacted me about participating. The exception for this would be if the couple indicates which partner they would prefer that I contact in regards to scheduling.)

(To protect the confidentiality of the potential participant, if I do not reach the person when I call her, I will leave my name and number for the person to call me back. I will not leave any other information with the person who answers the phone or on an answering machine/voice mail. If I have a different phone number for her partner, I will also try to call her at this time. If I have not heard from either partner after approximately one week, I will again attempt to reach each partner via the same process. If they do not respond to two messages, I will assume that they are not interested in participating.)

Hello, _________. My name is Jessi Manning, and I received your message/email regarding possible participation in my research study about the processes involved for lesbian couples pursuing parenthood for the first time. Is this a good time for you to talk? (If she indicates that it is, I will continue with the script. If she states that it is not a good time, I will inquire as to a more convenient time for me to call, and I will continue the script during that conversation.) If it is okay with you, I would like to start by describing the study, I will then say more about what will be required of participants, and I will then answer any questions you have about the study.

First of all, I am a doctoral student in counseling psychology at Western Michigan University, and I am being supervised by Dr. James Croteau. This research is for my dissertation. I am studying the process lesbian couples undergo as they pursue parenthood for the first time. This area has been understudied, and the existing information is extremely limited. This area is both a personal and professional interest for me, as I identify as a lesbian woman who plans to have children some day. I believe this research
may be important for mental health professionals, lesbian couples, and other professionals.

I am currently seeking lesbian couples who meet the following criteria:

- Each member of the couple considers this relationship to be her primary romantic relationship.
- The couple is planning on beginning the process of having/adopting a child together within the next year.
- Neither partner has ever been pregnant, had custody of any children, or raised any children.
- Each partner is a U.S. citizen.
- The couple resides together in the state of Michigan.
- Neither member of the couple has serious mental or emotional concerns (e.g., experiencing thoughts of suicide, currently addicted to drugs or alcohol).
- The couple is stable.

At this time, I am not searching for individuals; both members of the couple must be willing to participate. Do you believe that you meet these criteria? (If the individual answers in the affirmative, I will continue with the script. If not, I will thank her for her time and conclude the conversation.)

Participation in my study would consist of a variety of elements during up to an eight month period. I will interview each couple every other week in person, and I will be audio recording these interviews. I will also request to make an audio recording of a conversation that occurs outside of my presence. I will also request that they complete a small amount of paperwork on a daily basis throughout this time frame. I may also request to observe certain events, although this will be at the sole discretion of the participants.

After this phase of participation has ended, I will provide an initial version of the individual case reports to the participants in order to receive feedback within four months. I may also provide a draft of the group case report to the participants. The total expected participant time commitment will be approximately thirty to forty hours over a nine to twelve month period, including all interviews, the tape recorded conversation, completion of the paperwork, and the review of the case report.

If you are interested in participating, the next step will involve me going over this same information with your partner, as I am interested in interviewing couples only at this time. If she is also interested, I will then schedule a screening interview with you in order to determine if we all think that you would be a good fit for this study. You are free to withdraw from participation at any point throughout this process. As a token of my appreciation, the couples who participate in the study will receive a $10 gift certificate to a local bookstore, coffee shop, or grocery store of their choosing on a monthly basis during the period of biweekly interviews.

Now that you know some basic information about the study, what questions do you have for me? (Answer any questions.)
Since participation in this study would require a substantial time commitment on your part, I do not want you to commit to participation without a chance to think about it. However, I am interested to know if you believe that you may be interested in participating. *(If she says no, thank her for her time and conclude the interview. If she says yes, continue with the script.)* Okay, I would like to review this same information with your partner. Is she currently available? *(If she says yes, I will thank her and ask to speak to her partner. If she says no, I will ask if she knows the best time and way to reach her partner.)*

*(At the conclusion of each conversation that makes it to this point, I will close with the following.)* Thank you for speaking with me today. I will contact you in approximately one week in order to follow up regarding your participation in this study. How would you prefer that I contact you? *(I will note their preference.)* If you decide before this time that you are or are not interested in participating please feel free to call me at 260-229-1206 or email me at jessica.l.manning@wmich.edu. I look forward to speaking with you again soon.
Appendix V

Follow-Up Conversation Script
Follow-Up Conversation Script

(Written from the perspective of the student-researcher.)

(This script will guide the conversation that follows the initial contact. Again, this script may not be followed word for word, but I will include all of the information in the conversation. This follow-up will take place one week after the initial contact.)

(I will contact the couple in the manner that they indicated that they prefer. The following script will be used for phone conversations; if I email the potential participants, I will include the information from the script in an email. To protect the confidentiality of the potential participant, if I do not reach the person when I call her, I will leave my name and number for the person to call me back. I will not leave any other information with the person who answers the phone or on an answering machine/voice mail. If I have a different phone number for her partner, I will also try to call her at this time. If I have not heard from either partner after approximately one week, I will again attempt to reach each partner via the same process. If they do not respond to two messages, I will assume that they are not interested in participating.)

Hello, ________________. This is Jessi Manning calling to follow-up about the research study about the processes involved as lesbian couples pursue parenthood for the first time. Is this a good time for you to talk? (If she indicates that it is, I will continue with the script. If she states that it is not a good time, I will inquire as to a more convenient time for me to call, and I will continue the script during that conversation.) Now that you have had a chance to consider participating in the study, I am calling to see if you may be interested in participating. (If she says no, thank her for her time and conclude the interview. If she says yes, continue with the script.) Great! I need to confirm that your partner is also interested in participating. Is she available? (If she says yes, I will thank her and ask to speak to her partner. If she says no, I will ask if she knows the best time and way to reach her partner. I will repeat the previous portion of the script with the partner. If she declines to participate, I will thank her for her time. If she states that she is interested in participating, I will continue the script.) Great! I would like to schedule a meeting with you and your partner to review information about the study and, should you decide to participate, conduct a screening interview. This interview will take approximately one and a half hours. This does not guarantee that you will actually participate in the full study. This initial interview should allow all of us to determine whether you would be a good fit for this study. (I will then schedule the interview at a time and place that are mutually convenient for the couple and me.) Great! I am looking forward to meeting both of you on ____________ at ____________.

(If more than one week will pass between the scheduling of the interview and the actual interview, I will call or email the couple 24-48 hours before the scheduled interview in order to remind them of our plans.)
Appendix W

Revised Recruitment Process
Revised Recruitment Process

After contacting 221 potential informants that met the original criteria without recruiting any participants, I revised the recruitment process. I proposed a revision to the informant criteria with hopes of making fewer contacts with people likely to know a larger lesbian population, which was approved by the HSIRB. However, as I described in chapter 3, my participants were recruited via the original method.

Revised Process:

Informants: Professionals working in service-oriented professions involving a high proportion of LGBT couples, such as religious leaders of LGBT affirmative houses of worship, employees at LGBT service organizations, or mental health providers targeting LGBT clients

Process:

1. The student-researcher will identify potential informants through personal contacts and web searches.
2. The student-researcher will make an email or phone contact with each potential informant and attempt to schedule an in-person meeting if possible. If an in-person meeting cannot be scheduled, the student-researcher will schedule a phone conversation during a time more convenient to the potential informant.
3. The discussion with the informants will focus on the participant criteria (see Appendix B), especially the need for potential participants to be stable and well adjusted. During this discussion, the student-researcher will inquire as to whether the informant knows of any potential participants, but she will tell the informant not to share any details about any potential participants with her.
4. The student-researcher will provide each informant who believes he/she may know potential participants with a limited number of flyers (Appendix C), via mail or personal contact. If an informant directly requests an electronic copy of the flyer, the student-researcher will provide him/her with one, reiterating the importance of providing it only to potential participants whom he/she believes meets the criteria.

All other processes will remain the same.

Please see below for the revised recruitment guidelines for informants.

Recruitment Guidelines for Informants

(Written from the perspective of the student-researcher.)

(These guidelines will be provided to informants who may refer potential participants for participation. Informants must be professionals working in service-oriented professions involving a high proportion of LGBT couples, such as religious leaders of LGBT affirmative houses of worship, employees at LGBT service organizations, or mental
health providers targeting LGBT clients. My contact with the informants will occur via
the following four steps:

1. The student-researcher will identify potential informants through personal
   contacts and web searches.

2. The student-researcher will make an email or phone contact with each potential
   informant and attempt to schedule an in-person meeting if possible. If an in-
   person meeting cannot be scheduled, the student-researcher will schedule a
   phone conversation during a time more convenient to the potential informant.

3. The discussion with the informants will focus on the participant criteria,
   especially the need for potential participants to be stable and well adjusted.
   During this discussion, the student-researcher will inquire as to whether the
   informant knows of any potential participants, but she will tell the informant not
   to share any details about any potential participants with her.

4. The student-researcher will provide each informant who believes he/she may
   know potential participants with a limited number of flyers, via mail or personal
   contact. If an informant directly requests an electronic copy of the flyer, the
   student-researcher will provide him/her with one, reiterating the importance of
   providing it only to potential participants whom he/she believes meets the
   criteria.)

Key information to include during contact with informant:

- General information including the student investigator and primary investigator’s
  names, affiliations, degrees, and credentials

- Brief introduction to the study including the focus and purpose of the study and
  general information about the process of the study

- Information regarding the inclusion criteria for the study (e.g., each member of
  the lesbian couple considers this relationship to be her primary romantic
  relationship; the couple is planning to begin the process of having/adopting a
  child together within the next year; neither partner has ever been pregnant, had
  custody of any children, or raised any children; each partner is a U.S. citizen; the
  couple resides together in the state of Michigan; neither member of the couple has
  serious mental health or substance abuse problems; and, the couple is well-
  adjusted and stable)

- Request for the informant to contact potential participants to provide information
  about the study and refer them to contact me directly by telephone or email

- In this contact I will ask them to provide this information to potential participants
  on one occasion without any further encouragement to participate, as I would not
  want their actions to be perceived as coercive

I will then respond to any questions regarding the study and thank the informant for her
time and assistance.
Appendix X

Mental Health Provider Referral List
Mental Health Provider Referral List

(Written from the perspective of the student-researcher.)

(Prior to interviewing a couple in any given area, I will provide a list of mental health providers in that area to the HSIRB. This is a list that I will potentially use for Kalamazoo. These lists will attempt to include providers known to provide affirmative counseling, as well as low-cost or sliding scale providers. I will also try to provide more individualized lists that fit the participant’s circumstances, such as including a university counseling center if she is a student or assisting her in locating affirmative providers covered by her insurance plan.)

Mental Health Providers: Kalamazoo

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carolyn J. Heineman, Ph.D.</td>
<td>2001 Hudson Ave Kalamazoo, Michigan 49008</td>
<td>269-547-7113</td>
</tr>
<tr>
<td>Center for Counseling &amp; Psychological Services*</td>
<td>Western Michigan University 3109 Sangren Hall Kalamazoo, MI 49008</td>
<td>269-387-5105</td>
</tr>
<tr>
<td>Melissa Lidderdale, M.A., LLP</td>
<td>4017 W Main St. Suite 100 Kalamazoo, MI 49006</td>
<td>269-384-6055</td>
</tr>
<tr>
<td>Ericka Souders, M.S., LPC, NCC</td>
<td>1514 W. Millham Rd. Portage, MI 49024</td>
<td>269-342-0606</td>
</tr>
</tbody>
</table>

*Lost cost/sliding scale

Note: It is recommended that you contact providers in order to determine who might be good fit for you. They can also provide information regarding which insurance companies they work with, if any.
Appendix Y

Follow-Up Conversation after Screening
Follow-Up Conversation after Screening

(Written from the perspective of the student-researcher.)

(I will call participants within one week after the screening interview in order to inform them whether I have selected them to participate in the study. I will tell them one of three decisions: they have been selected to participate in the study, they have not been selected to participate, or I am delaying making this decision.)

(I will contact the couple however they have indicated that they prefer I do so. If, however, I do not receive a response within approximately two days, I will try an alternative method. I will try calling or emailing the partner. I will try a total of two methods of contacting the couple, and if I do not hear back from the couple within one week, I will follow this process again. If they do not respond to the total of four messages over a twelve day period, I will assume that they are not interested in participating.)

(The following are scripts for the conversations. If the couple has requested that I email them, the information from the scripts will be place in an email.)

(The following is the script that will guide the conversation if I have selected the couple to participate in the study.) Hello, ______________. This is Jessi Manning calling about the lesbian mother research study. Is this a good time for you to talk? (If she indicates that it is, I will continue with the script. If she states that it is not a good time, I will inquire as to a more convenient time for me to call, and I will continue the script during that conversation.) I am calling to inform you that I have selected you to participate in this study. Just to remind you, participation includes biweekly interviews over up to an eight month period, filling out paperwork on a daily process, participating in an audio recorded conversation, and perhaps allowing me access to other events and people in your life, at your discretion. To the best of your knowledge, are you and your partner still interested in participating? (If she says no, thank her for her time and conclude the interview. If she says yes, continue with the script.) Great! I need to confirm that your partner is also interested in participating. Is she available? (If she says yes, I will thank her and ask to speak to her partner. If she says no, I will ask if she knows the best time and way to reach her partner. I will repeat the previous portion of the script with the partner. If she declines to participate, I will thank her for her time. If she states that she is interesting in participating, I will continue the script.) Great! I would like to schedule our next interview now if that’s possible. This interview will take approximately one hour. (I will then proceed to schedule the interview at a mutually convenient time.) Great! I look forward to seeing you both then. Thank you!

(The following is the script that will guide the conversation if I not have selected the couple to participate in the study.) Hello, ______________. This is Jessi Manning calling about the lesbian mother research study. Is this a good time for you to talk? (If she indicates that it is, I will continue with the script. If she states that it is not a good time, I will inquire as to a more convenient time for me to call, and I will continue the script
during that conversation.) Thank you for participating in the prescreening interview; I appreciate the time you spent with me. At this time, however, I will not be able to include you in the study. I have selected a small number of participants with diverse backgrounds, experiences, and characteristics. I regret that I cannot interview everyone who expressed interest, but I am eager to complete the study so that I can share the findings with others. I wish you and your partner the best in this stressful and exciting experience. (I will respond to any statements made by the individual.) I would also like to talk to your partner about this. Is she available? (If she says yes, I will thank her and ask to speak to her partner. If she says no, I will ask if she knows the best time and way to reach her partner. I will repeat the previous portion of the script with the partner.) Thanks again to you and your partner. I truly appreciate your time and interest.

(The following is the script that will guide the conversation if I am delaying making this decision.) Hello, ______________. This is Jessi Manning calling about the lesbian mother research study. Is this a good time for you to talk? (If she indicates that it is, I will continue with the script. If she states that it is not a good time, I will inquire as to a more convenient time for me to call, and I will continue the script during that conversation.) To the best of your knowledge, are you and your partner still interested in participating in this study? (If she says no, thank her for her time and conclude the conversation. If she says yes, continue with the script.) Great! First I want to thank you for participating in the initial interview; I appreciate the time you spent with me. Unfortunately, I am still in the process of interviewing other couples in order to select a small number of participants with diverse backgrounds, experiences, and characteristics. Since I have not completed this process, I am requesting your permission to notify you of my decision of whether or not to include you within the next six weeks. I wish I could interview everyone who expresses interest, but I am eager to complete the study so that I can share the findings with others. Would it be okay if I sort of “put you on hold” for a few weeks? (I will respond to any statements or questions made by the individual. If she declines to participate, I will thank her again for her time and conclude the conversation.) I would also like to talk to your partner about this. Is she available? (If she says yes, I will thank her and ask to speak to her partner. If she says no, I will ask if she knows the best time and way to reach her partner. I will repeat the previous portion of the script with the partner.) Thanks again to you and your partner. I truly appreciate your time and interest, and I will get back to you within six weeks.
Appendix Z

Lesbian Couple Consent Form
Western Michigan University
Department of Counselor Education and Counseling Psychology
Principal Investigator: James Croteau, Ph.D.
Student Investigator: Jessica Manning, MA

You have been invited to participate in Jessica Manning’s dissertation, *The Processes Lesbian Couples Undergo While Pursuing Parenthood for the First Time*. This research is being supervised by Dr. James Croteau.

This study is designed to explore the process involved as lesbian couples pursue parenthood, while they are actually in this process. The existing literature has not addressed *how* lesbian couples undergo this process; instead it has focused mostly on *why* couples may make a certain decision and *what* decisions they may make as they undergo this process. Existing studies are also exclusively conducted retrospectively, although it is unknown how accurately respondents self-report years after undergoing this process. Finally, previous studies generally focused on only one aspect of this process in isolation from other aspects, while each portion of this process may have an impact on the others. This study will determine how lesbian couples undergo the larger process as they are becoming parents, as they are undergoing this process.

Initially, participation will consist of one interview. This interview will take approximately one and a half hours and will include a number of personal questions about you and your relationship, including questions about your mental and emotional health. This interview will take place in the private location of your choosing. It will be audio recorded. The purpose of this interview is to allow you and the researchers to determine if you are a good fit for this study. You may not be selected to participate in the study, due to the need to include a diverse sample of participants. You will be notified approximately one week after the initial interview as to whether you have been selected to participate in the study.

If you are selected and agree to continue participating, your participation will consist of several main components, including interviews, a tape recorded conversation, a daily log, and perhaps granting the researcher access to other events and/or people in your life. Primarily, you and your partner will be interviewed together for approximately one hour every other week for up to eight months. These interviews will focus on the process that you are undergoing, and they will be audio recorded. You will also participate in one tape recorded conversation with your partner where you discuss a decision you are currently considering. You will also be asked to complete a brief log of your thoughts, conversations, and events relevant to parenting decisions on a daily basis. Completing the logs should require less than five minutes per day. Finally, the researcher may ask to observe events or interview people relevant to your process (e.g., observing a lesbian parenting support group you attend, interviewing your best friend). However, you and your partner can determine on a case-by-case basis whether to grant access to these events or people.
At no time will you be pressured to allow the researcher access to more than you are comfortable.

You will also have the opportunity to review the case report that is developed about you and your partner’s process. You may also have the opportunity to review the case report that summarizes the results from all participants. You will be able to provide input about these reports and clarify any details that you believe are inaccurately reported; however, any changes will be at the discretion of the researchers and are not guaranteed. This process will also allow you to consider how your confidentiality has been maintained; if you wish for the researchers to further obscure your identity, revisions will be made. The review of your case report will occur approximately one to three months after your last interview.

The bulk of the participation, including the interviews and logs will occur over up to an eight month period, and the review of the case reports will be completed within approximately four months. The total expected participant time commitment will be approximately thirty to forty hours over a nine to twelve month period, including the initial interview, the biweekly interviews, the tape recorded conversation, completion of the logs, and the review of the case reports.

As with any research, there are possible risks to participants. While harm is not anticipated, it is possible that discussing such personal and emotional information with the researcher could cause you to become emotional or upset. If you feel uncomfortable and wish to avoid a specific question, take a break, or withdraw from participation, you are encouraged to do so. Jessica Manning is also prepared to provide crisis counseling, should the need arise. If needed, she can also provide referral information for local counselors/therapists that you can contact for therapy at your own expense, should you choose to do so. Additionally, if the student-researcher feels that participating in this research is causing adverse consequences for you, the student-researcher will consult with the principal investigator and take steps to protect you. Such steps could include lessening or terminating your involvement in this study. There is also a chance that participating in this study and reflecting upon your processes can actually influence your processes. Another potential risk of participation in this study involves the possible inconvenience of the relatively large time commitment involved.

There are also possible benefits to participating in this study. Benefits include the opportunity to discuss your experiences while pursuing parenthood, which may be beneficial for individuals who may not always have the opportunity to share their stories. Participants will also receive a copy of the final results, which may be a nice keepsake; parents rarely have a record such as this to provide their child with an understanding of how he/she came to be a part of the family. Participants may also learn more about themselves and their relationships with their partners. Participants may also benefit from the knowledge that they are contributing to an increased understanding of the phenomenon of parenting by lesbian couples. This area has been
Your participation in this study is entirely voluntary. You may choose to withdraw from participation at any time without prejudice or penalty. Simply inform the student-researcher that you no longer wish to participate, and your participation will be immediately terminated. You also have the right to refuse to answer any questions. Should you choose to withdraw from participation, you will have the option as to whether to allow your information to be included in the study.

You are encouraged to keep a copy of this consent for your records. Should any questions or concerns arise, you are encouraged to contact Jessica Manning at (260) 229-1206 (email: jessica.l.manning@wmich.edu) or James Croteau at (269) 387-5111 (email: james.croteau@wmich.edu). You may also contact the chair of the Human Subjects Institutional Review Board (HSIRB) at (269) 387-8293 or the Vice President of Research at (269) 387-8298 if questions or problems arise during the course of the study.

This consent document has been approved for use for one year by the Human Subjects Institutional Review Board (HSIRB) as indicated by the stamped date and signature of the board chair in the upper right corner. Do not participate in this study if the stamped date is older than one year.

Your signature below indicates that you have read and/or have had explained to you the purpose and requirements of the study and that you agree to participate.

Signature  Date  Witness  Date
Appendix AA

Participant Contact Form
Name: _______________________  Name: __________________________

Cell phone number: _______________  Cell phone number: _______________

Email address: ___________________  Email address: ___________________

Address:

Home phone number: _____________

Would you prefer that I primarily contact you by phone or email? ________________

Please note that if you select email, I may still call you if I need to contact you quickly. For example, if I need to cancel an appointment on short notice, I will call you. Also, please be aware that email is not confidential and the information I include in an email may reveal your participation in this study.

Do you have a preference as to whom I call/email first if I need to contact you? _____

If yes, who would you prefer I call/email first?

Which number should I call first if I need to call?

What time of day/day of week is best to reach you?

In the event that you are unable to answer your phone, I will leave a message with my name and phone number. In order to protect your confidentiality, I will not include any more details. No one else has access to my voicemail, so you may leave any message you like on my voicemail.

Is it okay if I leave a more detailed message on your voicemail/answering machine that reveals that you are participating in this study?

If I have to leave a message with someone else (not either of you), is it okay if I leave a more detailed message regarding your participation in this study?
Appendix BB

Original Plan to Complete Observations
Original Plan to Complete Observations

This appendix includes information about my original plan to conduct observations, along with the rationale for not doing so. Also included is one original appendix: Observation Protocol.

In the original protocol, I divided possible observations into “public” and “private” types, based on the type of approval I would need from the HSIRB. This the language describing this distinction from Chapter 3 in the proposal:

If the couple attends a public meeting, such as a forum on the legal aspects of lesbian parenting offered by a gay and lesbian community center for the general public, I will also attend this meeting. I will function only as a participant observer; I will not interview anyone or interact with anyone in an attempt to collect data. See the original appendix O [the next page] for the observation protocol.

Private observations could include private groups (e.g., therapy or support groups) and private events (e.g., a baby shower for the couple). In the case that I wish to attend private events, I will develop a protocol and submit it to the HSIRB for approval. Examples include attending a lesbian parenting group to which participants belong or attending a baby shower hosted for the couple. Rather than planning for each possible contingency at this point, I will develop a proposal and submit it to the HSIRB for approval as each opportunity arises.

Although I had hoped to complete at least one observation, Jane and Ann did not discuss any events of these types that occurred during the period of data collection. Although they originally indicated (months before the first appointment) that I could attend doctor’s appointments with them, when the time came they did not mention this possibility. I did not initiate a conversation about this possibility because they were generally very willing to do anything I asked, and I did not want them to feel pressured to allow me to attend. It is possible that I could have observed a child birthing class or attended their baby shower if it was during the period of data collection, but both fell later in the pregnancy.

Observation Protocol (Original Appendix O)

(Written from the perspective of the student-researcher.)

(This protocol will be used to guide any observations of public events. I will submit a protocol to the HSIRB for any private events to which the participants grant me access.)

(The following will guide my conversation with the participants before the event. This conversation will occur during a regular interview. I will be as specific as possible with them about the actual event and my reasoning behind attending this event.) I noticed that you said that you were planning on attending _______________. I would like to attend this also, in order to observe what goes on there. I will not be interviewing you or anyone
else. I will simply attend the event, similar to others in attendance. I will not be recording this, but I will be taking written notes. In order to protect your privacy and confidentiality, I will not approach you. However, you are welcome to approach me if you like. What are your thoughts or feelings about me attending this event? (Respond appropriately to their thoughts or feelings. If they express that they do not want me to attend the event, then I will not attend it. If they seem reluctant, I will discuss this with them, and we will make a decision together about whether or not I will attend the event.) Do you have any questions? (Respond to their questions.)

(I will attend the event and act appropriately, given the type of event. I will just attempt to blend in, although I will plan on taking written notes if appropriate. I will not interview anyone at these events, although I will interact with others as is appropriate given the situation.)

(My written notes will follow Merriam’s [1998] guidelines, and cover the following areas: the physical setting, the participants, their activities and interactions, conversations that occurred, nonverbal behavior, and my own behavior.)

(The following script will guide the conversation at the beginning of the interview following the observation. It will occur at the beginning of the interview. I will include questions such as the following.)

- What did you think about the event?
- How do you think it influenced your process as you pursue parenthood?
- How was it for you that I was there?

(Throughout this portion of the interview, I will use prompts and encouragers to learn as much about the impact of this event, and my presence at the event, upon their decision making process. Once this event has been processed, I will return to the normal interview protocol.)
Appendix CC

Further Details about Developing Codes into Themes
I organized the codes into themes through considering which codes appeared to address the same (or a very similar) topic. After I grouped the codes, I considered which potential themes seemed to have the most evidence. For codes that did not fit into any of the themes, I considered whether they could be condensed into any of the existing themes, whether they were disconfirmatory evidence for any existing themes, or neither. If possible, I did subsume them into themes. However, I was unable to triangulate some codes, so I determined that they were not central to understanding their process and did not include them as results.

Combining codes into themes & triangulating:

I combined the following codes into a preliminary theme:
- Ann asks Jane’s opinion (2 quotes)
- Jane caretaking for Ann (3 quotes)
- Jane reigns in Ann (17 quotes)
- Jane’s treatment of Ann after pregnant (1 quote)
- Patterns of interaction (2 quotes)
- Coping mechanisms (3 quotes)
- Differences between partners (4 quotes)

I then further triangulated this theme from the transcripts with the following information from the logs:
- Jane helped Ann do “relaxing exercises” (2 times)
- Jane talked to friends about “Ann’s stress level”
- Jane & Ann talked about decorating the baby’s room (both logs)
- Jane & Ann frequently talked about their “excitement” (both logs)

This theme became Theme 7: “Interactions between Jane’s Rationality and Ann’s Emotionality”

Code that I was unable to triangulate:

I had a potential code “Can’t take anything for granted” that was developed based on only one quote:

“It was crazy the things that people really weren’t willing to do for their unborn child. I don’t know. I kind of feel like, not that we’re gonna be better than anybody, but I just feel like because we’re working so hard, [because] it’s not easy for us to have kids, that makes me want to take the extra steps to be as careful as I can be and do the right things for me and for my child, so…” (Ann)

No other quotes or other data sources triangulated this code in order to develop it into a theme, so I did not ultimately include it in the results section.
Appendix DD

Ann and Jane’s Donor Insemination Agreement as Compared to the Sample
<table>
<thead>
<tr>
<th>Sample Donor Insemination Agreement from Clifford, Hertz, &amp; Doskow, 2007</th>
<th>Ann and Jane’s Donor Insemination Agreement</th>
<th>Commentary about Ann and Jane’s Revisions to the Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>This agreement is made between [donor], and [biological mom] and [nonbiological mom], who agree as follows:</td>
<td>This agreement is made between Danny, and Ann, and Jane, who agree as follows:</td>
<td>If a court refuses to enforce one or more clauses of this agreement, the others are still valid and in full force.</td>
</tr>
<tr>
<td>1. If a court refuses to enforce one or more clauses of this agreement, the others are still valid and in full force.</td>
<td>If a court refuses to enforce one or more clauses of this agreement, the others are still valid and in full force.</td>
<td></td>
</tr>
<tr>
<td>2. [donor] agrees provide his sperm to [biological mom] for the purpose of donor insemination, at least once a month for at least _________, for the purpose of conceiving a child. If [biological mom] doesn't conceive by then, they'll discuss whether to continue. [donor] will provide sperm at the time during the month when [biological mom] requests it, according to her cycle. If [biological mom] wants to, she can ask [donor] for sperm and freeze it to use later.</td>
<td>Danny agrees provide his sperm to Ann for the purpose of donor insemination for 6 ovulations, for the purpose of conceiving a child. If Ann doesn’t conceive by then, they’ll discuss whether to continue. Danny will provide sperm at the time during the month when Ann requests it, according to her cycle.</td>
<td>Ann and Jane said that they changed the language from “months” to “ovulations” for two reasons. First, Ann’s cycle was irregular, so they were not sure she would actually ovulate every month. Second, they did not want to commit to six months in a row, in case Ann would be out of town during a time when she was fertile. Ann said they left out the sentence about freezing the sperm because “the cost of freezing it is so ridiculously expensive, and then by the time you thaw it, you lose so much of the quality of the sperm,” which made them certain that they did not want to pursue this option. They also said that they heard that no sperm banks would work with them as a couple, which was prohibitive for them since they wanted both partners to be included in every stage of the process.</td>
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<td>3. [biological mom] will pay [donor] $1.00 every time he</td>
<td>Ann will pay Danny $1000.00 for</td>
<td>Ann and Jane stated that they left out the sentence</td>
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makes a sperm donation. Also, [biological mom] will pay any uninsured expenses for [donor] to have a physical exam, blood screening, and semen analysis before the first insemination, and also for all office visits he makes for the purpose of making semen donations. If [donor] asks her to, [biological mom] will also pay his transportation expenses for any of these medical appointments.

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<td>4. [donor] has been tested for HIV and other STDs, and tested negative. He engaged in &quot;safer sex&quot; activities for six (6) months before the test, and he agrees to continue to do so while [biological mom] is trying to get pregnant using his sperm.</td>
<td>Danny has been tested for HIV and other STDs, and tested negative.</td>
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<td>Ann and Jane stated that they did not include the statement about having safer sex during the period of insemination because “he had told [them] that he hadn’t had sex for an extended period of time” (Ann), and he was single. Instead, they made a verbal agreement that if he started dating or had sex with anyone, he would inform them. Ann said she had no concerns about this because “he just doesn’t seem like the type of guy that just goes out and screws around,” and “he seemed like a pretty honest person.”</td>
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<p>| 5. [choose one: [donor] is single./ [donor] is [describe legal status, if any — for example, &quot;registered domestic partners in California&quot; or &quot;in a civil union in Vermont&quot;]] [choose one: [biological mom] and [nonbiological mom] are both single people.] | Danny is single. Ann and Jane are both single people. Both of them intend to be legal parents of any child born as a result of these inseminations, and they will file a petition for Jane to adopt the child |</p>
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<tr>
<td>1. [biological mom] and [nonbiological mom] are [describe legal status, if any — for example, &quot;registered domestic partners in California&quot; or &quot;in a civil union in Vermont&quot;], where they live.</td>
<td>Both of them intend to be legal parents of any child born as a result of these inseminations, and they will file a petition for [nonbiological mom] to adopt the child as soon as possible after its birth. [donor] will cooperate in the adoption and will sign any papers needed to affirm [nonbiological mom]'s coparental rights.</td>
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<td>6. [donor] agrees that he won't try to become a legal parent of any child born from these inseminations, or ask for custody or visitation rights at any time. [donor] understands that he will have no paternal rights. [biological mom] and [nonbiological mom] won't ever ask [donor] to pay child support for any child born from these inseminations.</td>
<td>Danny agrees that he won’t try to become a legal parent of any child born from these inseminations, or ask for custody or visitation rights at any time. Danny understands that he will have no parental rights. Ann and Jane won’t ever ask Danny to pay child support for any child born from these inseminations.</td>
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<td>7. [donor] will donate sperm to a licensed physician or a sperm bank. The purpose of this is to make sure California Family Code Section 7613(b) applies, which says that a sperm donor is not a legal father if the sperm was provided to a doctor.</td>
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<td>8. [biological mom] and [nonbiological mom] will name any child born from</td>
<td>Ann and Jane will name any child born from these</td>
<td>Jane said that they left off the part about putting her name on the birth certificate.</td>
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<td>these inseminations. <strong>[donor]</strong>’s name will not be put on the birth certificate, but <strong>[nonbiological mom]</strong>’s will.</td>
<td>inseminations. Danny’s name will not be put on the birth certificate.</td>
<td>because legally “it voids the birth certificate, so then it would cause problems with getting a social security card and just registering your child as a person” since she will not be a legal parent upon the child’s birth.</td>
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<td>9. <strong>[biological mom]</strong>, and <strong>[nonbiological mom]</strong> when her parental rights are established, will be the only people with authority to name a guardian for their child. They are not required to name <strong>[donor]</strong> as guardian.</td>
<td>Ann and Jane, when her parental rights are established, will be the only people with authority to name a guardian for their child. They are not required to name Danny as guardian.</td>
<td>According to Jane, they left this clause out entirely because “neither Danny nor us I think really had it set in stone in our minds exactly what we wanted.” Ann said that she felt that the next clause was much more important.</td>
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<td>10. <strong>[donor]</strong>’s relationship with any child born from these inseminations will be as a family friend. <strong>[donor]</strong> agrees that if the child is curious about its parentage, <strong>[biological mom]</strong> and <strong>[nonbiological mom]</strong> may tell the child that <strong>[donor]</strong> donated sperm and is a biological parent.</td>
<td>Neither the fact that the child may know that Danny is his or her biological parent, nor any contact Danny has with the child, mean that any provisions of this agreement are waived.</td>
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<td>11. Neither the fact that the child may know that <strong>[donor]</strong> is his or her biological parent, nor any contact <strong>[donor]</strong> has with the child, mean that any provisions of this agreement are waived.</td>
<td>Neither the fact that the child may know that Danny is his or her biological parent, nor any contact Danny has with the child, mean that any provisions of this agreement are waived.</td>
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| 12. It’s okay for **[donor]** to tell his parents and siblings that he donated sperm and, if a child is conceived, that he is the biological parent of the child. But he promises not to help or support his family if |   | Ann originally said that they omitted this clause because they “had a verbal agreement,” but she followed this by saying they “didn’t really know how he felt about it.” Jane went on to say that she thinks “it
they try to establish a family relationship with the child, and any visits or other contact between the child and [donor]'s family will happen only if [biological mom] and [nonbiological mom] agree. **would be okay for him to share it with his friends and family,” and she hoped he would tell his future wife that he did something so “selfless” for them.**

| Optional clause: | 13. [biological mom], [nonbiological mom], and [donor] know that there are legal questions raised by the issues involved in this agreement that have not been settled by statute or by court decisions. They still choose to enter into this agreement to state their intentions at the time they signed it. If there's a court dispute between them, this agreement can be used as evidence of their intent. | Jane felt that this clause was unnecessary since it was “a given.” |
| Optional clause: | 14. If any dispute arises between [biological mom], [nonbiological mom], and [donor] about this agreement, they will attend mediation sessions in good faith to resolve the dispute. All three of them, or the two that are in conflict, will participate in at least four mediation sessions, to be held weekly, with the cost of the mediation to be shared equally by the participants. The parties will select the mediator together and if they can’t agree, they will ask their friend, [name], to choose a mediator. | Despite their relatively relaxed approach to some of the other clauses, the omission of this clause was approached much differently. “If there’s a disagreement…between us and Danny,…I guess basically we’ll just do whatever we have to do to resolve it” (Ann). “I don’t think we should have to go to mediation. It would just be like, this isn’t your kid. We don’t need to sit down and discuss this” (Jane). |
| Optional clause: | 15. [biological mom], [nonbiological mom], and [donor] all had the chance to talk to a lawyer about this. | Jane and Ann did not contact a lawyer before signing this agreement. |
agreement before signing it.

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<th>Optional clause:</th>
<th>Ann, Jane, and Danny agree that any changes in this agreement must be made in writing and signed by all of them.</th>
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<tr>
<td>16. [biological mom], [nonbiological mom], and [donor] agree that any changes in this agreement must be made in writing and signed by all of them.</td>
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Appendix EE

The Cast of Characters
The Cast of Characters

AJ: Ann’s best friend’s son, he was approximately 16 months old at the beginning of interviews

Ann: one of the participants, the biological mother, Jane’s partner, Lynn and Steve’s daughter

Danny: Ann and Jane’s known sperm donor, Ronda’s friend

Dr. Phillips: Ann’s OB/GYN that she began seeing during the period of data collection

Eddie: Jane and Ann’s Shih Zhu, the non-biting dog

Elizabeth: Ann’s niece, Matt’s daughter, she was approximately 6 months old at the beginning of interviews

Gabriella: Jane and Megan’s mom, Tony’s husband

Jane: one of the participants, the nonbiological mother, Ann’s partner, Tony and Gabriella’s daughter, Megan’s sister

Lynn: Ann’s mother, Steve’s ex-wife, Robert’s wife

Matt: Ann’s half-brother, Steve’s son, Elizabeth’s father

Megan: Jane’s older sister, Tony and Gabriella’s daughter

Morgan: Ann and Jane’s daughter

Robert: Ann’s stepfather, Lynn’s husband

Ronda: an acquaintance of Ann’s who introduced them to Danny, Danny’s friend

Steve: Ann and Matt’s father, Lynn’s ex-husband

Tony: Jane and Megan’s dad, Gabriella’s husband

Trixie: Ann and Jane’s Beagle, the dog that bit A.J.
Appendix FF

HSIRB Approval Letter
Date: January 13, 2009

To: James Croteau Principal Investigator
    Jessica Manning, Student Investigator

From: Amy Naugle, Ph.D., Chair

Re: HSIRB Project Number: 08-12-03

This letter will serve as confirmation that your research project entitled “The Processes Lesbian Couples Undergo When Pursuing Parenthood for the First Time” has been approved under the expedited category of review by the Human Subjects Institutional Review Board. The conditions and duration of this approval are specified in the Policies of Western Michigan University. You may now begin to implement the research as described in the application.

Please note that you may only conduct this research exactly in the form it was approved. You must seek specific board approval for any changes in this project. You must also seek reapproval if the project extends beyond the termination date noted below. In addition if there are any unanticipated adverse reactions or unanticipated events associated with the conduct of this research, you should immediately suspend the project and contact the Chair of the HSIRB for consultation.

The Board wishes you success in the pursuit of your research goals.

Approval Termination: January 13, 2010